

Questionnaire for oval gear meters

For the preparation of a suitable offer we ask you to answer the following questions.

Your address: _____ Order/inquiry No.: _____
 _____ TAG No.: _____

1. Information about the measured liquid

Name / chemical composition _____
 Solids content _____ Viscosity at operating temperature _____
 Density _____ Are anti-corrosive materials required: yes no

2. Operating data of the measuring system

Flow min / max _____ Measuring system for custody transfer yes no
 Operating pressure min / max _____ Operating temperature _____
 Ambient temperature min / max _____ Type of pump _____
 Type of flow continuous pulsating intermittent Explosion protection required yes no

3. Requested design of the oval gear meter

Flow direction: _____ (e.g. left to right) Reading direction _____
 Max. permissible pressure loss _____ Special coating _____
 Flanges acc. to EN1092-1 (DIN) ANSI TW Special coating _____
 Quantity: _____

4. Counters

Mechanical counters

Single-pointer counter, non-resettable with 7-digit totalizer Z
 Double-pointer counter, resettable with 7-digit totalizer ZR
 Drum-type counter, 5-digit, resettable with 8-digit totalizer M
 Voucher printer, 5-digit (only in connection with "M") D
 Volume preset register, 5-digit (only in connection with "M") V
 Valve- / pump control switch, electr. (only in connection with "V") SE

Electronic counters

Flow and volume counter FXXX
 F XXX with pulse output
 F XXX with pulse and analog output
 F XXX with error curve correction
 F XXX with totalizing/differential counting
 F XXX with volume presetting

Voltage supply for F XXX

Battery 24 V DC 230 V AC

5. Pulse generator

NAMUR	Output acc. to DIN EN60947-5/-6 [Ex II 2G EEx ia IIC T6]	1-channel	<input type="checkbox"/>	requested pulse value pulses/liter
		2-channel	<input type="checkbox"/>	
PNP	Transistor output	1-channel	<input type="checkbox"/>	
		2-channel	<input type="checkbox"/>	

6. Extensions (between measuring and counting mechanism / pulse generator)

Elbow section 45°	W45	<input type="checkbox"/>	Elbow section 90°	W90	<input type="checkbox"/>
Cold insulation piece	LT	<input type="checkbox"/>	Extension piece 125 mm	L125	<input type="checkbox"/>
Extension piece 250 mm	L250	<input type="checkbox"/>	Extension piece 500 mm	L500	<input type="checkbox"/>
Extension piece 750 mm	L750	<input type="checkbox"/>	Extension piece 1000 mm	L1000	<input type="checkbox"/>

Place, date _____ Signature _____

If possible, attach a sketch of the measuring system to the questionnaire.