

**INQUIRY DATA SHEET
AUTOMATIC RECIRCULATION VALVES**

Company: _____ **Date:** _____

Engineer: _____

Engineering/Design Data required for prompt response on your inquiry:

1. **Quantity:** _____
2. **Size of Pump Discharge:** _____
3. **Valve Installation:**
 - a. **Main flow (Horizontal or Vertical Up):** _____
 - b. **Bypass flow (Horizontal, Vertical Up, Vertical Down)** _____
4. **End Connection Execution:** Flanged : _____ Buttweld: _____
Other : _____
5. **Valve Body Material Required:**
_____ Carbon Steel ASTM A216 WCB
_____ Carbon Steel ASTM A105 Grade 1018
_____ Stainless Steel ASTM A182F347
_____ Low Temp Steel ASTM A352 Grade LC3
6. **Medium:** _____
7. **Operating Temperature:** _____ **Vapor P@T:** _____
8. **Specific Gravity of Medium:** _____
9. **Process Flow Data:**
 - A. **Maximum Process Flow** - _____ Gpm at _____ Ft.Hd. _____ PSI
 - B. **Normal Process Flow** - _____ Gpm at _____ Ft.Hd. _____ PSI
 - C. **Minimum Process Flow** - _____ Gpm at _____ Ft.Hd. _____ PSI
10. **Pump Requirement:**
Minimum Pump Flow - _____ Gpm at _____ Ft.Hd. _____ PSI
11. **Pump Shut Off Pressure Head:** _____ Ft.Hd. _____ PSI
12. **Backpressure on Bypass:** _____ PSI 13. **Pump Suction Pressure:** _____ PSI

NOTE: PLEASE SEND PUMP CURVE WITH THIS COMPLETED FORM.



Specialty Valves

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