

Management System
Application Information Form VA Flowmeter

Company _____
Address _____

City _____ State _____ Zip _____
Contact Name _____

Title _____

Tel. No. for Technical Questions () _____

Signature _____ Date ____/____/____

Reviewed by _____/____/____

Approved by _____/____/____

1. Fluid Data: Name: _____

Description: _____

% Concentration (If Applicable) _____

Viscosity: _____ Min. _____ Max.

Units: _____ (Cps, Cst, etc.)

Does Fluid Contain Solids? Y or N

If Yes, Particle Size/Desc.: _____

_____ % Solids: _____ (approx.)

For Liquids: Density: _____ lbs/ft³ or Spec. Gravity _____

Flow Rate Units*

_____ (Min.) _____

_____ (Typ.) _____

_____ (Max.) _____

* GPM, GPH, LPH, M3PH, Other: _____

Does Fluid Contain Gas or Entrained Air? Y or N

If Yes, % Gas _____ (approx.)

For Gases: Standard Flowing Units Density / Spec.

Gravity _____ Flow Rate Units* Accuracy

Req.

_____ (Min.) _____ % Rate _____

_____ (Typ.) _____ % Rate _____ (Max.)

_____ % Rate

* SCFM, SCFH, ACFM, ACFH

Is Flow Continuous or Pulsing / Batch

If Pulsing, Describe On/Off Times, Pulse Rate or Batch

Size

2. Equipment Preference

Desired Scale: _____

Accuracy Required: _____ % full scale

Connections:

Size: _____ (inches)

ANSI 150# ANSI 300# ANSI 600#

Threaded Other: _____

Materials of Wetted Parts:

316SS: _____, Teflon: _____, Ceramic: _____

Hastelloy C: _____

Hazardous Area (FM): Y or N If yes:

Class: _____ **Group:** _____ **Div.:** _____

Local Indication? Y or N.

Remote Transmission? Y or N.

Limit Switches? Y or N. If Yes, How Many? ____

Special Requirements:

4. Temperature / Pressure:

Operating Fluid Temperature:

_____ Min _____ Norm _____ Max (Deg. F or C)

Ambient Temperature:

_____ Min _____ Norm _____ Max (Deg. F or C)

Operating Pressure:

_____ Min _____ Norm _____ Max (PSIG)

5. Describe your flow measurement problem and what it is you wish to accomplish:

