

Date: \_\_\_\_\_

**VEGAPASS Series Stilling Well**

Customer Company Name: _____	Customer Contact Name: _____
Customer Address: _____	Phone and Fax: _____
City, State, Zip: _____	Cell: _____
Sales Person/Rep.: _____	Email: _____
Representative Firm: _____	RFQ (request for quotation) #: _____
Tag Number: _____	

**Design Conditions**

- Instrument Flange Rating: \_\_\_\_\_ Type: \_\_\_\_\_
- Mounting Flange Rating: \_\_\_\_\_ Type: \_\_\_\_\_
- Material: \_\_\_\_\_
- Well Pipe Size: \_\_\_\_\_ Schedule: \_\_\_\_\_
- Operating Pressure: Min: \_\_\_\_\_ Max: \_\_\_\_\_
- Operating Temperature: Min: \_\_\_\_\_ Max: \_\_\_\_\_
- Process Fluid: \_\_\_\_\_
- Specific Gravity: \_\_\_\_\_
- Dielectric Constant: \_\_\_\_\_
- Special Requirements:  3/8" vent hole 3" below mounting flange  
 Stilling Wells Slots:  With  Without  
 Other \_\_\_\_\_

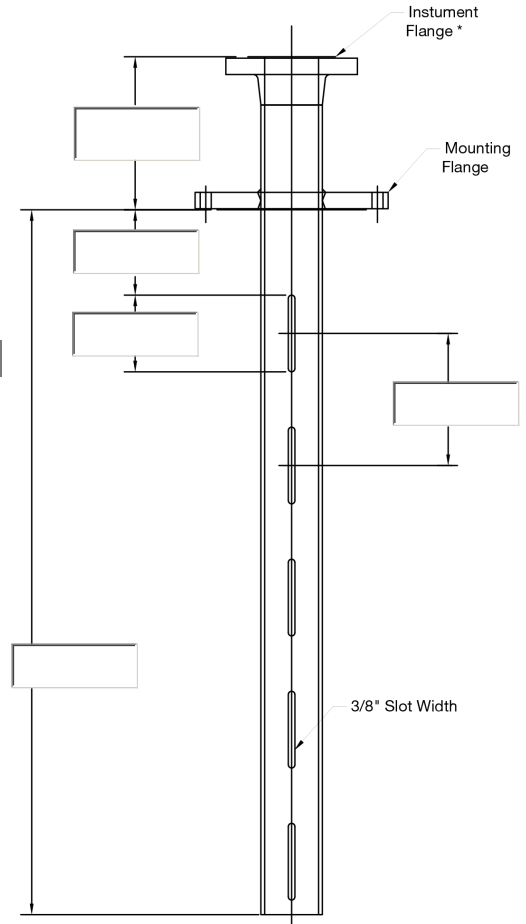
**Chamber Data**

All dimensions shall be  $\pm 1/8"$  unless otherwise noted.  
 Radius all sharp corners.  
 Chamber pipe size to match instrument flange size

Notes

**Testing and Documentation**

- |   |   |
|---|---|
| <input type="checkbox"/> MTR Material Test Certificates | <input type="checkbox"/> PWHT                 |
| <input type="checkbox"/> Manufacturers Grade Paint      | <input type="checkbox"/> Dye Pen Fillet Welds |
| <input type="checkbox"/> X-ray Butt Welds - Spot 10%    | <input type="checkbox"/> Other _____          |
| <input type="checkbox"/> Hardness Testing               |   |



43213-US-120710