

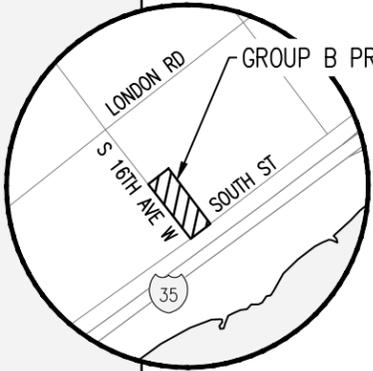
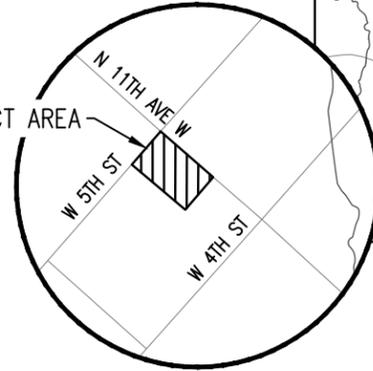
CITY OF DULUTH

DEPARTMENT OF PUBLIC WORKS AND UTILITIES ENGINEERING DIVISION

CONSTRUCTION PLANS FOR:

CITYWIDE PRIORITY LEAD SERVICE LINE REPLACEMENT PHASE 1
SITES 49-52, 94-99 AND WATER MAIN EXTENSIONS

CITY PROJECT NO. 2229



BASIS OF DATUM
1. HORIZONTAL DATUM IS SAINT LOUIS COUNTY TRANSVERSE MERCATOR 1996 (SLCTM_96)

PLAN REVISIONS		
DATE	SHEET NO.	APPROVER



THE SUBSURFACE UTILITY INFORMATION IN THIS PLAN IS UTILITY LEVEL D. THIS QUALITY LEVEL WAS DETERMINED ACCORDING TO THE GUIDELINES OF CI/ASCE 38-02, ENTITLED "STANDARD GUIDELINES FOR THE COLLECTION AND DEPICTION OF EXISTING SUBSURFACE UTILITY DATA".

GOVERNING SPECIFICATIONS

THE 2020 EDITION OF THE MINNESOTA DEPARTMENT OF TRANSPORTATION "STANDARD SPECIFICATIONS FOR CONSTRUCTION" SHALL GOVERN. AVAILABLE AT: <http://www.dot.state.mn.us/pre-letting/spec/index.html>

THE 2019 EDITION OF THE CITY OF DULUTH PUBLIC WORKS AND UTILITIES DEPARTMENT CONSTRUCTION STANDARDS AND SUPPLEMENTS OR ADDENDUMS SHALL APPLY. AVAILABLE AT: <http://www.duluthmn.gov/engineering/standard-construction-specifications/>

ALL TRAFFIC CONTROL DEVICES SHALL CONFORM TO THE LATEST MNUCD, INCLUDING THE LATEST FIELD MANUAL FOR TEMPORARY TRAFFIC CONTROL ZONE LAYOUTS.

SHEET NO	DESCRIPTION	INDEX
G1	TITLE	
G2	STATEMENT OF ESTIMATED QUANTITIES	
G3-G14	CONSTRUCTION DETAILS	
A1	GROUP A OVERVIEW & CHART	
A2	GROUP A WATER MAIN PLAN	
A3-A6	GROUP A SITE PLANS	
B1	GROUP B OVERVIEW & CHART	
B2	GROUP B WATER MAIN PLAN	
B3-B8	GROUP B SITE PLANS	

---THIS PLAN CONTAINS 28 SHEETS---

DESIGN TEAM: JDO, KOS, SEH INC.

I HEREBY CERTIFY THAT THIS PLAN WAS PREPARED BY ME OR UNDER MY DIRECT SUPERVISION AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MINNESOTA.

AARON SODERLUND P.E.
PROJECT ENGINEER (TYPED OR PRINTED NAME)

Aaron Soderlund 1/29/2025 51831
PROJECT ENGINEER DATE LIC. NO.

CITY APPROVAL

APPROVED _____ CHIEF ENGINEER OF TRANSPORTATION DATE _____

APPROVED _____ CHIEF ENGINEER OF UTILITIES DATE _____

APPROVED _____ CITY ENGINEER DATE _____