

FLOW EZY FILTERS, INC.

Phone: (800) 237-1165; fax: (800) 252-1730; e-mail: flowezy@flowezyfilters.com



Desiccant Breather Specification Worksheet

Date ____/____/____ Company Name: _____

City: _____ State: _____

Machine #: _____ Manufacturer: _____ Model #: _____

Application type (see below): _____

- 1. Gearbox
- 2. Hydraulic Reservoir
- 3. Pump
- 4. Storage Tank
- 5. Lubrication System
- 6. Other: _____

1. Reservoir/Sump Capacity (gal.): _____

2. Maximum System Flow rate(gpm)(pump): _____

3. Maximum System Return flow (gpm) (i.e. Cylinders, Accumulators, etc.):

4. Vent/Fill-port opening configuration (ie. 3" NPT, horizontal):

5. Product type and description (Lube/Fuel/Chemical):

6. Indoor _____ Outdoor _____

7. Special considerations (Fluid Condition, etc.):

Official Use Only:

Breather Recommendation: _____

Adapter Recommendation: _____

Additional Comments:

