

To: _____ Fax Number: _____

From: _____ Fax Number: _____

Ultrasonic Application Data Sheet



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

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.



Fax

To: Centro, Inc.	From:
Fax: 901-357-1379	Pages:
Phone: 800-344-3286	Date:
Re:	cc:

Please fill out this specification form and fax to one of the three locations:

Memphis: 901-357-1379

Little Rock: 501-835-2277

Nashville: 615-255-2212