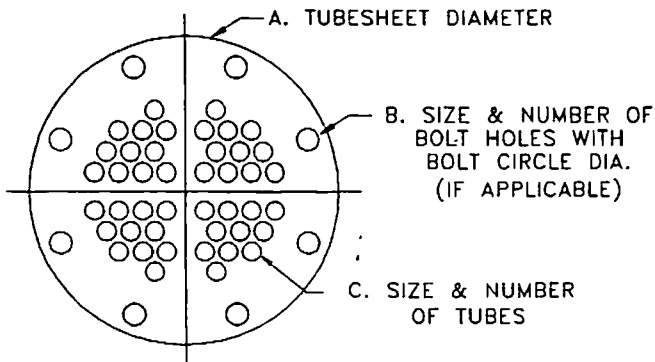
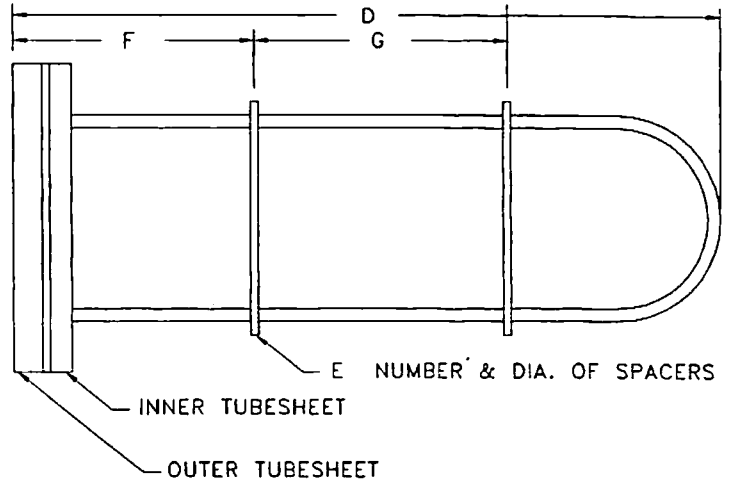


# DOUBLEWALL TUBE BUNBLE REPLACEMENT



A PENCIL RUBBING OF  
TUBE & BOLT HOLE LAYOUT  
MUST BE PROVIDED



MANUFACTURER OF EXISTING UNIT: \_\_\_\_\_

MODEL NO. \_\_\_\_\_ DESIGN PRESS. & TEMP. \_\_\_\_\_

A. DIAMETER OF TUBESHEET: \_\_\_\_\_ THICKNESS OF TUBESHEET: INNER: \_\_\_\_\_ OUTER: \_\_\_\_\_

B. BOLT HOLES: SIZE \_\_\_\_\_ NO: \_\_\_\_\_ BOLT CIRCLE DIA. \_\_\_\_\_

C. TUBE DIA: \_\_\_\_\_ NO: \_\_\_\_\_

D. LENGTH OF BUNDLE: \_\_\_\_\_

E. SPACERS: DIAMETER: \_\_\_\_\_ NO: \_\_\_\_\_

F. DISTANCE TO FIRST SPACER: \_\_\_\_\_

G. DISTANCE BETWEEN SPACERS: \_\_\_\_\_

H. I.D. OF COLLAR TUBE BUNDLE IS TO BE INSTALLED INTO: \_\_\_\_\_

I. NUMBER OF TUBE PASSES: \_\_\_\_\_

J. TUBE MATERIAL: COPPER: \_\_\_\_\_ COPPER ALLOY: \_\_\_\_\_

K. TUBESHEET MATERIAL: INNER: COPPER CLAD: \_\_\_\_\_ STAINLESS STEEL: \_\_\_\_\_

OUTER: CARBON STEEL: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

PHONE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

FAX: \_\_\_\_\_

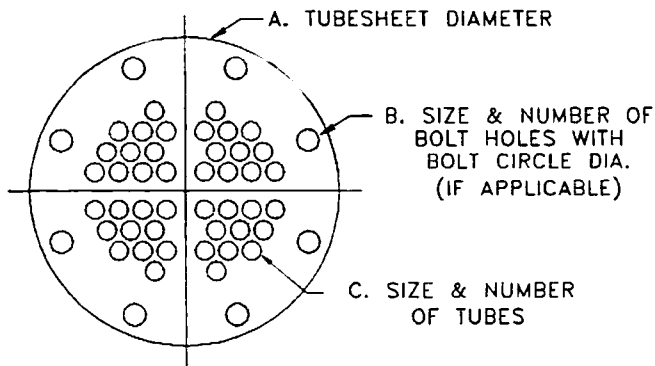
DATE: \_\_\_\_\_

**RECO IND.** PHONE: 804-644-2611  
FAX: 804-643-3561

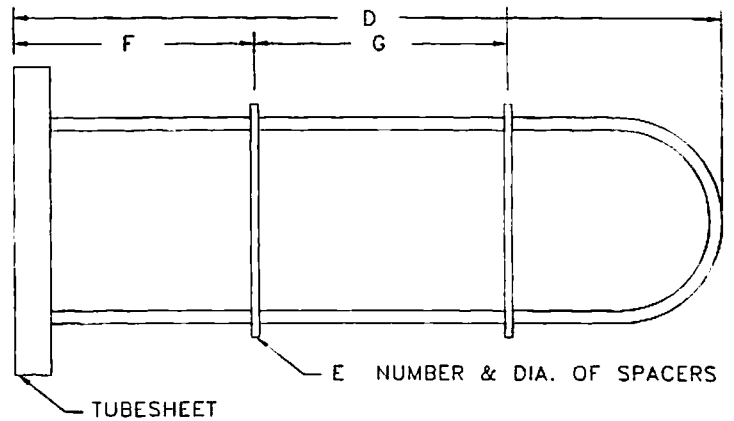
FORM #: \_\_\_\_\_

ATT: TIM LAWTON

# SINGLEWALL TUBE BUNBLE REPLACEMENT



A PENCIL RUBBING OF  
TUBE & BOLT HOLE LAYOUT  
MUST BE PROVIDED



MANUFACTURER OF EXISTING UNIT: \_\_\_\_\_

MODEL NO. \_\_\_\_\_ DESIGN PRESS. & TEMP. \_\_\_\_\_

A. DIAMETER OF TUBESHEET: \_\_\_\_\_ THICKNESS OF TUBESHEET: \_\_\_\_\_

B. BOLT HOLES: SIZE \_\_\_\_\_ NO: \_\_\_\_\_ BOLT CIRCLE DIA. \_\_\_\_\_

C. TUBE DIA: \_\_\_\_\_ NO: \_\_\_\_\_

D. LENGTH OF BUNDLE: \_\_\_\_\_

E. SPACERS: DIAMETER: \_\_\_\_\_ NO: \_\_\_\_\_

F. DISTANCE TO FIRST SPACER: \_\_\_\_\_

G. DISTANCE BETWEEN SPACERS: \_\_\_\_\_

H. I.D. OF COLLAR TUBE BUNDLE IS TO BE INSTALLED INTO: \_\_\_\_\_

I. NUMBER OF TUBE PASSES: \_\_\_\_\_

J. TUBE MATERIAL: COPPER: \_\_\_\_\_ COPPER ALLOY: \_\_\_\_\_ STAINLESS STEEL: \_\_\_\_\_ CARBON STEEL: \_\_\_\_\_

K. TUBESHEET MATERIAL: COPPER CLAD: \_\_\_\_\_ COPPER ALLOY: \_\_\_\_\_ STAINLESS STEEL: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

PHONE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

FAX: \_\_\_\_\_

DATE: \_\_\_\_\_

## RECO IND.

PHONE: 804-644-2611

FAX: 804-643-3561

FORM #: \_\_\_\_\_

ATT: \_\_\_\_\_ TIM LAWTON \_\_\_\_\_