

# Brick Perimeter Fence Assessment Report



3237 Jackson St Irving TX

281 558 1828

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**Contact Information:**

|                   |                     |
|-------------------|---------------------|
| HOA NAME          | Oak Mount Hills HOA |
| HOA CONTACT       | Tim Carbone         |
| PROPERTY MGMT CO. | NA                  |
| PROP. MGR CONTACT | NA                  |
| PROPOSAL #        | 5475                |
| ASSESSMENT DATE   | 5/30/23             |

**Additional Notes:**

|                                      |
|--------------------------------------|
| SAMPLE PANEL SUGGEST #87, #86 OR #29 |
|--------------------------------------|

| IDENTIFICATION |             |                                     | COLUMN - Left of Panel              |                                  |                              |                          | PANEL CONDITION     |                                 |                              |                          | PERIPHERAL HAZARDS          |                                     |                          |
|----------------|-------------|-------------------------------------|-------------------------------------|----------------------------------|------------------------------|--------------------------|---------------------|---------------------------------|------------------------------|--------------------------|-----------------------------|-------------------------------------|--------------------------|
| PANEL #        | reet Name:  | Tagged                              | Bowed / Leaning Position            | Cracks or Loose/ Misising Bricks | Efflorescence/ Stained brick | Cap/ Crown Damage        | Exposed Ladder Wire | Cracks or Loose/ Missing Bricks | Efflorescence/ Stained brick |                          | Roots / Dirt obstructs flow | Tree/ Branches                      | Ivy/ plants              |
| 1              | W Pearson   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | L                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2              |             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | M                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3              |             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | M                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4              |             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | L                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5              |             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | M                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6              |             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | L                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7              |             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | M                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8              |             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | L                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9              |             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | M                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10             |             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | M                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| IDENTIFICATION |             |                                     | COLUMN - Left of Panel              |                                  |                              |                          | PANEL CONDITION     |                                 |                              |                          | PERIPHERAL HAZARDS          |                                     |                          |
| PANEL #        | reet Name:  | Tagged                              | Bowed / Leaning Position            | Cracks or Loose/ Misising Bricks | Efflorescence/ Stained brick | Cap/ Crown Damage        | Exposed Ladder Wire | Cracks or Loose/ Missing Bricks | Efflorescence/ Stained brick |                          | Roots / Dirt obstructs flow | Tree/ Branches                      | Ivy/ plants              |
| 11             | Coventry PI | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | L                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |

| NOTES                      |
|----------------------------|
| emolish and Rebuild needed |
|                            |
|                            |
|                            |
| small panel                |
| old repairs                |
| old repairs                |
|                            |
| electrical box on panel    |
|                            |
|                            |
| NOTES                      |
| emolish and Rebuild needed |
|                            |
|                            |



| 36             |            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | H                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|----------------|------------|-------------------------------------|-------------------------------------|----------------------------------|------------------------------|--------------------------|---------------------|---------------------------------|------------------------------|--------------------------|-----------------------------|-------------------------------------|--------------------------|
| 37             |            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | L                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 38             |            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | DR                  | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 39             |            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | DR                  | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 40             |            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | DR                  | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 41             |            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | H                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 42             |            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | H                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 43             |            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | H                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 44             |            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | M                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 45             |            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | H                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 46             |            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | H                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 47             |            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | H                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 48             |            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | L                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 49             |            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | M                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 50             |            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | L                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| IDENTIFICATION |            |                                     | COLUMN - Left of Panel              |                                  |                              |                          | PANEL CONDITION     |                                 |                              |                          | PERIPHERAL HAZARDS          |                                     |                          |
| PANEL #        | reet Name: | Tagged                              | Bowed / Leaning Position            | Cracks or Loose/ Misising Bricks | Efflorescence/ Stained brick | Cap/ Crown Damage        | Exposed Ladder Wire | Cracks or Loose/ Missing Bricks | Efflorescence/ Stained brick |                          | Roots / Dirt obstructs flow | Tree/ Branches                      | Ivy/ plants              |
| 51             |            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | M                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 52             |            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | L                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 53             |            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | M                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 54             |            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | M                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 55             |            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | M                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 56             |            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | L                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 57             |            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | M                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 58             |            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | H                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 59             |            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | H                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |

| old repairs                     |
|---------------------------------|
| small panel, rebuild column top |
| d/r panel, rebuild column top   |
| d/r panel, rebuild column top   |
| d/r panel, rebuild column top   |
| rebuild column top              |
| rebuild column top              |
|                                 |
|                                 |
| rebuild column top              |
|                                 |
|                                 |
|                                 |
|                                 |
| NOTES                           |
| polish and Rebuild needed       |
|                                 |
|                                 |
|                                 |
|                                 |
|                                 |
|                                 |
|                                 |
| rebuild column top              |
|                                 |

| 60             |            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | H                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
|----------------|------------|-------------------------------------|-------------------------------------|----------------------------------|------------------------------|--------------------------|---------------------|---------------------------------|------------------------------|--------------------------|-----------------------------|-------------------------------------|--------------------------|
| 61             |            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | H                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 62             |            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | M                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 63             |            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | L                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 64             |            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | H                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 65             |            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | L                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 66             |            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | H                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 67             |            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | H                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 68             |            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | H                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 69             |            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | L                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 70             |            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | H                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| IDENTIFICATION |            |                                     | COLUMN - Left of Panel              |                                  |                              |                          | PANEL CONDITION     |                                 |                              |                          | PERIPHERAL HAZARDS          |                                     |                          |
| PANEL #        | reet Name: | Tagged                              | Bowed / Leaning Position            | Cracks or Loose/ Misising Bricks | Efflorescence/ Stained brick | Cap/ Crown Damage        | Exposed Ladder Wire | Cracks or Loose/ Missing Bricks | Efflorescence/ Stained brick |                          | Roots / Dirt obstructs flow | Tree/ Branches                      | Ivy/ plants              |
| 71             |            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | L                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 72             |            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | L                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 73             |            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | H                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 74             |            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | M                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 75             |            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | M                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 76             |            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | L                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 77             |            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | H                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 78             |            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | M                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 79             |            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | H                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 80             |            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | L                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 81             |            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | M                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 82             |            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | H                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 83             |            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/> | H                   | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| old repairs, rebuild column top                  |
|--|
|  |
| rebuild column top                               |
| rebuild column top, rebuild panel top 6 courses  |
| small panel                                      |
| rebuild panel top 10 courses                     |
| rebuild column top                               |
| rebuild panel top 10 courses                     |
| small panel                                      |
| rebuild panel top 7 courses                      |
| NOTES  |
| polish and Rebuild needed                        |
|  |
| rebuild column top                               |
|  |
|  |
|  |
| rebuild panel top 8 courses                      |
| small panel, rebuild column top                  |
| rebuild column top                               |
| small panel                                      |
|  |
| rebuild column top, rebuild panel top 12 courses |
| rebuild column top                               |



|     |  |                                     |                                     |                          |                          |                          |   |                          |                          |                          |                          |                          |                          |
|-----|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 108 |  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 109 |  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 110 |  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                             |
|-----------------------------|
| old repairs                 |
| old repairs, missing bricks |
|                             |