

FILE NAME, PATH, & DATE

REGISTRATION NUMBER

DATE SIGNED

RECORDS PLAN CHECK OVERSIGHT ENGINEER

APPROVED AS TO CONFORMANCE WITH APPLICABLE COUNTY STANDARDS AND PRACTICES.

CITY OF XXXX

APPROVED BY:

CITY ENGINEER DATE

DIG ALERT



Call: TOLL FREE
1-800-227-2600 OR 811

TWO FULL WORKING DAYS BEFORE YOU DIG

REVISIONS					
MARK	DATE	INITIAL	DESCRIPTION	APPR.	DATE

COMPANY ADDRESS AND LOGO

UNDER THE SUPERVISION OF:

PROFESSIONAL ENGINEER R.C.E. No. DATE

ENGINEER STAMP

WATER / SEWER / RECYCLED WATER APPROVED BY:			
EASTERN MUNICIPAL WATER DISTRICT			
EMWD ENGINEER	DATE		
APPROVALS	PROJECT ENG.	INITIAL	DATE
	IRRIGATION PLAN CHECKER		
	CONSTRUCTION ADMIN.		

COUNTY/CITY OF X

TR/PM/APN NO. XXXX

WATER, SEWER AND RECYCLED WATER
IMPROVEMENT PLANS

I.D.	
S.A.	
W.O.	
C.O.	
COORD.	
SHEET: OF	
D-	