

Date: ____/____/____

Shape: Above Ground
Octagon
(No Cove)

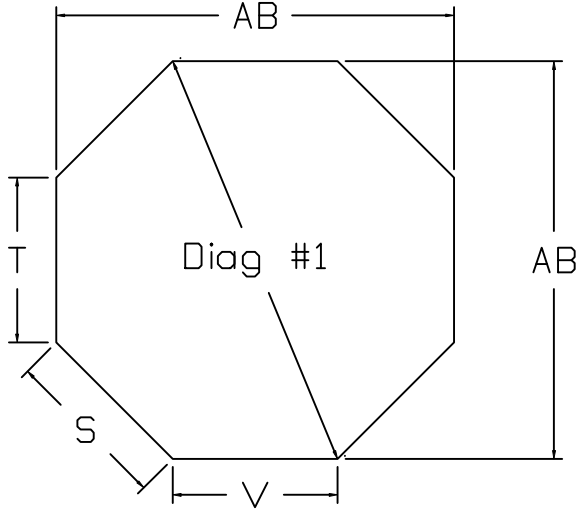
Customer Name

Last

First

File #/Quote #

Top View:



Dimensions

(Feet/Inches)

AB

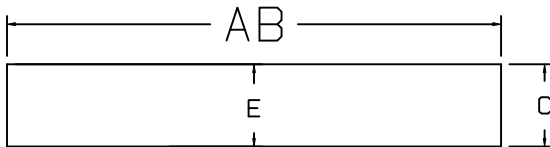
T

S

V

Diag #1

Flat Bottom: (All Measurements are taken on the Horizontal and Vertical Plane)



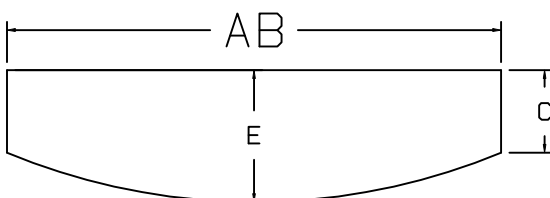
Dimensions

(Feet/Inches)

C

E

Dish Side View: (All Measurements are taken on the Horizontal and Vertical Plane)



Dimensions

(Feet/Inches)

C

E