DEYS FABRICATING LTD.

1089 Sarnia Rd, London, Ontario N6H 5J9 Tel: (519) 657-6203 Fax: (519) 657-0210 TOLL FREE 1-800-661-DEYS(3397)

Special Liner Order Form

	er Name:														
Address:								ite:						_	
City: P.C.							Your Name:								
Phone: Fax:							P.O.:Tag:								
Ki	dney									P	ool Size	:	X		
Wall 1	Height:			D1) A	В	Peg	B ←				Peg A				
<u>Depth</u>	<u>1</u> :												S2) A	В	
Patter	<u>rn</u> :														
Wall:_			_			Slop	e	idth				/	\		
Floor:	· 		_		(-{	Hopper Width							
Perim	neter:					\		무효		Shallow	End Widt	i n			
Manu	<u>ıfactureı</u>	<u>r</u> :						¥		$\rightarrow \downarrow$					
	(circle)					/							S1) A	В	
Deau.	(circic)	Willie	D2)	A	-		,								
Black	k Grey	y Tan				Peg A	Y				Peg B				
							Dis	tance Be	tween	Pegs					
PT	A	В	PT	A	В	PT	A	В	PT	A	В	PT	A	В	
1			9			17			25			33			
2			10			18			26			34			
3			11			19			27			35			
4			12			20			28			36			
5			13			21			29			37			
6			14			22			30			38			
7			15			23			31			39			
8			16			24			32			40			
Instru	uctions:				I						Office	Use Or	ıly	1	
1)Place pegs A and B between 10-20 feet apart OUTSIDE THE DOTTED LINE.										Serial	Serial #:				
2)Measure from points S1,S2,D1 and D2 to peg A, then peg B.											Advised:				
3)Measure from points A&B in 2-3 foot intervals around the perimeter of the pool and record on chart. All spaces may not be needed. Use another sheet if more are required.										Ship By:					
		-	-						-	ed.	Price:	Price:Net:			
4)Fill in all Measurements on Drawing in Feet and Inches (to the nearest Inch). NOTE: This sheet will work for Straight Back Kidneys										PST:		GST:			
11011	□• 11112 SI	ncct will \	WOLK 10	n buaigill	ו איייים ו	uncys					1101				