



Application Information

| GENERAL INFORMATION | |
|---|--|
| Company: | _____ |
| Address: | _____ _____ _____ |
| Name: | _____ Title: _____ |
| Telephone: | _____ Fax: _____ |
| Meter Number: | _____ Description: _____ |
| Meter Location: | _____ Tag No: _____ |
| FLUID CHARACTERISTICS | |
| Fluid: | <input type="checkbox"/> Saturated Steam <input type="checkbox"/> Superheated Steam <input type="checkbox"/> Water <input type="checkbox"/> Slurry <input type="checkbox"/> Natural Gas <input type="checkbox"/> Other: _____ <input type="checkbox"/> Oil <input type="checkbox"/> Gas |
| Flow Rate: | Minimum _____ Nominal _____ Maximum _____ Units: _____ _____ |
| Pressure: | _____ <input type="checkbox"/> psia <input type="checkbox"/> psig <input type="checkbox"/> Bar-A <input type="checkbox"/> Bar-G _____ |
| Temperature: | _____ <input type="checkbox"/> deg F <input type="checkbox"/> deg C |
| Density: | _____ <input type="checkbox"/> lb/gal <input type="checkbox"/> lb/ft^3 <input type="checkbox"/> kg/liter <input type="checkbox"/> SGU |
| Viscosity | _____ <input type="checkbox"/> cP <input type="checkbox"/> cks |
| METER REQUIREMENTS | |
| Accuracy Required (+/-%) | _____ % <input type="checkbox"/> of FULL SCALE _____ to _____ FLOW _____ <input type="checkbox"/> of READING _____ RANGE (units) |
| Line Size: | _____ O.D. _____ I.D. _____ Nominal _____ inches <input type="checkbox"/> mm Schedule: _____ |
| Pipe Material: | <input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> FRP <input type="checkbox"/> PVC |
| Maximum Pressure Drop: | _____ Straight Pipe Length Available: _____ |
| Process Connection: | <input type="checkbox"/> Flange <input type="checkbox"/> Male Threaded Size/Rating: _____ <input type="checkbox"/> Wafer <input type="checkbox"/> Female Threaded |
| Local Indicator (mechanical) | <input type="checkbox"/> Rate Display Rate Min/Max: _____ to _____ Units: _____ <input type="checkbox"/> Totalizer Pulse (one count equals): _____ Units: _____ |
| Location: | <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor Ambient Temp: _____ to _____ deg F |
| Submersion (30 ft water): | <input type="checkbox"/> IP67 48 hour <input type="checkbox"/> IP68 continuous (Meter sensor only) |
| TRANSMITTER | |
| Output: | <input type="checkbox"/> 4-20 ma. Rate Min/Max: _____ to _____ Units: _____ <input type="checkbox"/> Pulse Pulse (one count equals): _____ Units: _____ <input type="checkbox"/> Other: _____ |
| Tx Indication: | Local: <input type="checkbox"/> Rate Display Remote: <input type="checkbox"/> Rate Display <input type="checkbox"/> Totalizer <input type="checkbox"/> Totalizer |
| Power: | <input type="checkbox"/> 24 Vdc <input type="checkbox"/> 115 Vac 60 Hz <input type="checkbox"/> 230 Vac 60 Hz |
| Tx Enclosure Rating: | <input type="checkbox"/> Weatherproof <input type="checkbox"/> Explosion Proof Rating: _____ |
| Other Requirements: | |
| Submitted by: _____ Date: _____ | |
| customerservice@metrontechnology.com Application Info 105 071107.XLS | |