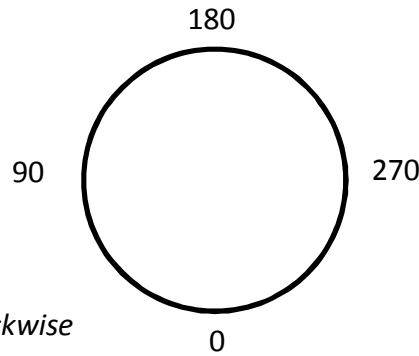




P.O. Box 670  
 16000 Ave. 25  
 Chowchilla, CA 93610  
 559-665-7473  
 Fax 559-665-5293

# REQUEST FOR PRECAST MANHOLES FILL OUT ALSO SEND PLANS AND SPECIFICATIONS

Rim: \_\_\_\_\_  
 ID: 36 48 60 72 84 96 \_\_\_\_\_  
 Channel: Yes/No \_\_\_\_\_  
 Connector: Boots/Bells \_\_\_\_\_  
 Floor Elev: \_\_\_\_\_  
 Type: SS/SD \_\_\_\_\_



*Measure locations clockwise  
 From the outlet.*

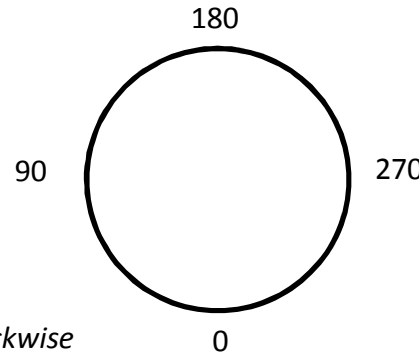
Customer: \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Order Date: \_\_\_\_\_  
 Due Date: \_\_\_\_\_  
 MH ID #: \_\_\_\_\_  
 Takeoff by: \_\_\_\_\_  
 Job Name: \_\_\_\_\_  
 Job #: \_\_\_\_\_

DESCRIPTION OF BASE			
Location	Invert	Material	Size

DRILLED HOLES			
Location	Invert	Material	Size

**Notes:**

Rim: \_\_\_\_\_  
 ID: 36 48 60 72 84 96 \_\_\_\_\_  
 Channel: Yes/No \_\_\_\_\_  
 Connector: Boots/Bells \_\_\_\_\_  
 Floor Elev: \_\_\_\_\_  
 Type: SS/SD \_\_\_\_\_



*Measure locations clockwise  
 From the outlet.*

Customer: \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Order Date: \_\_\_\_\_  
 Due Date: \_\_\_\_\_  
 MH ID #: \_\_\_\_\_  
 Takeoff by: \_\_\_\_\_  
 Job Name: \_\_\_\_\_  
 Job #: \_\_\_\_\_

DESCRIPTION OF BASE			
Location	Invert	Material	Size

DRILLED HOLES			
Location	Invert	Material	Size

**Notes:**

# Precast Manholes

(Must Receive prior to making drawings & quote)

Customer: \_\_\_\_\_

Job# \_\_\_\_\_

Job Name: \_\_\_\_\_

Town: \_\_\_\_\_

## SEWER

City Standard #			
Size Pipe	Type	Wall Thickness	OD

## STORM

City Standard #			
Size Pipe	Type	Wall Thickness	OD