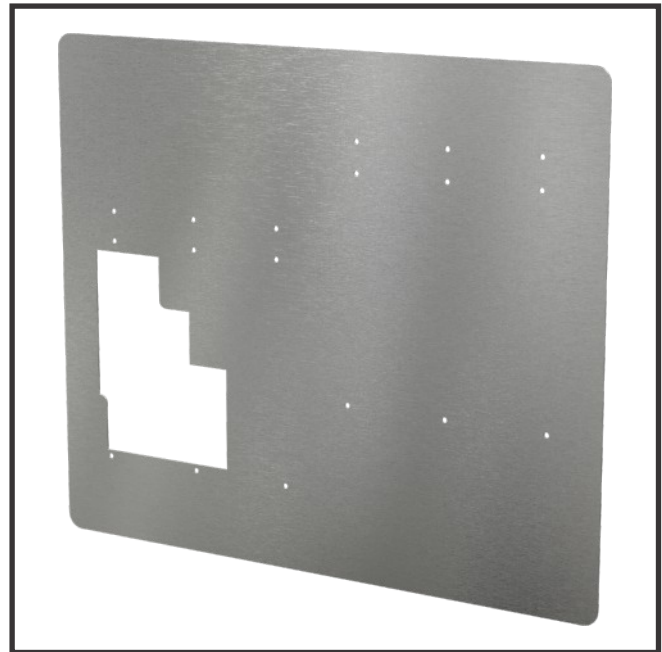


-WB3 WALL PANEL

WALL PANEL FOR WALL MOUNTED ADA
UNIVERSAL BI-LEVEL FOUNTAIN/COOLER
WITH HANDICAP UNIT LEFT LOW

STANDARD FEATURES

- 18 gage, 304 stainless steel
- Intended For Use With A172-UG Series and A172.8-UG Series Alternate Mounting
- Offered in Finishes to Match Selected Fixture



MODEL:

(Must Specify)

- A000G000-WB3 Gray Powder Coat
- A0004000-WB3 Stainless Steel w/ Satin Finish
- A0002200-WB3 Matte Black Powder Coat (EG22)

SUGGESTED SPECIFICATIONS

A0004000-WB3 is a Wall Panel made from 18 gauge, type 304 stainless steel polished to a #4 satin finish for A172-UG Universal Bi-Level Water Coolers or Drinking Fountain with handicapped unit right low. The Wall Panel with handicapped unit right low Bi-Level shall be designed to cover the wall surface imperfections that remain due to replacing other Water Cooler or Drinking Fountain models.



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Building
Council



Recyclable
Product



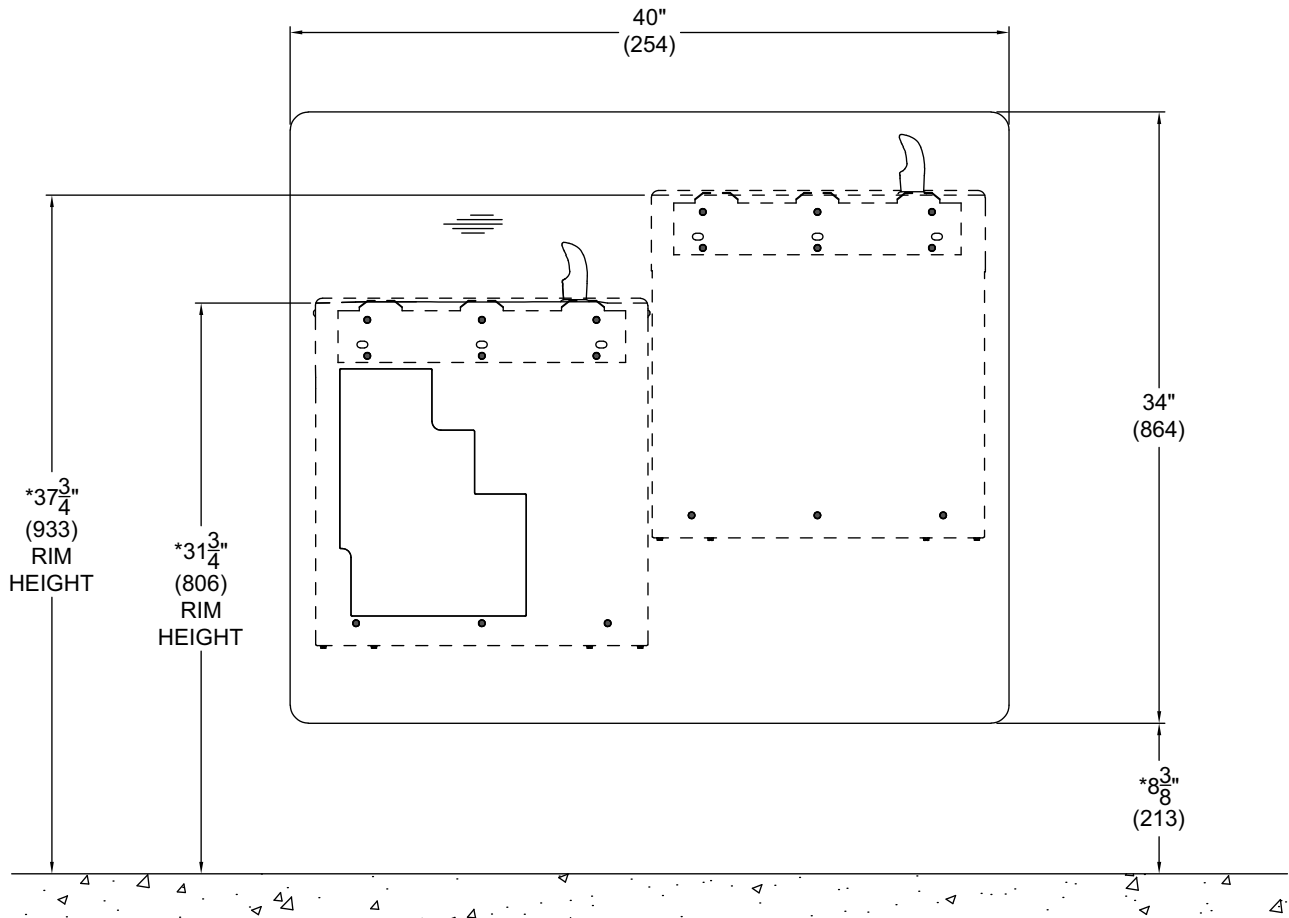
Water
Conserving
Product

⚠ WARNING: Cancer and Reproductive Harm - www.P65Warnings.ca.gov

MURDOCK MFG. • 15125 Proctor Avenue • City of Industry, CA 91746 USA
Phone 800-453-7465 or 626-333-2543 • www.murdockmfg.com

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-WB3 WALL PANEL
WALL PANEL FOR WALL MOUNTED ADA
UNIVERSAL BI-LEVEL FOUNTAIN/COOLER
WITH HANDICAP UNIT RIGHT LOW



GENERAL NOTES:

1. ALL DIMENSIONS ARE INCHES (MM).
2. REFER TO FIXTURE ROUGH-INS FOR MOUNTING LOCATIONS OF FIXTURE.
3. FIXTURE MOUNTING BRACKET MOUNTS OVER WALL PANEL.
4. *DIMENSIONS SHOWN ARE FOR RECOMMENDED ADULT HEIGHT. ADJUST VERTICAL DIMENSIONS AS NECESSARY TO COMPLY WITH FEDERAL, STATE, & LOCAL CODES.

SELECTION SUMMARY & APPROVAL FOR MANUFACTURING	Model Number & Options _____	Quantity _____	<p><i>All dimensions are subject to manufactures tolerance of plus or minus 1/4" nominal and subject to change without notice. Murdock® assumes no responsibility for use of void or superseded data. Dimensions may change with the addition of optional accessories. Murdock® Mfg., Member of Morris Group International®, Please visit www.murdockmfg.com for most current specifications.</i></p>
	Company _____		
	Contact _____	Title _____	
	Signature (Approval for Manufacturing) _____	Date _____	