



Aquarian 3000 Visual Gauge

Customer Order Form
9340-1206

Agent Name _____

Date _____

Customer Name _____

FST Quote # _____

End User Plant Name _____

Agent PO # _____

Plant Location _____

End User PO # _____

Plant Contact Name _____

Required Ship Date _____

Phone # _____

1. Qty of Systems _____

New Installation or Retrofit

Area Classification

Design Pressure _____

Design Temperature _____

Hazardous or

Operating Pressure _____

Operating Temperature _____

Non-Hazardous

Style Preference:

Reflex

Flat Glass

Ported Bi-Colour

No Preference

End Connection Preference:

Flanged

Pipe Nipple

No Preference

Water Column Required:

Yes

No

Illuminator Required _____

Flange Class _____

Flange Type _____

2. Check off the options required for the above system(s)

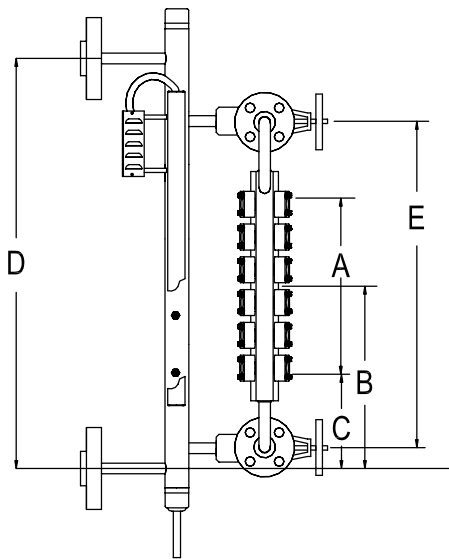
- Gauge Isolation Valves (left hand , right hand)
- Column Isolation Valves
- Safety Ball Check Valve
- Illuminator Outdoor Hood
- Valve Operator (Handwheel , Chainwheel (Feet of chain _____))
- Hydro Test Report
- Liquid Penetrant Weld Testing
- Material Test Report
- NDE report

\$ _____ ea
 \$ _____ ea
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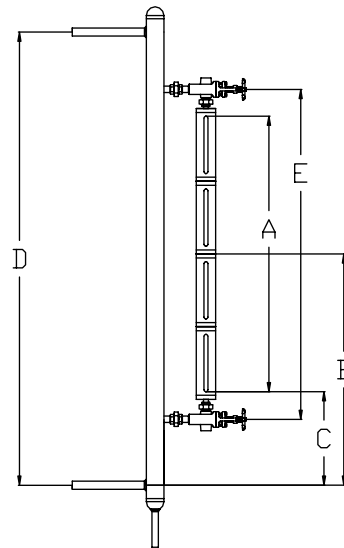
Total Options.....\$ _____

(Note: Above pricing is as per the published list price, please refer to your sales contract for applicable discounts. When all manufacturing information has been received, an order acknowledgement will be faxed with applicable agent discounted prices.)

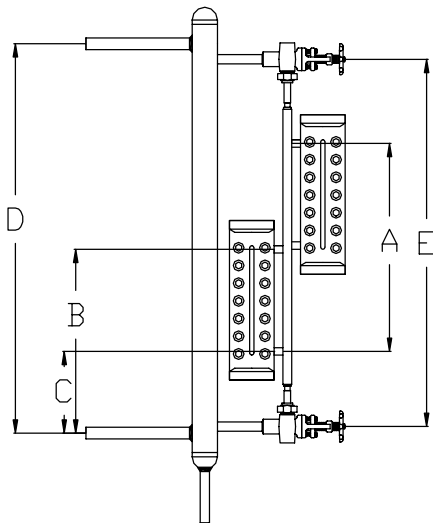
Use the space below to provide any additional information that would be required for this quotation.



Ported Gauge on Aquarian Electronic Column



Reflex Gauge on Plain Column



Flatglass Gauge on Plain Column

	Required Dimension
Visibility "A"	
Center of Visibilitiy "B"	
Lowest Visibility "C"	
Drum Centers "D"	
Gauge Centers "E"	

Use this space to sketch other retrofit equipment requirements.