

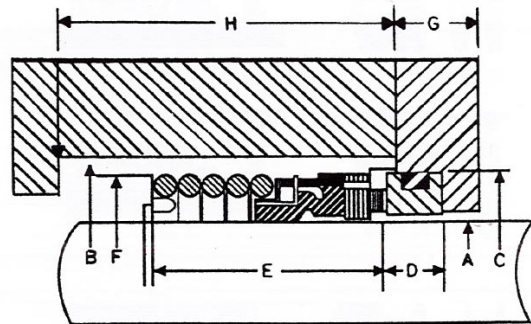
DATE: _____
CUSTOMER: _____
ADDRESS: _____

CONTACT: _____
TITLE: _____
PHONE: _____
FAX: _____

A. SHAFT/SLEEVE O.D.: _____
B. COUNTERBORE OF STUFFING BOX: _____
C. BORE OF GLAND FOR STATIONARY SEAT: _____
D. STATIONARY THICKNESS: _____
E. OPERATING HEIGHT OF SEAL: _____
F. SEAL O.D.: _____

TO CONVERT FROM PACKING TO SEAL

G. WIDTH OF GLAND: _____
H. STUFFING BOX DEPTH: _____



EQUIPMENT DATA

1. PUMP MANUFACTURER'S NAME: _____
2. MODEL NUMBER: _____
3. SEAL PART NUMBER: _____

SEAL DESIGN

1. HEAD TYPE: _____
2. SEAT TYPE: _____
3. MANUFACTURER: _____
4. MANUFACTURER PART NUMBER: _____

SERVICE

1. PRODUCT: _____
2. EXPLAIN IF ABRASIVE: _____

3. PERCENTAGE OF CONCENTRATION: _____

4. TEMPERATURE: _____
5. STUFFING BOX PRESSURE: _____
6. SHAFT SPEED: _____

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**SUPPLYING
THE PACE OF INDUSTRY**