



Radars Level Measurement Application Questionnaire

(Please fill out front and back)

End User OEM System Integrator Other: _____

Customer/Company: _____ Contact: _____

Address: _____ Email: _____

_____ Phone: _____

Application Requirements:

Batching/Dosing Bulk Storage Lift Station Day Tanks Waste Sump
 Chemical Feed Pump Control Plating Lines Machine Tools Open Channel
 Wastewater Treatment Other: _____

Media Constants: Dielectric Constant: _____ Viscosity: _____ (cP) Varies No Yes, from _____ to _____

Market Requirement: Water Wastewater Chemical Other: _____

Liquid Media: _____ Percent Concentration: _____

Process Temperature: Ambient min.: _____ max.: _____ Units of measurement: _____

Process Pressure: ATMOS min.: _____ max.: _____ Units of measurement: _____

Will media coat transducer? Yes No Film Coating Significant Coating

Condensation: Yes No Foam: None Light Medium Heavy

Vapors: Yes No Vibration: Yes No

Agitation: Yes No During Fill During Empty

Environment: Normal Corrosive Salt Flood

EMI/RFI Environment: Analog High Voltage Ground

Area/Classification: General Purpose Hazardous: Class _____ Div _____ Group _____

Hazardous Design: Explosion Proof Intrinsically Safe Other _____ Standard: _____

Tank Size: Height: _____ Width: _____ Diameter: _____ Units of Measure: _____

Tank Type: Vertical Horizontal Above Ground Sump/Pit Other: _____

Tank Material: Metal Fiberglass Concrete Plastic Lined: Yes No

Tank Top: Flat Horizontal Cylinder Dome Other: _____

Tank Bottom: Flat Dish Cone Sloped Other: _____

Process Connection: Thread: _____ NPT G Flange(size/type): _____

Riser: Height (Include any amount that extends into the vessel): _____ Diameter: _____ Material: _____

Standpipe: Yes No Material: _____ Inside Diameter: _____

Type of Filling: Top Bottom Side (At what level? _____)

Mixer: Yes No

Other Objects in Tank: No Yes _____ (Include sketch on back)

High Level Overfill or Low Level Shutdown Protection

Special consideration is necessary in any application for Overfill / Shutdown protection. Design a fail-safe system that accommodates the possibility of transmitter and/or power failure. FLOWLINE recommends the use of redundant backup systems and alarms in addition to the primary system.
(See Back)

REFERENCE INFORMATION

(Official Use Only)

Distributor / Sales Rep: _____

Phone: _____

Date: _____

Regional Sales Manager: _____

Quote Number: _____

P.O. Number: _____

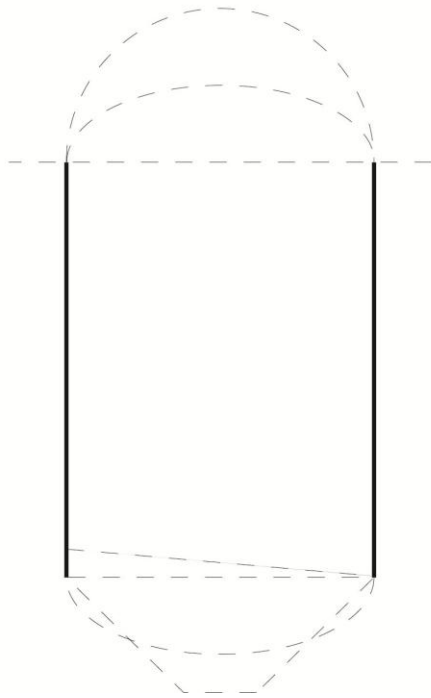
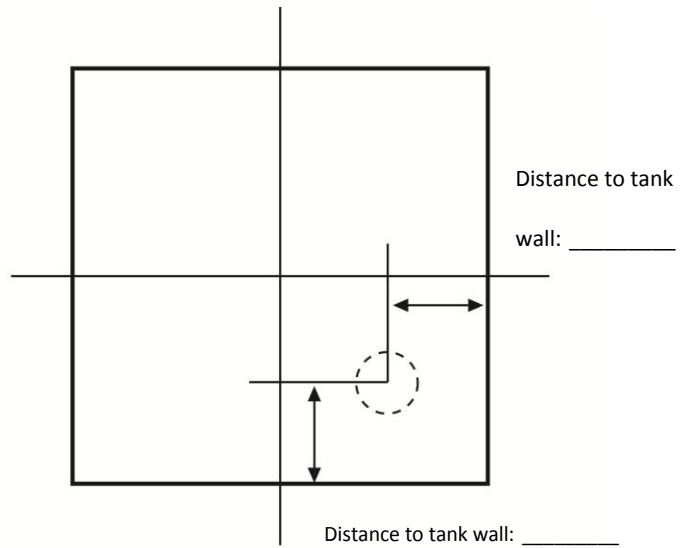
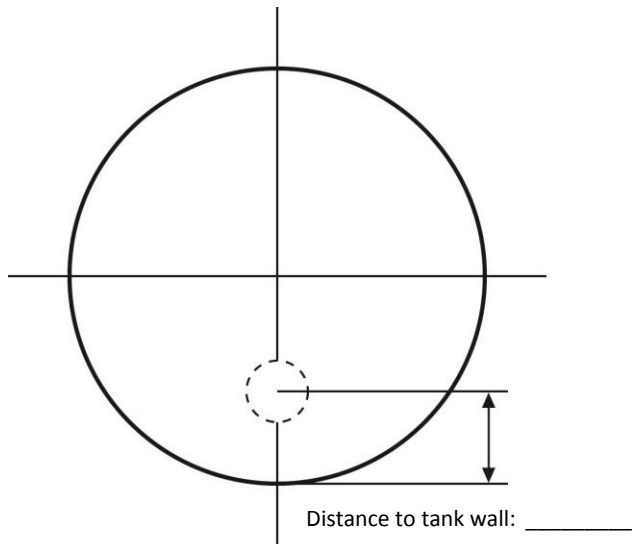
PART NUMBER

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Sensor Position:



Please indicate the distance from the location of the sensor to the side wall as well as complete the ends of the tank above. Include location of sensor and any objects within the tank.

Please list all other installation notes and include drawings if necessary: