1100 Series Magnetic Level Indicator

PART 1: Application Data Sheet

MEASUREMENT AND CONTROL

Date	Quantity

Company Name_____ Contact_____

Phone_____ E-mail_____

Special Tag #s (3 lines with 62 character/spaces per line available)_____

_____

_____

Process Conditions

Fluid Upper/Lower_____ Specific Gravity Upper/Lower_____

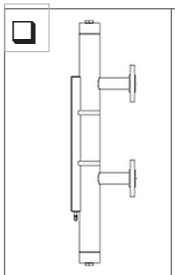
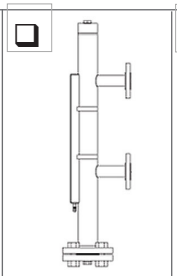
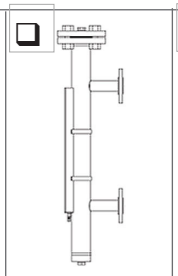
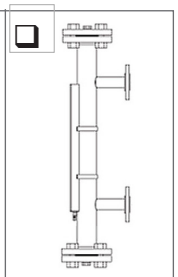
Operating Pressure_____ Design Pressure_____

Operating Temperature _____ Design Temperature _____

Area Classification_____

Chamber/Indicator Design

Chamber Type (select one)

❑	❑	❑	❑
			
Top Sealed Bottom Sealed	Top Sealed Bottom Flanged	Top Flanged Bottom Sealed	Top Flanged Bottom Flanged

Chamber Material (316/L SS Std.)_____

Studs/Nuts Material (A193-B7/A194-2H Std.)_____

Process Connection Type/Rating_____

Process Connection Size_____

Vent/Drain Connection Size/Type_____

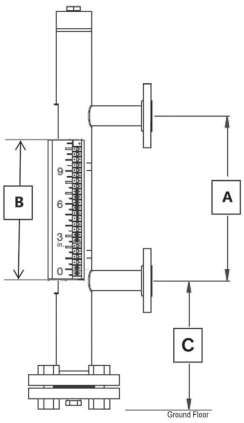
Float Material (Titanium Std.)_____

Dimensions (xxx.xxx)

A. Center to Center.....[ ]

B. Measuring Range.....[ ]

C. Ground Clearance....[ ]



Scale Marking *(select one)*

❑ English

❑ Metric

❑ Percentage

Accessories *(mark as required add notes if necessary)*

Insulation Blanket ❑ _____

Steam Heat Tracing ❑ _____

Electrical Heat Tracing ❑ _____

Flashing/Boiling Protection ❑ _____

Inspection & Testing Certs ❑ _____

(see App Data Sheet Part 2)

Auxiliary Products ❑ _____

(see App Data Sheet Part 3)

Special (*specify in notes*) ❑ _____

_____

_____

Notes *(attach any sketches and special instructions)*

❑ **PMI Report**	❑ **SOR Standard** Alloy verification of wetted parts using x-ray fluorescence (XRF) technology to positively identify the part material used post manufacturing. ❑ Customer specified alternate requirements_____
❑ **Hydrostatic Pressure Test**	❑ **SOR Standard** Process conforms to ASME Section V and is conducted per serial number. If valves are used, hydro testing will be done with valve open and ports plugged. ❑ Customer specified alternate requirements_____
❑ **Visual Inspection Report**	❑ **SOR Standard** Visual weld inspection by certified weld inspector per sales order line item. ❑ Customer specified alternate requirements_____
❑ **Factory Acceptance Test**	❑ **SOR Standard** Summary of testing schedule completed per sales order line item. ❑ Customer specified alternate requirements_____
❑ **Inspection Test Plan**	❑ **SOR Standard** Summary of all the testing processes that will be conducted per sales order line item. ❑ Customer specified alternate requirements_____
❑ **Mill Test Report**	❑ **SOR Standard** Certifies that the listed serial numbers were manufactured using the materials on the associated Certified Material Test Reports (CMTR). ❑ Customer specified alternate requirements_____
❑ **Dye Penetrant Examination**	❑ **SOR Standard** Certifies that the listed serial numbers were examined by visible liquid penetrant in accordance with ASME Section V, Article 6. ❑ Customer specified alternate requirements_____
❑ **NACE Compliance**	❑ **SOR Standard** SOR shall provide certification of compliance that the pressure boundary components of the listed serial numbers were manufactured to meet NACE MR0175/ ISO15156. ❑ Customer specified alternate requirements_____
❑ **Ferrite Test**	❑ **SOR Standard** Certifies the Ferrite Number (FN) of 20% of the welds per serial number is documented on associated weld map drawings. ❑ Customer specified alternate requirements_____
❑ **Radiographic Examination (X-Ray)**	❑ **SOR Standard** Certifies the 3rd party radiographic examination of 5% of welds per sales order line item by sample size in accordance with ASME Section V. ❑ Customer specified alternate requirements_____
❑ **Heat Treat**	❑ **SOR Standard** Certifies heat treatment was conducted to ASTM standards per sales order line item. ❑ Customer specified alternate requirements_____
❑ **Mag Particle Examination**	❑ **SOR Standard** Certifies that the listed serial numbers were examined by visible mag particle in accordance with ASME Section V. ❑ Customer specified alternate requirements_____
❑ **Ultrasonic Examination**	❑ **SOR Standard** Certifies that the listed serial numbers were examined by 3rd party ultrasonic examination in accordance with ASME Section V. ❑ Customer specified alternate requirements_____

Additional comments: _____

Auxiliary Products

Point Level Switch

Qty_____

Location_____

Type
- ❑ SPDT
- ❑ DPDT

Temperature Rating
- ❑ Standard (300°F/149°C)
- ❑ High Temp (350°F/177°C)
- ❑ Special_____

Rating
- ❑ General Purpose
- ❑ Explosion Proof (includes terminal block) Class I, Div 1 Groups B,C, D; Class II Div 1 Groups E, F, G

Magnetostrictive Transmitter

Output(s)_____

Accuracy_____

Supply Voltage_____

Agency

Certifying Body_____

Protection Type_____

Gas Group_____

Mounting Orientation
- ❑ Top Mount
- ❑ Bottom Mount
- ❑ 90° Bend, Housing on:
  - ❑ Top OR ❑ Bottom
  - AND
  - ❑ Left OR ❑ Right

Guided Wave Radar Bridle*

Material (316/L SS Standard)_____

Instrument Connection Size_____

Instrument Connection Type/Rating_____

Drain Connection Size_____

Drain Connection Type/Rating_____

*If additional connections or non-GWR instrumentation is required, please sketch the bridle in the provided space and list all additional requirements. Consult factory for assistance.

Other_____

_____

_____

Sketch Bridle Here

Other Auxiliary Equipment

Examples: Differential Pressure Transmitter, Reed Chain Transmitter, etc.

Device Type_____ Manufacturer_____

Part Number_____ Specifications_____

Notes_____

_____

_____

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