

To: _____ Fax Number: _____

From: _____ Fax Number: _____



CAP-LEVEL II[®]

Application Data Sheet

Phone: 864.574.8060 • 800.778.9242
Applications Engineering Fax: 864.574.8062

Company Name: _____ Contact Name: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____

Phone: _____ Fax: _____

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

PROCESS REQUIREMENTS:

Continuous Monitoring

Electrical Considerations:

Output Preferred: Relay 4-20mA Other: _____

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

Product Information:

Name (specific & generic): _____

Characteristics (sticky, free flowing, dry/wet, etc.): _____

Particle/Solids Size: Minimum _____ Maximum _____ Average _____

Moisture Content: Minimum _____ Maximum _____ Average _____

Hygroscopic (Y/N) _____ Dust (upon filling) (Y/N) _____

Bulk Density _____ Aeration Present (Y/N) _____ Angle of Repose _____

Coating of sidewalls (Y/N) _____ Coating Thickness _____ Vibration Y/N _____

Liquid (Y/N) _____ Dielectric Constant _____ Conductive (Y/N) _____

Non-Air Vapor above product (Y/N) _____ Type _____

Percent of water: _____

Product Compatible with: Aluminum Carbon Steel 304SS 316SS
 Hastelloy PVC CPVC Teflon
 Kynar Ryton Other _____

Vessel Parameters:

Pressure (psi): Minimum _____ Maximum _____ Average _____

Temperature Inside Vessel(°F/°C): Minimum _____ Maximum _____ Average _____

Temperature Outside Vessel(°F/°C): Minimum _____ Maximum _____ Average _____

Area Class(Class,Division,Group): Inside _____
Outside _____

Vessel Construction: SS Concrete Fiberglass
 Glasslined Rubberlined Other _____

Vessel Size: Height _____ Diameter _____

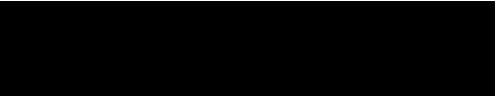
Process Connection/Mounting (Type/Size):

Horizontal Cylinder (Y/N) _____ Upright Tank (Y/N) _____

Process Description and Sketch:

Please use the space below to indicate process or vessel arrangement and/or dimensions. Mounting Details such as, location of process connection, and fill and discharge piping, are generally helpful. Also, please provide any general information which you feel will assist us in providing you with the "right product for your application".

Show support structures of vessel when applicable.



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