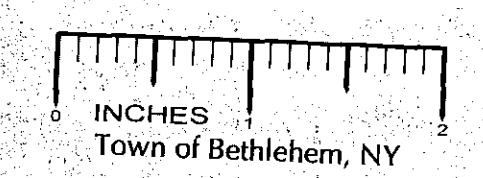


STRUCTURE DATA	
ID	FRAME ELEV.
OCS-1	156.25
OCS-2	156.25
OCS-3	150.75
DMH-1	153.20
SMH-1	156.90
SMH-2	153.50

NOTE: SEE INDIVIDUAL STRUCTURE DETAIL FOR INVERT ELEVATIONS

LEGEND	
PROPERTY LINE	---
EXISTING CONTOUR	--- 420 ---
EXISTING STREAM	---
EXISTING WATER LINE	--- W ---
EXISTING SANITARY SEWER	--- S ---
EXISTING SANITARY MANHOLE	○
FLOODPLAIN BOUNDARY	--- F ---
EXISTING WETLANDS	▨
EXISTING TREELINE	~
PROPOSED LIMITS OF DISTURBANCE	--- LOD ---
PROPOSED WATER LINE	--- W ---
PROPOSED FIRE HYDRANT	⊕
PROPOSED STORM SEWER	--- SS ---
PROPOSED SANITARY SEWER	--- S ---
PROPOSED SANITARY MANHOLE	⊙
PROPOSED CATCH BASIN	□
PROPOSED WATER SERVICE	--- WSL --- WSL
PROPOSED SANITARY SERVICE	--- SSL --- SSL
PROPOSED GAS SERVICE	---
PROPOSED TEL & ELEC	---

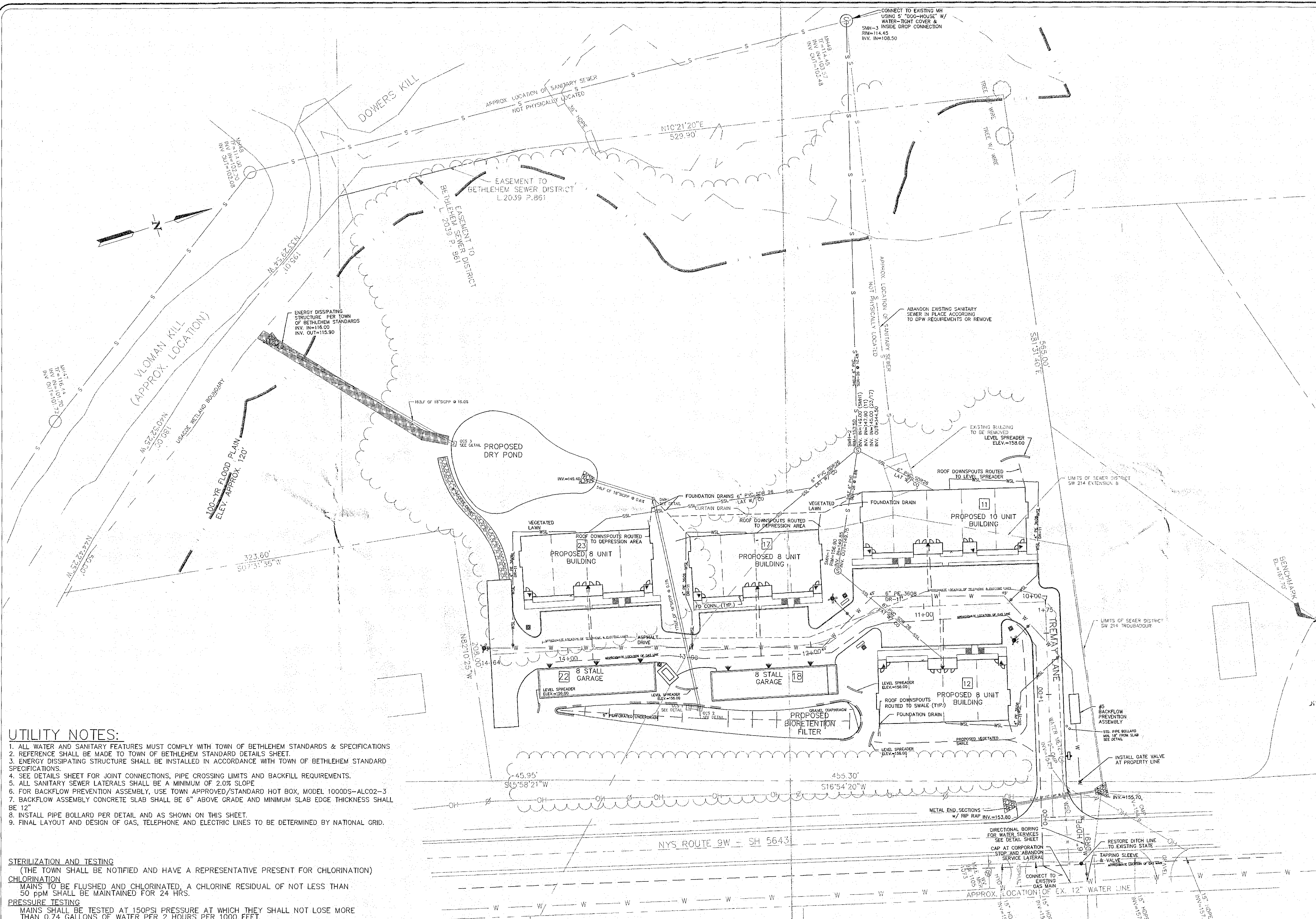


ALBANY COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH SERVICES
By direction of the Commissioner of Health,
these plans are hereby approved. See first sheet for date and signature.

Town of Bethlehem Planning Board
By direction of the Chairman
these plans are hereby approved.
See first sheet for date and signature.

PLANNING BOARD APPROVAL

FOR INFORMATION ONLY
NOT FOR CONSTRUCTION



UTILITY NOTES:

1. ALL WATER AND SANITARY FEATURES MUST COMPLY WITH TOWN OF BETHLEHEM STANDARDS & SPECIFICATIONS
2. REFERENCE SHALL BE MADE TO TOWN OF BETHLEHEM STANDARD DETAILS SHEET.
3. ENERGY DISSIPATING STRUCTURE SHALL BE INSTALLED IN ACCORDANCE WITH TOWN OF BETHLEHEM STANDARD SPECIFICATIONS.
4. SEE DETAILS SHEET FOR JOINT CONNECTIONS, PIPE CROSSING LIMITS AND BACKFILL REQUIREMENTS.
5. ALL SANITARY SEWER LATERALS SHALL BE A MINIMUM OF 2.0% SLOPE
6. FOR BACKFLOW PREVENTION ASSEMBLY, USE TOWN APPROVED/STANDARD HOT BOX, MODEL 1000DS-ALCO2-3
7. BACKFLOW ASSEMBLY CONCRETE SLAB SHALL BE 6" ABOVE GRADE AND MINIMUM SLAB EDGE THICKNESS SHALL BE 12"
8. INSTALL PIPE BOLLARD PER DETAIL AND AS SHOWN ON THIS SHEET.
9. FINAL LAYOUT AND DESIGN OF GAS, TELEPHONE AND ELECTRIC LINES TO BE DETERMINED BY NATIONAL GRID.

STERILIZATION AND TESTING

(THE TOWN SHALL BE NOTIFIED AND HAVE A REPRESENTATIVE PRESENT FOR CHLORINATION)

CHLORINATION

MAINS TO BE FLUSHED AND CHLORINATED, A CHLORINE RESIDUAL OF NOT LESS THAN 50 PPM SHALL BE MAINTAINED FOR 24 HRS.

PRESSURE TESTING

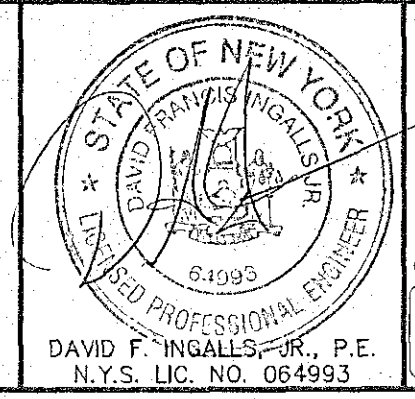
MAINS SHALL BE TESTED AT 150PSI PRESSURE AT WHICH THEY SHALL NOT LOSE MORE THAN 0.74 GALLONS OF WATER PER 2 HOURS PER 1000 FEET.

NOTE: 48 HOURS PRIOR TO ANY CONSTRUCTION ACTIVITIES, THE CONTRACTOR SHALL CONTACT DIG SAFELY NEW YORK TO LOCATE ALL UNDERGROUND UTILITIES. 1-800-962-7962

NO.	DATE	REVISIONS	BY
5	6/26/12	REVISIONS PER FINAL TOWN COMMENTS	CDL
4	4/11/12	REVISIONS PER TOWN PLANNING & ENG COMMENTS	CDL
3	1/3/12	REVISIONS PER NYS DOT & TOWN COMMENTS	CDL
2	12/22/11	REVISIONS PER TDE COMMENTS	CDL
1	11/8/11	REVISIONS PER TOWN & TDE COMMENTS	CDL

UNAUTHORIZED ALTERATION OR ADDITION TO THIS DRAWING IS A VIOLATION OF SECTION 7209 SUBDIVISION 2, OF THE NEW YORK STATE EDUCATION LAW. ONLY COPIES MADE FROM THE ORIGINAL OF THIS DRAWING BEARING AN ORIGINAL INKED OR EMBOSSED SEAL AND SIGNATURE SHALL BE CONSIDERED TO BE VALID TRUE COPIES.

© Copyright 2012 - Ingalls & Associates, LLP - All rights reserved.



ingalls
ingalls & associates, LLP
engineers / surveyors
2803 GUILDFORD AVENUE
SCHENECTADY, N.Y. 12306
PHONE: (518) 383-7725
FAX: (518) 393-2324

UTILITY PLAN
1035 ROUTE 9W
LOCUST VIEW APARTMENTS
TOWN OF BETHLEHEM
COUNTY OF ALBANY STATE OF NEW YORK

DATE: JANUARY 11, 2011
CHECKED BY: F.J.B.
JOB NO. 10-084

SCALE: 1" = 40'
DRAWN BY: CDL
CADD FILE: PLOT.DWG

SHEET 3 OF 10