AS-BUILT DRAINAGE PLAN

TE KAUNIHERA Ā ROHE O WHAKAAHURANGI
STRATFORD DISTRICT COUNCIL

Building Consent Number:	
Address:	
Name of Drainlayer:	
Registration Number:	
Date:	

Please show terminal vent size, location and relevant dimensions to inspection points.

Specify system used:

G13/AS1 ◯ **AS/NZS: 3500** ◯