

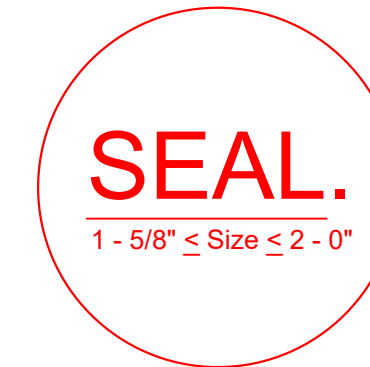
GENERAL NOTES

- 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 connection ductile iron class 54 minimum with zinc coating and V-Bio polyethylene encasement.
- 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.



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: _____

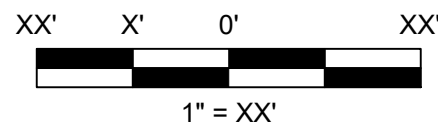
WSSC Erosion and Sediment Control Approval Note

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. _____

GRAPHIC SCALE



Drainage Basin Name/Minibasin #

**WASHINGTON SUBURBAN
SANITARY COMMISSION**



ENGINEER

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

APPLICANT

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

MANHOLE REHABILITATION PLAN

STREET NAME

XXXXXXXXXX COUNTY ELECTION DISTRICT # XX

CONTRACT NUMBER

DRP-XXXXXX-2020

200' SHEET _____

NO. _____

OF _____



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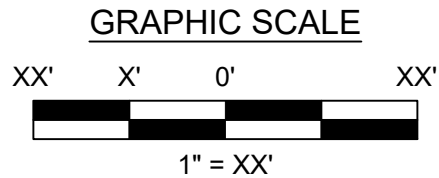
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EMAIL ADDRESS: _____

LICENSE NO.: _____ EXPIRATION DATE: _____



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

MANHOLE REHABILITATION PLAN

STREET NAME

XXXXXXXXXX COUNTY ELECTION DISTRICT # XX

CONTRACT NUMBER

DRP-XXXXXX-2015

200 SHEET _____

NO. _____

OF _____