

Suction Line SDL

For barrels and containers



EN

⁰²

Supplement

To be held for future reference.

1. General

With suction lines of the type SDL chemical fluids safely can take out of barrels and containers.

2. Draft

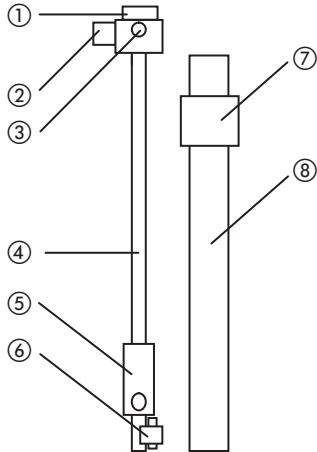


Abb. 2.1.: Schema suction line SDL

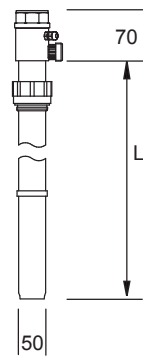


Abb. 2.2.: Draft suction line SDL

3. Technical Data

Suction Line SDL		
①	Cap	1 1/4" with seal
②	Suction connection	+GF+ Fitting DN 15, optional with spout d 9 oder spout d 16
③	Cable	2,5 m mit Stereo-Klinkenstecker d 3,5
④	Suction tube	DN15
⑤	Non-return valve	yes
⑥	Float switch	1 float switch für empty status signal (SDL-1) 2 float switch für empty status signal und pre-alarm (SDL-2)
⑦	Tank connection (optional)	G2, or optional thread 2" Mauser
⑧	Protection pipe	D 50 mm
	Length suction tube (L)	1000, 1100 oder 1400 mm (more lengths on request)
	Gluten	Tangit, optional DYTEX
	Material	PVC
	Seals	EPDM, optional FPM

Tab. 3.1: Technical data suction line SDL

Float switch	
Switching voltage	48V
Switching current	0,5 A
Switching capacity	10W/VA
Protection class	IP 67
Temperature range	-25°C ... +60°C
Material	PP

Tab 3.2: Technical data float switch

4. Application

Before using the equipment for the first time or after changing the fluid expell the air from the unit by repeated rapid movements upwards and downwards.

5. Function

5.1 Connection

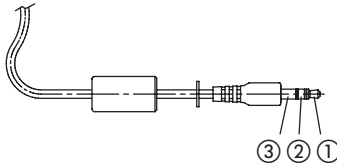


Abb. 5.1: Stereo jack with cable

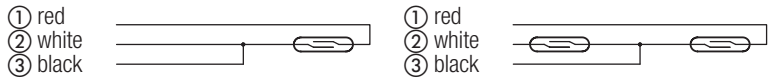


Abb. 5.2: Kabel- und Steckerbelegung

left: SDL-1 (1 float switch), ① Empty status signal, ② and ③ 0 (Ground)

right: SDL-2 (2 float switch), ① main alarm, ② Pre-alarm and ③ 0 (Ground)

5.2. Switch function of float switch

Bei moving the swimmer up the reedcontact is closing.

5.3. Type of contact of float switch

The contact type of the suction line SDL is „falling opened“.
This means that the contact is made with an increasing level.

5.4. Reversing the contact type of the float switch

It is possible to reverse the contact type:

1. Remove the protection pipe
2. Remove the hexagon nut and washer
3. Pull the float from its axis and remount it upside down
4. Remount the hexagon nut and washer handtight



Abb. 5.3: Float switch reversing type of contact

6. Article Numbers

12200085	Suction line SDL-1 DN15 PVC/EPDM L=1000 20i
12200145	Suction line SDL-1 DN15 PVC/EPDM L=1000 9/15 9/15
12200164	Suction line SDL-1 DN15 PVC/EPDM L=1000 Spout d9
12200165	Suction line SDL-1 DN15 PVC/EPDM L=1000 Spout d16
12200086	Suction line SDL-1 DN15 PVC/EPDM L=1200 20i
12200111	Suction line SDL-1 DN15 PVC/EPDM L=1200 Spout d16
12200134	Suction line SDL-1 DN15 PVC/EPDM L=1200 Spout d9
12200087	Suction line SDL-1 DN15 PVC/EPDM L=1400 20i
12200141	Suction line SDL-1 DN15 PVC/EPDM L=1400 9/15 9/15
12200125	Suction line SDL-1 DN15 PVC/FPM L=1000 Spout d16
12200163	Suction line SDL-1 DN15 PVC/FPM L=1000 Spout d9
12200123	Suction line SDL-1 DN15 PVC/FPM L=1200 Spout d16
12200088	Suction line SDL-2 DN15 PVC/EPDM L=1000 20i 20i
12200089	Suction line SDL-2 DN15 PVC/EPDM L=1200 20i 20i
12200095	Suction line SDL-2 DN15 PVC/EPDM L=1200 Spout d16
12200090	Suction line SDL-2 DN15 PVC/EPDM L=1400 20i
12200094	Suction line SDL-2 DN15 PVC/FPM L=1200 Spout d16

More variants on request.

21. Declaration of harmlessness

Please copy and send in with your device!
Please display anon the outer packaging!

Declaration of harmlessness

(please fill out a separate form for each appliance)

We forward the following device for repairs:

Type of device: _____

Part-no.: _____

Order-no.: _____

Delivery date: _____

Reason for repair: _____

Medium used: _____ Properties: irritant: yes/no
corrosive: yes/no

We hereby certify that the machine has been thoroughly cleaned inside and out before its dispatch and that it is free from health risk chemical, biological and radioactive materials as well as having been drained of oil. *)

If the manufacturer find it necessary to carry out further cleaning work, we accept the charge will be made to us.

We certify that the aforementioned information is correct and complete and that the unit is dispatched in compliance with legal requirements.

Company / address:

Phone:

Fax:

E-Mail:

Customer-number:

Contact person:

Date

Signature / stamp

*) If not applicable please cross out!

22. Warranty

Please copy and send with the device.

If the device breaks down within the period of warranty, please return it in a cleaned condition with the complete warranty application, filled out.

Sender

Company:..... Phone:..... Date:.....

Address:.....

Contact person:

Manufacturer order-no.: Delivery date:.....

Device type:..... Serial no.:

Nominal capacity/nominal pressure:

Description of fault:

.....

.....

Type of fault:

1. Mechanical fault

- premature wear
- wear parts
- breakage/other damage
- damage in transit

2. Electrical fault

- loose connections such as plug connector or cable
- operating elements (e.g., switches/buttons)
- electronics - corrosion

3. Leaks

- connections
- dosing head

4. No or inadequate function

- defective diaphragm
- other

Service conditions of the device

Point of use / system designation:.....

Accessories used (Suction line, etc.):.....

.....

.....

Commissioning (date):.....

Duty period (approx. operating hours):.....

Please describe the specifics of the installation and provide a simple diagram with details of the material, diameter, length and levels.



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