



**LIFT STATION TOP  
PLAN VIEW**

N.T.S.

- \* REQUIRED IF FIBERGLASS WET WELL IS SPECIFIED, OR IF A BEARING RING IS CALLED FOR IN THE PLANS.
- \*\* IF NO BEARING RING IS REQUIRED.

SCALE: NOT TO SCALE



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Engineer's Name      PE#      Date

Engineer's Signature

SECTION  
**WASTEWATER**

DETAIL NO.  
**WW-38**

TITLE  
LIFT STATION TOP  
PLAN VIEW (1 OF 3)