

JIC RESERVOIR TANK

SPECIFICATION CHECKLIST

Fill out this checklist and send it to any supplier for an accurate, apples-to-apples quote on your custom JIC hydraulic reservoir.

■ HOW TO USE:

① Fill in every field below ② Check all boxes that apply ③ Email completed form to contact@hydrofueltanks.com or call +1 847-361-2039 for a fast quote.

Company / Name:	<input type="text"/>	Date:	<input type="text"/>
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■ SECTION 1: TANK CAPACITY & DIMENSIONS

Required Tank Capacity (gallons / liters):	<input type="text"/>
Pump Flow Rate (GPM):	<input type="text"/>
Max Usable Fluid Level (leave 10–15% air gap):	<input type="text"/>
Overall Length (inches / mm):	<input type="text"/>
Overall Width (inches / mm):	<input type="text"/>
Overall Height (inches / mm):	<input type="text"/>

■ SECTION 2: MATERIAL SELECTION

<input type="checkbox"/> Carbon Steel (most common – mineral oil systems)	<input type="checkbox"/> Hot-rolled <input type="checkbox"/> Cold-rolled
<input type="checkbox"/> Stainless Steel 304 (food/beverage, general corrosion resistance)	
<input type="checkbox"/> Stainless Steel 316L (marine, offshore, saltwater, pharma)	
<input type="checkbox"/> HDPE / Polyethylene (mobile equipment, fire-resistant fluids)	
<input type="checkbox"/> Aluminum (weight-critical mobile applications)	
<input type="checkbox"/> Other / Special Material:	<input type="text"/>

■ SECTION 3: PORT SPECIFICATIONS (JIC THREADED)

Port Function	JIC Size	Qty	Location on Tank	Orientation
Suction Port	<input type="checkbox"/> -8 <input type="checkbox"/> -10 <input type="checkbox"/> -12 <input type="checkbox"/> -16	<input type="text"/>	<input type="checkbox"/> Side <input type="checkbox"/> Bottom <input type="checkbox"/> End	<input type="checkbox"/> Straight <input type="checkbox"/> 90°
Return Port	<input type="checkbox"/> -8 <input type="checkbox"/> -10 <input type="checkbox"/> -12 <input type="checkbox"/> -16	<input type="text"/>	<input type="checkbox"/> Side <input type="checkbox"/> Bottom <input type="checkbox"/> End	<input type="checkbox"/> Straight <input type="checkbox"/> 90°
Case Drain	<input type="checkbox"/> -6 <input type="checkbox"/> -8 <input type="checkbox"/> -10	<input type="text"/>	<input type="checkbox"/> Side <input type="checkbox"/> Top <input type="checkbox"/> End	<input type="checkbox"/> Straight <input type="checkbox"/> 90°

Gauge Port	<input type="checkbox"/> -4 <input type="checkbox"/> -6	___	<input type="checkbox"/> Side <input type="checkbox"/> Top	<input type="checkbox"/> Straight
Drain Port	<input type="checkbox"/> -8 <input type="checkbox"/> -12 <input type="checkbox"/> -16	___	<input type="checkbox"/> Bottom (required)	<input type="checkbox"/> Straight
Custom Port	Size: _____	___	_____	_____

SECTION 4: REQUIRED ACCESSORIES & FEATURES

<input type="checkbox"/> Internal Baffle / Divider	<input type="checkbox"/> Air Bleeder Valve
<input type="checkbox"/> Cleanout Access Panel	<input type="checkbox"/> Mounting Feet / Legs
<input type="checkbox"/> Bottom Drain Plug (magnetic)	<input type="checkbox"/> Lifting Eyes / Handles
<input type="checkbox"/> Breather / Filler Cap with Filter	<input type="checkbox"/> Pressure Gauge Port
<input type="checkbox"/> Fluid Level Sight Gauge	<input type="checkbox"/> Heat Exchanger Provisions
<input type="checkbox"/> Temperature Gauge Port	<input type="checkbox"/> External Sight Glass
<input type="checkbox"/> Return Line Filter Port	<input type="checkbox"/> Rollover / Breather Vent

SECTION 5: OPERATING CONDITIONS & FLUID

Hydraulic Fluid Type:	<input type="checkbox"/> Mineral Oil <input type="checkbox"/> Synthetic <input type="checkbox"/> Water-Glycol <input type="checkbox"/> Phosphate Ester <input type="checkbox"/> Bio <input type="checkbox"/> Other: _____
System Max Operating Pressure:	_____ PSI / BAR <input type="checkbox"/> Atmospheric (standard reservoir) <input type="checkbox"/> Pressurized reservoir
Ambient Operating Temperature:	Min: _____°F / °C Max: _____°F / °C
Duty Cycle:	<input type="checkbox"/> Intermittent (< 50% on-time) <input type="checkbox"/> Continuous (> 50% on-time) <input type="checkbox"/> 24/7 operation

SECTION 6: MOUNTING & INSTALLATION

Mounting Style:	<input type="checkbox"/> L-type (pump mounts on top) <input type="checkbox"/> T-type (inline pump) <input type="checkbox"/> Sandwich <input type="checkbox"/> Remote / Standalone
Pump Mounting Flange:	<input type="checkbox"/> SAE A <input type="checkbox"/> SAE B <input type="checkbox"/> SAE C <input type="checkbox"/> SAE D <input type="checkbox"/> None <input type="checkbox"/> Custom: _____
Motor Frame Size (if applicable):	<input type="checkbox"/> 56C <input type="checkbox"/> 143/145TC <input type="checkbox"/> 182/184TC <input type="checkbox"/> 213/215TC <input type="checkbox"/> Other: _____
Mounting Orientation:	<input type="checkbox"/> Horizontal top <input type="checkbox"/> Vertical side <input type="checkbox"/> Custom orientation

SECTION 7: QUANTITY, CERTIFICATIONS & TIMELINE

Quantity Required:	Prototype / Sample: ___ Production Run: ___ Annual Volume Est.: ___
Required Certifications:	<input type="checkbox"/> Hydrostatic Pressure Test Cert <input type="checkbox"/> Material Certs (MTR) <input type="checkbox"/> Weld Cert <input type="checkbox"/> NFPA <input type="checkbox"/> ISO
Surface Finish / Paint:	<input type="checkbox"/> Mill finish (no coating) <input type="checkbox"/> Powder coat color: _____ <input type="checkbox"/> Primer only <input type="checkbox"/> Bare metal
Required Delivery Date:	_____ <input type="checkbox"/> Flexible <input type="checkbox"/> Hard deadline — project critical
Shipping / Delivery:	<input type="checkbox"/> Will pick up <input type="checkbox"/> Freight to: _____ <input type="checkbox"/> Expedite OK

■ SECTION 8: ADDITIONAL NOTES / SPECIAL REQUIREMENTS

■ READY TO GET YOUR QUOTE?

Email this completed form to
contact@hydrofueltanks.com
or call **+1 847-361-2039** (Mon–Fri
7am–5pm)
www.hydrofueltanks.com/contact

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Heavy-Gauge Steel · Precision
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