

1 Measurements		Shallow End Profile (check one)	
FT	IN	<input type="checkbox"/> Track to Floor	<input type="checkbox"/> 90° Angle
A	_____	<input type="checkbox"/> Track to Top of Angle	<input type="checkbox"/> 45° Angle
B	_____	<input type="checkbox"/> Track to Top of Radius	<input type="checkbox"/> Radius
C	_____		
D	_____		
E	_____		
F	_____		
G	_____		
H	_____		
I	_____		
J	_____		
K	_____		
L1	_____		
L2	_____		
W1	_____		
W2	_____		

2 Liner Mounting (check one)	
<input type="checkbox"/> Beaded	<input type="checkbox"/> Overlap
3 Hopper Top View Detail (check one)	
<input type="checkbox"/>	<input type="checkbox"/>

