

LIQUID LEVEL APPLICATION SHEET



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

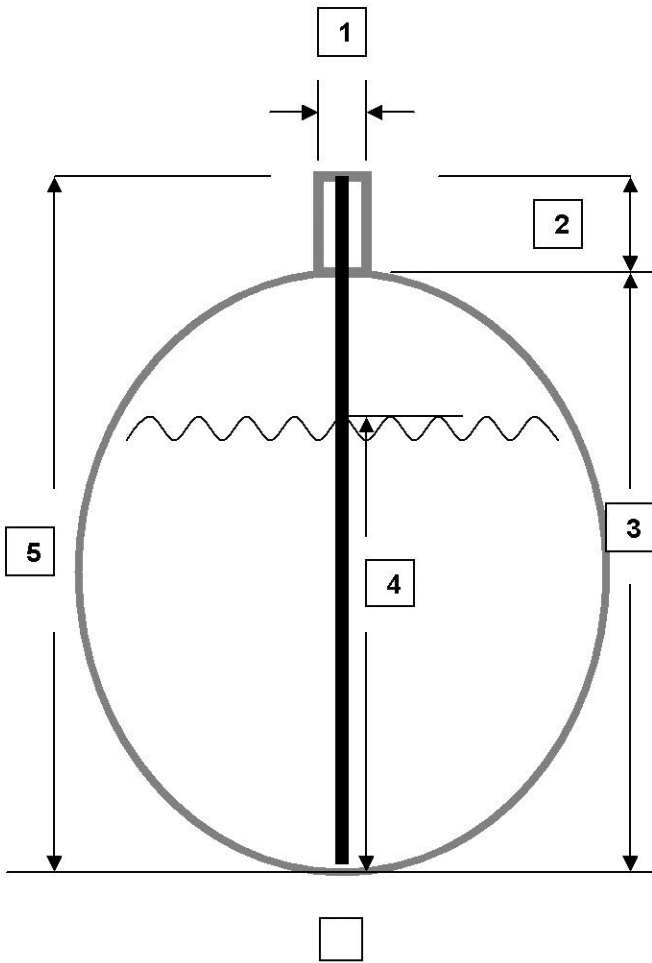
- Point Level Type: _____ Activation Levels: _____
 - Contact SPDT SPST DPDT
- Continuous Level: Type: _____ Display Required: None Remote Local
 - Sensor Output: 4-20mA Patriot Digital for specified OEM's

5. Comments about Measurement and Process:

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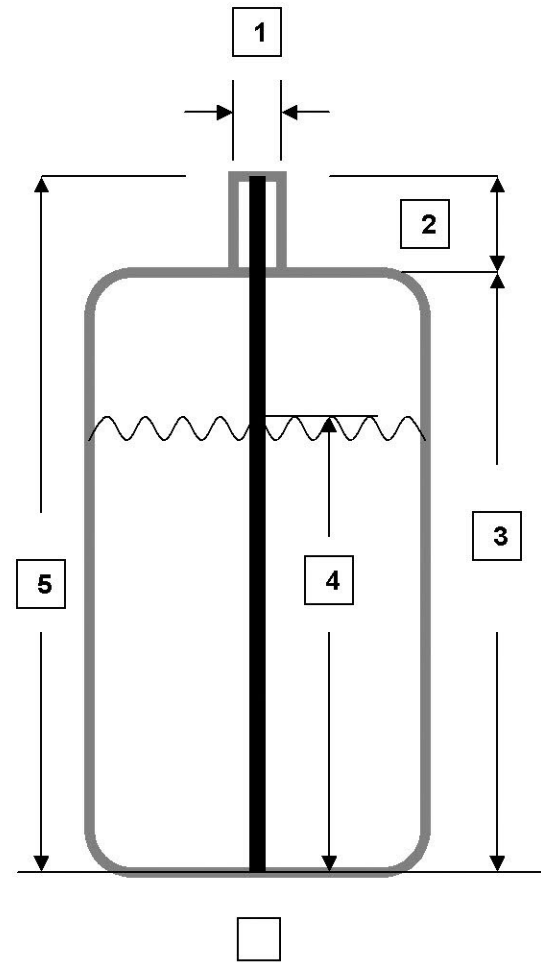


6. Sketch:



(Indicate tank style to be used with a check)

- 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)

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: _____