

LIQUID FILTER APPLICATION DATA SHEET

Instructions: Fill out application data for system sizing and recommendation. Upload with your Request for Quote, fax to (949) 606-9999 or email to info@clearsolutionscorp.com

Customer:	Contact Name:
Address:	Title:
	Phone:
	Fax:
	E-mail:
(SELECT ONE) 1) NEW APPLICATION (NO EXISTING FILTER) OR 2) NEED TO IMPROVE PERFORMANCE OF AN EXISTING FILTER SYSTEM	
PROCESS DESCRIPTION:	
REQUIRED FILTRATION PERFORMANCE:	
LIQUID PROPERTIES	SOLIDS PROPERTIES
Composition:	Composition:
Flow Rate:	Content (ppm or wt%):
Batch size:	Particle size distribution:
(desired) Time to filter entire batch:	Desired filter micron retention:
Specific Gravity or Density:	Preferred Disposition of Solids: Recovery ? Disposal ?
Viscosity: @ _____°F or _____°C	
Operating Temperature:	
Operating Pressure:	PREFERRED MATERIALS OF CONSTRUCTION:
Maximum ΔP:	Filter Housing:
Pump type:	Filter Element:
DESIGN REQUIREMENTS	Vessel (Wetted):
Design Temperature (Min/Max):	Vessel (Non-wetted):
Design Pressure (Min/Max):	Housing Gasket:
Inlet outlet size:	Element Seal Type:
Inlet/outlet fittings:	Element Seal Material:
Vent/drain size and connection Preference (or "none"):	
ASME Code stamp required:	

NOTES: