

3649 Leopard Street, Box 30, Suite 302
Corpus Christi, Texas 78408
Phone: 361-882-3444 Fax: 361-882-3441

DATE: _____

TAG NUMBER: _____

NAME: _____ COMPANY: _____

ADDRESS: _____ CITY _____ STATE: _____ ZIP: _____

TELEPHONE:(____) _____ FAX:(____) _____ E-MAIL: _____

MATERIAL MEASURED

MATERIAL NAME: _____ % CONCENTRATION: _____

LIQUID INTERFACE : STILL TURBULENT FOAMY (Describe _____)

SOLID: PARTICLE DIAMETER _____ DUST [HEAVY / MEDIUM / LIGHT] ANGLE OF REPOSE _____ degrees

BUILD-UP POTENTIAL HEAVY MEDIUM LIGHT NONE DESCRIBE _____

TEMPERATURE: MAX _____ NORM _____ MIN _____ °F/C PRESSURE: MAX _____ NORM _____ MIN _____ UNITS: _____

DENSITY: _____ TO _____ UNITS: _____ VISCOSITY: _____ TO _____ UNITS: _____ DIELECTRIC CONSTANT _____ MOISTURE: _____ %

SENSOR WETTED MATERIAL: _____ GASKET MATERIAL (if needed) _____

RANGE: SPAN _____ UNITS _____ : 100% LEVEL FROM SENSOR _____ 0% LEVEL FROM SENSOR _____

(POINT LEVEL) INSERTION LENGTH: _____ inches

INSTALLATION INFORMATION

MEASUREMENT TYPE: CONTINUOUS POINT (High _____ Low _____ Empty Pipe Detection _____) MEASURE DURING FILL: YES NO

VESSEL MATERIAL: _____ LINED YES NO LINER MATERIAL: _____

NOISE: HIGH LOW NONE VIBRATION: HIGH LOW NONE

AGITATION: HIGH LOW NONE TYPE / SPEED OF AGITATION _____ # BLADES ON AGITATOR _____

FILL FROM: TOP SIDE BOTTOM FILL SPEED (i.e. gpm/cu.ft/min) _____

IS THERE AN EXISTING PROCESS CONNECTION? YES NO SIZE: _____ RATING: _____
(Please note location and dimensions on back)

CAN THE DEVICE BE INSTALLED WHILE THE TANK IS IN SERVICE? YES NO

ELECTRONICS

ELECTRONICS: INTEGRAL REMOTE CABLE DISTANCE BETWEEN SENSOR / TRANSMITTER _____ ft

MOUNTING OF REMOTE ELECTRONICS: PIPE WALL PANEL ENCLOSURE TYPE _____

AREA CLASSIFICATION _____ COMMUNICATION: YES NO TYPE: _____

LOCAL INDICATION: YES NO LOCATION: TOP OF TANK GRADE

OUTPUT (Check all that apply): 4-20 mA CONTACT OTHER: _____ OUTPUT GOING TO: _____

CONTACT RATING: AC/DC DPDT 3-WIRE DC PNP # CONTACTS _____ ALARMS: YES NO # ALARMS _____ TYPE _____

POWER REQUIREMENTS: _____ VDC / VAC LOOP POWERED YES NO

COMMENTS:(Please complete drawing on page two) _____

Vessel Data Sheet: Complete all related sections.

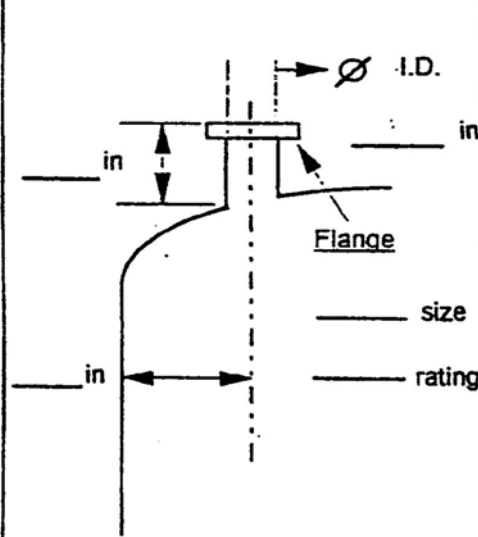
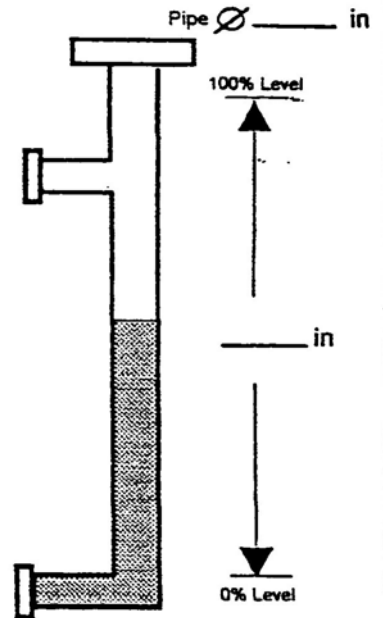
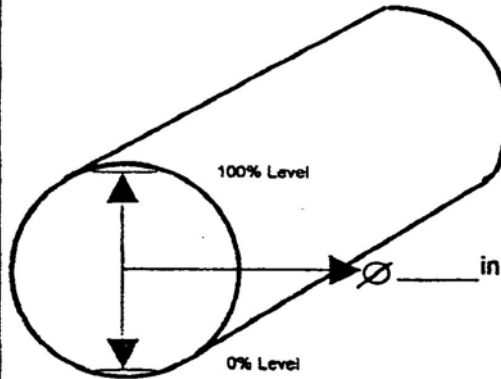
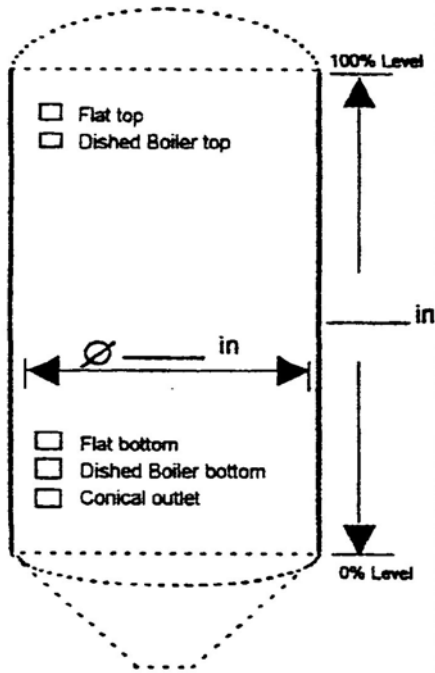
Vessel Material: _____

For Microwave Only:
Antenna Preference: Horn Rod

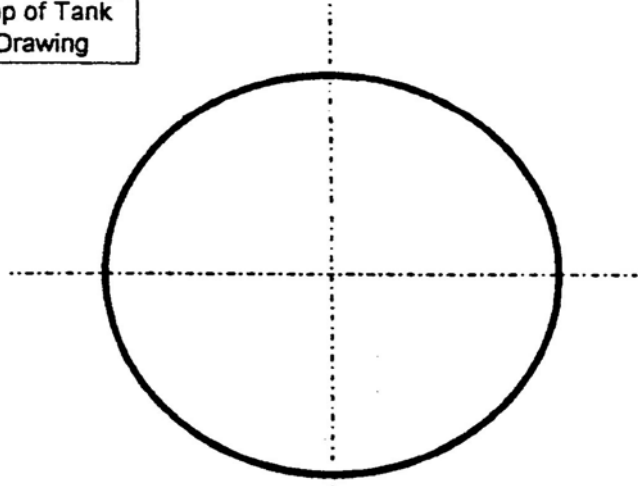
Vessel Type: Vertical Cylinder

Horizontal Cylinder

Bypass / Stilling Pipe



Top of Tank Drawing



Show the location of all nozzles, agitators, baffles, man-ways, etc.