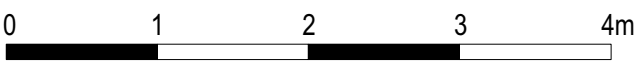




SECTION B-B



|                                                                                                                                                                                                                                                                                                                                                                                                             |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |    |      |         |    |                       |    |   |              |      |    |              |      |     |           |      |     |                 |  |     |                |  |    |             |   |                                                                                                                                                                                                                                                                                                                                                                      |  |       |         |             |           |         |      |        |              |             |           |         |    |                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----|------|---------|----|-----------------------|----|---|--------------|------|----|--------------|------|-----|-----------|------|-----|-----------------|--|-----|----------------|--|----|-------------|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------|---------|-------------|-----------|---------|------|--------|--------------|-------------|-----------|---------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Note:<br/>Every effort is made to identify all visible above ground features, however it should be borne in mind that there may be items obscured at the time of survey</p> <p>Datum Details:<br/>Grid Datum: Arbitrary<br/>Level Datum: Arbitrary<br/>All levels refer to DATUM LEVEL (FFL ±0.000)</p> <div></div> |                       | <p>LEGEND</p> <table><tr><td>SH</td><td>Step</td><td>UP/DOWN</td></tr><tr><td>OH</td><td>Staircase / Stairwell</td><td>UP</td></tr><tr><td>C</td><td>Ceiling Fall</td><td>FALL</td></tr><tr><td>BH</td><td>Surface Fall</td><td>FALL</td></tr><tr><td>FFL</td><td>Roof Fall</td><td>FALL</td></tr><tr><td>RWP</td><td>Rain Water Pipe</td><td></td></tr><tr><td>SVP</td><td>Soil Vent Pipe</td><td></td></tr><tr><td>CL</td><td>DATUM LEVEL</td><td>X</td></tr></table> |  | SH | Step | UP/DOWN | OH | Staircase / Stairwell | UP | C | Ceiling Fall | FALL | BH | Surface Fall | FALL | FFL | Roof Fall | FALL | RWP | Rain Water Pipe |  | SVP | Soil Vent Pipe |  | CL | DATUM LEVEL | X | <p>Drawing name:<br/>EXISTING: SECTION</p> <table><tr><td>Date:</td><td>Job no:</td><td>Drawing no:</td></tr><tr><td>AUGUST 21</td><td>S128-21</td><td>D 03</td></tr><tr><td>Scale:</td><td>Surveyed by:</td><td>Checked by:</td></tr><tr><td>1:50 @ A1</td><td>LLRDIAC</td><td>BB</td></tr></table> <p>Project name:<br/>288 ARCHWAY ROAD<br/>LONDON<br/>N6 5AU</p> |  | Date: | Job no: | Drawing no: | AUGUST 21 | S128-21 | D 03 | Scale: | Surveyed by: | Checked by: | 1:50 @ A1 | LLRDIAC | BB | <div><p>Surveys &amp; Civil Engineering Solutions</p></div> <p>14 Woodbury Gardens<br/>London<br/>SE12 0ED</p> <p>Tel: 020 3624 3574<br/>078 4654 4508<br/>www.geotop.co.uk</p> |
| SH                                                                                                                                                                                                                                                                                                                                                                                                          | Step                  | UP/DOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |    |      |         |    |                       |    |   |              |      |    |              |      |     |           |      |     |                 |  |     |                |  |    |             |   |                                                                                                                                                                                                                                                                                                                                                                      |  |       |         |             |           |         |      |        |              |             |           |         |    |                                                                                                                                                                                                                                                                      |
| OH                                                                                                                                                                                                                                                                                                                                                                                                          | Staircase / Stairwell | UP                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |    |      |         |    |                       |    |   |              |      |    |              |      |     |           |      |     |                 |  |     |                |  |    |             |   |                                                                                                                                                                                                                                                                                                                                                                      |  |       |         |             |           |         |      |        |              |             |           |         |    |                                                                                                                                                                                                                                                                      |
| C                                                                                                                                                                                                                                                                                                                                                                                                           | Ceiling Fall          | FALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |    |      |         |    |                       |    |   |              |      |    |              |      |     |           |      |     |                 |  |     |                |  |    |             |   |                                                                                                                                                                                                                                                                                                                                                                      |  |       |         |             |           |         |      |        |              |             |           |         |    |                                                                                                                                                                                                                                                                      |
| BH                                                                                                                                                                                                                                                                                                                                                                                                          | Surface Fall          | FALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |    |      |         |    |                       |    |   |              |      |    |              |      |     |           |      |     |                 |  |     |                |  |    |             |   |                                                                                                                                                                                                                                                                                                                                                                      |  |       |         |             |           |         |      |        |              |             |           |         |    |                                                                                                                                                                                                                                                                      |
| FFL                                                                                                                                                                                                                                                                                                                                                                                                         | Roof Fall             | FALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |    |      |         |    |                       |    |   |              |      |    |              |      |     |           |      |     |                 |  |     |                |  |    |             |   |                                                                                                                                                                                                                                                                                                                                                                      |  |       |         |             |           |         |      |        |              |             |           |         |    |                                                                                                                                                                                                                                                                      |
| RWP                                                                                                                                                                                                                                                                                                                                                                                                         | Rain Water Pipe       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |    |      |         |    |                       |    |   |              |      |    |              |      |     |           |      |     |                 |  |     |                |  |    |             |   |                                                                                                                                                                                                                                                                                                                                                                      |  |       |         |             |           |         |      |        |              |             |           |         |    |                                                                                                                                                                                                                                                                      |
| SVP                                                                                                                                                                                                                                                                                                                                                                                                         | Soil Vent Pipe        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |    |      |         |    |                       |    |   |              |      |    |              |      |     |           |      |     |                 |  |     |                |  |    |             |   |                                                                                                                                                                                                                                                                                                                                                                      |  |       |         |             |           |         |      |        |              |             |           |         |    |                                                                                                                                                                                                                                                                      |
| CL                                                                                                                                                                                                                                                                                                                                                                                                          | DATUM LEVEL           | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |    |      |         |    |                       |    |   |              |      |    |              |      |     |           |      |     |                 |  |     |                |  |    |             |   |                                                                                                                                                                                                                                                                                                                                                                      |  |       |         |             |           |         |      |        |              |             |           |         |    |                                                                                                                                                                                                                                                                      |
| Date:                                                                                                                                                                                                                                                                                                                                                                                                       | Job no:               | Drawing no:                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |    |      |         |    |                       |    |   |              |      |    |              |      |     |           |      |     |                 |  |     |                |  |    |             |   |                                                                                                                                                                                                                                                                                                                                                                      |  |       |         |             |           |         |      |        |              |             |           |         |    |                                                                                                                                                                                                                                                                      |
| AUGUST 21                                                                                                                                                                                                                                                                                                                                                                                                   | S128-21               | D 03                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |    |      |         |    |                       |    |   |              |      |    |              |      |     |           |      |     |                 |  |     |                |  |    |             |   |                                                                                                                                                                                                                                                                                                                                                                      |  |       |         |             |           |         |      |        |              |             |           |         |    |                                                                                                                                                                                                                                                                      |
| Scale:                                                                                                                                                                                                                                                                                                                                                                                                      | Surveyed by:          | Checked by:                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |    |      |         |    |                       |    |   |              |      |    |              |      |     |           |      |     |                 |  |     |                |  |    |             |   |                                                                                                                                                                                                                                                                                                                                                                      |  |       |         |             |           |         |      |        |              |             |           |         |    |                                                                                                                                                                                                                                                                      |
| 1:50 @ A1                                                                                                                                                                                                                                                                                                                                                                                                   | LLRDIAC               | BB                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |    |      |         |    |                       |    |   |              |      |    |              |      |     |           |      |     |                 |  |     |                |  |    |             |   |                                                                                                                                                                                                                                                                                                                                                                      |  |       |         |             |           |         |      |        |              |             |           |         |    |                                                                                                                                                                                                                                                                      |