



Please fax back to Dynasonics at 262-639-2267.

8635 Washington Avenue, Racine, WI 53406

# APPLICATION DATA SHEET

Job Name/Reference #: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Liquid Type: \_\_\_\_\_ Water; \_\_\_\_\_ Wastewater; \_\_\_\_\_ Oil; \_\_\_\_\_ Other \_\_\_\_\_

Liquid Composition (% volume, solids or aeration): \_\_\_\_\_

Max. Liquid Temp.: \_\_\_\_\_ °F/ °C Pressure: \_\_\_\_\_ PSIG/kPa/Bar Viscosity: \_\_\_\_\_

Full Pipe during flow measurement: Yes No

Pipe O.D.: \_\_\_\_\_ inches \_\_\_\_\_ mm Schedule/Class: \_\_\_\_\_ Material: \_\_\_\_\_

Liner (if applicable): Type \_\_\_\_\_ Thickness \_\_\_\_\_

Length of straight pipe (in pipe diameters): \_\_\_\_\_ Upstream \_\_\_\_\_ Downstream

Nearest obstruction (i.e. elbow, valve): \_\_\_\_\_

Flow Range: Minimum \_\_\_\_\_ Maximum \_\_\_\_\_ Nominal \_\_\_\_\_

Flow Units: GPM \_\_\_\_\_ LPM \_\_\_\_\_ Other \_\_\_\_\_

Display: None Rate Total Power Requirement: \_\_\_\_\_ AC/DC

Output Requirements: None 4-20mA Relay Datalogger RS232 RS485 Rate Pulse BTU/Energy

Environment: Indoor Outdoor Submersible Hazardous Area

Other Requirements: \_\_\_\_\_

Office use only:

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Model Number: \_\_\_\_\_

Customer informed via (fax, phone, etc.): \_\_\_\_\_ Date: \_\_\_\_\_