

GENERAL NOTES

- 1. Water main: Ductile Iron Class 54 minimum with Zinc coating and V-Bio polyethylene encasement. Fittings: Ductile Iron fittings to be fusion bonded epoxy coated.
2. All WHCs to be 1-1/2" except where noted.
3. Provide anode protection for PVC water main fittings and appurtenances per corrosion control Standard Details.
4. Provide continuity test stations for PVC water main at all fire hydrants and where indicated.
5. Lower WHC where indicated per Std Det W/5.14 except where noted.
6. Outside meters where indicated per Std Det W/5.13 except where noted.
7. Mainline gravity sewer and SHCs PVC ASTM D3034 except where noted. SHCs 4" except where noted.
8. Steep sewer pipe slopes: ductile iron between MH 2 and MH 3 and PVC C900 between MH 3 and MH 4.
9. Ductile iron sewer: zinc basecoat, asphalt topcoat, V-Bio polyethylene encasement, and special interior lining.
10. Ductile iron fittings on PVC C900 gravity sewer encased in polyethylene with special interior lining.
11. Sewer at stream crossing: RCP between MH 1 and MH 2 class V with 12' minimum lay length.
12. Provide stakeout and survey controls.
13. Schedule pre-construction meeting with Contract Manager at (301) 206-XXXX and Erosion Sediment Control Inspector at (301) 206-8075 minimum 72 hours in advance of meeting. The Utility Sediment Control Permit will be issued at this meeting.
14. Coordinate with Maryland Transit Administration for work in vicinity of the Purple Line.
15. Contact the Prince George's County Department of Public Works & Transportation, at (301) 324-2710, 48 hours in advance of starting construction. (Prince George's County projects only.)
16. Contact the Director of Public Works for the City of Bowie at (301) 809-2344, 48 hours prior to the start of construction.
17. Contact the Director of Public Works for the City of Gaithersburg at (301) 258-6370, 48 hours prior to the start of construction for notification purposes only.
18. Before beginning construction contact City of Rockville Utility at (240) 314-8567 48 hours prior to excavation.
19. Contact the Director of Public Works, City of Laurel, at (301) 725-0088, 48 hours prior to the start of construction for notification purposes only.
20. Contact the City of Cheverly Public Works Department, at (301) 773-2666 to obtain a "Special Utility Permit" prior to start of construction.
21. Provide temporary bypass water service system per specification 02510.

Remove any General Note not associated with this project.

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

NAD 83/01
NED 1629

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

VICINITY MAP

* NAME SCALE 1": MAP UNITS
* Co. PAGE PAGE# GRID GRID#

FOR LOCATION OF UTILITIES CALL 8-1-1 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.

DATE REVISIONS

Table with 2 columns: DATE, REVISIONS. Multiple empty rows for recording changes.

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.

LICENSE NO.: _____

EMAIL ADDRESS: _____

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 SUPERVISION ON (_____). ALL AS-BUILT DATA IS SHOWN IN 'BOXES'.

LICENSE NO.: _____

EMAIL ADDRESS: _____

EXPIRATION DATE: _____

AS BUILT DATA

Table with fields for CONTRACT MANAGER NAME, CONTRACTOR NAME, INSPECTOR NAME, LINE & GRADE NAME, DATE STARTED MM/DD/YYYY, DATE COMPLETED MM/DD/YYYY, TYPE PIPE W TYPE OF PIPE S TYPE OF PIPE, TYPE MANHOLES TYPE OF MANHOLES, DATE FINALED MM/DD/YYYY, FINALED BY NAME.

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

EASEMENT REQUIRED - ON PROP. [Y or N] OFF PROP. [Y or N]

Table with 2 columns: CONTRACT, CONTRACT#. Rows for 200'S, 200'SHEET#, NO, 1, OF, #.

STANDARD NOTES FOR S.E.P. PLANS

The notes on these sheets are for reference ONLY, use when applicable. Text in red is informational text and should be updated or removed. All notes may require modification to meet your specific design plan needs.

All text on plans and profiles must be a minimum height of 1/10 of an inch.

SEAL. 1 - 5/8" x Size x 2 - 0"

SEAL. 1 - 5/8" x Size x 2 - 0"

BLOCKING NOTES

- 1. Restrain fire hydrants to main per Std. Detail B/2.1
2. Restrain valve to main per Std. Detail B/2.0 where indicated.
3. Restrain 12" W on Broad Street from the TS&V at station 0+00 to the cap at station 18+54.
4. For special detail of thrust blocks at connection to existing 24" PCCP, see sheet 3.
5. Block 30" 1/8 horizontal bend at station 3+14 per Standard Detail B/1.0 using following dimensions: D11'-0", E 6'-0", F 2'-0" and G 5'-0".
6. Restrain 8"x6" reducer from station 1+41 to station 2+72.
7. Unless indicated otherwise, block unrestrained bends, tees, tapping sleeves, and caps per blocking details.

PLUMBING NOTES

- 1. Grinder Pump Make (and model and impeller size if Myers).
2. Notify Contract Manager 48 hours in advance of meter retrieval.
3. Static pressure may exceed 80 psi below an elevation of _____ feet. (Elevation = LHG - (pressure/0.433)).
4. The pressure in the water main may be lower than 40 psi at invert elevations greater than _____ feet. The pressure in the water main may be lower than 25 psi at invert elevation greater than _____ feet. (Elevation = HHG - (pressure/0.433)).

DEPENDENCY NOTE

The sewer/water main constructed under this contract cannot be Released for Service until contract _____ is Released for Service.

THIS DRAWING SUPERSEDES PLAN APPROVED (Previously approved date).

RESTORATION SCHEDULE table with columns: Location, Grading Type, Restoration Type. Rows include MH 1 to MH 1+65', MH 1 + 65' to MH 1 + 200', MH 1 + 200' to MH 2, MH 2 to MH 2 + 10', Water sta. 0+30 to sta. 5+10, All other areas.

Grading type from WSSC Specifications 02315 Earthwork. Restoration Type from WSSC Specifications 02920 Lawns and Grasses (1.2 Restoration).

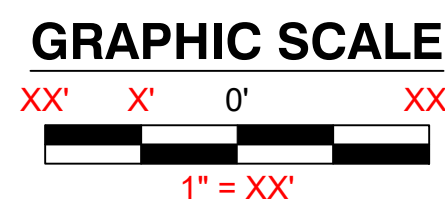
SEWAGE FLOW TABULATION table with columns: Number, Type, Flow Factor, Flow. Rows include 500 Proposed SF Detached, 100 Existing Garden Apartments, 100,000 GSF Future Office, Total Average Wastewater Flow = 244,200 gpd.

NOTE: INDICATE IF EACH TYPE IS PROPOSED, FUTURE OR EXISTING.

SERVICE CATEGORIES table with columns: W - #, S - #, HYDRAULIC GRADES, HIGH, LOW.

EROSION AND SEDIMENT CONTROL NOTES
1. All utility installation must be in conformance with the conditions of the Soil Conservation District/County/MDE sediment control approved plan number #XXXXXXXXX, issued mm/dd/yyyy.
2. WSSC Erosion & Sediment Control Permit will be issued at the Pre-construction meeting.
3. 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. DAXXXXXXX



Drainage Basin Name/Minibasin XX-XXX
ELECTION DISTRICT NAME & #
PROJECT (WATER/SEWER)
STREET
SUBDIVISION



APPLICANT:
NAME: COMPANY NAME
ADDRESS: STREET ADDRESS, CITY, STATE AND ZIP CODE
PHONE: PHONE NUMBER
CONTACT: CONTACT PERSON'S NAME
CONTACT EMAIL: CONTACT PERSON'S EMAIL ADDRESS

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

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

DATE	REVISIONS

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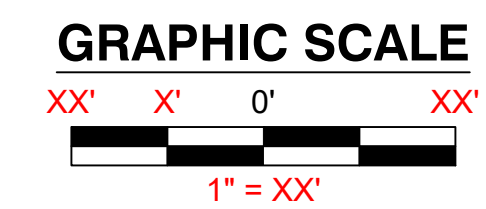
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CONTRACT	CONTRACT#
200'S	200'SHEET#
NO	#
OF	#

SEAL.
 1 - 5/8" ≤ Size ≤ 2 - 0"

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 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)
 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.