

Level Application Assistance Form:

Please provide as much detail as possible for prompt assistance. Fax the completed form to Technical Support at your local GF sales office.

Date: _____

Company: _____

Contact: _____

Address: _____

City: _____ State/Country: _____ Zip/Postal Code: _____

Country: _____

Phone: _____ Ext: _____ Fax: _____ Email: _____

Name of project: _____

GF Distributor: _____ Contact: _____ Tel: _____

Description of application (use separate sheet if necessary):

Tank Type:

Vertical cylinder Horizontal cylinder Conical Rectangular

Tank material: _____ Tank Depth m(ft.): _____ Tank Diameter m(ft.): _____ Dimensions: _____

Tank Radius: m(ft.): _____

Fluid temp. range: min: _____ max: _____ nominal: _____ Control range: _____

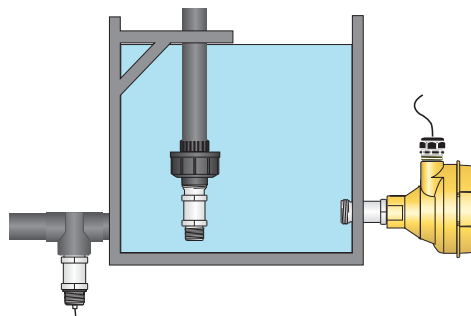
Vessel press. bar (psi): min: _____ max: _____ nominal: _____ Control range: _____

Sensor mounted: Indoor Outdoor Indicator mounted: Indoor Outdoor

Sensor mounted: Inline Submersible, standpipe Sun Shade

Submersible, through tank wall

Continuous Pressure Sensor Detail : Please indicate your pipe installation, pipe dimensions, and Sensor location



Fluid to be measured: _____ Chemistry: _____

Fluid viscosity: _____ Specific gravity: _____

Percent solids: _____ Description: _____ Size of solids: _____

Vapors: Yes No Agitation: Yes No

Cable run from sensor to indicator: _____ ft./m _____

Available power: _____ Amperage: _____

Required outputs & Qty: _____