

|     |            |              |         |           |             |
|-----|------------|--------------|---------|-----------|-------------|
| B   | 04-09-2026 | Cliente      | SEDIMA  | C.Pedraza | O. Escorcia |
| Rev | Fecha      | Emitido Para | Elaboró | Revisó    | Aprobó      |

## INGENIERÍA DETALLADA DEL SISTEMA DE PROTECCIÓN AUTÓNOMO PARA LA LÍNEA TEMPORAL SAMORÉ: CRUCE “LA CHINA”



### HOJA DE DATOS DE TRANSMISORES DE PRESIÓN PIT (1479-DS-I-432)

**CLIENTE:**



+57 3507268200



info@sedima.com.co



www.sedima.com.co



| PRESSURE INSTRUMENTS |        |          |          | SHEET 1         | OF 1       |
|----------------------|--------|----------|----------|-----------------|------------|
| NO                   | BY     | DATE     | REVISION | SPEC. NO.       | REV.       |
| 1                    | SEDIMA | 08-14-26 | A        | 1749-DS-I-432   | B          |
| 2                    | SEDIMA | 09-04-26 | B        | PROJECT         | DATE       |
|                      |        |          |          | ESDV "LA CHINA" | 09-04-26   |
|                      |        |          |          | REQ. - P.O.     |            |
|                      |        |          |          | 4900117705      |            |
|                      |        |          |          | BY              | CHK'D      |
|                      |        |          |          | SEDIMA          | C.PEDRAZA  |
|                      |        |          |          |                 | APPR.      |
|                      |        |          |          |                 | O.ESCORCIA |

|            |                 |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                              |
|------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | Tag Number      | See note 1                                                                                                                                                                                | Service Transmitter                                                                                                                                                                                                                                                                                                                                                                          |
| 2          | Function        | Record <input type="checkbox"/> Indicate <input checked="" type="checkbox"/> Control <input type="checkbox"/> Blind <input type="checkbox"/> Transmit <input checked="" type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                              |
|            |                 | Other _____                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                              |
| 3          | Case            | Mfr Std <input checked="" type="checkbox"/> Nom Size _____ Color: Mfr Std <input checked="" type="checkbox"/> Other _____                                                                 |                                                                                                                                                                                                                                                                                                                                                                                              |
| 4          | Mounting        | Flush <input type="checkbox"/> Surface <input type="checkbox"/> Yoke <input checked="" type="checkbox"/> Other _____                                                                      |                                                                                                                                                                                                                                                                                                                                                                                              |
| 5          | Enclosure Class | General Purpose <input type="checkbox"/> Weather Proof <input type="checkbox"/> Explosion Proof <input checked="" type="checkbox"/> Class <u>Class 1 DIV 1, Group D</u>                   |                                                                                                                                                                                                                                                                                                                                                                                              |
|            |                 | For Use in Intrinsically Safe System <input type="checkbox"/> Other _____                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                              |
| 6          | Power Supply    | 117V 60Hz <input type="checkbox"/> Other ac _____ dc <input checked="" type="checkbox"/> From 12 to 24 _____ Volts _____                                                                  |                                                                                                                                                                                                                                                                                                                                                                                              |
| 7          | Chart           | _____ Strip <input type="checkbox"/> _____ Roll <input type="checkbox"/> _____ Fold <input type="checkbox"/> Circular _____ Time Marks _____                                              |                                                                                                                                                                                                                                                                                                                                                                                              |
|            |                 | Range _____ Number _____                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                              |
| 8          | Chart Drive     | Speed _____ Power _____                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                              |
| 9          | Scales          | Type _____                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                              |
|            |                 | Range 1 _____ 2 _____ 4 _____                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                              |
| XMTR       | 10              | Transmitter Output                                                                                                                                                                        | 4-20 mA <input checked="" type="checkbox"/> 10-50 mA <input type="checkbox"/> 21-103 kPa (3-15 psig) <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                    |
|            |                 | For Receiver, See Spec Sheet _____                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                              |
| CONTROLLER | 11              | Control Modes                                                                                                                                                                             | P = Prop (Gain), I = Integral (Auto Reset), D = Derivative (Rate), Sub: s = Slow, f = Fast<br>P <input type="checkbox"/> PI <input type="checkbox"/> PD <input type="checkbox"/> PID <input type="checkbox"/> I <sub>f</sub> <input type="checkbox"/> D <sub>f</sub> <input type="checkbox"/> I <sub>s</sub> <input type="checkbox"/> D <sub>s</sub> <input type="checkbox"/><br>Other _____ |
|            | 12              | Action                                                                                                                                                                                    | On Meas. Increase Output: Increases <input type="checkbox"/> Decreases <input type="checkbox"/>                                                                                                                                                                                                                                                                                              |
|            | 13              | Auto-Man Switch                                                                                                                                                                           | None <input type="checkbox"/> Mfr Std <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                   |
|            | 14              | Set Point Adj.                                                                                                                                                                            | Manual <input type="checkbox"/> External <input type="checkbox"/> Remote <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                |
|            | 15              | Manual Reg.                                                                                                                                                                               | None <input type="checkbox"/> Mfr Std <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                   |
|            | 16              | Output                                                                                                                                                                                    | 4-20 mA <input type="checkbox"/> 10-50 mA <input type="checkbox"/> 21-103 kPa (3-15 psig) <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                               |
| ELEMENT    | 17              | Service                                                                                                                                                                                   | Gage Press. <input checked="" type="checkbox"/> Vacuum <input type="checkbox"/> Absolute <input type="checkbox"/> Compound <input type="checkbox"/>                                                                                                                                                                                                                                          |
|            | 18              | Element Type                                                                                                                                                                              | Diaphragm <input checked="" type="checkbox"/> Helix <input type="checkbox"/> Bourdon <input type="checkbox"/> Bellows <input type="checkbox"/> Other _____                                                                                                                                                                                                                                   |
|            | 19              | Material                                                                                                                                                                                  | 316 SS <input checked="" type="checkbox"/> Ber. Copper <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                  |
|            | 20              | Range                                                                                                                                                                                     | Fixed <input type="checkbox"/> Adj. Range <u>0-1500 psig</u> Set At _____                                                                                                                                                                                                                                                                                                                    |
|            |                 | Overrange Protection To                                                                                                                                                                   | <u>150% SPAN</u>                                                                                                                                                                                                                                                                                                                                                                             |
|            | 21              | Process Data                                                                                                                                                                              | Press: Normal <u>850 Psig</u> Max <u>1100 Psig</u> Element Range [ <u>0 - 2500 psig</u> ]                                                                                                                                                                                                                                                                                                    |
|            | 22              | Process Conn.                                                                                                                                                                             | 1/4 in. NPT <input type="checkbox"/> 1/2 in. NPT <input checked="" type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                             |
|            |                 | Location:                                                                                                                                                                                 | Bottom <input checked="" type="checkbox"/> Back <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                         |
|            | 23              | Alarm Switches                                                                                                                                                                            | Quantity _____ Form _____ Rating _____                                                                                                                                                                                                                                                                                                                                                       |
|            | 24              | Function                                                                                                                                                                                  | Press <input type="checkbox"/> Deviation <input type="checkbox"/> Contacts To _____ on Inc. Press.                                                                                                                                                                                                                                                                                           |
| OPTIONS    | 25              | Options                                                                                                                                                                                   | Filt Reg <input type="checkbox"/> Sup Gage <input type="checkbox"/> Output Gage <input type="checkbox"/> _____ Charts<br>Diaph Seal <input type="checkbox"/> Type _____ Diaph _____ Bot Bowl _____<br>Conn _____ Capillary: Length _____ Mtl. _____<br>Other <u>Manifold 2 way # 0306RT2BA11</u>                                                                                             |
|            | 26              | Mfr & Model No.                                                                                                                                                                           | ROSEMOUNT 3051 OR SIMILAR METROLOGYCAL PERFORMANCE                                                                                                                                                                                                                                                                                                                                           |

NOTES:

1. The Tags numer are: PIT-101 A / PIT-101B / PIT-211A / PIT-211B
2. For each transmitter, the supply must include a Manifold 2 way plus exhost port for vent and calibration issues.