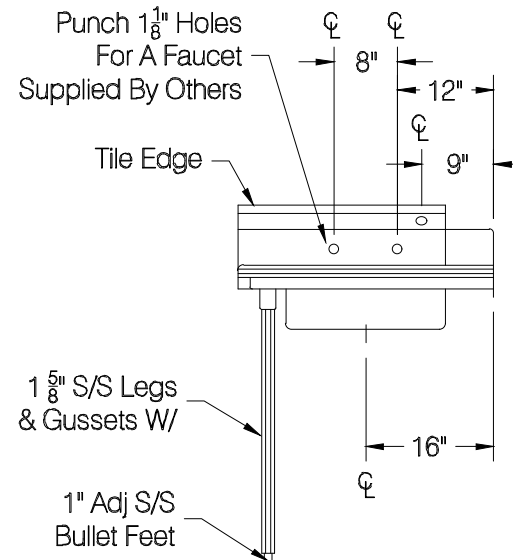
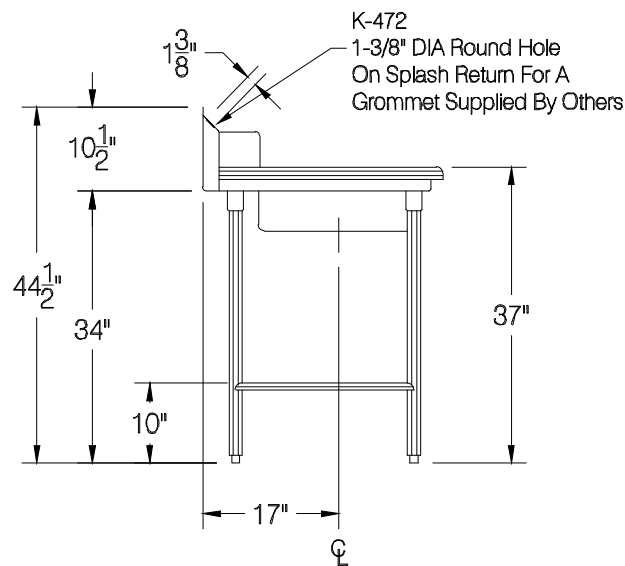
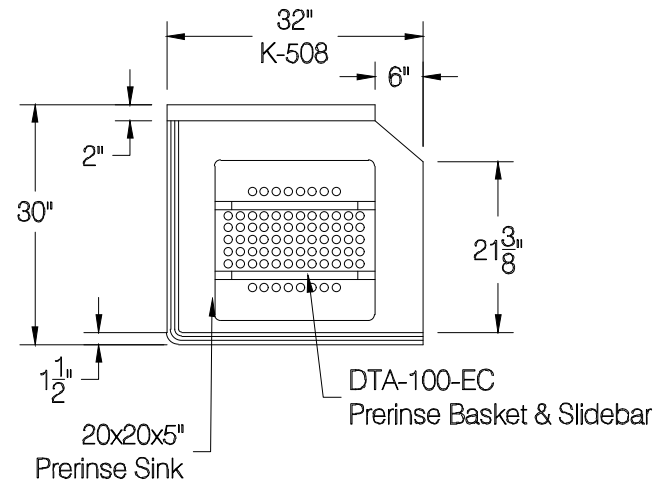



Quantity:



Customer: Job Name: Purchase Order # : FACTORY USE ONLY:	Order / Quote# 4118	Sheet #	Original Drawing Date: 9/12/2023	NO. 1 2 3 4 5	Revision Date:	By:	Print Approval: Accessory Locations MUST Be Verified Prior To Unit Being Fabricated Approved By _____ Date _____ Approved By _____ Date _____	
	Model # DTS-S70-36L	Item #	Material: 16 GA. 304 S/S					
	Drawn By: E.Mencarelli	Scale: 1/2" = 12"	Tolerance: + .500 - .500					
	WELDING: 1) Date: _____ Inspected By: _____ 2) Date: _____ Inspected By: _____	Final Inspection: 1) Date: _____ Inspected By: _____ 2) Date: _____ Inspected By: _____						