LIQUID LEVEL APPLICATION SHEET

AMETEK®
AUTOMATION & PROCESS TECHNOLOGIES

Date: _____   Contact: _____

Company: _____   Site/Project Name: _____

Phone: (___) _____   Fax: (___) _____

1.   Number of units to be quoted: _____ **Project Potential:** _____

2.   Process Material:
➢ Primary Liquid: _____ Specific Gravity: _____ Viscosity: _____
➢ Secondary/Interface Liquid _____ Specific Gravity: _____ Viscosity: _____
➢ Temperature Range: _____ to _____ (If above 70° C., consult factory.)
➢ Pressure Range: _____ to _____ (If above 50 psi., confirm appropriate float, if
➢ Build-up potential on Sensor   High ☐   Low ☐   None ☐
➢ Other comments: _____

3.   Installation Information:
➢ Location: Indoor ☐ Outdoor ☐ AST ☐ UST ☐
➢ Area Classification: _____
➢ Intrinsically Safe: ☐   Explosion Proof   ☐
➢ Tank Environment: Clean Liquid ☐   Foam ☐   Slurry ☐

Noise	High ☐	Low ☐	None ☐
Vibration	High ☐	Low ☐	None ☐
Agitation	High ☐	Low ☐	None ☐

Tank Material: _____

Process Connection
Flange Size: _____ Rating: _____ Type (Din / ANSI, other): _____

Threaded fitting size: _____ <2" Consult Factory

Tank Height (top to bottom): _____ Nozzle or stand-off Height: _____

Installation Constraints: Overhead Room: _____ Long Distance/Remote _____

Power Available: 24vdc ☐   120vac ☐   240vac ☐   50/60Hz ☐   Other: _____

4.   Application Requirements
➢ Point Level Type: Activation Levels: _____
➢ Contact   SPDT ☐   SPST ☐   DPDT ☐
➢ Continuous Level: Type: Display Required: None ☐   Remote ☐   Local ☐
➢ Sensor Output: 4-20mA ☐   Patriot Digital for specified OEM's   ☐

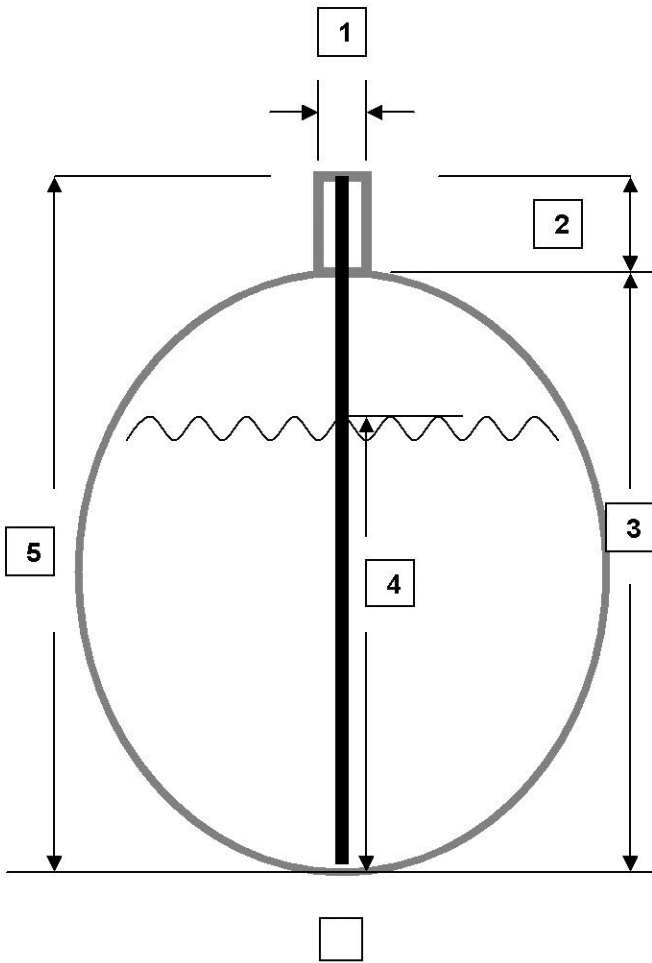**5.   Comments about Measurement and Process:**

_____

_____

_____

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6.   Sketch:

1   Nozzle I.D. =

2   Nozzle Length =

3   Tank Height =

4   Max Fill Height =

5   Insertion Length =
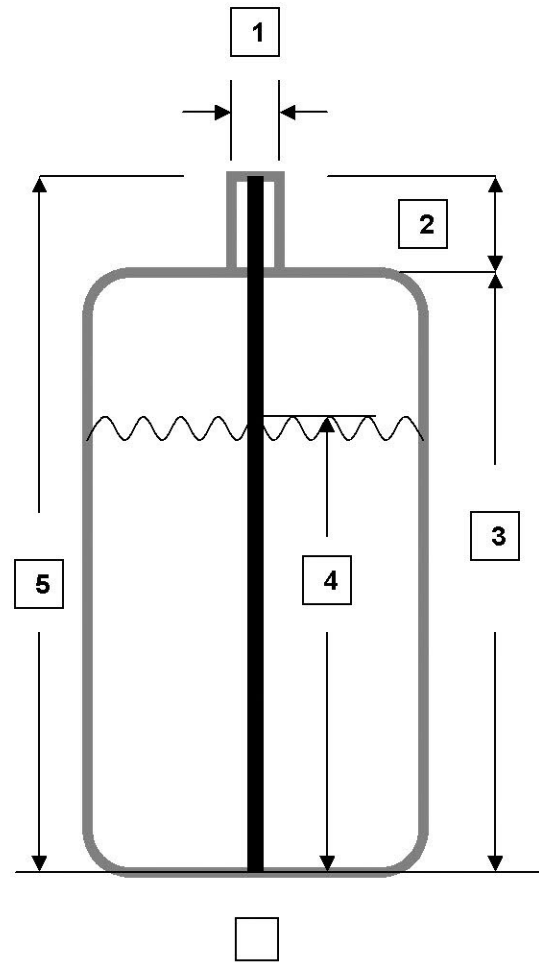
(Indicate tank style to be used with a check)   (Indicate tank style to be used with a check)

Pricing and Probe Model

Probe Model Number	Product Float Part No.	Interface Float Part No.	Other Accessories
Price $	Price $	Price $	Price $

Additional Comments:

Signed: _____   Date: _____