

Ultrasonic Level Application Questionnaire

Customer information

Contact: _____ Prepared By: _____
 Company: _____ Date: _____
 Address: _____ Notes on the Application: _____
 City: _____ Country: _____
 Zip/Postal Code: _____ Phone: () _____
 E-mail: _____ Fax: () _____

Tanks/Vessel information (Supply sketch where possible) Sketch attached

Type: Storage **Dimensions:**
 Process Height: _____ m/ft
 Pump station Width/Diameter: _____ m/ft
 Open channel

Critical Information
Nozzle Length: _____ cm/in
Nozzle Diameter: _____ cm/in

Tank top: Open **Tank bottom:** Sloped **Internal equipment and/or obstructions:** No
 Flat Flat (E.g. Agitator, Heating coils, Supports, Other) Yes Please list _____
 Conical Conical _____
 Parabolic Parabolic _____

Measurement type: Point Level Continuous Level Volume Flow

Area safety classification: (specify code required) _____

Material

Material being measured: _____ Slurry Liquid Solid

Material temperature: Norm: _____ °C/°F Max: _____ °C/°F

Atmosphere: Air Other _____ **Homogenous:** Yes No

Dust: None Light Heavy

Installation (indicate all that apply)

Power available: _____ **Communications:**
Inputs required: **Outputs required:** HART ® /4 to 20 mA AB Remote I/O
 4 to 20 mA 4 to 20 mA PROFIBUS DP AB DeviceNet
 Pump Interlocks (#): _____ Relays (#): _____ PROFIBUS PA None
 Modbus RTU/ASCII

Products recommended: