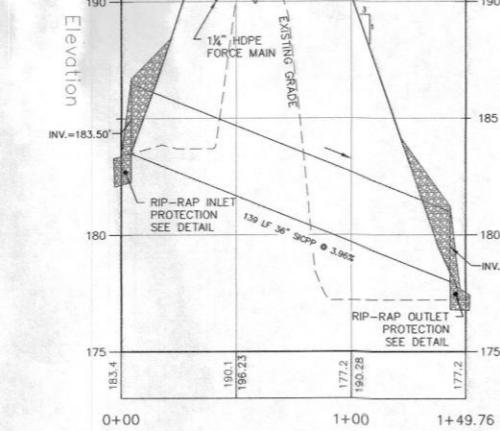
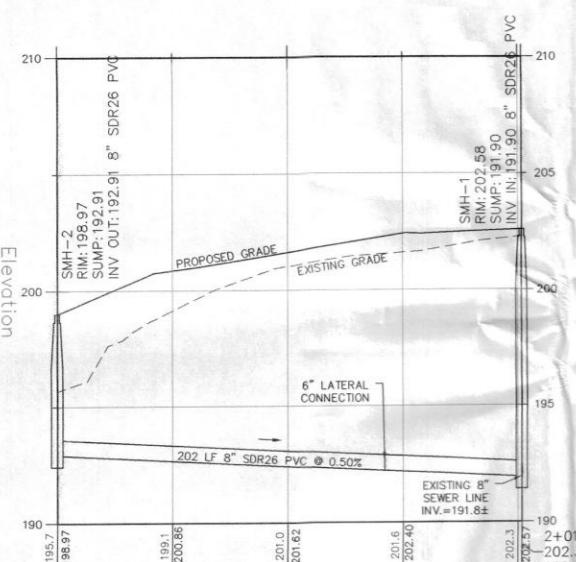


**UTILITY NOTES:**

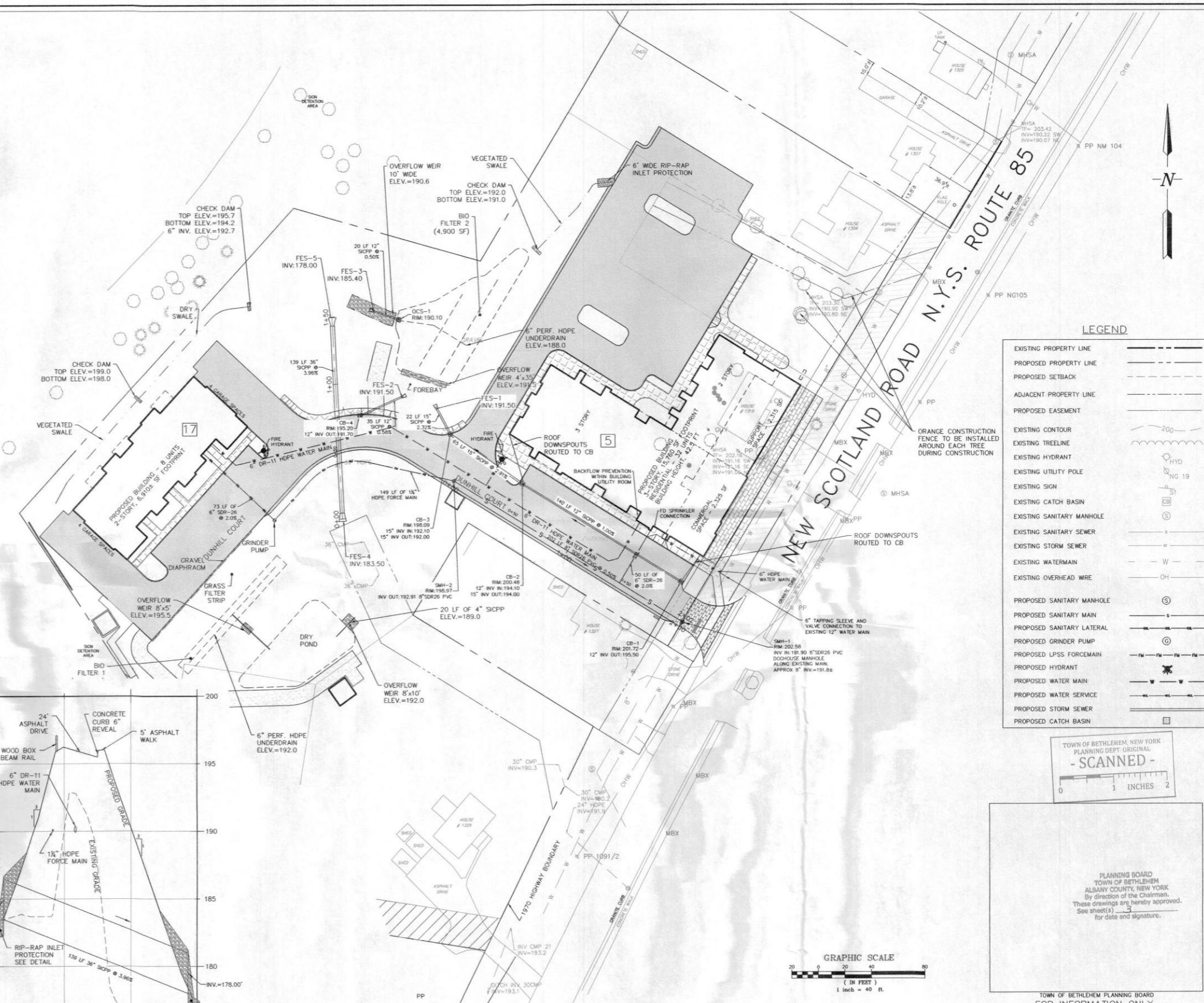
1. UNDERGROUND UTILITIES IF SHOWN HEREON ARE BASED ON VISIBLE PHYSICAL EVIDENCE. CONTRACTOR SHALL FIELD VERIFY THE ELEVATIONS OF ALL UTILITIES PRIOR TO INSTALLATION OF ANY GRAVITY MAIN.
2. ALL WATER AND SEWER UTILITIES INSTALLED SHALL COMPLY WITH THE 10 STATE STANDARDS FOR WATER WORKS AND WASTEWATER FACILITIES. THE ENGINEER SHALL BE NOTIFIED IF CONDITIONS PROHIBIT ADHERENCE TO THESE STANDARDS.
3. PRIOR TO ANY WORK ON SANITARY SEWER AND WATER, THE CONTRACTOR SHALL OBTAIN THE NECESSARY PERMITS FROM THE TOWN DEPARTMENT OF PUBLIC WORKS.
4. EXISTING WATER AND SEWER LATERALS TO BE REMOVED AND/OR CAPPED IN COMPLIANCE WITH BETHLEHEM DPW REQUIREMENTS.
5. CONTRACTOR SHALL VERIFY CONDITIONS OF EXISTING UTILITY SERVICES AND NOTIFY THE ENGINEER OF ANY DEVIATIONS FROM THE PLAN.
6. CONTRACTOR SHALL BE RESPONSIBLE FOR Dewatering UTILITY TRENCHES AS NECESSARY.
7. ALL ROOF DRAINS SHALL BE DISCONNECTED FROM THE COMBINED SEWER AND RE-Routed TO THE STORM SEWER OR CATCH BASIN AS SHOWN ON PLANS.
8. EXISTING WATER AND SANITARY SEWER LATERAL SERVICES TO REMAIN UNLESS OTHERWISE NOTED.
9. ALL WATER AND SANITARY FEATURES MUST COMPLY WITH TOWN OF BETHLEHEM STANDARDS & SPECIFICATIONS
10. REFERENCE SHALL BE MADE TO TOWN OF BETHLEHEM STANDARD DETAILS SHEETS FOR JOINT CONNECTIONS, PIPE CROSSING LIMITS AND BACKFILL REQUIREMENTS.
11. ALL SANITARY SEWER LATERALS SHALL BE A MINIMUM OF 2.0% SLOPE
12. FOR BACKFLOW PREVENTION ASSEMBLY, USE TOWN APPROVED/STANDARD HOT BOX, MODEL 1000DS-ALC02-3
13. FINAL LAYOUT AND DESIGN OF GAS, TELEPHONE AND ELECTRIC LINES TO BE DETERMINED BY NATIONAL GRID.
14. STERILIZATION AND TESTING - THE TOWN SHALL BE NOTIFIED AND HAVE A REPRESENTATIVE PRESENT FOR CHLORINATION
15. CHLORINATION - MAINS TO BE FLUSHED AND CHLORINATED, A CHLORINE RESIDUAL OF NOT LESS THAN 50 ppm SHALL BE MAINTAINED FOR 24 HRS.
16. 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.



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.

ALBANY COUNTY DEPARTMENT OF HEALTH

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



5	11/12/15	REVISED TO FINAL PLAN SET	CDL	UNAUTHORIZED ALTERATION OR ADDITION TO THIS DRAWING IS A VIOLATION OF SECTION 7209 SUBDIVISION 2, OF THE NEW YORK STATE EDUCATION LAW. ONLY ONE COPY OF THE ORIGINAL OF THIS DRAWING BEARING AN ORIGINAL INKED OR EMBOSSED SEAL AND SIGNATURE SHALL BE CONSIDERED TO BE VALID TRUE COPIES.
4	10/13/15	REVISED PER TOWN COMMENTS	CDL	
3	9/8/15	REVISED PER TOWN COMMENTS & GEOTECH REVIEW	CDL	
2	5/21/15	REVISED PER TOWN & TDE COMMENTS	CDL	
1	3/2/15	REVISION PER MEETING WITH TOWN & TDE	CDL	© Copyright 2015 - Ingalls & Associates, LLP - All rights reserved
NO. DATE:		REVISIONS	BY:	DAVID E. INGALLS, P.E. N.Y.S. LIC. NO. 064993

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CADD FILE: 13076 GRADING  
SCALE: 1" = 40'  
SHEET 5 OF 14