



Hi-Tech Seals

Mechanical Seal Identification Form

FROM:

Company: _____ Contact: _____ Position: _____
Address: _____ City: _____ Province: _____ Postal Code: _____
Phone: _____ Fax: _____ Other: _____
E-mail: _____ Web Site: _____

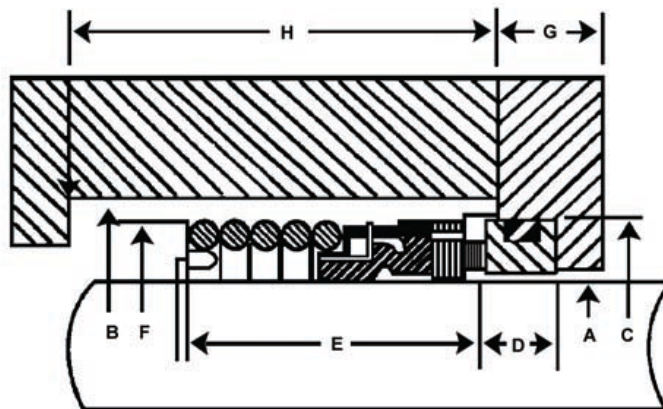
Fill in the requested information below and email to info@hitechseals.com or you can send us a sample seal along with this form.

YOUR SEAL

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 Mfg. Name _____
2. Model Number _____
3. Seal Part No. _____

SEAL DESIGN

1. Head Type _____
2. Seat Type _____
3. Manufacturer _____
4. Mfg. Part No. _____

SERVICE

1. Product _____
2. Explain if Abrasive _____
3. Percentage of Concentration _____
4. Temperature _____
5. Stuffing Box Pressure _____
6. Shaft Speed _____

Email us at info@hitechseals.com

