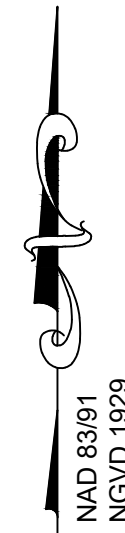


GENERAL NOTES

- Schedule pre-construction meeting with the Contract Manager at (301) 206-XXXX and Erosion Sediment Control Inspector at (301) 206-8077 a minimum of 72 hours in advance of meeting.
- Fire Hydrant lead pipe: ductile iron class 54 minimum with zinc coating and V-Bio polyethylene encasement. Fittings: Ductile Iron fittings to be fusion bonded epoxy coated.
- Provide stakeout and survey controls.
- Remove and salvage ex. valve and FH. Deliver to the WSSC Materials Control Section, Kenilworth Ave. Bladensburg, MD.

Replace XXXX with appropriate line number:
 Southern Zone (Temple Hills Depot) 7316
 Central Zone (Anacostia Depot) 4300
 Western Zone (Lyttonsville Depot) 7339
 Northern Zone (Gaithersburg Depot) 7363

Red text is information only and should be removed from base sheets when done with updating of the General Notes.



ENGINEER CAN CONFIRM THE ADC GRIDS WITHIN WSSC WERI SYSTEM UNDER THE LAYER LIST, BASE CONTENT AND SELECTING GRID ADC 2007.

VICINITY MAP
 SCALE 1" : MAP UNITS
 COUNTY PAGE # _____ GRID # _____

FOR LOCATION OF UTILITIES CALL: 811 OR 1-800-257-7777 OR LOG ON TO www.call811.com or www.missutility.net 48 HOURS IN ADVANCE OF ANY WORK IN THIS VICINITY

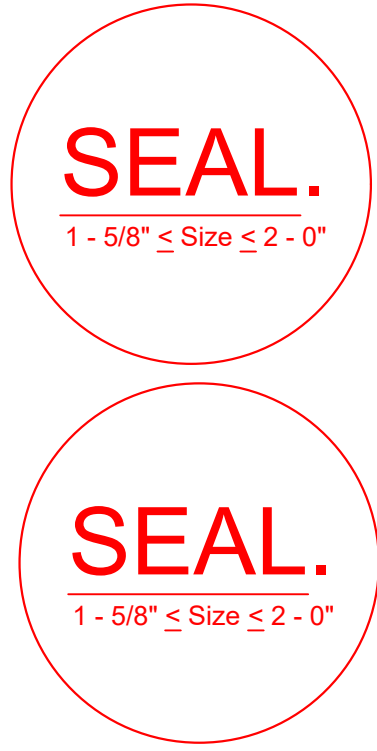
PROFESSIONAL CERTIFICATION
 I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND.

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 ASBUILT DATA IS SHOWN IN 'BOXES'.

EMAIL ADDRESS: _____
 LICENSE NO.: _____ EXPIRATION DATE: _____



BLOCKING NOTES

- Restrain fire hydrant to main per Std. Det. B/2.1

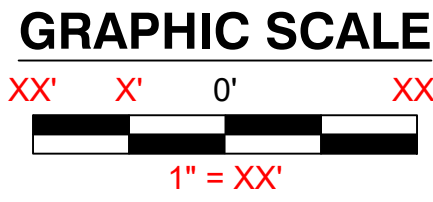
EROSION AND SEDIMENT CONTROL NOTES

- All utility installation must be in conformance with the conditions of the Soil Conservation District/County/MDE sediment control approved plan number # _____ issued mm/dd/yyyy.
- WSSC Erosion & Sediment Control Permit will be issued at the Pre-construction meeting.
- Contact WSSC Environmental Programs Unit 48 hours prior to utility installation at (301) 206-8075.

WSSC Erosion and Sediment Control Approval Note

This plan has been approved per requirements in the:
 Standard Procedures of the WSSC Regulations for Utility Erosion and Sediment Control, Section V, Paragraph A.

Reviewed by: _____
 Date: _____ Plan No. DRP-XXXX-XXXX



HHG = _____
 LHG = _____

TEMPLATE LAYOUT CURRENT as of: 05/01/2024

WASHINGTON SUBURBAN
 SANITARY COMMISSION

ENGINEER
 NAME: _____
 REGISTRATION #: _____
 CONTACT : _____
 ADDRESS: _____
 PHONE: _____
 EMAIL: _____

SOLE PROPRIETOR OR FIRM NAME
 OF SOLE PROPRIETOR OR FIRM
 CONTACT PERSON'S NAME
 CONTACT PERSON'S ADDRESS
 CITY, STATE AND ZIP CODE
 CONTACT PERSON'S PHONE #
 CONTACT PERSON'S FULL EMAIL
 ADDRESS

APPLICANT
 NAME: _____
 CONTACT : _____
 ADDRESS: _____
 PHONE: _____
 EMAIL: _____

COMPANY NAME
 CONTACT PERSON'S NAME
 FULL ADDRESS INCLUDING
 CITY, STATE AND ZIP CODE
 CONTACT PERSONS PHONE#
 CONTACT PERSONS FULL EMAIL

FIRE HYDRANT RELOCATION
 STREET NAME
 XXXXXXXXXX COUNTY ELECTION DISTRICT # XX

CONTRACT NUMBER
 DRP-XXXXXX-2020
 200' SHEET _____

NO. _____
 OF _____



SEAL.
1 - 5/8" ≤ Size ≤ 2 - 0"

SEAL.
1 - 5/8" ≤ Size ≤ 2 - 0"

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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: _____

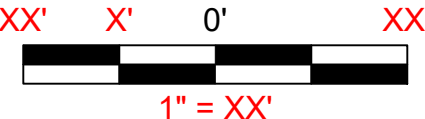
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EMAIL ADDRESS: _____

LICENSE NO.: _____ EXPIRATION DATE: _____

GRAPHIC SCALE



TEMPLATE LAYOUT CURRENT as of: 05/01/2024

WASHINGTON SUBURBAN
SANITARY COMMISSION



ENGINEER
NAME: _____
REGISTRATION #: _____
CONTACT : _____
ADDRESS: _____
PHONE: _____
EMAIL: _____
SOLE PROPIETOR OR FIRM NAME
OF SOLE PROPIETOR OR FIRM
CONTACT PERSON'S NAME
CONTACT PERSON'S ADDRESS
CITY, STATE AND ZIP CODE
CONTACT PERSON'S PHONE #
CONTACT PERSON'S FULL EMAIL
ADDRESS

APPLICANT
NAME: _____
CONTACT : _____
ADDRESS: _____
PHONE: _____
EMAIL: _____
COMPANY NAME
CONTACT PERSON'S NAME
FULL ADDRESS INCLUDING
CITY, STATE AND ZIP CODE
CONTACT PERSONS PHONE#
CONTACT PERSONS FULL EMAIL

FIRE HYDRANT RELOCATION
STREET NAME
XXXXXXXXXX COUNTY ELECTION DISTRICT # XX

CONTRACT NUMBER
DRP-XXXXXX-2015
200 SHEET _____

NO. _____
OF _____