



# 1100 Series Magnetic Level Indicator

## PART 1: Application Data Sheet

Date _____	Quantity _____
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Company Name \_\_\_\_\_ Contact \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 Special Tag #s (3 lines with 62 character/spaces per line available) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Process Conditions

Fluid Upper/Lower \_\_\_\_\_ Specific Gravity Upper/Lower \_\_\_\_\_  
 Operating Pressure \_\_\_\_\_ Design Pressure \_\_\_\_\_  
 Operating Temperature \_\_\_\_\_ Design Temperature \_\_\_\_\_  
 Area Classification \_\_\_\_\_ Design Standard \_\_\_\_\_

### Chamber/Indicator Design

#### Chamber Type (select one)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Top - Sealed Bottom - Sealed	Top - Sealed Bottom - Flanged	Top - Flanged Bottom - Sealed	Top - Flanged Bottom - Flanged	Top - Sealed End Cap w Process Flange Bottom - Flanged w Float Access	Top - Sealed End Cap w Process Flange Bottom - Sealed End Cap w Process Flange

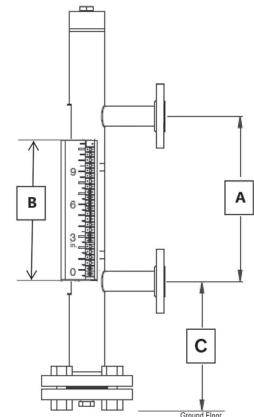
Chamber Material (316/L SS Std.) \_\_\_\_\_  
 Studs/Nuts  Alloy Steel (A193-B7/A194-2H)  
 304 SS (A193Gr B8 Cl2/A194Gr 8)  
 Process Connection Type/Rating \_\_\_\_\_  
 Process Connection Size \_\_\_\_\_  
 Vent/Drain Connection Size/Type \_\_\_\_\_  
 Float Material (Titanium Std.) \_\_\_\_\_

**Dimensions** (xxx.xxx)

A. Center to Center.....

B. Measuring Range.....

C. Ground Clearance....



**Scale Marking** (select one)

English  Metric

Percentage

Custom \_\_\_\_\_

#### Accessories (mark as required add notes if necessary)

Insulation Blanket

Chamber only  \_\_\_\_\_

Complete unit  \_\_\_\_\_

Cryogenic insulation  \_\_\_\_\_

Steam Heat Tracing  \_\_\_\_\_

Electrical Heat Tracing  \_\_\_\_\_

Flashing/Boiling Protection  \_\_\_\_\_

Inspection & Testing Certs  \_\_\_\_\_  
 (see App Data Sheet Part 2)

Auxiliary Products  \_\_\_\_\_  
 (see App Data Sheet Part 3)

Special (specify in notes)  \_\_\_\_\_

#### Notes (attach any sketches and special instructions)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## PART 2: Inspection and Testing Certifications

- |  |  |
|--|--|
| <input type="checkbox"/> <b>PMI Report</b>                       | <input type="checkbox"/> <b>SOR Standard</b> Alloy verification of wetted parts using x-ray fluorescence (XRF) technology to positively identify the part material used post manufacturing.                    |
|  | <input type="checkbox"/> Customer specified alternate requirements _____   |
| <input type="checkbox"/> <b>Hydrostatic Pressure Test</b>        | <input type="checkbox"/> <b>SOR Standard</b> Process conforms to ASME Section V and is conducted per serial number. If valves are used, hydro testing will be done with valve open and ports plugged.          |
|  | <input type="checkbox"/> Customer specified alternate requirements _____   |
| <input type="checkbox"/> <b>Visual Inspection Report</b>         | <input type="checkbox"/> <b>SOR Standard</b> Visual weld inspection by certified weld inspector per sales order line item.   |
|  | <input type="checkbox"/> Customer specified alternate requirements _____   |
| <input type="checkbox"/> <b>Factory Acceptance Test</b>          | <input type="checkbox"/> <b>SOR Standard</b> Summary of testing schedule completed per sales order line item.  |
|  | <input type="checkbox"/> Customer specified alternate requirements _____   |
| <input type="checkbox"/> <b>Inspection Test Plan</b>             | <input type="checkbox"/> <b>SOR Standard</b> Summary of all the testing processes that will be conducted per sales order line item.  |
|  | <input type="checkbox"/> Customer specified alternate requirements _____   |
| <input type="checkbox"/> <b>Mill Test Report</b>                 | <input type="checkbox"/> <b>SOR Standard</b> Certifies that the listed serial numbers were manufactured using the materials on the associated Certified Material Test Reports (CMTR).                          |
|  | <input type="checkbox"/> Customer specified alternate requirements _____   |
| <input type="checkbox"/> <b>Dye Penetrant Examination</b>        | <input type="checkbox"/> <b>SOR Standard</b> Certifies that the listed serial numbers were examined by visible liquid penetrant in accordance with ASME Section V, Article 6.                                  |
|  | <input type="checkbox"/> Customer specified alternate requirements _____   |
| <input type="checkbox"/> <b>NACE Compliance</b>                  | <input type="checkbox"/> <b>SOR Standard</b> SOR shall provide certification of compliance that the pressure boundary components of the listed serial numbers were manufactured to meet NACE MR0175/ ISO15156. |
|  | <input type="checkbox"/> Customer specified alternate requirements _____   |
| <input type="checkbox"/> <b>Ferrite Test</b>                     | <input type="checkbox"/> <b>SOR Standard</b> Certifies the Ferrite Number (FN) of 20% of the welds per serial number is documented on associated weld map drawings.  |
|  | <input type="checkbox"/> Customer specified alternate requirements _____   |
| <input type="checkbox"/> <b>Radiographic Examination (X-Ray)</b> | <input type="checkbox"/> <b>SOR Standard</b> Certifies the 3rd party radiographic examination of 5% of welds per sales order line item by sample size in accordance with ASME Section V.                       |
|  | <input type="checkbox"/> Customer specified alternate requirements _____   |
| <input type="checkbox"/> <b>Heat Treat</b>                       | <input type="checkbox"/> <b>SOR Standard</b> Certifies heat treatment was conducted to ASTM standards per sales order line item.   |
|  | <input type="checkbox"/> Customer specified alternate requirements _____   |
| <input type="checkbox"/> <b>Mag Particle Examination</b>         | <input type="checkbox"/> <b>SOR Standard</b> Certifies that the listed serial numbers were examined by visible mag particle in accordance with ASME Section V.   |
|  | <input type="checkbox"/> Customer specified alternate requirements _____   |
| <input type="checkbox"/> <b>Ultrasonic Examination</b>           | <input type="checkbox"/> <b>SOR Standard</b> Certifies that the listed serial numbers were examined by 3rd party ultrasonic examination in accordance with ASME Section V.                                     |
|  | <input type="checkbox"/> Customer specified alternate requirements _____   |
| <input type="checkbox"/> <b>ASME B31.1</b>                       | <input type="checkbox"/> Pressure _____ psi <input type="checkbox"/> Temperature _____ °F  |
| <input type="checkbox"/> <b>ASME B31.3</b>                       | Fluid Class: <input type="checkbox"/> Normal <input type="checkbox"/> Category D <input type="checkbox"/> Category M <input type="checkbox"/> High Pressure  |

Additional comments: \_\_\_\_\_  
\_\_\_\_\_



# 1100 Series Magnetic Level Indicator

Application Data Sheet  
PART 3: Auxiliary Products

## Auxiliary Products

### Point Level Switch

Qty \_\_\_\_\_

Location \_\_\_\_\_

#### Type

SPDT

DPDT

#### Rating

General Purpose

Explosion Proof (includes terminal block)

Class I, Div 1 Groups B, C, D; Class II Div 1 Groups E, F, G

### Magnetostrictive Transmitter

Output(s) \_\_\_\_\_

Accuracy \_\_\_\_\_

Supply Voltage \_\_\_\_\_

#### Agency

Certifying Body \_\_\_\_\_

Protection Type \_\_\_\_\_

Gas Group \_\_\_\_\_

#### Mounting Orientation

Top Mount

Bottom Mount

90° Bend, Housing on:

Top

OR

Bottom

AND

Left

OR

Right

### Guided Wave Radar Bridle\*

Material (316/L SS Standard) \_\_\_\_\_

Instrument Connection Size \_\_\_\_\_

Instrument Connection Type/Rating \_\_\_\_\_

Drain Connection Size \_\_\_\_\_

Drain Connection Type/Rating \_\_\_\_\_

\*If additional connections or non-GWR instrumentation is required, please sketch the bridle in the provided space and list all additional requirements. Consult factory for assistance.

Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Sketch Bridle Here

### Other Auxiliary Equipment

Examples: Differential Pressure Transmitter, Reed Chain Transmitter, etc.

Device Type \_\_\_\_\_

Manufacturer \_\_\_\_\_

Part Number \_\_\_\_\_

Specifications \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_