Louisville Office 9904 Legacy Ct. Louisville, Ky 40291 Tel: 502-836-8824 Fax: 502-231-8401



Florida Office 2650 Park Place Blvd. #2 Melbourne, FL 32935 Tel: 844-GAS-FLOW Fax: 844-427-3569

Gas Flow Meter Application Data Sheet

Customer		Phone			
Contact		Email			
Fluid Characte	ristics:				
Media:					
Other gas name:					
Other Viscosity at flowi	ng conditions (sp	ecify units):			
	Min.	Max. U	Jnits		
Flow Rate:			1	(specify units)	
Pressure:		(select units)			
Temperature: (select units)					
Meter Requirem	nents: (select (units) Pipe Sc	hedule:	Orientation (select on	e):
Meter Type (select o	one):				
Connection Type (S	elect one):				
Supply Power (selec	ct one):				
Electronics Mountir	ng (select one):				
Remote Cable Leng	th (if remote):				
Communications (s	elect ones neede	d):			
Site Characteristics	<u>:</u>				
Location: (select one	e)	Ambient	Temp: Min:	Max:	(select units)

Note: If possible, please attach a dimensional sketch of area in which flowmeter will be installed.

Other Information: (Please fill in for special requirements or clarifications)