

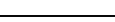



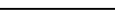




LEGEND

-  Point of Beginning
-  Stormwater Conveyance from Roof
-  Square Footage of Roof Area
-  Square Footage of other impervious surfaces draining to garden (drives, walks, etc.)
-  Square Footage of proposed Rain Garden
-  Soil Type
-  Light Level (shade, part shade, full sun, etc.)
-  Plant Height Limit
-  Grasses? (yes/no)



Project: Washtenaw County Water Resources Commissioner: Rain Garden Program
 Residence: _____
 Address: _____

Date: _____ Issued For: _____

Scale: _____
 Drawn by: _____

NOTES

1. Drawing is completed to the accuracy of the base information. Slight modifications may be necessary during installation.
2. Plants are subject to nursery availability. Substitutions may be made.



72 HOURS
BEFORE YOU DIG
 CALL MISS DIG
 800-482-7171
 (TOLL FREE)

OWNER is responsible to field verify location of all underground utilities prior to any work



Title: Rain Garden Planting Plan

Sheet: _____