

Date: ____/____/____

Shape: Above Ground
Octagon
(With Cove)

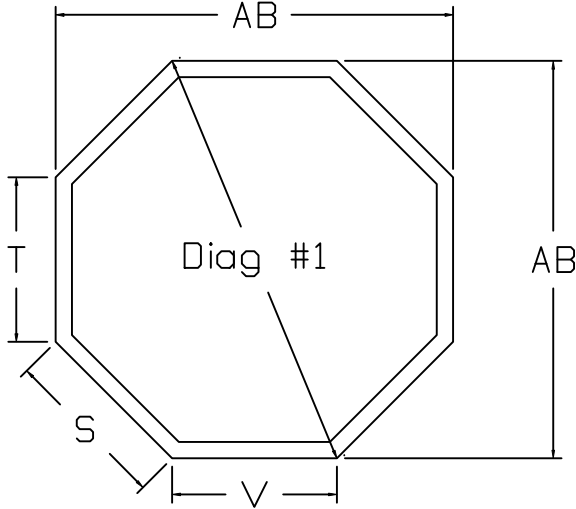
Customer Name

Last

First

File #/Quote #

Top View:



Dimensions

(Feet/Inches)

AB

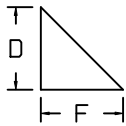
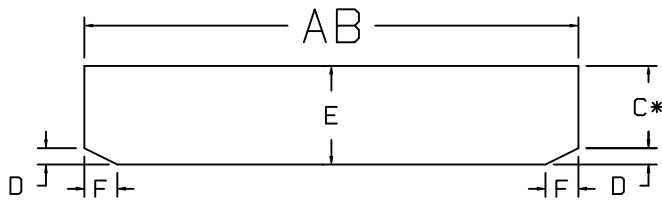
T

S

V

Diag #1

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



* "C" Measurement to Top of Cove

Dimensions

(Feet/Inches)

C

E

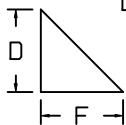
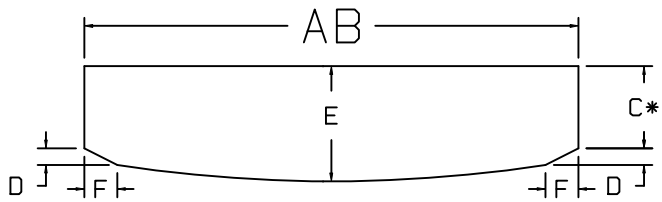
D

F

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



* "C" Measurement to Top of Cove

Dimensions

(Feet/Inches)

C

E

D

F

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