**Application Data Sheet** | Date: _____

# VEGAMAG 81: Magnetic Level Indicator

Company Name: _____ Contact Name: _____

Tag Number(s): _____ Contact Phone: _____

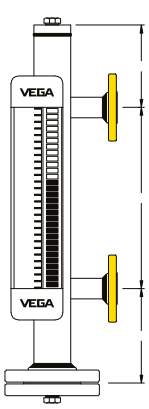
Contact Email: _____

## Design Conditions

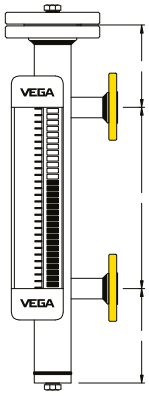
1. Process Liquid(s): _____ Level to Measure: ○ Overall level ○ Interface level ○ Both (2 floats)
2. Specific Gravity: _____ 2nd Liquid (only required if measuring interface): _____
3. Process Temperature: Min: _____ Operating: _____ Design: _____ ○ °F ○ °C
4. Process Pressure: Min: _____ Operating: _____ Design: _____ ○ psi ○ bar
5. Liquid Condition: ○ Calm ○ Flashing (enlarged chamber with float guide rods recommended)
6. Does liquid build up? ○ No ○ Yes – Please describe: _____

## Process Connection Arrangement

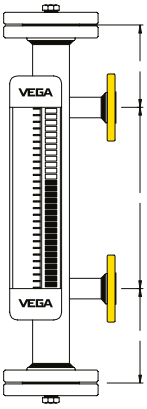
Available chamber configurations for side process connections




Cap top / Flange bottom ○

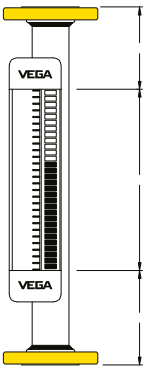



Flange top / Cap bottom ○

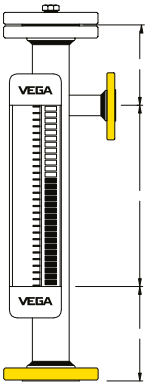



Flange top / Flange bottom ○

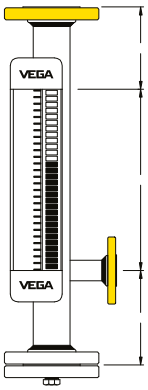
Available configurations requiring top or bottom process connections




Top / Bottom ○



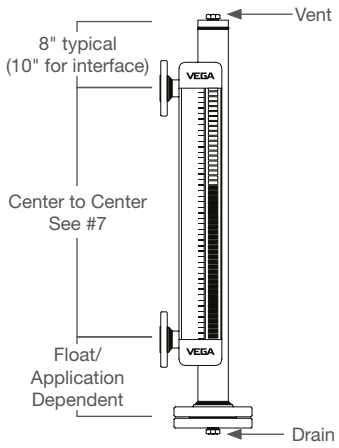

Side / Bottom ○




Top / Side ○

## MLI Data

7. MLI Process Connection to Vessel
   Size/Rating: _____ ○ Flange ○ NPT ○ FNPT ○ Other _____
   Center to Center dimension (or Face to Face): _____
8. MLI Chamber Information
   Material: ○ 316 SS ○ 304 SS ○ Hastelloy C276 ○ Other _____
9. Vent/Drain Information
   Vent Type: ○ NPT ○ Flange ○ Valve ○ Other _____
   Size: _____
   Drain Type: ○ NPT ○ Flange ○ Valve ○ Other _____
   Size: _____

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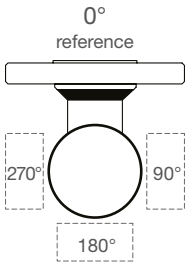
## MLI Data (cont.)

10. MLI Scale: ○ ft/in ○ m/mm ○ percent (%)
11. MLI Flag Color: ○ yellow/black (std.) ○ red/white
12. Indicator Orientation: ○ 180° (std.) ○ 90° ○ 270°




## Special Requirements

13. Design & Construction
    Construction Code ○ ASME B31.3 ○ ASME B31.1 ○ PED ○ ASME U-Stamp ○ ASME S-Stamp
    Regulatory Compliance ○ CRN *(for Canadian destination, please provide Province)* _____
14. Compliance with End User Specifications:
    Piping/Welding ○ Yes *(please provide document)*
    Painting/Coating ○ Yes *(please provide document)*
    Other ○ _____
15. Chamber Insulation Jacket: ○ Yes, for Personnel Protection *(high temp)* ○ Yes, for process temperature regulation
16. Heat Tracing: ○ Steam Tracing ○ Electric Heat Tracing *(additional information will be requested)*
17. Level Transmitter: ○ Please provide desired output and hazardous location requirement _____
18. Level Switch: ○ Qty _____ ○ Switched Load *(Amps)* _____ ○ Mounting location(s) _____

## Testing

- Hydrostatic test *(Standard - check box if certificate required)* ☐
- PMI *(Positive Material Identification)* ☐
- X-Ray Testing: Percent Required _____ ☐
- Dye Penetrant Weld Testing ☐
- NACE Hardness Compliance Test ☐
- Other Testing _____ ☐

## Documentation

- CMTR ☐
- NACE Material ☐
- Weld Procedures ☐
- Other Documentation

_____

## Additional Notes

## Sketch

40063-US-210729