



APPLICATION FORM

Suspended Solids Measurement (Submersible)

Customer _____

City _____ Country _____

Contact _____

Tel _____ Fax _____

E-mail _____

Date _____

Position Open Channel Aeration Basin Measuring Box
 Return Sludge Waste Sludge

Purpose of Measuring Monitoring Control Alarm

Media _____

Corrosive Abrasive
 Turbulent Calm

Temperature ^{Min} _____ ^{Max} _____

Measuring Range _____ mg/l (ppm)

Automatic Cleaning Yes No Air Water

Presence of H₂S or other sulphuric medium Yes No

Availability of a lab or other possibility to analyse SS Yes No

Position/Way of Mounting.

Mounting Plate? Indoors/Outdoors? Handrail? Wall?

Remarks _____

Signature _____