CHECK BOX AS APPLICABLE.

☐ SOIL EVALUATION SITE MAP

PROJECT NAME:

_____

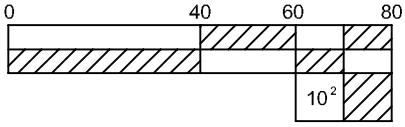
PROJECT ADDRESS: _____

BM Symbol: ⊕ BM Elevation: _____ FT

BM Description: _____

Slope Gradient (%) of Tested Area: _____ Well Symbol (if applicable): ⊙

Scale: 1" = 40'



Indicate north by drawing an arrow on the approprite line.

CHECK BOX AS APPLICABLE.

☐ SYSTEM PLOT PLAN

DESIGN FLOW: _____ GPD

Attach design flow calculations for commercial plans.

Pipe Material / ASTM Standard (Tables 384.30-3 & 384.30-5)

Sanitary Sewer: _____ / _____

Force Main: _____ / _____

IMPORTANT:

Show ground elevation contours at suitable intervals.

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