

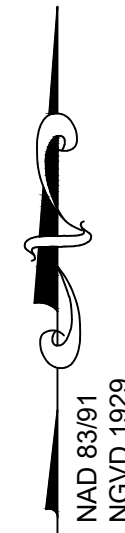
**GENERAL NOTES**

- Schedule pre-construction meeting with the Contract Manager at (301) 206-XXXX and Erosion Sediment Control Inspector at (301) 206-8075 a minimum of 72 hours in advance of meeting.
- Provide stakeout and survey controls.

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 AS-BUILT DATA IS SHOWN IN 'BOXES'.

EMAIL ADDRESS: \_\_\_\_\_

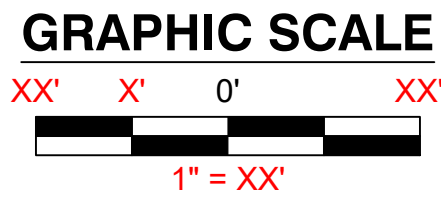
LICENSE NO.: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**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



Drainage Basin Name/Minibasin #

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

**MANHOLE REHABILITATION PLAN**  
STREET NAME \_\_\_\_\_  
XXXXXXXXXX COUNTY ELECTION DISTRICT # XX

**CONTRACT NUMBER**  
DRP-XXXXXX-2020  
200' SHEET \_\_\_\_\_

NO. \_\_\_\_\_  
OF \_\_\_\_\_

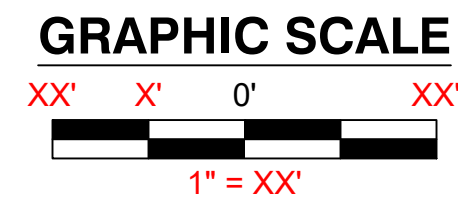


**SEAL.**  
1 - 5/8" ≤ Size ≤ 2 - 0"

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1 - 5/8" ≤ Size ≤ 2 - 0"


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EMAIL ADDRESS: \_\_\_\_\_  
LICENSE NO.: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

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EMAIL ADDRESS: \_\_\_\_\_  
LICENSE NO.: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_



TEMPLATE LAYOUT CURRENT as of: 05/01/2024

WASHINGTON SUBURBAN  
SANITARY COMMISSION



**WSSC WATER**  
DELIVERING THE ESSENTIAL

**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

MANHOLE REHABILITATION PLAN  
STREET NAME  
XXXXXXXXXX COUNTY ELECTION DISTRICT # XX

CONTRACT NUMBER  
DRP-XXXXXX-2015  
200 SHEET \_\_\_\_\_

NO. \_\_\_\_\_  
OF \_\_\_\_\_