Pose 6632 IF Acrylic Alcove Bathtub

Model number:

106204-000-001-103

Dimensions: 65.75" x 31.75" x 23.5"

Installation: Alcove

Material:

Acrylic

Standard Features:

- Rectangular shape bathtub; with choices of two deck highs (3/8 or 2 in.) Please specify when ordering 6
- Alcove installation with integrated tiling flange (IF); model also available for drop-in or undermount 10 installation
- · Textured floor
- Ample deck space for faucet installation
- · Skirt with or without access panel available

Product characteristics:

- Integrated Tiling Flange
- · Therapy System Available
- Textured Floor

Systems:

Whirlpool

Combined Whirlpool/Aeroeffect

Aeroeffect

Standard Colors:

White

Bone



Certifications

MAAX products adhere to one or more of the following certifications:







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Notes:

Model number: 106204-000-001-103 **Dimensions:** 65.75" x 31.75" x 23.5" **Installation:** Alcove Material: Acrylic **Dimensions** (Drop-in shown 2") WHIRLPOOL SYSTEM 3 3/8" 66 1/4" (X) 65 3/4 x 31 3/4 x 23 1/2 ln. 7/8" (1670 x 806 x 597 mm) 15 23 3/8" **Water Capacity** 0 3 1/2" 72 gallons - 273 liters 50 3/8" 57 Weight T. C. C. C. C. C. 1" integrated tiling flange (not shown) SYSTEM 3/8", 2" 67 lbs - 30 1/2 kg ☻ Technical drawing is universal for all 6632 configurations. External dimension (X,Y) vary depending on configuration (see chart) **Bathing Well** AIR 6 23 1/2 57 ln. x 23 1/2 ln. Indicates optional grab bar positioning (1448 mm x 594 mm) Indicates whirtpool jets positioning 4 Indicates suction positioning) : Indicate airjets positioning **Deep Sump Height**): Indicates chromatherapy light positioning ALCOVE / CORNER DROP IN 2" **DROP IN 3/8"** 19.875 In. - 505 mm 66 1/4 66" 65 3/4" 31 3/4" 31 5/8 31 5/8" APRON (alcove version only) **Deck Width** 3.375 In. - 86 mm Wood support design may vary. Integrated tiling flange: 1* height X 1/4" thickness (not shown) Tiling flange position is determined by chosen configuration. **Drain location:** 65 3/4" All dimensions are approximate. Structure measurement must be verified against the unit to ensure proper fit. Left Right Project: Contractor: Representative: Date: Tel:

