



WASTEWATER RECLAMATION

Planning & Engineering Division
Survey Cut Sheets

Engineering Firm: _____ Phone: _____ Date: _____

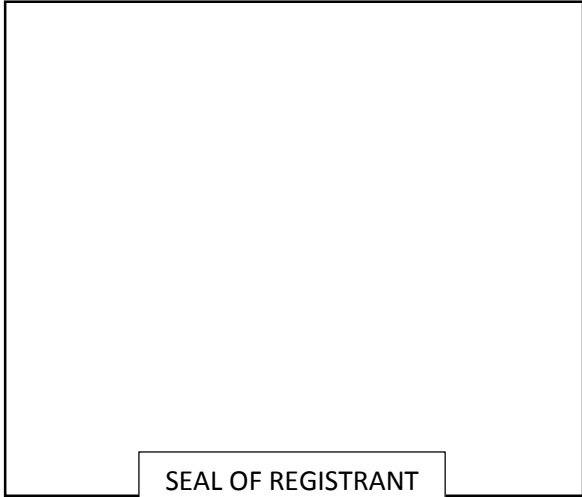
Project Name: _____

Subdivision Name/Case #: _____

Street Location: _____

PCRWRD Plan No.: _____

Note Any Special Conditions: (Ductile Iron Pipe required, etc.)



SEAL OF REGISTRANT

I hereby certify that the provided information is 3.2.3(A)(i) of the
PCRWRD Standard Specifications and Details for Construction 2016
 And that existing grades are as of the date of survey:

STATION	DESCRIPTION (Pipe, Pipe Change, Manhole, Appurtenance, etc.)	HUB ELEVATION	INVERT ELEVATION	CUT OR FILL	OFFSET

