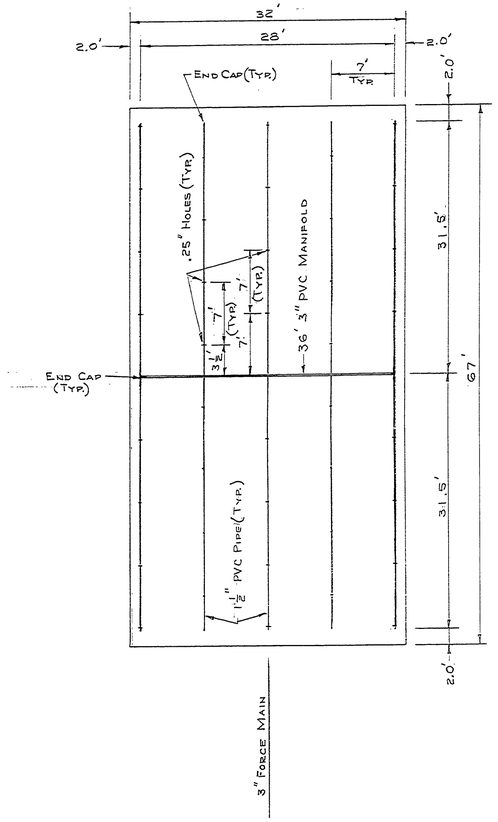
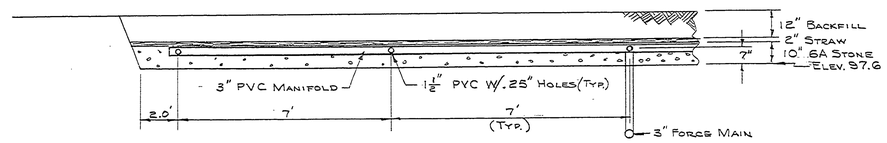
R-1636 CAPITAL CITY B/P 1000H 500 6-78 68033*

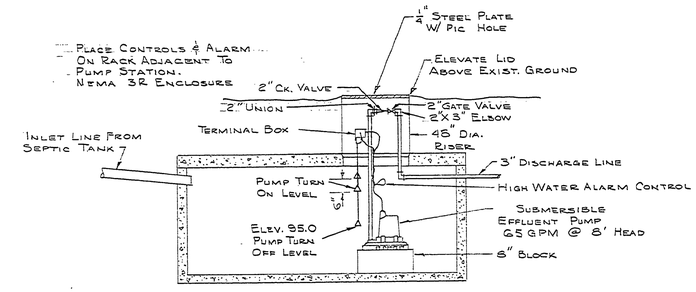


TILE FIELD
1" = 10'



TILE FIELD ELEVATION
3/8" = 1'-0"

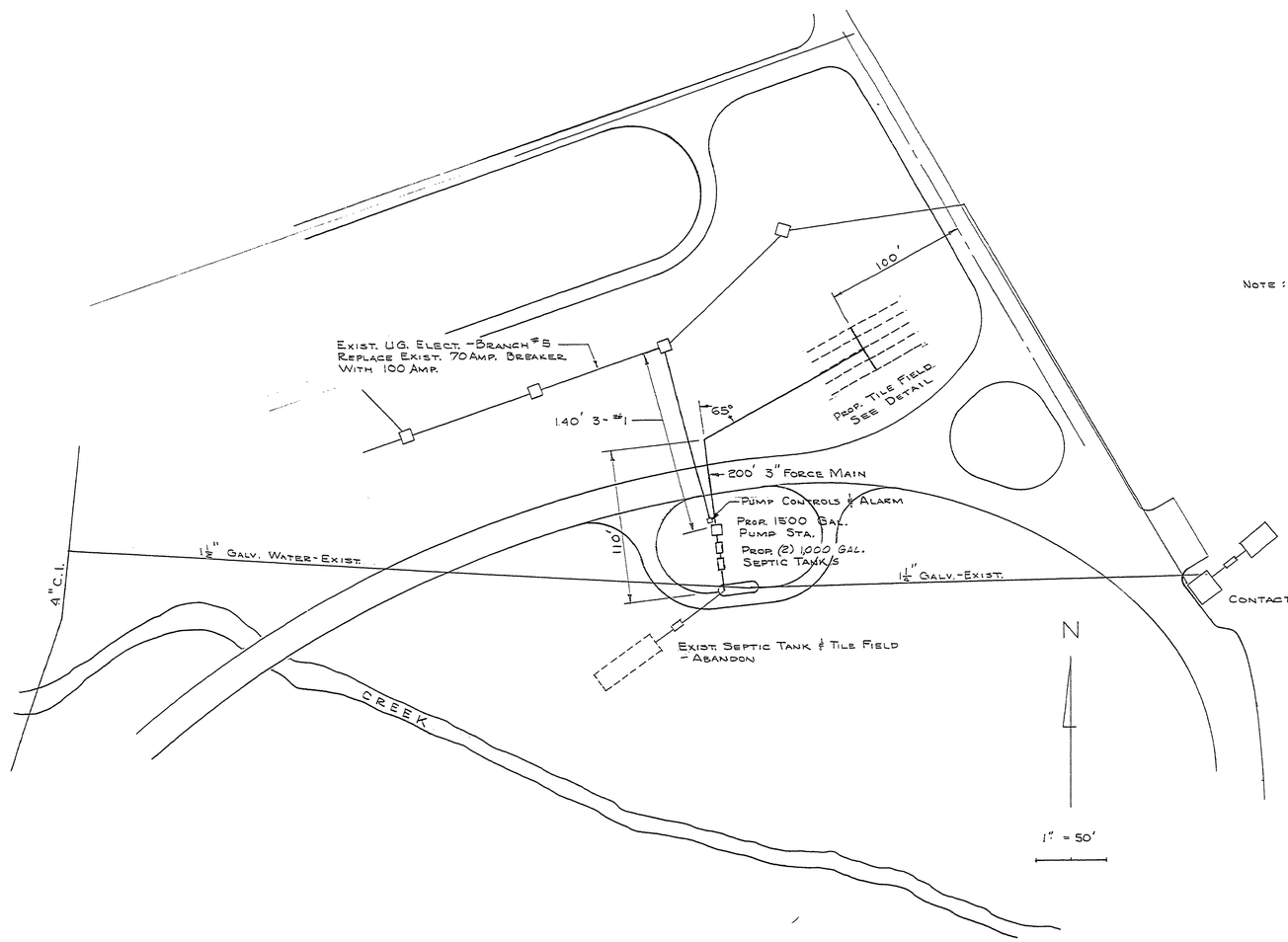
NOTE: PRIOR TO FINAL COVER BEING PLACED THE HEALTH DEPT. SHALL BE NOTIFIED TO OBSERVE A PRESSURE CHECK OF THE ENTIRE SYSTEM. THE SYSTEM SHALL BE RUN THROUGH ONE COMPLETE DOSE. (1500 GAL.)



1500 GALLON PUMP STATION

NOTE: CONTRACTOR WILL SUPPLY TWO PUMPS. ONE TO BE USED AS A SPARE AND ONE TO BE INSTALLED IN THE PUMP STATION.

NOTE: ELEVATIONS TO BE VERIFIED IN FIELD AT TIME OF CONSTRUCTION.



APPROVALS REQUIRED		
AGENCY	DATE SUBMITTED	DATE APPROVED

BUILDING COMMITTEE APPROVAL
BY: _____ CHAIRMAN DATE _____
RECOMMENDED FOR APPROVAL: John M. Kelm 3-10-86 ENGINEERING OR ARCHITECTURAL SUPERVISOR DATE
RECOMMENDED FOR APPROVAL: _____ PROGRAM AND PLAN COORDINATOR DATE
DIVISION/REGION APPROVAL
BY: Jack Bullinfield 2-14-86 DIVISION CHIEF/REGIONAL MANAGER DATE
ENGINEERING DIVISION
APPROVED: _____ CHIEF ENGINEER DATE

SURVEYED BY		DRAWN BY J. YPMA	10-85	NO.	DATE	BY	REVISIONS	NO.	DATE	BY	REVISIONS
DESIGNED BY R.H. MERRILL	10-85	CHECKED BY		1.				3.			
	DATE		DATE	2.				4.			

MICHIGAN
DEPARTMENT OF NATURAL RESOURCES

SANITATION STATION
SEWAGE DISPOSAL SYSTEM
SHEET TITLE

P.J. HOFFMASTER STATE PARK
AREA OR PARK
SEWAGE DISPOSAL SYSTEM
PROJECT

PROJECT NO. 24-2623
SHEET 1 OF ____ PLAN NO. E-113