

To: _____ Fax Number: _____

From: _____ Fax Number: _____



Phone: 864.574.8060 • 800.778.9242
Applications Engineering Fax: **864.574.8062**

Ultrasonic Application Data Sheet

Company Name _____	Contact Name _____	
Street Address _____		
City _____	State/Prov. _____	Zip/Postal Code _____
Phone () _____	Fax () _____	E-mail _____

Please complete and fax both pages to an Applications Engineer for review.

Material Information:

Name: (specific and generic): _____

Type: Liquid Slurry Powder Flake Pellet Granular

Characteristics (free flowing, sticky, wet, bridges, rat holes, etc.): _____

Non-Air Vapor above Product (Y/N): _____ If Yes, what type? _____

Material Compatible with: PVC CPVC Noryl Polyethylene Teflon
 Kynar 316 SS Buna Other: _____

Is Material Flammable or Explosive? (Y/N) _____ If Yes, what is the area classification? _____

Class, Div, Group or IP rating: _____

Solids:

Particle Size (in./mm): Minimum: _____ Average: _____ Maximum: _____

Moisture Content (%): Minimum: _____ Average: _____ Maximum: _____

Bulk Density (lbs/ft or g/cc): _____ Dust during fill?(Y/N) _____ Corrosive (Y/N) _____

Angle of Repose: _____

Aeration Present (Y/N): _____ If Yes, what type? _____

Liquids/Slurries:

Surface: Calm (Y/N): _____ Turbulent (Y/N): _____ Foam (Y/N): _____

Agitator Present (Y/N): _____ RPM: _____ Blade Diameter (in./mm): _____

Electrical Power & Output Requirements:

Supply Power Available: 24 VDC 24 VAC 120 VAC 240 VAC
 Other: _____

Output Preferred: Display Only Relay 4/20 mA Other: _____
 Digital Interface Type: _____

Display Location: Indoors Outdoors Distance from Sensor(s): _____

Vessel Parameters:

Number of Tanks to be Monitored: _____

No. of Liquid/Slurry Tanks: _____ Type of Fill (Gravity, Pump, Other): _____

No. of Solids Tanks: _____ Type of Fill (Pneumatic, Conveyor, Gravity): _____

Atmospheric Pressure? or Min. _____ Normal _____ Maximum _____

Ambient Temperature Inside Tank? or Min. _____ Normal _____ Max. _____

Ambient Temperature Outside Tank? or Min. _____ Normal _____ Max. _____

Vessel Construction:

Vertical Cylinder Horizontal Cylinder Square/Rectangular Bolted

Welded Spiral Corrugated Other: _____

Top of Tank: Flat Dome Sloped Angle? _____

Tank Bottom: Flat Dome/Dish Conical Dual conical Other: _____

Material of Tank Walls:

Stainless Steel Galvanized Steel Carbon Steel Aluminum

Concrete Fiberglass Other: _____

Is there any internal structure in the tank, such as Cleanout Cage, Agitator, Stiffening Bars, Bag House, Etc.? Please Specify:

Vessel Dimensions:

Straight Wall Height: _____ Cone Height: _____ Diameter or Width x Depth: _____

Please provide drawing of tank, including top. Show all fill points and discharge points. Also include any other equipment that may be present, such as agitators, or aeration aids.

