

Level Application Assistance Form: (Page 1 of 2)

Please provide as much detail as possible for prompt assistance.

Company Name: _____

Date: _____

Contact Name: _____

Title: _____

City: _____

State: _____ Zip: _____

Phone: _____

Ext: _____ Fax: _____

Name of Project: _____

Distributor Name: _____

Please provide description of intended application on separate sheet (include critical factors/tolerances/fill-drain cycles, etc.).

Tank Type: Vertical Cylinder Horizontal Cylinder Conical Rectangular

Sensor Mounting: Indoor Outdoor Indicator: Indoor Outdoor Sun Shade

Cable run from sensor to indicator: _____ ft. Available power: _____ Amperage: _____

Fluid type _____ Fluid Viscosity: _____ Fluid Specific Gravity: _____

Foam: Yes No Vapors: Yes No Agitation: Yes No

Tank Material: _____ Tank Depth (ft): _____ Diameter (ft): _____ Dimensions: _____

Fluid temp. range (deg. C): min. _____ max. _____ nominal _____ Vessel pressure (psi): min _____ max _____

Output: Continuous Point Output Type: Relay 4 to 20 mA (fixed) 4 to 20 mA (prog.)

FOR ULTRASONIC POINT LEVEL SENSING (3/4 in. NPT) Delay: ON (0.5 seconds) OFF (2 seconds)

Mounting: Single Point Multi-Point Tank Top Tank Bottom Through Wall

of Required Activation Point(s): _____ Load Voltage: _____ Load Amps: _____ Relay 4 to 20mA

FOR ULTRASONIC CONTINUOUS SENSING

Sensor Range - 10 ft. (1 in., 1.5 in. or 2 in. NPT) Sensor Range - 20 ft. (2 in. NPT)

Mounting: Tank lid Wall mount Bracket above tank

Distance to wall (in.) _____ Distance from fill (in.) _____

FOR FLOAT CONTINUOUS SENSING

Mounting: Tank Lid Bracket above tank Suspended solids Type: _____

FOR PRESSURE CONTINUOUS SENSING

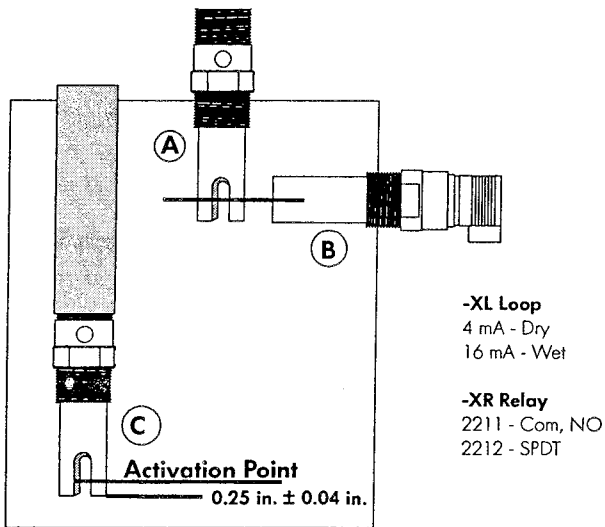
Mounting: Standpipe to tank bottom Through wall Pipe run exiting tank

Level Application Assistance Form (continued): (Page 2 of 2)

Please provide as much detail as possible for prompt assistance.

Ultrasonic Point Sensor Detail

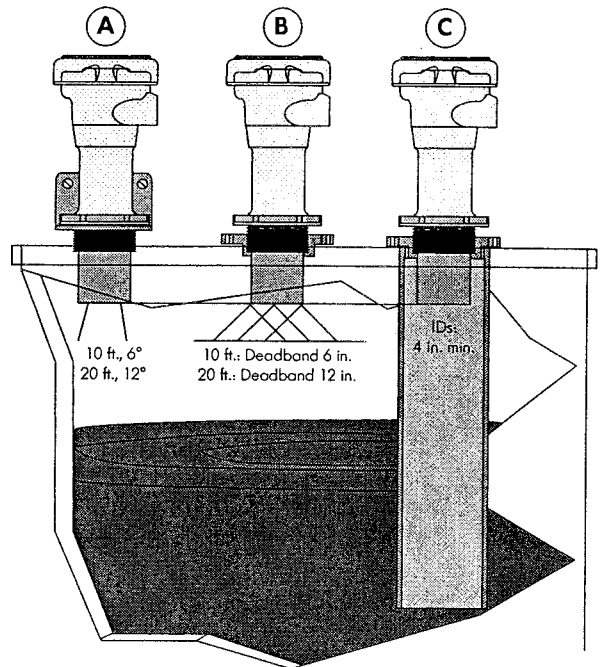
Please indicate your installation method and sensor position(s).



Level 1: _____ in. Activate High ___ Low ___
 Level 2: _____ in. Activate High ___ Low ___
 Level 3: _____ in. Activate High ___ Low ___
 Level 4: _____ in. Activate High ___ Low ___

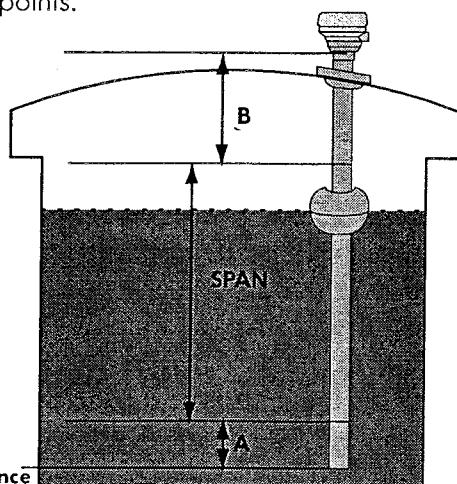
Ultrasonic Continuous Sensor Detail

Please indicate your installation method and sensor position. Standpipe recommended for small vessels (<10 ft.) with agitation. Minimum inner diameter 4 in. Walls must be clean and free of obstructions.



Magnetostrictive Continuous Sensor Detail

Please indicate mounting detail, tank dimensions, fill and drain points.



Overall Length = A + SPAN + B

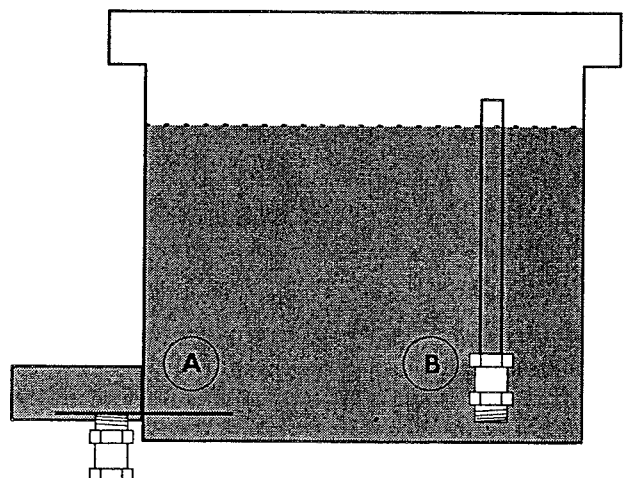
PVDF Sensors: A = 6 in., B = 12 in. (for SPAN ≤ 12 ft.)
 A = 8 in., B = 10 in. (for SPAN > 12 ft.)

316SS Sensors: A = 2 in., B = 8 in.

SPAN Length: _____

Pressure Continuous Sensor Detail

Please indicate your installation, pipe dimensions, and sensor location information.





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