

F.A.P. RTE.	SECTION	COUNTY	TOTAL SHEETS	SHEET NO.
549	116RS-1	Ogle	593	229
STA.		TO STA.		
FED. ROAD DIST. NO.		ILLINOIS FED. AID PROJECT		

WATER MAIN IMPROVEMENTS

FITTINGS (RJT)

- WM - F1
6" PLUG
STA 370+15
- WM - F2
TAPPING VALVES & SLEEVES 6"
LOCATE IN FIELD
- WM - F3
6" X 6" TEE
STA 369+92
- WM - F4
6" X 6" TEE
STA 372+60
- WM - F5
6" X 6" TEE
STA 371+92

SERVICES

- WM - F6, F7
6" 45° BEND
LOCATE IN FIELD
- WM - F8, F10, F11
6" PLUG
LOCATE IN FIELD
- WM - F9
6" X 6" TEE
STA 373+86
- WM - F13
6" PLUG
LOCATE IN FIELD
- WM - S1, S11, S12
WATER SERVICE CONNECTION - 1"
LOCATE IN FIELD
- WM - S6
WATER SERVICE CONNECTION - 2"
LOCATE IN FIELD
- WS - S1, - 50'
WATER SERVICE LINE 1"
LOCATE IN FIELD
- WS - S6 - 20'
WATER SERVICE LINE 2"
LOCATE IN FIELD
- WS - S11 - 56'
WATER SERVICE LINE 1"
LOCATE IN FIELD
- WS - S12 - 73'
WATER SERVICE LINE 1"
LOCATE IN FIELD
- DS - 1
DOMESTIC WATER SERVICE BOXES
LOCATE IN FIELD

VALVES

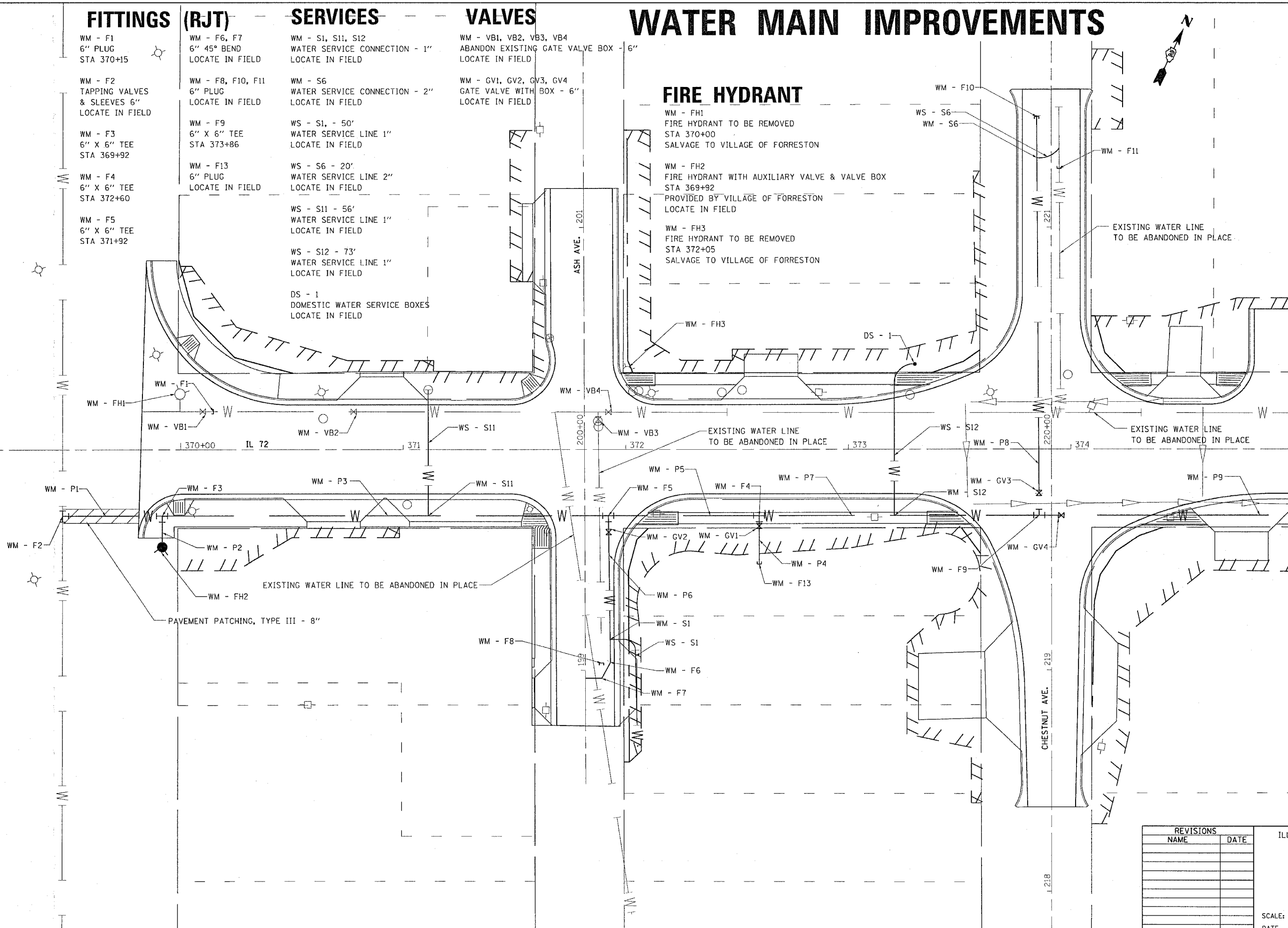
- WM - VB1, VB2, VB3, VB4
ABANDON EXISTING GATE VALVE BOX - 6"
LOCATE IN FIELD
- WM - GV1, GV2, GV3, GV4
GATE VALVE WITH BOX - 6"
LOCATE IN FIELD

FIRE HYDRANT

- WM - FH1
FIRE HYDRANT TO BE REMOVED
STA 370+00
SALVAGE TO VILLAGE OF FORRESTON
- WM - FH2
FIRE HYDRANT WITH AUXILIARY VALVE & VALVE BOX
STA 369+92
PROVIDED BY VILLAGE OF FORRESTON
LOCATE IN FIELD
- WM - FH3
FIRE HYDRANT TO BE REMOVED
STA 372+05
SALVAGE TO VILLAGE OF FORRESTON

PIPES

- WM - P1
APPROX. 45 L.F. OF 6"
FROM STA 369+47 TO 369+92
- WM - P2
APPROX 14 L.F. OF 6"
ADDITIONAL HYDRANT LEADER
- WM - P3
APPROX 200 L.F. OF 6"
FROM STA 369+92 TO 371+92
- WM - P4
APPROX 20 L.F. OF 6"
- WM - P5
APPROX 68 L.F. OF 6"
FROM STA 371+92 TO STA 372+60
- WM - P6
APPROX 75 L.F. OF 6"
FROM STA 198+96 TO STA 199+70 (ASH)
- WM - P7
APPROX 126 L.F. OF 6"
FROM STA 372+60 TO 373+86
- WM - P8
APPROX 180 L.F. OF 6"
FROM STA 219+70 TO STA 221+50
- WM - P9
APPROX 242 L.F. OF 6"
FROM STA 373+86 TO STA 376+28



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 REFERENCE = REF

REVISIONS	
NAME	DATE

ILLINOIS DEPARTMENT OF TRANSPORTATION

SCALE: VERT. _____
 HORIZ. _____
 DATE _____

DRAWN BY _____
 CHECKED BY _____