



PRODUCT DESCRIPTION

Maxxon® Fibers are reinforcing fibers that can be used in Maxxon® Underlayments to reduce topping thickness and/or crack propagation.

WHERE TO USE

Application

Wear surface floor systems; systems with above average deflection

Subfloor

All interior subfloors.

FEATURES & BENEFITS

- Ideal for wood frame and multifamily construction
 - Excellent, “no fuzz” finishability with improved impact resistance
 - Provides multi-dimensional reinforcement
 - Cost-effective reinforcement solution
 - Enhances durability and toughness of Maxxon Underlayment
 - Made from recycled content
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PRODUCT INFORMATION

Filament Diameter	2 Denier (9 Microns)
Tensile Strength	44 psi (300 MPa)
Flexural Strength	400 psi (2.8 GPa)
Color	White
Alkali Resistance	High
Packaging	Part #: 19085 4 Bag Batch - 40 bags/box Part #: 19086 2 Bag Batch - 60 bags/box

INSTALLATION

Mixing Instructions For a 4 Bag Mixer

With mixing paddles on and water in hopper, open and empty 1 bag of Maxxon Fibers (part #19085—specifically designed for 4 bag batch) into the water. When thoroughly mixed, add 4 bags of Maxxon Underlayment (80 lb bags) and sand for the appropriate mix design. Mix time is the same as without adding fibers.

Mixing Instructions For a 2 Bag Mixer

With mixing paddles on and water in hopper, open and empty 1 bag of Maxxon Fibers (part #19086—specifically designed for 2 bag batch) into the water. When thoroughly mixed, add 2 bags of Maxxon Underlayment (80 lb bags) and sand for the appropriate mix design. Mix time is the same as without adding fibers.

STORAGE AND DISPOSAL



Keep in a dry, cool place. Maxxon SDF is not considered hazardous per US-GHS requirements and may be disposed of with day-to-day construction materials. Keep in a dry, cool place.

WARRANTY AND TECH SERVICES

Contact Maxxon before your project for complete warranty information. Technical performance verification and service is available through Maxxon Corporation or Maxxon Regional Representatives throughout North America.



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JOB NAME: _____

DATE: _____

APPLICATOR: _____

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