

SEAL APPLICATIONS GUIDE

COMPANY: _____

CITY / STATE / ZIP: _____

FAX: _____ PHONE: _____

CONTACT: _____

DIMENSIONAL DATA

(See drawing below)

REPLACE EXISTING SEAL

A. Shaft/Sleeve O.D. _____

B. Counter Bore of Stuffing Box _____

C. Bore of Gland for Stationary Unit _____

D. Length of Stationary Unit _____

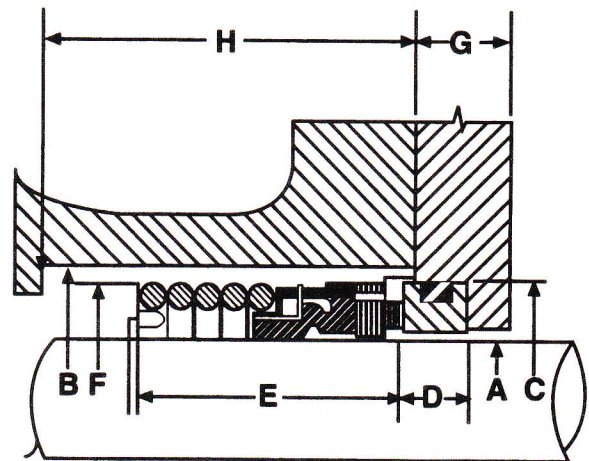
E. Operating Height of Seal _____

F. O.D. of Seal _____

CONVERSION 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. Manufacturer's Part # _____

SERVICE

1. Product Handled _____

2. If Abrasive (explain) _____

3. % of Concentration _____

4. Temperature F. _____ C. _____

Copy this as a worksheet for identifying a replacement seal if unable to identify through the dimensional progressions listing in the back of the catalog.

WESTECH Seal, Ltd.

CUSTOMER SERVICE: 1-800-242-2431 • Fax: 432-362-2347

WHEN SEAL IDENTIFICATION IS QUESTIONABLE, SEND THIS SHEET ALONG WITH SAMPLE.