

KROHNE - Texas Flow Solutions

4100 N. Sam Houston Pkwy W.

Houston, Texas 77086

1-800-FLOWING



**EMF Flowmeter
Application Information Form**

Tag No: _____

Customer	Company: _____	Contact: _____
	Address: _____	Phone: _____
	_____	Fax: _____
	City, State, Zip: _____	E-mail: _____

Liquid Data	o Liquid: _____ Description: _____	o Does Fluid Contain Solids? _____ (Yes or No) if yes, particle size/type/desc: _____
	o Concentration % (if applicable): _____	_____ % Solids: _____ (approx.)
	o Viscosity, min: _____ max: _____ units: _____ cPs, cSt, SSU, etc	o Does Fluid Contain Gas or Entrained Air? _____ Y/N if yes, % gas: _____ (approx.)
	o Conductivity: _____ (5uMho min, 20uMho min. for water)	o Does Fluid Contain Magnetite? yes: _____ % or no: _____

Operating Conditions	o Flow Rate: design: _____ gal/min. _____ % Rate Accuracy Required minimum: _____ gal/min. _____ % Rate Accuracy Required maximum: _____ gal/min. _____ % Rate Accuracy Required
	o Is Flow Continuous or Pulsing / Batch? _____ Describe Pulse Timing, Pump Type, or Batch Size: _____
	o Temperature / Pressure (at meter site): Operating Fluid Temp, min: _____ normal: _____ max: _____ Deg. (F or C) _____ Ambient Temperature, min: _____ normal: _____ max: _____ Deg. (F or C) _____ Operating Pressure, min: _____ normal: _____ max: _____ psig

o Signal Converter: Remote: _____ Integral: _____ Display: _____ (Yes or No) if remote, distance from sensors to converter: _____ ft.
o Supply Voltage: 120 VAC, 60 Hz. _____ 220 VDC _____ 24 VDC _____ other, describe: _____

Equipment Specifications	o Measuring Functions Desired: Range: _____ Units: _____
	Volumetric Flow Rate: _____ Totalized Volume: _____
	o Output Requirements:
	4-20mA Output: Measured Parameter: _____ Range _____
	Frequency Output: Measured Parameter: _____ Range _____
	Computer Interface RS-485: _____
	Status Relay: _____
	o Communication: HARTsmart: _____
	o Connections: ANSI 150# _____ ANSI 300# _____ AWWA CL.B, CL.D _____
	Sanitary _____ Wafer _____ Other: _____
	o Grounding Rings: None: _____ #1 _____ #2 _____ #3 _____ Mat'l _____
	o Electrode Mat'l: Hastelloy C: _____ 316 SS: _____ Tantalum: _____ Titanium: _____
Zirconium: _____ Other: _____	
o Electrode Cleaning: N/A _____ WE/Removable: _____ Ultrasonic: _____ RE/Scrapper: _____	
o Liner Mat'l: PFA: _____ Neoprene: _____ FEP: _____ Ceramic: _____ PTFE: _____	
Polyurethane: _____ Hd. Rubber: _____ Other: _____	
o Primary Preference: IFS4000 _____ IFS5000 _____ IFS6000 _____ Other: _____	
<i>(if known)</i> Ecoflux: _____ Aquaflux: _____ Batchflux: _____	

Location	o Straight Run: _____ pipe diameters upstream. _____ pipe diameters downstream.
	o Describe Upstream Conditions: _____ <i>(i.e pump, chemical injection, tank, etc)</i> _____
	o Describe Downstream Conditions: _____ _____
	o Full Pipe? Yes: _____ No: _____
	o Pipe Orientation: Horizontal: _____ Vertical: _____ Inclined: _____
	If vertical or inclined, is flow direction: Up: _____ Down: _____
	o Will the Primary be Located in a Hazardous Area? Yes: _____ No: _____
If yes, Specify: Division 1: _____ Division 2: _____ Groups: _____	

OTHER	<p>o Describe your flow measurement problem and what it is you wish to accomplish: _____</p> <p>_____</p> <p>_____</p>
	<p>o Please use space below to show the installation including fluid flow direction and any other equipment.</p>

Please fax or Email Application Information Form to KROHNE - Texas Flow Solutions

Fax No: (281) 866-7834

Email: sales@txflowsolutions.com