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I HEREBY CERTIFY THAT THIS PLAN WAS PREPARED BY ME OR UNDER MY DIRECT SUPERVISION AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MINNESOTA.

SIGNATURE: _____ DATE: mm/dd/yyyy

TIM SANDERS (TYPE NAME) LIC. NO: 50401

CITY OF DULUTH
ENGINEERING DIVISION
411 W. 1ST ST. STE. 211
DULUTH, MN 55802

2025 CITYWIDE CIPP SANITARY SEWER LINING PROJECT

CITY PROJECT NO.: 2280 | STATE AID PROJECT NO.: STATE AID NUMBER

DRAWN BY: PMR

CITY OVERVIEW-1

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