

## SUBMERSIBLE APPLICATION INSTALLATION RECORD

Please use this form to provide our technical service with important data about the installation.

**1. INSTALLATION DATA**

INSTALLER _____	ADDRESS _____	CITY _____
CONTACT NAME _____	PHONE NO. _____	E-Mail _____
INSTALLATION DATE _____	FAILURE DATE _____	WORKED PERIOD _____
OPERATION CYCLE MONTHS/DAYS/HOURS _____	STARTS PER DAY/HOUR _____	STARTS TIME DELAY _____

**2. PUMP DATA**

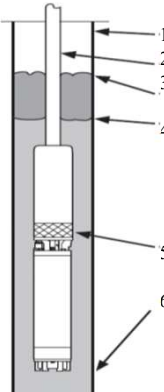
MANUFACTURER _____	TYPE _____	MAX. POWER REQUIRED P2 _____ kW
PUMP PERFORMANCE REQUIRED _____	FLOW _____ m <sup>3</sup> /h	HEAD _____ m NPSH required _____ m
AT DELIVERY WORKING CONDITION	FLOW _____ m <sup>3</sup> /h	HEAD _____ m NPSH available _____ m

**3. MOTOR**

MODEL _____	DATE CODE _____	S/N _____	POWER _____ kW	V _____ Hz
DROP CABLE	POWER SUPPLY TO CONTROL BOX	LENGTH _____ m	CROSS SECTION _____ mm <sup>2</sup>	
	CONTROL BOX TO MOTOR	LENGTH _____ m	CROSS SECTION _____ mm <sup>2</sup>	
	CABLE EXTENSION <input type="checkbox"/> Yes <input type="checkbox"/> No	SPLICING TECHNOLOGY <input type="checkbox"/> Tape <input type="checkbox"/> Resin <input type="checkbox"/> Shrinking Tube	BRAND _____	
MOTOR START	<input type="checkbox"/> DOL <input type="checkbox"/> Y/Δ	TRANSFER TIME _____ sec		
	<input type="checkbox"/> SOFT START DEVICE	START VOLTAGE _____ %	RAMP TIME up _____ sec down _____ sec	
FREQUENCY CONVERTER (VFD)	MANUFACTURER _____	TYPE _____		
	FREQUENCY MIN _____ Hz /MAX _____ Hz	RAMP TIME up _____ sec down _____ sec		
	OUTPUT FILTERS <input type="checkbox"/> Yes <input type="checkbox"/> No	SINUS FILTER _____	INDUCTOR _____ dV/dt-FILTER _____	
INSULATION RESISTANCE VALUE	BEFORE INSTALLATION _____ MΩ	AFTER INSTALLATION _____ MΩ		
MOTOR POWERED BY	<input type="checkbox"/> POWER NETWORK	NO LOAD INCOMING VOLTAGE	L1-L2 _____ L2-L3 _____ L3-L1 _____ V	
	<input type="checkbox"/> GENERATOR _____ Kva	FULL LOAD INCOMING VOLTAGE	L1-L2 _____ L2-L3 _____ L3-L1 _____ V	
INPUT CURRENT AT WORKING CONDITION	L1 _____ L2 _____ L3 _____ A	CURRENT IMBALANCE _____ %		

**4. CONTROL AND MOTOR PROTECTION(S)**

CONTROL BOX MANUFACTURER _____	SERIES/MODEL _____
EQUIPPED WITH	
<input type="checkbox"/> FUSES (POWER LINE SIDE)	RATING _____ A TYPE <input type="checkbox"/> Standard <input type="checkbox"/> Delayed <input type="checkbox"/> CIRCUIT BREAKER rating/setting _____ / _____ A
TEMP. CONTROL ARRESTOR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PTC <input type="checkbox"/> PT100 TRIP TEMPERATURE _____ °C
PHASE FAILURE DETECTOR	<input type="checkbox"/> Yes <input type="checkbox"/> No MOTOR SURGE PROTECTION <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> OVERLOAD PROTECTION	BRAND _____ MODEL _____ RATING _____ A ADJUSTABLE SET _____ A
<input type="checkbox"/> SUBTROL +/SUBMONITOR	S/N _____ OVERLOAD SET <input type="checkbox"/> No <input type="checkbox"/> Yes _____ A UNDERLOAD SET <input type="checkbox"/> No <input type="checkbox"/> Yes _____ A
CONTROLS GROUNDED TO	<input type="checkbox"/> WELL HEAD <input type="checkbox"/> MOTOR <input type="checkbox"/> BUILDING <input type="checkbox"/> POWER SUPPLY

**5. WELL AND INSTALLATION DATA**


1 PUMPSET INSTALLED	<input type="checkbox"/> VERTICAL <input type="checkbox"/> HORIZONTAL
2 WELL WATER	<input type="checkbox"/> Normal <input type="checkbox"/> Aggressive <input type="checkbox"/> Sandy <input type="checkbox"/> Muddy TEMPERATURE _____ °C
3 1 WELL DIAMETER _____ mm	MOTOR COOLING FLOW _____ cm/sec (Min. requested _____ cm/sec)
4 2 DELIVERY PIPE Ø _____ mm	Additional check valve <input type="checkbox"/> No <input type="checkbox"/> Yes Amount _____ every _____ m
5 WATER LEVEL:	3 STATIC _____ m 4 DYNAMIC _____ m
6 5 PUMPSET INSTALLED AT _____ m	COOLING SLEEVE <input type="checkbox"/> No <input type="checkbox"/> Yes Diameter _____ mm
7 6 WELLS CASING DEPTH _____ m	WELL SCREEN - PERFORATED CASING From/To _____ / _____ m
7 7 WELL DEPTH _____ m	