



SPIRAL-WOUND - COIL ONLY

LAYOUT SHEET

763 East Commerce Dr. St. George, UT (435) 673-7500

4000 Drane Field Rd. Lakeland, FL (863) 647-5643

Company Name _____

Application _____

Address _____

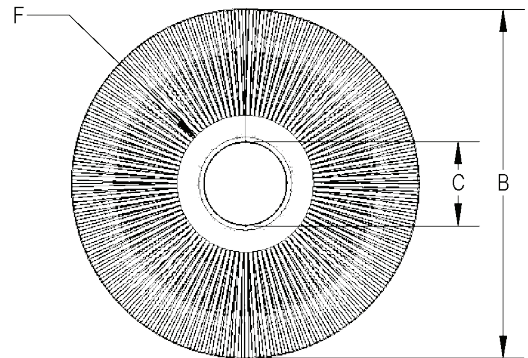
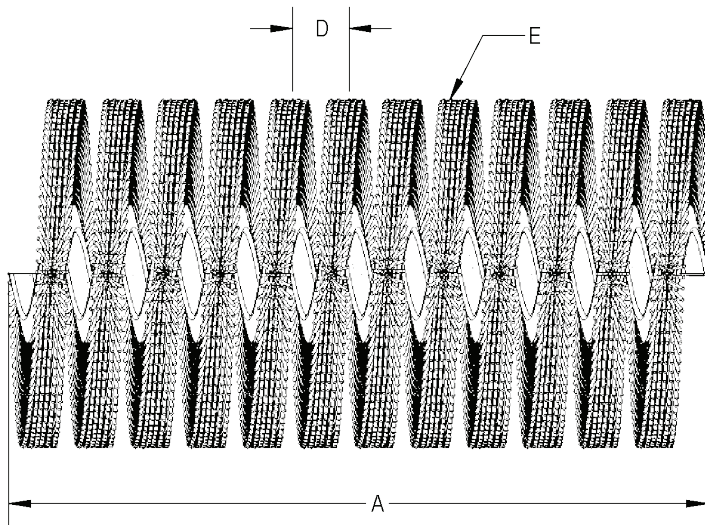
Telephone No. _____

Name _____

Sample/Drawing Enclosed

Email _____

Quantity Per Order _____



A.) Brush Face _____

G.) Method Brush is Fastened to Shaft:

B.) Brush O.D. _____

Tangs J-Bolts Weld Other _____

C.) Brush I.D. _____

H.) Operating RPM _____

D.) Coil Spacing (Centerline) _____

I.) Wet or Dry Application _____

E.) Bristle:

J.) Additional Information _____

Type: _____
(polypropylene, nylon, wire, etc.)

Bristle Diameter _____

Color _____ Crimped Level

F.) Strip Backing Size & Material _____

(Refer to Backing Data, IB 26, for minimum coiling diameter)