

Mechanical Seal/Mixer Application Data Sheet

Customer Contact Info

Company: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Contact : _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Current Seal

Equipment:

- Centrifugal Pump
- Positive Displacement Pump:
- Progressive Cavity Pump:
- Mixer/Agitator
- Other: _____

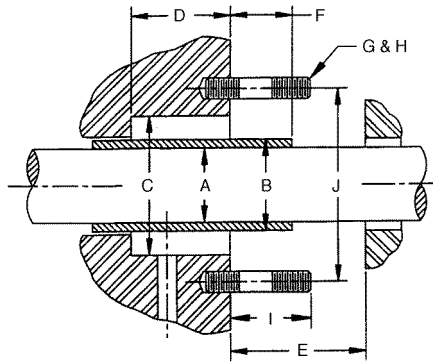
Survey Tag No: _____

Current Seal Mfr: _____

Model No: _____

Location: _____

Dimensional Data



A. Shaft Diameter: _____

Hardened: Yes No

B. Sleeve Diameter: _____

C. Bore Diameter: _____

D. Bore Depth: _____

E. First Obstruction: _____

F. Sleeve Extension: _____

G. Bolt Diameter: _____

H. Bolt Quantity: _____

I. Bolt Extension: _____

J. Bolt Circle: _____

Bolt Orientation: _____

Max. Gland Diameter: _____

Gland Shape: Round Elliptical Flush Port _____ Size _____

Does the shaft step down below the sleeve extension? Yes No Diameter: _____

Elastomer

- EPR Fluoroelastomer Perfluoroelastomer
 Other: _____

Mixer Detail

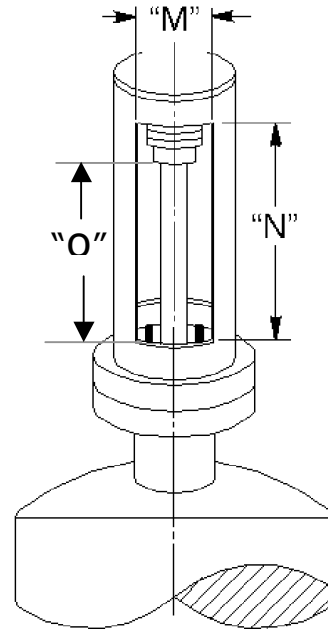
- M. Window Width: _____
 N. Window Height: _____
 O. Distance to Coupling: _____

Size _____

Is stuffing box removable? Yes No

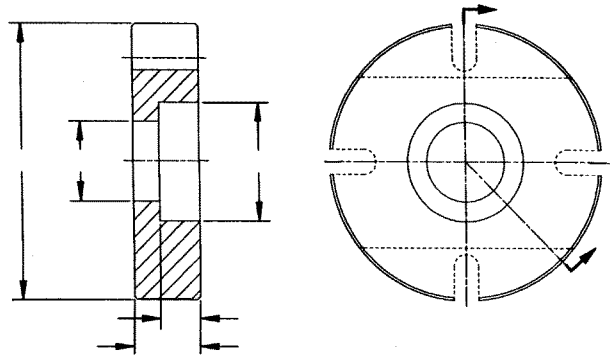
If yes, what is the:

- Box Length: _____
 Bolt Circle: _____
 Bolt Quantity: _____
 Box Size: _____



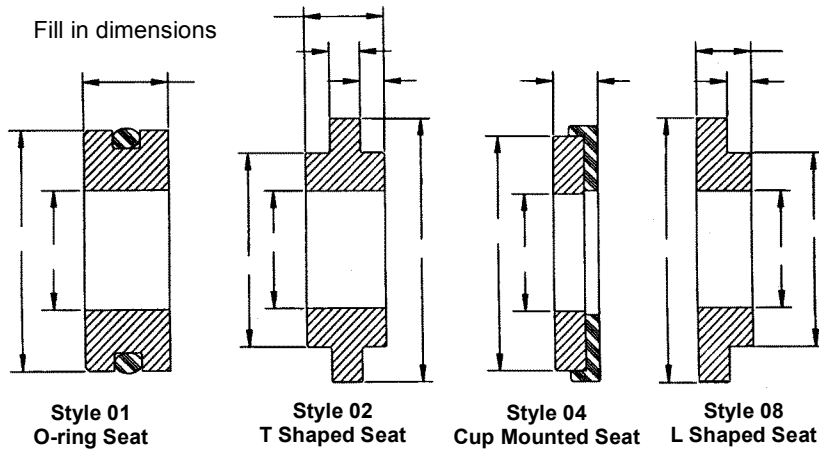
Gland Detail:

1. Mark tap location(s)/ Flush or Barrier
2. Mark bolt locations and indicate if drilled or slotted



If round gland cannot be used, provide additional details:

Typical Seat Configuration:



Application Data

Process Information

Process/Fluid:	_____	Max. Stuffing Box:	_____
Shaft Speed (RPM):	_____	Process Type	
Temperature (°F):	_____	<input type="checkbox"/> Corrosive <input type="checkbox"/> Abrasive	
Pressure (PSIG):	_____	Viscosity:	_____
Suction:	_____	Movement of Shaft	
Discharge:	_____	Axial: _____ Max.: _____	
Vessel:	_____	Radial: _____ Max.: _____	

Environmental Controls

Can process be flushed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Media: _____
Cooling available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Media: _____
Barrier fluid available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Media: _____

Present Sealing Device

Packing:	_____	Approximate Cost:	_____
Seal Style:	_____	Approximate Life:	_____
Manufacturer:	_____		

OTHER CONFIGURATIONS: PLEASE FAX DRAWING TO 1.866.645.7325 /1.315.597.3140 OR EMAIL TO klozure@garlock.com ATTN: KLOZURE Mechanical Seals