

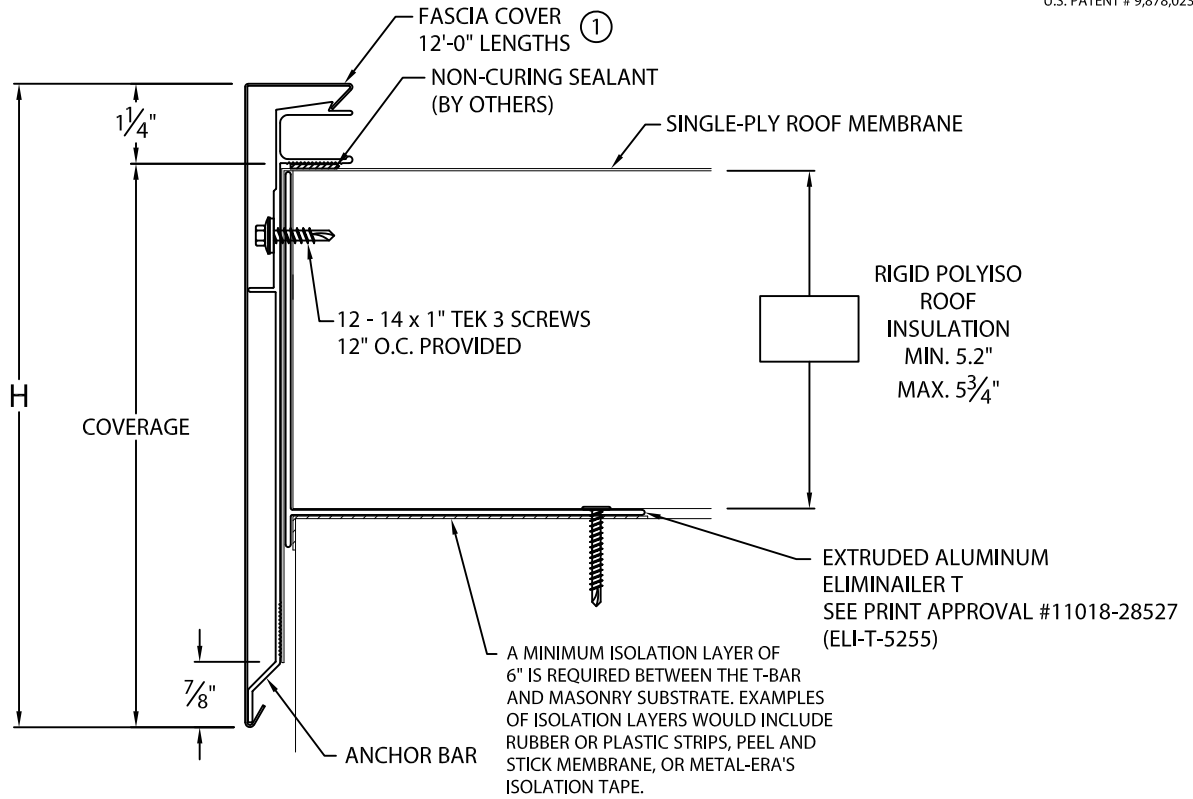


ANCHOR-TITE HG FOR USE WITH ELIMINAILER®-T

5.2", 5.5" FLANGE ELIMINAILER VERSION

FOR USE WITH MASONRY WALL

U.S. PATENT # 9,878,023 B1



NOTES:

- ① FASCIA COVER PROVIDED WITH 3 1/2" WIDE SPLICE PLATES.
- ② NOT AVAILABLE IN 24 GA. GALV. STEEL OR .040" ALUMINUM.

ANCHOR-TITE HG DIMENSIONS

PRODUCT ID. NO.	H DIM	COVERAGE
<input type="checkbox"/> T-HG-AF-85	8 1/2"	7 1/4"
<input type="checkbox"/> T-HG-AF-100 ②	10"	8 3/4"

Fabrication will proceed only after receipt of signed print approval.

Print Approval:

Architect and/or contractor shall verify all dimensions, sizes and quantities. All products to be installed in strict accordance with Metal-Era's printed instructions.

Approved by: _____

Date: _____

HG COVER MATERIAL:

- ___ 24 GA. GALVANIZED STEEL COLOR: _____
- ___ 22 GA. GALVANIZED STEEL FINISH: _____
- ___ .040" ALUMINUM
- ___ .050" ALUMINUM
- ___ .063" ALUMINUM
- ___ OTHER _____

QUANTITIES:

- _____ LINEAL FEET 12'-0" LENGTHS
 - _____ OUTSIDE MITER(S) @ 90°
 - _____ INSIDE MITER(S) @ 90°
 - _____ OVERFLOW SCUPPER(S) STYLE ___A___B
 - _____ SPILLOUT SCUPPER(S) STYLE ___A___B
 - _____ DOWNSPOUT(S) STYLE ___A___B (___x___) DOWNSPOUT SIZE
- A: TAPERED 1 1/2" DROP B: FLAT

FOR NON-90 MITERS SEE PRINT APPROVAL #11010-1103

PROJECT:

ARCHITECT:

ROOFING CONTRACTOR:

REPRESENTATIVE/DISTRIBUTOR:

Corporate Offices, Manufacturing
1600 Airport Road; Waukesha, WI 53188
Phone: 800-558-2162
Fax: 800-373-9156
www.metalera.com



DATE: 08/29/18

DRN BY: JJC

CKD BY: SAK

SHT.# ___ OF ___

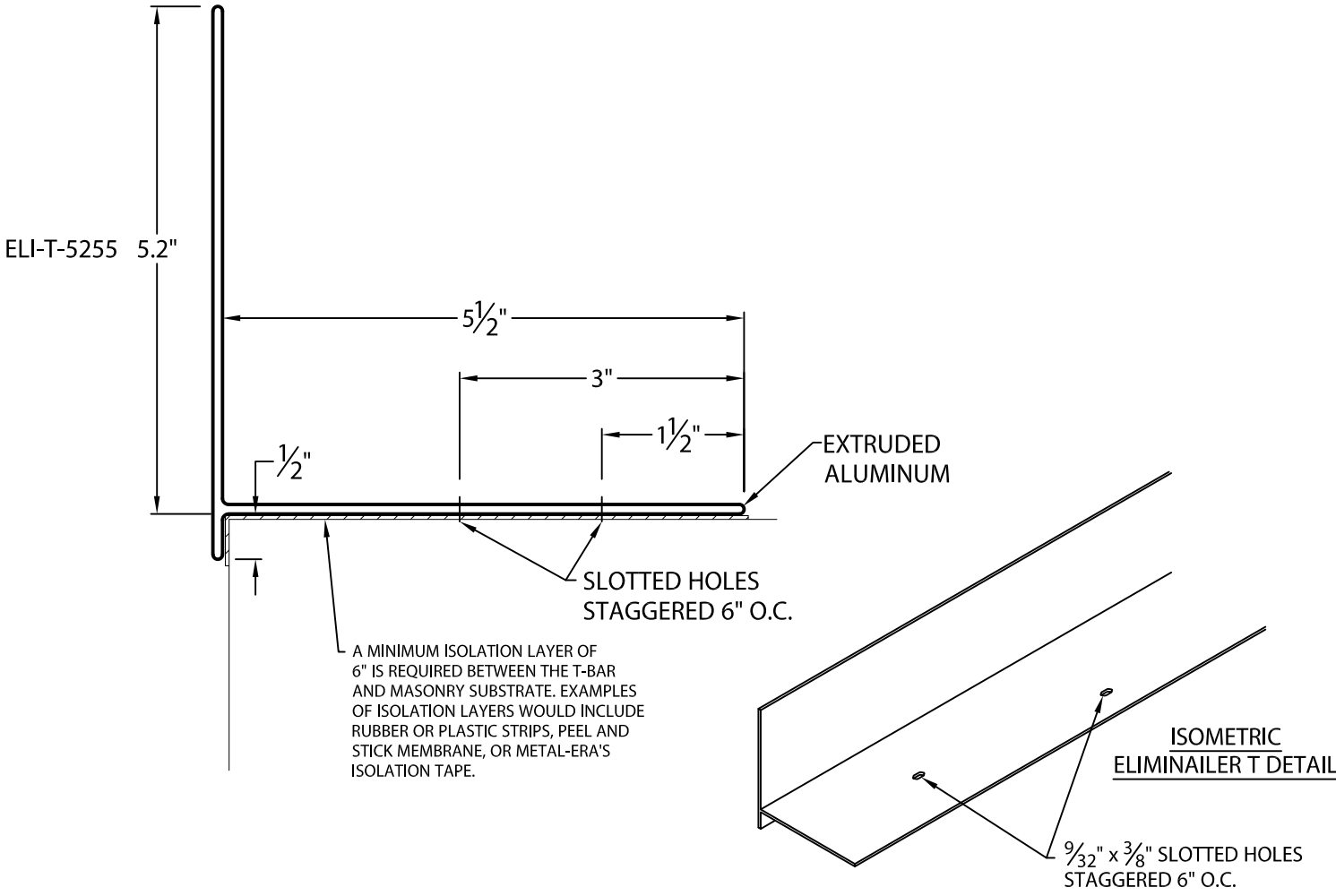
DWG# 11010-28533

B

ELIMINAILER®-T

FOR USE WITH MASONRY WALL, 5.2", 5.5" FLANGE VERSION

U.S. PATENT # 9,878,023 B1



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PLEASE INDICATE SUBSTRATE (IF SUBSTRATE INFORMATION IS NOT GIVEN, CONCRETE WALL FASTENERS WILL BE PROVIDED)

- CONCRETE WALL (3000 PSI CONCRETE):
#14 x 1 1/4" FASTENERS PROVIDED
- CMU WALL (1500 PSI):
1/4" x 1 1/2" SPIKE FASTENERS PROVIDED

QUANTITIES:

_____ LINEAL FEET 12'-0" LENGTHS
_____ ROLLS ISOLATION TAPE 6" WIDE (180 FT PER ROLL)

PROJECT: _____
ARCHITECT: _____
ROOFING CONTRACTOR: _____
REPRESENTATIVE/DISTRIBUTOR: _____

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DATE: 08/29/18
DRN BY: JJC
CKD BY: SAK

SHT.# ____ OF ____
DWG# 11018-28527

B