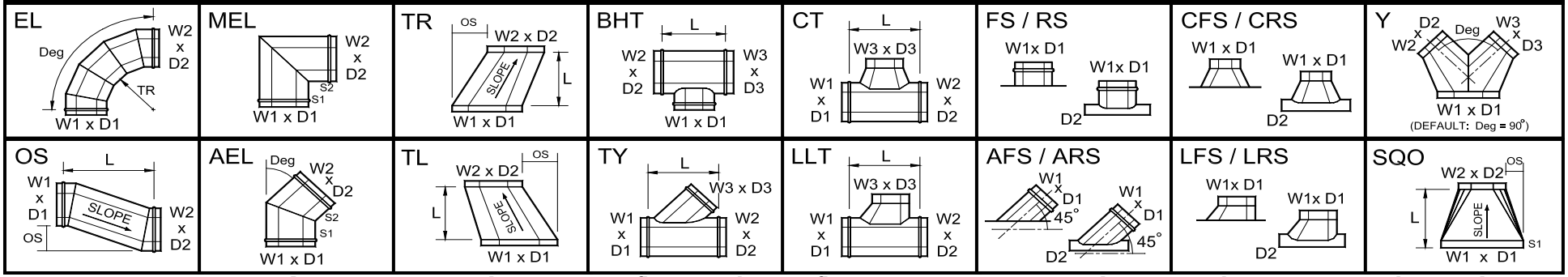
SUPERIOR Duct Fabrication	Tel: 909-620-8565 Fax: 909-620-6374	**Oval Duct** Low ~High Pressure Detail Sheet	Date Detailed: _____ Date Required: _____	Sheet _____ Of _____

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



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.	W1	D1	E1	W2	D2	E2	W3	D3	E3	L	S1	S2	S3	OS	*Slope	TR	Liner	Deg	TV	Remarks
1																								
2																								
3																								
4																								
5																								
6																								
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