

ID Infinity Drain



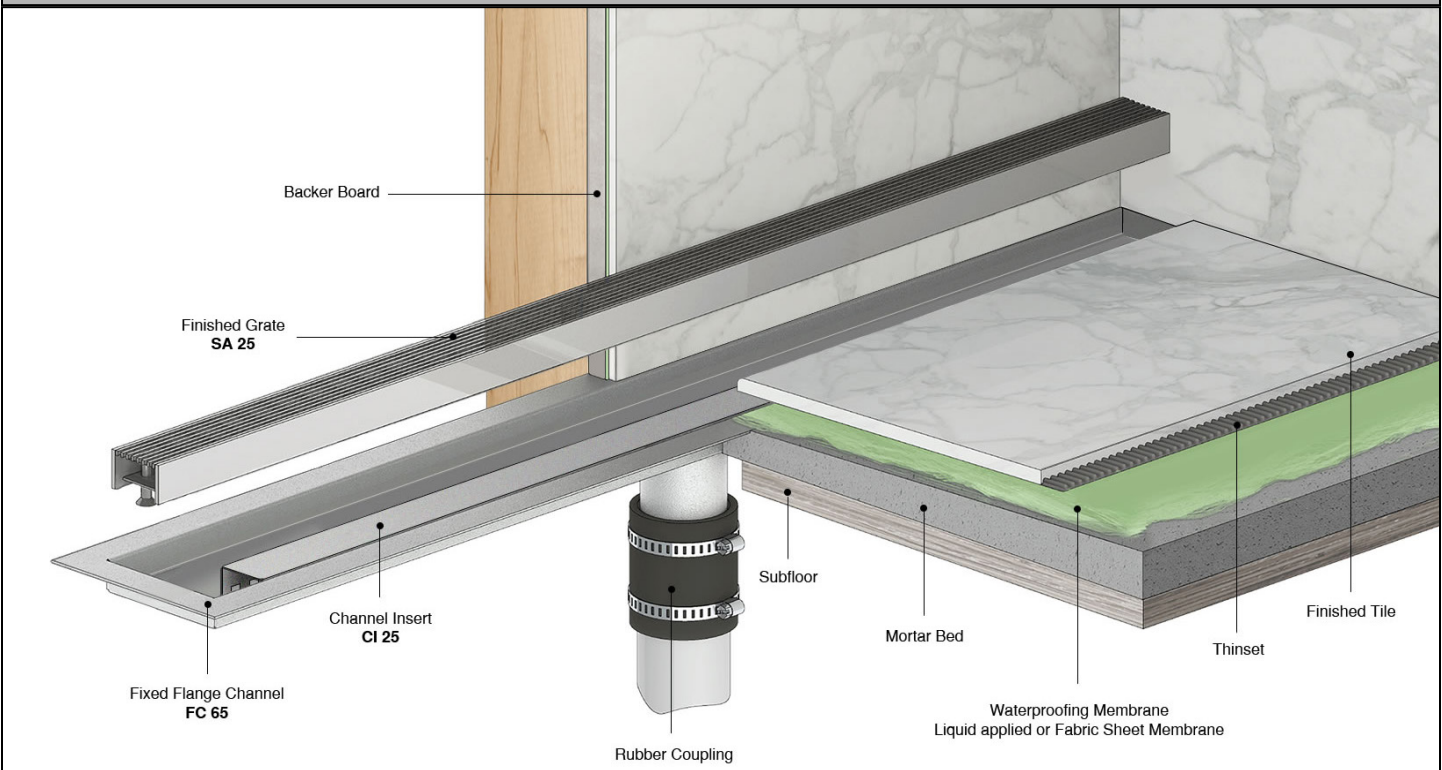
FFAS 25 Series Fixed Flange

- FFAS 2532 - 32" Complete Kit
- FFAS 2536 - 36" Complete Kit
- FFAS 2542 - 42" Complete Kit
- FFAS 2548 - 48" Complete Kit
- FFAS 2560 - 60" Complete Kit

Features

- Fixed flange with centered outlet location
- Indoor or outdoor use
- 12 gauge, 316L stainless steel grate
- 16 gauge, 304L stainless steel channel
- Pre - pitched channel
- Grate can be removed for cleaning
- NOT Site Sizable™
- Compatible with: liquid applied or fabric sheet membranes
- Flow rate - 9 gpm per outlet
 - Flow rate measured at outlet only. Measurement does not account for water in channel or sheeting on shower floor.
 - Additional outlets can be added and combined into a larger waste line to increase flow rates

Installation



Care & Maintenance

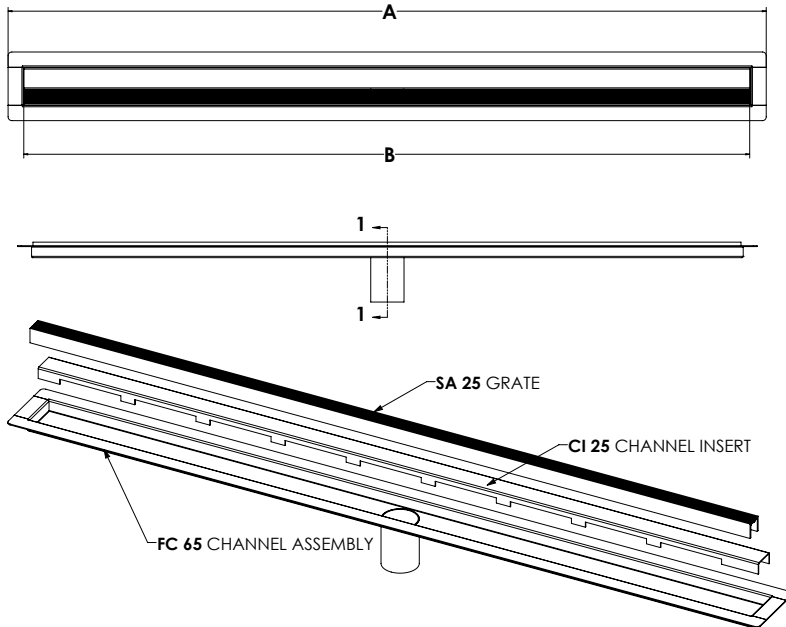
FFAS 25 stainless steel linear drain top grates are made of 316L stainless steel. This material is non-porous, hygienic, rust-free and extremely durable. Bar Keepers Friend® and Soft Scrub® are commonly available products that can be used to protect and clean your Satin Stainless drain cover. For stains that have been left for an excessive amount of time, stronger cleaning agents such as Steel Brite® may be needed. For Polished Stainless and other finishes we recommend a mild soap and a soft cloth for cleaning. DO NOT use any abrasive cleaners, scrub pads or allow household cleaning agents, such as bleach, to sit on the drain cover for a long period of time. Stainless steel does not rust. External factors, such as contamination from other highly ferrous metals, built up road salt, sea salt, or chlorine may have caused "surface" rust which can be removed using Barkeepers Friend®, Soft Scrub® with Bleach, or Steel Brite®. Always follow the directions on the bottle. Follow proper maintenance procedures to prevent excessive surface rust. In areas of frequent exposure to salt, chlorine, and other chemical compounds, maintenance of the stainless grates should be performed at least 2-3 times per year.

Infinity Drain
145 Dixon Avenue
Amityville, NY 11701
Phone: 516.767.6786
Fax: 516.740.3066
www.Infinity Drain.com

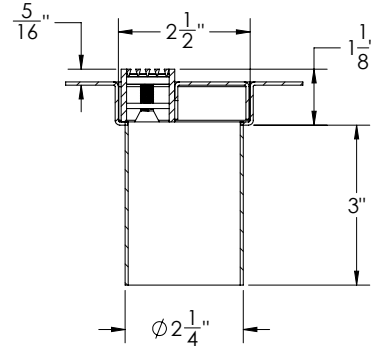


NOTE: Installer must verify all rough-in dimensions prior to installation and consult local and national codes. Conformity and compliance to local and national codes are the responsibility of the installer.

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Grate can be adjusted upwards an additional 1/2"



SECTION 1-1

Model Number	Complete Kit Contents	A (Maximum Overall Length)	B (Maximum Grate Length)
<input type="checkbox"/> FFAS 2532	1 - SA 2532 Grate 1 - FC 2532 Fixed Flange Channel 1 - CI 2532 Channel Insert 1 - AKEY Lift Out Key	34 1/8"	31 7/8"
<input type="checkbox"/> FFAS 2536	1 - SA 2536 Grate 1 - FC 2536 Fixed Flange Channel 1 - CI 2536 Channel Insert 1 - AKEY Lift Out Key	38 1/8"	35 7/8"
<input type="checkbox"/> FFAS 2542	1 - SA 2542 Grate 1 - FC 2542 Fixed Flange Channel 1 - CI 2542 Channel Insert 1 - AKEY Lift Out Key	44 1/8"	41 7/8"
<input type="checkbox"/> FFAS 2548	1 - SA 2548 Grate 1 - FC 2548 Fixed Flange Channel 1 - CI 2548 Channel Insert 1 - AKEY Lift Out Key	50 1/8"	47 7/8"
<input type="checkbox"/> FFAS 2560	1 - SA 2560 Grate 1 - FC 2560 Fixed Flange Channel 1 - CI 2560 Channel Insert 1 - AKEY Lift Out Key	62 1/8"	59 7/8"

Finishes					
<input type="checkbox"/> Satin Stainless	<input type="checkbox"/> Polished Stainless	<input type="checkbox"/> Matte Black	<input type="checkbox"/> Matte White	<input type="checkbox"/> Satin Bronze	

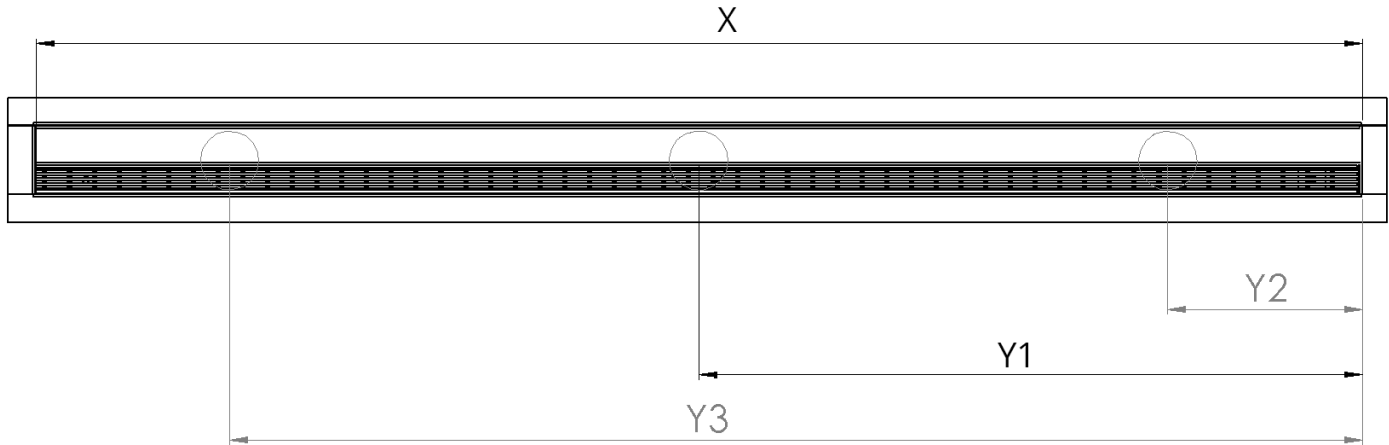
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FFAS 25 CUSTOM



- Satin Stainless
 Polished Stainless
 Oil Rubbed Bronze
 Matte White
 Matte Black
 Satin Bronze

X: LENGTH: Overall Channel Dimension (inches): _____

Desired finished dimension

For lengths greater than 60", multiple grates are supplied, unless otherwise noted.

Y: OUTLET LOCATION: _____ # of outlets | Center of Outlet(s) to right edge: Y1 _____ Y2 _____ Y3 _____

RUSH: Yes _____ NO _____

Rush charge applied per set-up. Turnaround is 7 business days, plus shipping. (Rush does not apply to some custom designs, please contact Infinity Drain for details)

Customer: _____

Job Name: _____

Approved by: _____

Date: _____

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