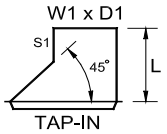
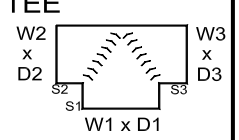
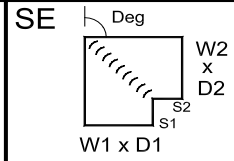
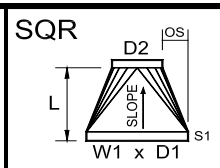
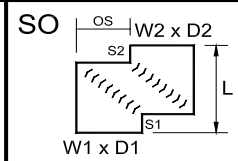
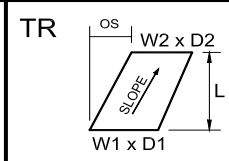
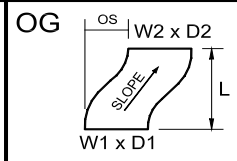
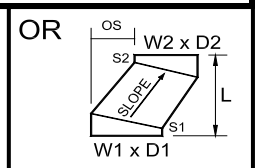
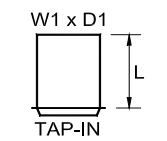
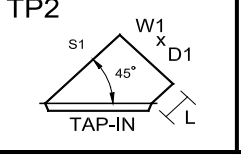
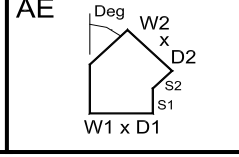
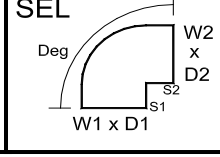
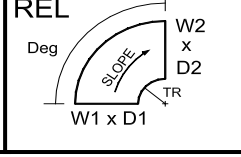
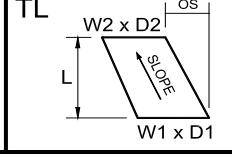
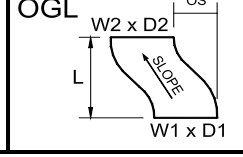
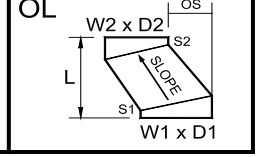
SUPERIOR Duct Fabrication	Tel: 909-620-8565 Fax: 909-620-6374	**Rectangular Duct** Low ~High Pressure Detail Sheet	Date Detailed: _____ Date Required: _____	Sheet _____ Of _____

Customer:	**Pressure:** Positive ☐ Negative ☐	**SMACNA** ☐ **UMC** ☐	**PITTS**burgh ☐	**TIG**weld ☐
Project:	1/2"☐ 1"☐ 2"☐ 3"☐ 4"☐ 6"☐ 10"☐	**EXPOSED:** Y ☐ N ☐	**SNAP**lock ☐	**MIG**weld ☐
Material:	Liner **Density:** 1 lb ☐ 1.5 lb ☐ 3 lb ☐	**SEAL:** Y☐N☐	**X-Panel** ☐ **Bead** ☐	**Assemble** ☐ **K.D.**☐

TP 	TEE 	SE 	SQR 	SO 	TR 	OG 	OR 
TP1 	TP2 	AE 	SEL 	REL 	TL 	OGL 	OL 

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																								
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