GENERAL NOTES
1. 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.
2. Fire Hydrant lead connection ductile iron class 54 minimum with zinc coating and V-Bio polyethylene encasement.
3. Provide stakeout and survey controls.
4. Soil Conservation District/County/MDE sediment control permit number #______ issued mm/dd/yyyy. WSSC Erosion & Sediment Control Permit will be issued at preconstruction meeting.

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.

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. ________________

WASHINGTON SUBURBAN SANITARY COMMISSION

WSSC WATER

ENGINNER

NAME: __________
ADDRESS: __________
PHONE: __________
EMAIL: __________

APPLICANT

NAME: __________
COMPANY NAME: __________
ADDRESS: __________
PHONE: __________
EMAIL: __________

MANHOLE REHABILITATION PLAN

STREET NAME

XXXXXXX COUNTY ELECTION DISTRICT # XX

WSSC Erosion & 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. ________________

ENGINEER/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 (EFFECTIVE DATE). ALL ASBUILT DATA IS SHOWN IN 'BOXES'.

LICENSE NO.: ____________ EXPIRATION DATE: ____________

Drainage Basin Name/Minibasin #