

# VAPORA F1 7236

72" x 36" x 20 3/4" Bathtub



## OPTIONS

COLOR(S)	CONFIGURATION(S)	SIZE(S)	SYSTEM(S)
White	End Drain	60 x 36	Activ-Air
		66 x 36	Mass-Air
		72 x 36	Mass-Air & Activ-Air
			Soaker - no system

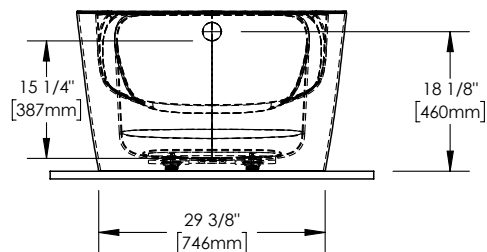
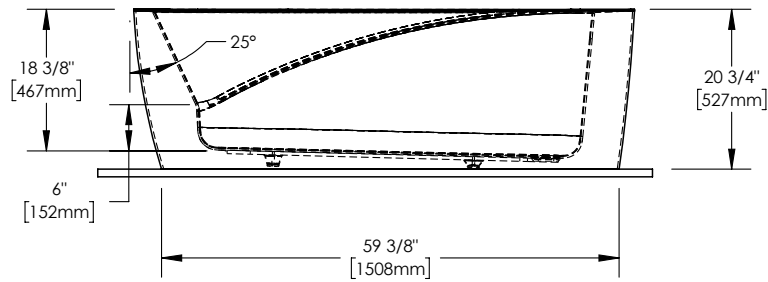
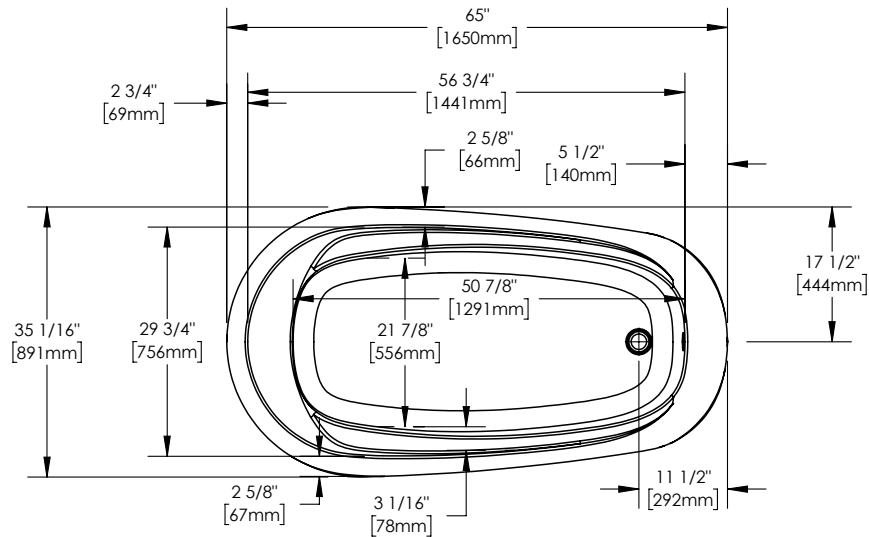
## FEATURES

- High gloss finish is resistant to dulling, scratching and fading
- Standard round drain
- Thermoformed acrylic reinforced with fiber glass for a durable bathtub
- Freestanding bathtub that allows more flexibility
- Water capacity of 93 US gallons
- 10-year limited warranty provides peace of mind
- End drain configuration
- Comes with leveling legs for ease of installation
- Available with massage systems for outmost relaxation

## ATTRIBUTES

- Installation Type : Freestanding
- Above-the-Floor Rough : No
- Material : Acrylic
- Residential Warranty : 25
- Commercial Warranty : 1 Year



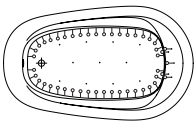


**Wood support design may vary.  
All dimensions are approximate.  
Structure measurements must be verified  
against the unit to ensure proper fit.**

### DIMENSIONS

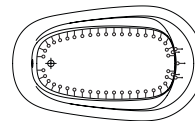
<b>PRODUCT LENGTH</b>	<b>BATHING WELL LENGTH</b>	<b>PRODUCT WIDTH</b>	<b>BATHING WELL WIDTH</b>	<b>PRODUCT HEIGHT</b>
72"	55 5/16"	36"	21 7/8"	20 3/4"
<b>DEEP SUMP HEIGHT</b>	<b>DECK WIDTH</b>	<b>WEIGHT</b>	<b>DRAIN CLEARANCE</b>	<b>SHIPPING LENGTH</b>
15 1/4"	2 5/8"	124 Lbs	2 5/8"	72 1/2"
<b>SHIPPING WIDTH</b>	<b>SHIPPING HEIGHT</b>			
36 1/2"	24"			

### SYSTEMS



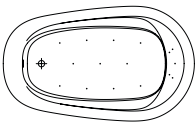
#### Mass-Air/Activ-Air Combo

Included: 45 Activ-Air micro-jets, 11 Mass-Air injectors, two Optima blowers 750W (1 1/2 h.p.) with 300W heating element, two 6' blower hose extension and backlit electronic control.



#### Activ-Air

Included: 45 micro-jets, Optima blower 750W (1 1/2 h.p.) with 300W heating element, 6' blower hose extension and backlit electronic control.



#### Mass-Air

Included: 16 (11-5) injectors, Optima blower 750W (1 1/2 h.p.) with 300W heating element, 6' blower hose extension and backlit electronic control.

Project: \_\_\_\_\_

Contractor: \_\_\_\_\_

Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Tel: \_\_\_\_\_

Notes: \_\_\_\_\_

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