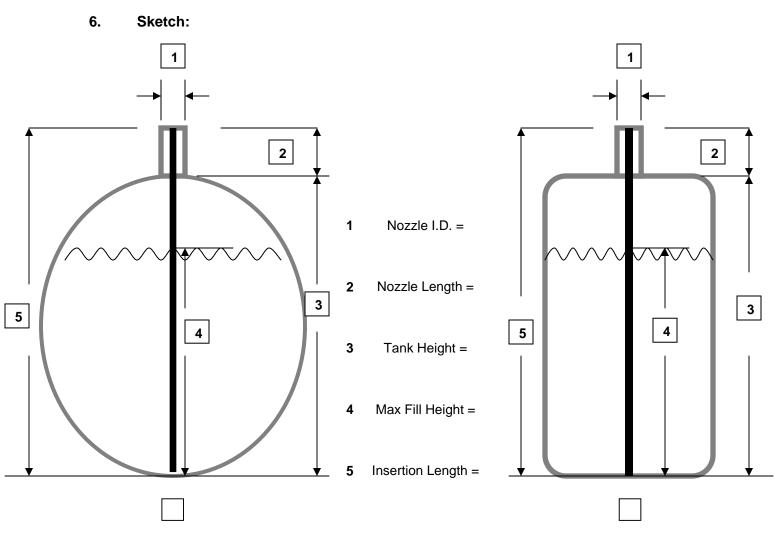
LIQUID LEVEL APPLICATION SHEET



Date:	Contact:
Company:	Site/Project Name:
Phone: ()	Fax: _()
1. Number of units to be quoted:	Project Potential:
> Other comments:	Specific Gravity: Viscosity: Specific Gravity: Viscosity: (If above 70° C., consult factory.) (If above 50 psi., confirm appropriate float, if None
 ≻ Area Classification: > Intrinsically Safe: □ Explosion Proof 	ST am Slurry None No None None
Threaded fitting size: <2" Consult Tank Height (top to bottom):	Type (Din / ANSI, other): t Factory Nozzle or stand-off Height: Long Distance/Remote vac50/60HzOther: DPDT loneRemoteLocal Digital for specified OEM's
5. Comments about Measurement and Process:	

LIQUID LEVEL APPLICATION SHEET





(Indicate tank style to be used with a check)

(Indicate tank style to be used with a check)

Pricing and Probe Model

Probe Model Number	Product Float Part No.	Interface Float Part No.	Other Accessories
Price \$	Price \$	Price \$	Price \$

Additional Comments:

Signed: _____