

Ultrasonic Level Application Data Sheet

Instructions: Navigate through the form using the TAB key or mouse. To select a checkbox, click with mouse or press the SPACEBAR. To select units, click and choose from drop-down menu.

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:**
 (choose one) Process Height: _____ m
 Pump station Width/Diameter: _____ m
 Open channel

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

Tank top: Open **Tank bottom:** Sloped **Internal equipment and/or obstructions** No
 Flat Flat Yes *Please list*
 Conical Conical
 Parabolic Parabolic

Measurement type: Point Level Continuous Level Volume Flow

Area safety classification: _____

Material

Material being measured: _____ Liquid Solid
Material Concentration: _____ (In percent)
Material temperature: Norm: _____ °C Max: _____ °C
Atmosphere: Air Other _____ **Homogenous:** Yes No
Dust: None Light Heavy

Installation (indicate all that apply)

Power available: _____

Inputs required:	Outputs required:	Communications:
<input type="checkbox"/> 4-20 mA	<input type="checkbox"/> 4-20 mA	<input type="checkbox"/> Hart ® <input type="checkbox"/> AB Remote I/O
<input type="checkbox"/> Pump Interlocks (#): _____	<input type="checkbox"/> Relays (#): _____	<input type="checkbox"/> Profibus-DP <input type="checkbox"/> AB DeviceNet
		<input type="checkbox"/> Modbus RTU/ASCII <input type="checkbox"/> None

Products recommended: