



DESIRED
CONFIGURATION
CODE:

CUSTOMER APPROVAL

NAME: _____

SIGNATURE: _____

DATE: _____



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UNLESS OTHERWISE SPECIFIED:
ALL DIMENSIONS ARE IN INCHES
MACHINED PART TOLERANCES:
.X ± .030
.XX ± .010
.XXX ± .005
FRACTIONAL: ± 1/16
ANGULAR: ± 5°
SURFACE FINISH 63 μ INCHES MIN
REMOVE ALL SHARP EDGES & BURRS
BREAK CORNERS .005/.010
FILLET RADII .005/.010
INTERPRET GEOMETRIC TOLERANCING PER: ASME Y.14.5M
ALL DIMENSIONS APPLY AFTER PLATING OR COATING

DO NOT SCALE DRAWING

	NAME	DATE
DRAWN	M BROWN	01NOV12
LAST REVISED	M BROWN	06DEC13
CHECKED		
MATERIAL		
FINISH		
CONTACT INFORMATION		
Flow Management Devices 5225 South 37th St. Suite 4 Phoenix, Arizona 85040		
Phone: (602) 233-9855 Fax: (602) 233-9887		
www.FlowMD.com		

FLOW MANAGEMENT DEVICES

TITLE: DOC FLANGE
CONFIGURATION

P/N: 000-101150-DOC

MODEL #:

SIZE DWG. NO.

A

REV

D

SCALE: 1:130 WEIGHT:

SHEET 1 OF 1