

FIGURE 14

DELTA TUBE APPLICATION DATA WORKSHEET

(ADDITIONAL FORMS AVAILABLE FROM LOCAL REPRESENTATIVE)

GENERAL INFORMATION

1	Tag or Identification No.		
2	Application		
3	Pipe I.D. & O.D. or Pipe Size & Schedule (Specify Units)		
4	Pipe Material	4a	Pipe Orientation: Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Other <input type="checkbox"/>
5	Process Fluid		
6	System Design Temp. (Specify Units)	6a	System Design Press. (Specify Units)

IMPORTANT: Provide pressures & temperatures @ each flow rate for desired ΔP calculations

LIQUID

		UNITS	MAXIMUM	NORMAL	MINIMUM
7	Flow Rate (Specify Units)				
8	Pressure @ Flow Conditions Gauge <input type="checkbox"/> Absolute <input type="checkbox"/>				
9	Temperature @ Flow Conditions (Specify Units)				
10	Specific Gravity or Specific Weight @ Flow Conditions (Specify Units)				
11	Absolute Viscosity				

GAS

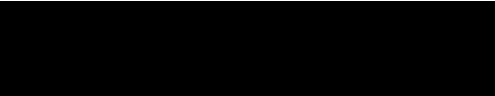
		UNITS	MAXIMUM	NORMAL	MINIMUM
7	Flow Rate (Specify Units)				
8	Pressure @ Flow Conditions Gauge <input type="checkbox"/> Absolute <input type="checkbox"/>				
9	Temperature @ Flow Conditions (Specify Units)				
10	Specific Gravity or Specific Weight @ Flow Conditions (Specify Units)				
11	Absolute Viscosity				
15	Ratio of Specific Heats — $k \left(\frac{C_p}{C_v} \right) =$ _____				

STEAM

		UNITS	MAXIMUM	NORMAL	MINIMUM
7	Flow Rate (Specify Units)				
8	Pressure @ Flow Conditions Gauge <input type="checkbox"/> Absolute <input type="checkbox"/>				
9	Temperature @ Flow Conditions (Specify Units)				
10	Specific Weight @ Flow Conditions (Specify Units)				
11	Absolute Viscosity				
12	Degrees Superheat				
13	Moisture or Liquid Content	%			
14	Saturated Yes <input type="checkbox"/> No <input type="checkbox"/>				

Mid-West[®]
Instrument

REPRESENTED BY:



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