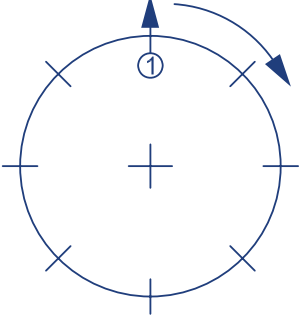


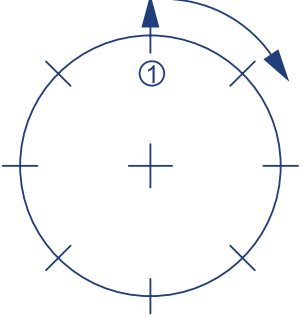
# INLAND

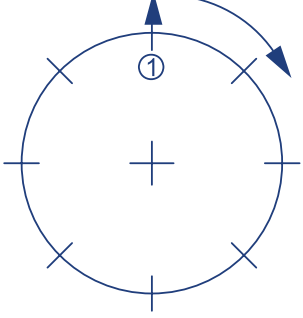
## Pipe

12250 170<sup>th</sup> Street, Edmonton AB  
 Phone: (780) 448-1351  
 Fax: (780) 448-1354  
[www.inlandpipe.com](http://www.inlandpipe.com)

PROJECT # :	CUSTOMER:
PROJECT NAME:	
CONSULTANT:	DRAWN BY:
DATE REQUESTED:	DATE:

M/H #	INVERT ELEV.	ALIGNMENT	PIPE SIZE & TYPE
M/H SIZE:	1.		1.
	2.		2.
	3.		3.
	4.		4.
	5.		5.
	6.		6.
	RIM:	NOTES:	
TOTAL HEIGHT:			

M/H #	INVERT ELEV.	ALIGNMENT	PIPE SIZE & TYPE
M/H SIZE:	1.		1.
	2.		2.
	3.		3.
	4.		4.
	5.		5.
	6.		6.
	RIM:	NOTES:	
TOTAL HEIGHT:			

M/H #	INVERT ELEV.	ALIGNMENT	PIPE SIZE & TYPE
M/H SIZE:	1.		1.
	2.		2.
	3.		3.
	4.		4.
	5.		5.
	6.		6.
	RIM:	NOTES:	
TOTAL HEIGHT:			