

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.

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.

BLOCKING NOTES

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

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 # _____ 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.

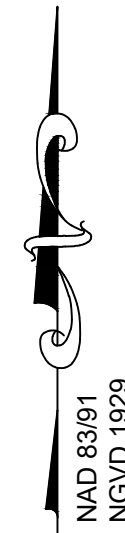
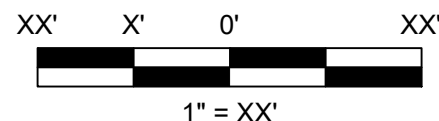
Reviewed by: _____

Date: _____ Plan No. _____

HHG =

LHG =

GRAPHIC SCALE



VICINITY MAP

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

EMAIL ADDRESS: _____

LICENSE NO.: _____ EXPIRATION DATE: _____

**WASHINGTON SUBURBAN
SANITARY COMMISSION**



ENGINEER

NAME: _____
REGISTRATION #: _____
CONTACT : _____
ADDRESS: _____
CITY, STATE AND ZIP CODE _____
PHONE: _____
EMAIL: _____

SOLE PROPIETOR OR FIRM NAME _____
OF SOLE PROPIETOR OR FIRM _____
CONTACT PERSON'S NAME _____
CONTACT PERSON'S ADDRESS _____
CONTACT PERSON'S PHONE # _____
CONTACT PERSON'S FULL EMAIL ADDRESS _____

APPLICANT

NAME: _____
ADDRESS: _____
CITY, STATE AND ZIP CODE _____
CONTACT : _____
PHONE: _____
EMAIL: _____

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

FIRE HYDRANT RELOCATION

STREET NAME

XXXXXXXXXX COUNTY ELECTION DISTRICT # XX

CONTRACT NUMBER

DRP-XXXXXX-2020

200' SHEET _____

NO. _____

OF _____



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: _____

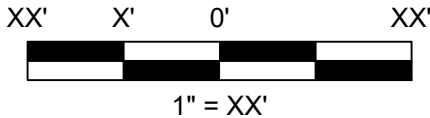
ENGINEER'S/SURVEYOR'S AS-BUILT CERTIFICATION

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

EMAIL ADDRESS: _____

LICENSE NO.: _____ EXPIRATION DATE: _____

GRAPHIC SCALE



TEMPLATE LAYOUT CURRENT as of: 03/15/2021

**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
CITY, STATE AND ZIP CODE
PHONE: CONTACT PERSON'S PHONE #
EMAIL: CONTACT PERSON'S FULL EMAIL ADDRESS

APPLICANT

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

FIRE HYDRANT RELOCATION

STREET NAME

XXXXXXXXXX COUNTY ELECTION DISTRICT # XX

CONTRACT NUMBER

DRP-XXXXXX-2015

200 SHEET _____

NO. _____

OF _____