

Variable Speed Packaged Booster Pump Quotation

Company Name: _____ Phone _____

Your Name _____ Your E-Mail _____

Information Required for a Quote Request:

Project Name _____ Bid Date _____

Location _____ Project Number _____

Building Type _____

Required System Capacity (Booster Flow) _____ US GPM

Required Pumping Head TDH _____ 0-270 PSI

Quantity of Pumps ___2___ 3

Voltage _____

Water Supply _____ Tank _____ City Main

Minimum Supply Pressure _____ PSI

Maximum Supply Pressure _____ PSI

Do you have or will install an expansion tank after the booster discharge: _____ Yes _____ NO