

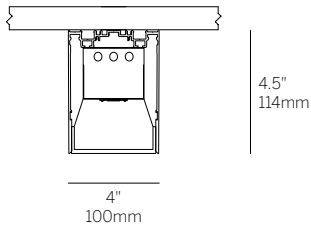
100 Linear Surface Mount
Pattern 3 Sided Submittal

Project Name _____ SO # _____

Fixture Type _____ PO# _____

Ordering Information

Model	Fixation	Pattern	Length	Power ²	CRI/CCT ³	Driver ⁴	Lens	Finish
WG-100LDL	SM							
WG-100LDL	SM	P ¹	A A x B A x B x C A x B x A x B	L M H	927 930 935 940	X S D010 L3DAE L3DOE DFPN	OD (std) SD	W (std) B G F



Luminaire

- Surface ceiling mount.
- Easily installed internal LED tray assembly with integral driver.
- High reflectance white reflector.
- Flush snap-in opal diffuser (standard).
- Powdercoat painted white - RAL 9010.

Fixation

- SM = Surface Mount

Pattern

- S = Straight run
- P = Standard patterns 2, 3 or 4 sided with 90° corners on the same plane¹
- PZ = Non-standard patterns and/or corners other than 90° on multiple planes, consult factory¹

Length

- A, B, C = specify inches to the nearest 0.25" (i.e. 72.25"). For patterns specify each length (i.e. 2 sided: A x B = 72.25" x 48"; 3 sided: A x B x C; 4 sided: A x B x A x B).

Power²

- L = 3.2W/ft low power (24V)
- M = 6.4W/ft mid power (24V)
- H = 10.5W/ft mid power (24V)

CRI/CCT³

90+ CRI (low/mid/high power)

- 927 = 2700K, (173/321/478 lm/ft)
- 930 = 3000K, (179/331/493 lm/ft)
- 935 = 3500K, (183/337/503 lm/ft)
- 940 = 4000K, (184/341/508 lm/ft)

Driver (Integral)⁴

- X = No driver, ordered separately
- S = Standard driver 120-277V
- D010 = Osram, 10%, 0-10V dimming, 120-277V
- L3DAE = Lutron Hi-lume 1% EcoSystem, 120-277V
- L3DOE = Lutron Hi-lume Premier 0.1 EcoSystem, 120-277V
- DFPN = Lutron Forward Phase 1% 120VAC

Lens

- OD = Satin opal diffuser (standard)
- SD = Satin clear diffuser (high efficiency)

Finish

- W = White, 20% gloss, RAL9010 (standard)
- B = Black, 20% gloss
- G = Gray, 20% gloss
- F = Custom finished trim, specify RAL

Emergency

- Emergency LED driver available, order separately.

¹ See pattern specsheet.

² Wattage shown does not include power supplies/drivers.

³ Delivered lumens with satin opal diffuser shown.

⁴ Remote power supply required. See power supply page for details.

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 _____

100 Linear Surface

Submittal - Pattern 3 Sided

Project Name _____ SO # _____

Fixture Type _____ PO# _____

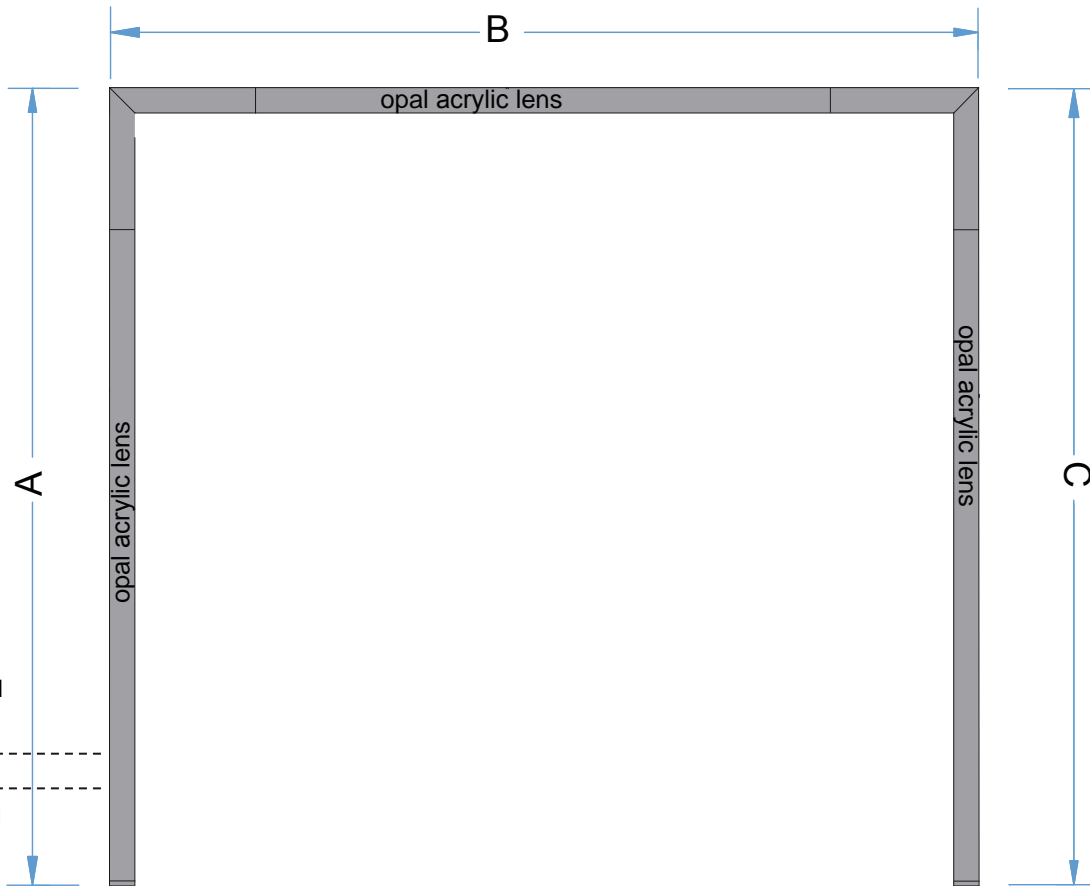
System	Qty.	A	B	C
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

Customer Approval Company _____

Approved Signature _____

Approved with corrections noted Print Name _____

Revise and Resubmit Date _____



Note: 50' maximum per power feed