

HC700 - DONOVAN .400 RAISED CAM - HC700

CUSTOMER		CONTACT	DATE
ADDRESS			TEL
PO N°	SHIP VIA		FAX
QTY	E-MAIL		

	UNIT	TOTAL
1) CASTING HC700 <input type="checkbox"/> FULL WATER <input type="checkbox"/> 1/2 WATER <input type="checkbox"/> SOLID		
2) DECK HEIGHT CUSTOM: _____ (10.200 TO 11.625) <input type="checkbox"/> STD DECKING (+ .010) <input type="checkbox"/> NET DECKING (+.000)		
3) FUEL PUMP? <input type="checkbox"/> YES <input type="checkbox"/> NO		
4) CYLINDER BORES <input type="checkbox"/> 4.730 OD <input type="checkbox"/> 4.830 OD <input type="checkbox"/> 4.880 OD		
5) SLEEVE C'BORES (FOR 4.880 SLEEVES) <input type="checkbox"/> 5.050 <input type="checkbox"/> 5.125 <input type="checkbox"/> OTHER: _____		
6) BORE SPACING <input type="checkbox"/> STD (4.840) <input type="checkbox"/> 5.000		
7) CAMBORE SPREAD FOR 5.0 BORE SPACING, MOVE #2 & #4 ⇄ <input type="checkbox"/> NONE <input type="checkbox"/> .110 <input type="checkbox"/> .160		
8) MAINBORE SPREAD ... FOR 5.0 BORE SPACING, MOVE #2 & #4 ⇄ <input type="checkbox"/> NONE <input type="checkbox"/> .110 <input type="checkbox"/> .160		
9) CAMBORE DIA BABBITT BRG: <input type="checkbox"/> STD (2.1395 STEPPED) <input type="checkbox"/> 2 1/4 (2.2495) NEEDLE BRG: <input type="checkbox"/> 50MM (2.2815) <input type="checkbox"/> 55MM (2.4785) <input type="checkbox"/> 2 1/2 (2.4995) <input type="checkbox"/> 60MM (2.6745) <small>(OIL HOLES TO CAM OMITTED ON ALL NEEDLE-BEARING APPLICATIONS)</small>		
10) LIFTER BORES <input type="checkbox"/> STD (.8430) <input type="checkbox"/> .9040 <input type="checkbox"/> OTHER: _____		
11) STUD KIT? <input type="checkbox"/> YES <input type="checkbox"/> NO HEAD MFR _____ HEAD MODEL _____ STUD-HOLE PATTERN ⇄ <input type="checkbox"/> 1/2-13 WITH 7/16-14 CENTER ROW <input type="checkbox"/> ALL 1/2-13 <input type="checkbox"/> ALL 7/16-14		
12) OILPAN PATTERN <input type="checkbox"/> 10 3/8 WIDTH, 5/16-18 (6X) <input type="checkbox"/> 10 3/8 WIDTH, 1/4-20 (6X) <small>(HOLES ADJACENT TO #2, 3 & 4 MAINCAPS)</small>		
13) OILPAN GASKET? <input type="checkbox"/> YES <input type="checkbox"/> NO		
14) OIL FILTER ADAPTER? <input type="checkbox"/> YES <input type="checkbox"/> NO		

— ADDITIONAL INSTRUCTIONS —

ENGINEERING DEPARTMENT USE ONLY

BHN: CAP SURF _____ DECK _____ PAN _____ OKKDD _____

BLOCK N° _____ V1 _____ HORZ _____ V2 _____

DROP SHIP TO	LEAD TIME	S.TOTAL
ADDRESS		TAX
APPROVAL SIGNATURE X	INV N°	SHIPPING
		TOTAL
		DEPOSIT
		BAL DUE

DONOVAN ENGINEERING CORP.

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