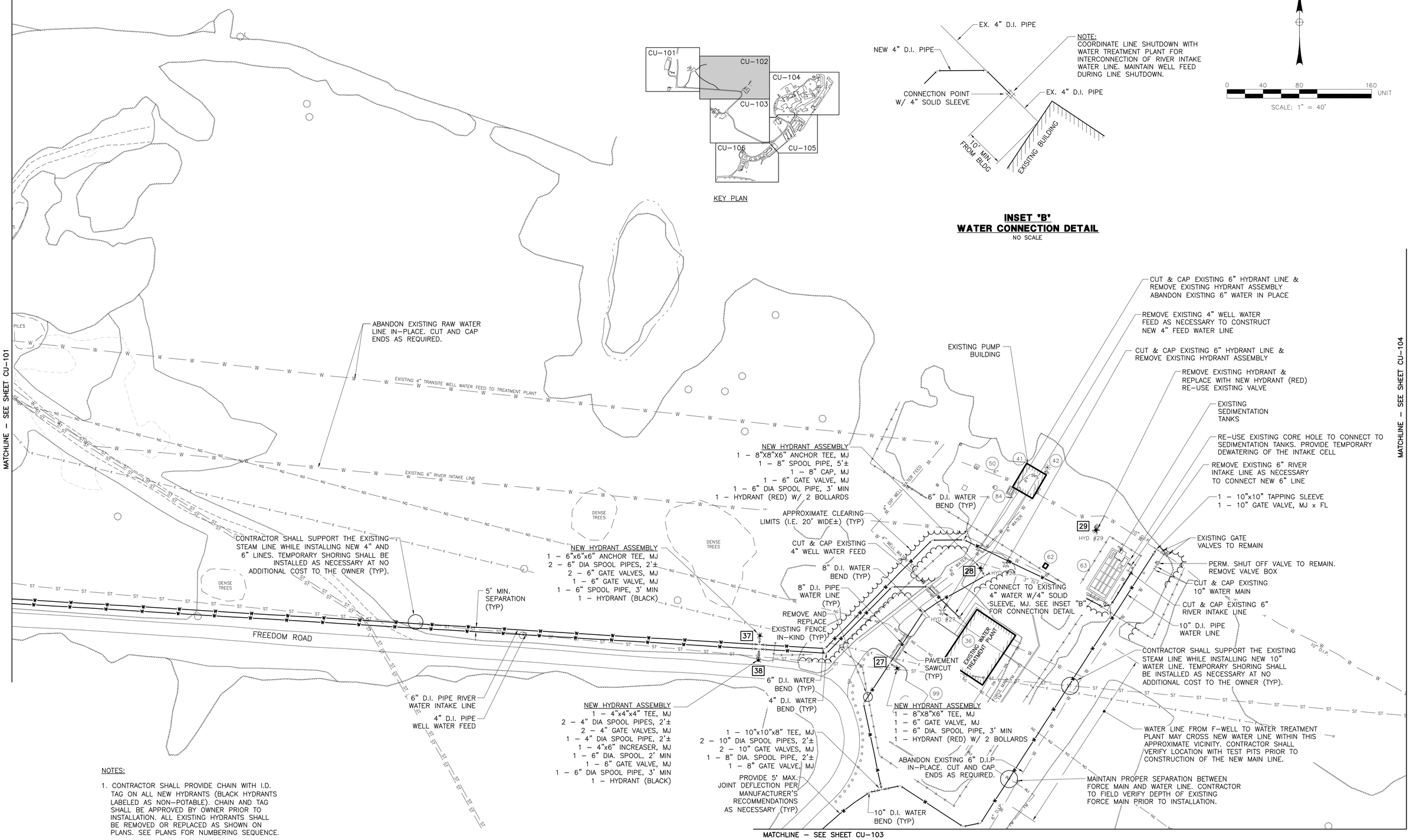

INSET 'B'
WATER CONNECTION DETAIL
NO SCALE

NOTES:

1. CONTRACTOR SHALL PROVIDE CHAIN WITH I.D. TAG ON ALL NEW HYDRANTS (BLACK HYDRANTS LABELED AS NON-POTABLE). CHAIN AND TAG SHALL BE APPROVED BY OWNER PRIOR TO INSTALLATION. ALL EXISTING HYDRANTS SHALL BE REMOVED OR REPLACED AS SHOWN ON PLANS. SEE PLANS FOR NUMBERING SEQUENCE.
2. CLEAR BRUSH AS NECESSARY ALONG NEW WATER LINE ALIGNMENT.

100% CONSTRUCTION DOCUMENTS
NOT FOR CONSTRUCTION

Revisions	Date
95% DESIGN REVIEW	12-4-09

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Drawing Title: UTILITY PLAN

Approved Project Director: .

Project Title: VA HUDSON VALLEY HEALTH CARE SYSTEM WATER LINE REPLACEMENT

Project Number: 620A4-08-114

Building Number: SITE

Location: CASTLE POINT, NEW YORK

Date: JAN. 22, 2010 | Checked: CPB | Drawn: TDB

Drawing Number: CU-102

Drawing 11 of 22

Office of Construction and Facilities Management

Department of Veterans Affairs

VA FORM 08-6231