

W.I.N.S.® SPECIFICATION SHEET

DIRECTIONS: Please complete this form, save it, and e-mail a copy of it to sales@stemmerich.com.

Company Name:

Address:

City:

State:

Zip:

Phone:

Fax:

Contact Name:

E-mail:

System: Vacuum PSIG

Existing Tubing Material:

Size / Gage:

Existing Piping Material:

Size / Gage:

Type of Material Being Conveyed:

Type & % of Filler:

Average Wear Life: Tubing

Elbow

Approximate Feet of Tubing / Pipe:

Approximate Number of Elbows:

ELBOWS

(A) Dimension, F / C:

Tubing O.D.:

Pipe I.D.:

Tubing Gage:

Pipe Schedule:

