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I HEREBY CERTIFY THAT THIS PLAN SPECIFICATION OR SUPPLEMENTARY PLAN AND SPECIFICATION HAS BEEN PREPARED BY ME OR UNDER MY CLOSE PERSONAL SUPERVISION AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MINNESOTA.

MICHAEL E. RUBE      DATE: \_\_\_\_\_      LIC. NO. 45868

DATE	REVISIONS DESCRIPTION
MARCH 2008	AS SHOWN
	MER
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JOB NUMBER: 0130B0000.000

UTILITY MAP  
 CITY OF PEQUOT LAKES  
 CROW WING COUNTY, MINNESOTA  
 SANITARY SEWER COLLECTION SYSTEM MAP

SHEET NO. 1  
 SHEET 1 of 1