

**KROHNE - Texas Flow Solutions**

4100 N. Sam Houston Pkwy W.  
Houston, Texas 77086  
1-800-FLOWING



**USM**  
**Application Information Form**

Tag No: \_\_\_\_\_

<b>Customer</b>	Company: _____ Address: _____ _____ City, State, Zip: _____	Contact: _____ Phone: _____ Fax: _____ E-mail: _____
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<b>Liquid Data</b>	o Liquid: _____ Description: _____ o Density: _____ or S.G: _____ o Viscosity, min: _____ max: _____ units: _____ cPs, cSt, SSU, etc	o Does Fluid Contain Solids? _____ (Yes or No) if yes, particle size/type/desc: _____ _____ % Solids: _____ (approx.) o Does Fluid Contain Gas or Entrained Air? _____ Y/N if yes, % gas: _____ (approx.)
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<b>Operating Conditions</b>	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
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<b>Equipment Specifications</b>	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 _____ o Measuring Functions Desired: STANDARD Volumetric flow rate units: _____ Totalized volume units: _____ Sonic velocity: m/sec units: _____ Batch total units: _____ (only on standard version)
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Equipment Specifications

OPTIONAL (only choose one)

Corrected standard volumetric flow rate units:

\_\_\_\_\_ to API 2540 - Specify API Gravity: \_\_\_\_\_

\_\_\_\_\_ for any fluid - Requires customer data for density change with temperature and/or pressure (note: typically the pressure affect can be ignored).

Calculated mass flow rate units: \_\_\_\_\_

o Output / Input Requirements:

CURRENT

4-20mA Output: Measured Parameter: \_\_\_\_\_ Range \_\_\_\_\_

Span, 4mA = \_\_\_\_\_ 20 mA = \_\_\_\_\_

PULSE OUTPUT

Volume Total: \_\_\_\_\_

If Pulse / Unit (totalizer) then parameter: \_\_\_\_\_ Volume Total

number of pulses: \_\_\_\_\_ per \_\_\_\_\_ unit

if Pulse / Rate (frequency) then parameter: \_\_\_\_\_ Volume Rate Total

(0) Hz: \_\_\_\_\_ to (1000) Hz: \_\_\_\_\_

if Status Output: Diagnostic Alarm:

CONTROL INPUT

function of input: Diagnostic Alarm:

CURRENT INPUTS (requires optional corrected volume version)

Input (1) 4-20 Ma; parameter: \_\_\_\_\_ units: \_\_\_\_\_

Span, 4mA= \_\_\_\_\_ 20 mA = \_\_\_\_\_

Input (2) 4-20 mA; parameter: \_\_\_\_\_ units: \_\_\_\_\_

Span, 4mA = \_\_\_\_\_ 20 mA = \_\_\_\_\_

o Connections: ANSI 150# \_\_\_\_\_ ANSI 300# \_\_\_\_\_ other: \_\_\_\_\_

Location

o Straight Run: \_\_\_\_\_ pipe diameters upstream. \_\_\_\_\_ pipe diameters downstream.

o Describe Upstream Conditions:

(i.e pump, chemical injection, tank, etc)

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 Connecting Pipe Data: diameter: \_\_\_\_\_ schedule: \_\_\_\_\_ inside diameter: \_\_\_\_\_

Location	o Will the Primary Sensor be Located in a Hazardous Area?      Yes: _____      No: _____ If yes, Specify:      Division 1: _____      Division 2: _____      Groups: _____ Approvals Needed: _____ (FM, CSA, Cenelec / ATEX)
	o Will be Installed Offshore?      Yes: _____      No: _____

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

Please Email or fax Application Information Form to;  
 Email: [sales@txflowsolutions.com](mailto:sales@txflowsolutions.com)  
 Fax No: (281) 866-7722