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:

Project:

Material:

Pressure: Positive ☐ Negative ☐
1/2"☐ 1"☐ 2"☐ 3"☐ 4"☐ 6"☐ 10"☐

SMACNA☐ **UMC** ☐

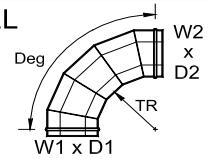
SPOTweld ☐ **SEAM**weld☐
TIGweld ☐ **MIG**weld ☐

Liner **Density:** 1 lb ☐ 1.5 lb ☐ 3 lb ☐

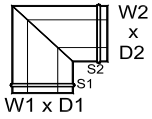
EXPOSED: Y☐ N☐

SEAL: Y☐N☐

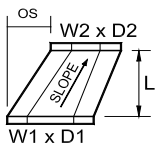
EL



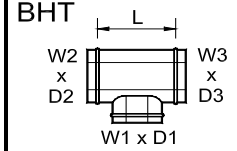
MEL



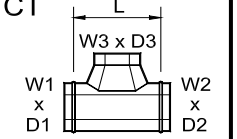
TR



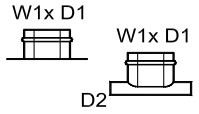
BHT



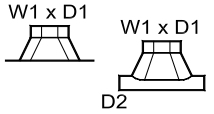
CT



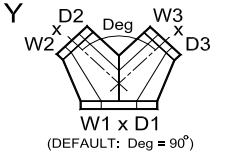
FS / RS



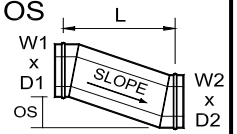
CFS / CRS



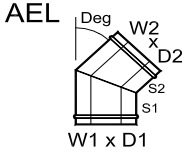
Y



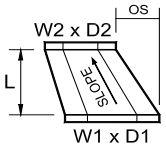
OS



AEL



TL



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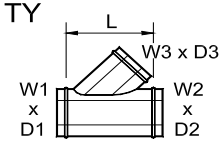
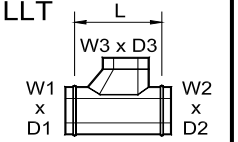
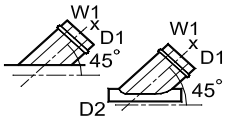


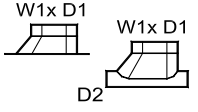
LLT



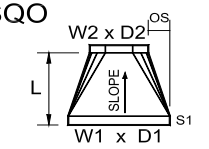
AFS / ARS



LFS / LRS



SQO



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																								
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