



1100 Series Magnetic Level Indicator

PART 1: Application Data Sheet

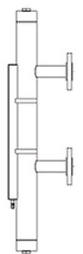



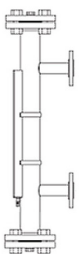

	Date	Quantity
Company Name _____ Contact _____		
Phone _____ E-mail _____		
Special Tag #s (3 lines with 62 character/spaces per line available) _____		

Process Conditions

Fluid Upper/Lower _____	Specific Gravity Upper/Lower _____
Operating Pressure _____	Design Pressure _____
Operating Temperature _____	Design Temperature _____
Area Classification _____	Design Standard _____

Chamber/Indicator Design

Chamber Type (select one)

<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
Top - Sealed Bottom - Sealed	Top - Sealed Bottom - Flanged	Top - Flanged Bottom - Sealed	Top - Flanged Bottom - Flanged	Top - Sealed End Cap w Process Flange Bottom - Flanged w Float Access	Top - Sealed End Cap w Process Flange Bottom - Sealed End Cap w Process Flange

Chamber Material (316/L SS Std.) _____

Chamber Size ☐ 2" ☐ 2.5" ☐ 3" ☐ 4"

Chamber Schedule ☐ S10 ☐ S40 ☐ S80

Indicator Material ☐ vista polycarbonate
☐ Flat polycarbonate ☐ Glass

Flag Color ☐ yellow/black (Std.)
☐ orange/black ☐ red/white

Studs/Nuts ☐ Alloy Steel (A193-B7/A194-2H)
☐ 304 SS (A193Gr B8 Cl2/A194Gr 8)

Process Connection Type/Rating _____

Process Connection Size _____

Vent/Drain Connection Size/Type _____

Float Material (Titanium Std.) _____

Dimensions (xxx.xxx)

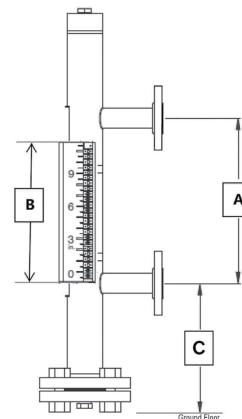
A. Center to Center.....

B. Measuring Range.....

C. Ground Clearance....

Scale Marking (select one)

☐ English ☐ Metric
☐ Percentage
☐ Custom _____



**Attach any sketches
and special instructions.**

Accessories (mark as required add notes if necessary)

Insulation Blanket		Flashing/Boiling Protection	<input type="checkbox"/>
Chamber only	<input type="checkbox"/>	Inspection & Testing Certs	<input type="checkbox"/>
Complete unit	<input type="checkbox"/>	(see App Data Sheet Part 2)	
Cryogenic insulation	<input type="checkbox"/>	Auxiliary Products	<input type="checkbox"/>
Steam Heat Tracing	<input type="checkbox"/>	(see App Data Sheet Part 3)	
Electrical Heat Tracing	<input type="checkbox"/>	Special (specify in notes)	<input type="checkbox"/>



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PART 2: Inspection and Testing Certifications

<input type="checkbox"/> PMI Report	<input type="checkbox"/> SOR Standard Alloy verification of wetted parts using x-ray fluorescence (XRF) technology to positively identify the part material used post manufacturing. <input type="checkbox"/> Customer specified alternate requirements _____
<input type="checkbox"/> Hydrostatic Pressure Test	<input type="checkbox"/> 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. <input type="checkbox"/> Customer specified alternate requirements _____
<input type="checkbox"/> Visual Inspection Report	<input type="checkbox"/> SOR Standard Visual weld inspection by certified weld inspector per sales order line item. <input type="checkbox"/> Customer specified alternate requirements _____
<input type="checkbox"/> Factory Acceptance Test	<input type="checkbox"/> SOR Standard Summary of testing schedule completed per sales order line item. <input type="checkbox"/> Customer specified alternate requirements _____
<input type="checkbox"/> Inspection Test Plan	<input type="checkbox"/> SOR Standard Summary of all the testing processes that will be conducted per sales order line item. <input type="checkbox"/> Customer specified alternate requirements _____
<input type="checkbox"/> Mill Test Report	<input type="checkbox"/> SOR Standard Certifies that the listed serial numbers were manufactured using the materials on the associated Certified Material Test Reports (CMTR). <input type="checkbox"/> Customer specified alternate requirements _____
<input type="checkbox"/> Dye Penetrant Examination	<input type="checkbox"/> SOR Standard Certifies that the listed serial numbers were examined by visible liquid penetrant in accordance with ASME Section V, Article 6. <input type="checkbox"/> Customer specified alternate requirements _____
<input type="checkbox"/> NACE Compliance	<input type="checkbox"/> 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. <input type="checkbox"/> Customer specified alternate requirements _____
<input type="checkbox"/> Ferrite Test	<input type="checkbox"/> SOR Standard Certifies the Ferrite Number (FN) of 20% of the welds per serial number is documented on associated weld map drawings. <input type="checkbox"/> Customer specified alternate requirements _____
<input type="checkbox"/> Radiographic Examination (X-Ray)	<input type="checkbox"/> 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. <input type="checkbox"/> Customer specified alternate requirements _____
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> SOR Standard Certifies heat treatment was conducted to ASTM standards per sales order line item. <input type="checkbox"/> Customer specified alternate requirements _____
<input type="checkbox"/> Mag Particle Examination	<input type="checkbox"/> SOR Standard Certifies that the listed serial numbers were examined by visible mag particle in accordance with ASME Section V. <input type="checkbox"/> Customer specified alternate requirements _____
<input type="checkbox"/> Ultrasonic Examination	<input type="checkbox"/> SOR Standard Certifies that the listed serial numbers were examined by 3rd party ultrasonic examination in accordance with ASME Section V. <input type="checkbox"/> Customer specified alternate requirements _____
<input type="checkbox"/> ASME B31.1	<input type="checkbox"/> Pressure _____ psi <input type="checkbox"/> Temperature _____ °F
<input type="checkbox"/> ASME B31.3	Fluid Class: <input type="checkbox"/> Normal <input type="checkbox"/> Category D <input type="checkbox"/> Category M <input type="checkbox"/> High Pressure
<input type="checkbox"/> PED 2014/68/EU	Fluid Group: <input type="checkbox"/> 1 <input type="checkbox"/> 2 Design Pressure _____ psi Max Temperature _____ °F Minimum Temperature _____ °F

Additional comments: _____



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PART 3: Auxiliary Products

Auxiliary Products

Point Level Switch

Qty _____

Location _____

Type

☐ SPDT

☐ DPDT

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 _____