

HORIZ. DATUM = NAD 83/91
 VERT. DATUM = NGVD 1929

DATE	REVISIONS

PROFESSIONAL CERTIFICATION

I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND.

EMAIL ADDRESS: _____

LICENSE NO.: _____ EXPIRATION DATE: _____

ENGINEER'S/SURVEYOR'S AS-BUILT CERTIFICATION

I HEREBY CERTIFY THAT THE AS-BUILT INFORMATION AS SHOWN IN (RED OR GREEN) HEREIN IS ACCURATE TO THE BEST OF MY PROFESSIONAL KNOWLEDGE AND HAS BEEN ESTABLISHED BY A FIELD RUN SURVEY USING ACCEPTABLE SURVEYING METHODS BY MYSELF AND/OR SOMEONE UNDER MY DIRECT SUPERVISION ON (____). ALL AS-BUILT DATA IS SHOWN IN 'BOXES'.

EMAIL ADDRESS: _____

LICENSE NO.: _____ EXPIRATION DATE: _____

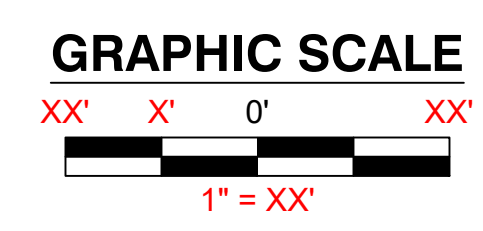
THESE DOCUMENTS CONTAIN PRIVILEGED AND CONFIDENTIAL INFORMATION WHICH SHALL NOT BE REDISTRIBUTED WITHOUT PRIOR WSSC APPROVAL

CONTRACT	CONTRACT#
200'S	200'SHEET#
NO	#
OF	#

SEAL.
 1 - 5/8" ≤ Size ≤ 2 - 0"

SEAL.
 1 - 5/8" ≤ Size ≤ 2 - 0"

ADD THE NOTE TO THE RIGHT IF PROPOSED OR EXISTING C.I.P. SIZE PIPE IS SHOWN ON THIS PLAN.



WASHINGTON SUBURBAN SANITARY COMMISSION



ENGINEER:
 NAME: Sole Proprietor or Firm name
 REGISTRATION #: Of sole Proprietor or Firm
 CONTACT: Contact person's name
 ADDRESS: Contact person's address including City, State and Zip
 PHONE: Contact person's phone number
 CONTACT EMAIL: Contact person's full email address

ELECTION DISTRICT NAME & #
PROJECT (WATER/SEWER) RELOCATION
 STREET
 SUBDIVISION

TEMPLATE LAYOUT CURRENT as of 06/01/2024

VERIFY SCALE - BAR IS ONE INCH ON ORIGINAL DRAWING 0 1" IF NOT ONE INCH ON THIS SHEET, ADJUST SCALES ACCORDINGLY.