

100 Linear Plaster-in Submittal - 4 Sided Pattern

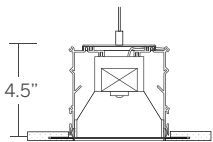
Project Name _____ SO # _____ PO# _____ Fixture Type _____



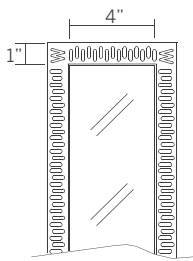
Ordering Information

Model	Type	Length	LED ²	Color	Voltage	Power	Diffuser	Mount	Options
WG-P100LDL plaster-in	P ¹	A x B x A x B	L M H	827 830 835 840 927 930 935 940	UNV 120	S D010 D3W DES	OD (STD) SD	P	WL

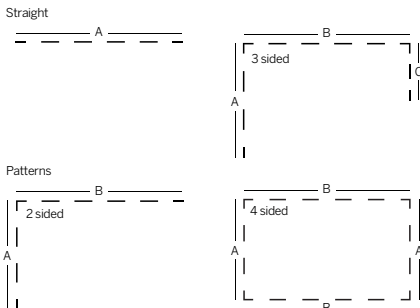
Flush Diffuser - OD / SD



Plaster-in



Plaster-in



Luminaire

- Trimless 'plaster-in' for drywall ceilings and walls.
- Installation from below for remodel or new construction.
- Easily installed internal LED tray assembly with integral driver.
- High reflectance white reflector.
- Flush snap-in opal diffuser (standard).
- Powdercoat painted white - RAL 9010.

Type

- P = Standard patterns 2, 3 or 4 sided with 90° corners¹

Length

- A, B, C = specify feet & inches to the nearest 0.25" (i.e. 6' 5.5")

LED²

- L = Low Power (3W/ft)
- M = Mid Power (6W/ft)
- H = High Power (10W/ft)

Color

80+ CRI minimum

- 827 = 2700K
- 830 = 3000K
- 835 = 3500K
- 840 = 4000K
- For 90+ CRI specify 927, 930, etc

Voltage

- UNV = 120-277V
- 120 = 120V (DFPN only)

Power Supply

- S = Standard driver, 120-277V
- D010 = Osram, 10%, 0-10V dimming, 120-277V
- D3W = Lutron, 1%, 3-wire fluorescent dimming, 120-277V
- DES = Lutron, 1%, EcoSystem E1/E2 digital dimming, 120-277V
- DFPN = Lutron 1% forward phase with neutral, 120V only

Diffuser

- OD = Flush opal diffuser (standard)
- SD = Flush satin diffuser

Mounting

- P = plaster-in

Options

- WL = Wet location (requires recessed installation in protected canopy)
- Contact factory for emergency lighting options.

¹ See pattern specsheet.
² Wattage shown does not include power supplies/drivers.

Customer Approval

<input type="checkbox"/> Approved	Company _____
<input type="checkbox"/> Approved with corrections noted	Signature _____
<input type="checkbox"/> Revise and Resubmit	Print Name _____
	Date _____

Original Date Submitted _____

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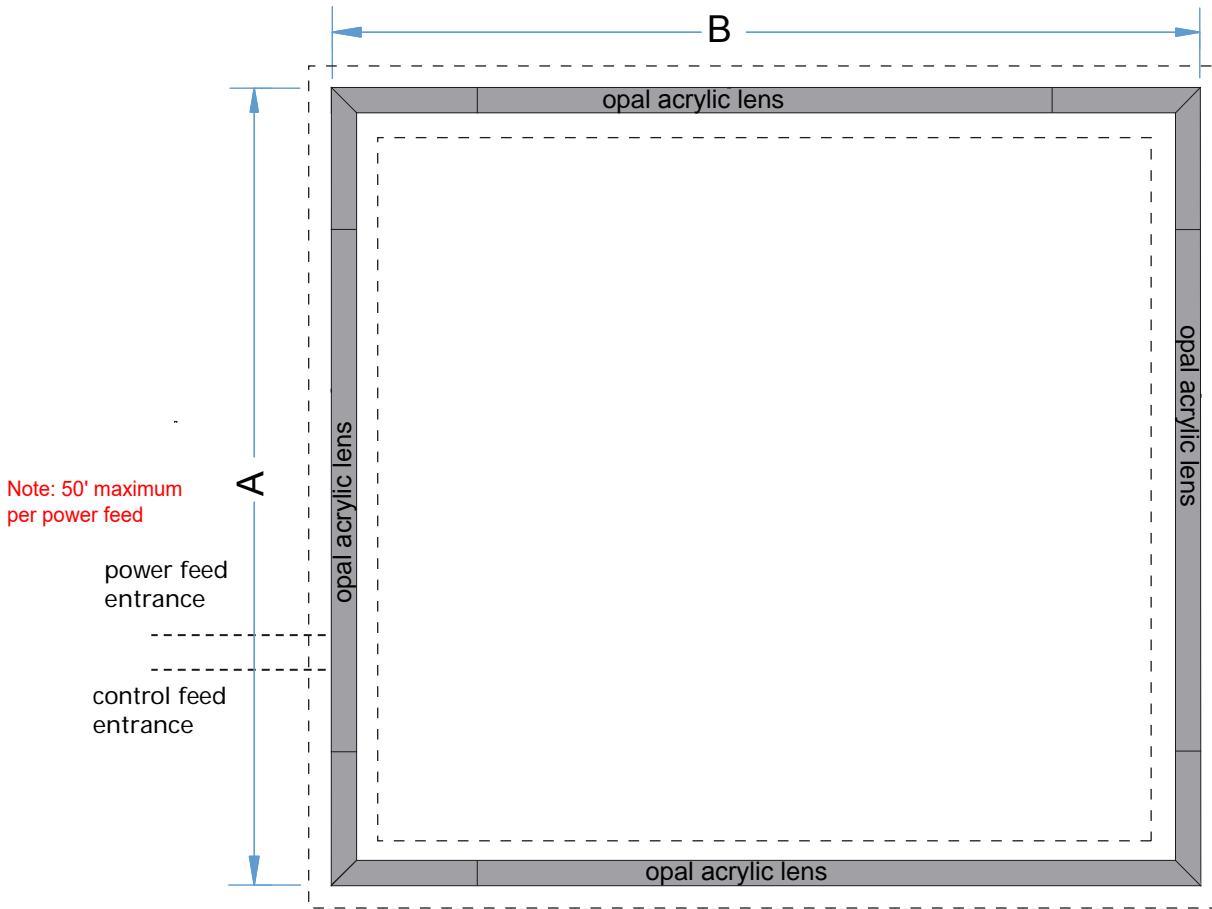
System	Qty.	'A'	'B'
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

Customer Approval Company _____

Approved Signature _____

Approved with corrections noted Print Name _____

Revise and Resubmit Date _____



Note: 50' maximum per power feed