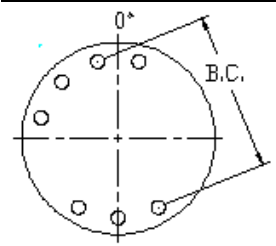


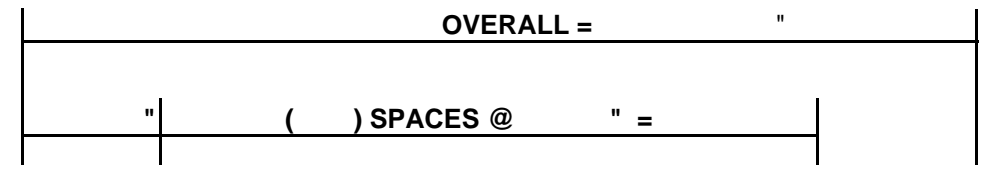
HOLES _____
 DIA. OF HOLES _____

BOLT CIRCLE _____

STRADDLE CEN. LINE
 (YES OR NO)



Tubesheet Ø _____ "



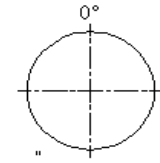
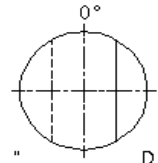
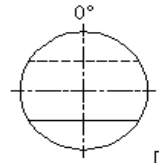
Tubesheet _____ " thk.

NOTES

HORIZONTAL CUT

VERTICAL CUT

FULL DIA.



DIA. _____ "

DIA. _____ "

QTY _____ DIA. _____ " THK.

MATERIALS

ATTN: _____

TUBES: _____ QTY. _____ DIA. X 18GA

TUBESHEET _____

REF. SALES ORDER NO.: _____

BAFFLES/SUPPORT _____

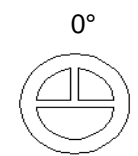
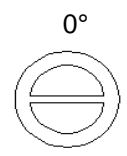
OEM NAME: _____

O.E.M. MODEL NO.: _____

YOUR COMPANY:

PH: _____

FAX: _____



2-PASS

4-PASS

GASKETS

OTHER # PASS _____

MAT'L = _____

DIVIDER THK _____



(U-TUBE BUNDLE DRAWING)