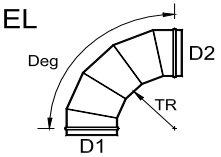
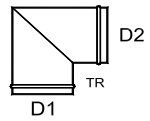
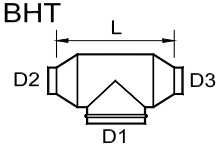
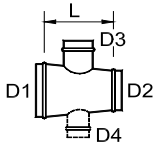
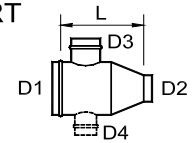
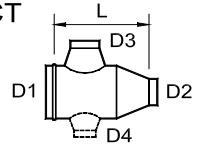
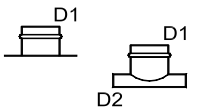
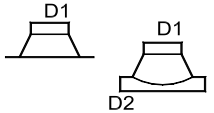
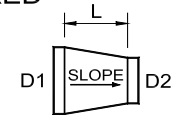
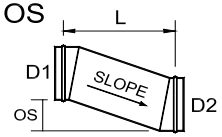
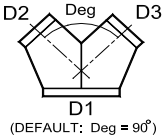
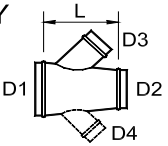
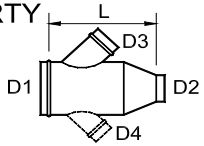
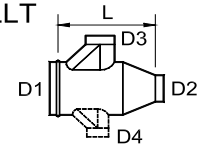
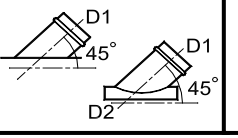
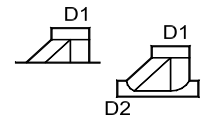
SUPERIOR Duct Fabrication	Tel: 909-620-8565 Fax: 909-620-6374	**Round Duct** Med. ~ High Pressure Detail Sheet	Date Detailed: _____ Date Required: _____	Sheet _____ Of _____

Customer:	**Pressure:** Pos ☐ Neg ☐ 2"☐ 3"☐ 4"☐ 6"☐ 10"☐	**SMACNA** ☐ **UMC** ☐	**SPOT**weld ☐ **TIG**weld ☐	**SEAM**weld ☐ **MIG**weld ☐
Project:				
Material:	Liner **Density:** 1 lb ☐ 1.5 lb ☐ 3 lb ☐	**Exposed :** Y ☐ N ☐	**SEAL** Y ☐ N ☐	

EL 	MEL 	BHT 	T 	RT 	CT 	FS / RS 	CFS / CRS 
RED 	OS 	Y 	TY 	RTY 	LLT 	AFS / ARS 	LFS / LRS 

E = Connector Type ; ***Slope** = **CL**: centerline, **TF**: top flat, **BF**: bottom flat, **TU**: top up, **TD**: top down, **BU**: bottom up, **BD**: bottom down

	Type	Qty	Tag	Ga.	D1	E1	D2	E2	D3	E3	D4	E4	L	OS	*Slope	TR	Liner	Deg	Remarks
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
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