



G2 Drainage Inlet

DATE : _____

DI # : _____

STATION # : _____

CONTACT : _____

CUSTOMER : _____

TOTAL HEIGHT FROM
TG TO OUTLET
ELEVATION (FL) : _____

PROJECT NAME : _____

LOCATION : _____

PO # : _____

JOB # : _____

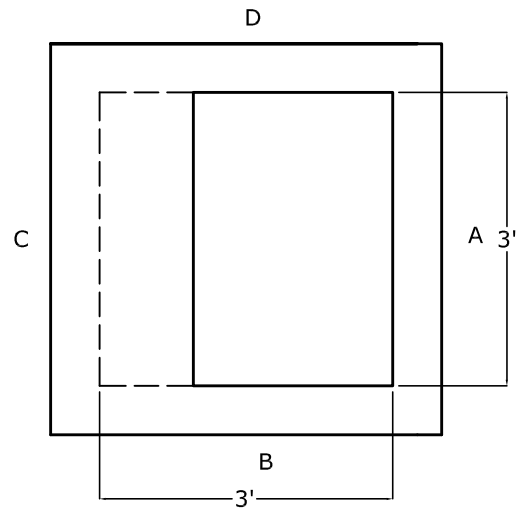
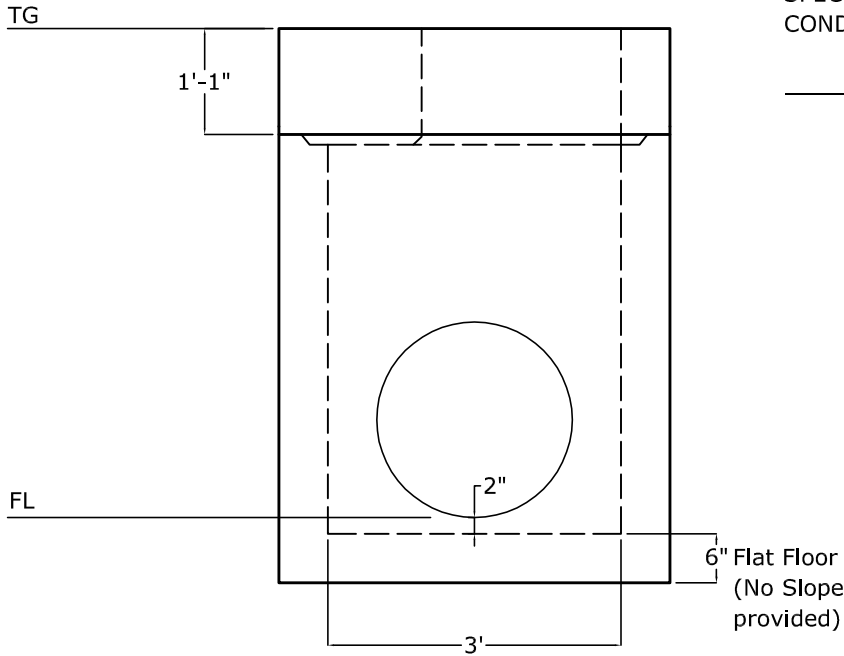
PHONE # : _____

FAX # : _____



GRATE TYPE : _____

SPECIAL
CONDITION : _____



PIPE SIZE

TYPE OF PIPE

F.L. ELEVATION

A _____

A _____

A _____

B _____

B _____

B _____

C _____

C _____

C _____

D _____

D _____

D _____