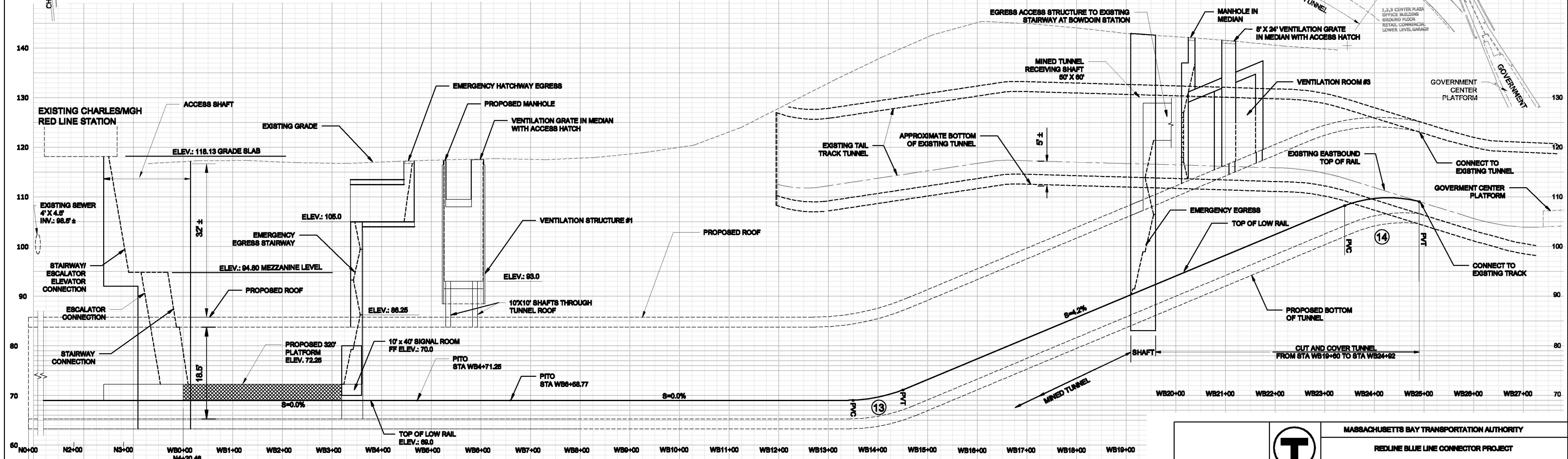
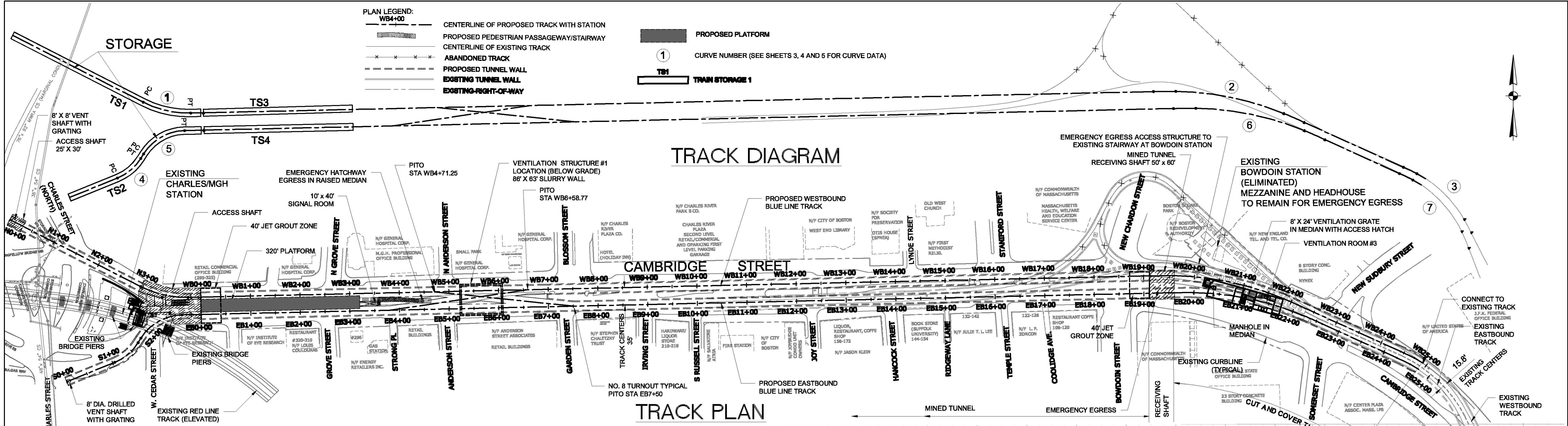


APPENDIX C

AFFECTED UTILITIES AND STRUCTURES ALONG THE ROUTE

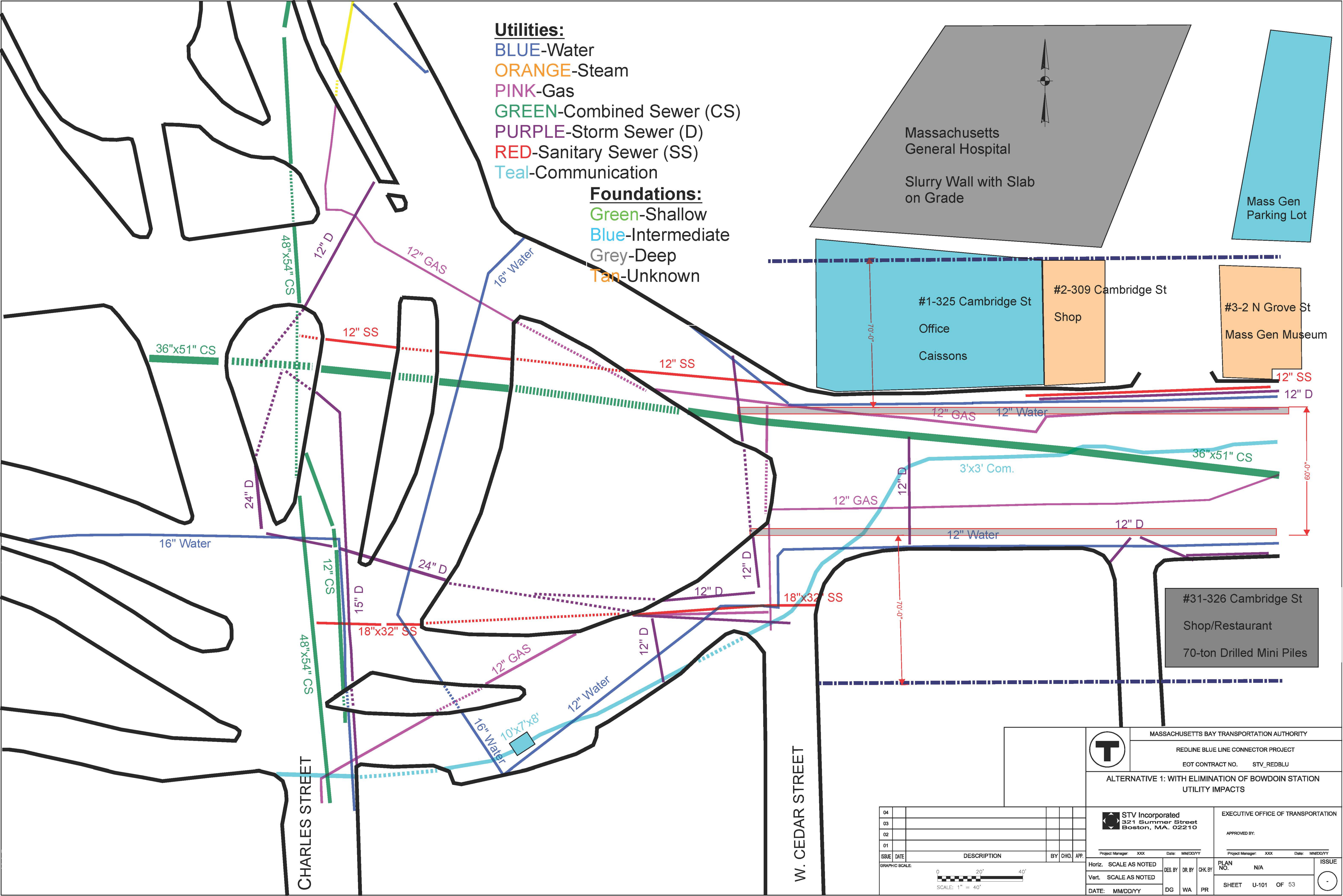


- NOTE:
1. NO EXISTING UTILITIES ARE SHOWN IN PLAN AND PROFILE EXCEPT FOR SEWER ON CHARLES STREET.
 2. THE EASTBOUND TRACK PROFILE IS APPROXIMATELY EQUIVALENT TO THE WESTBOUND PROFILE INDICATED ON THIS DRAWING

04							
03							
02							
01							
DATE	03/30/10	DESCRIPTION	BY	CHK	APP		
HORIZ. SCALE: 1" = 100'		VERT. SCALE: 1" = 10'					

MASSACHUSETTS BAY TRANSPORTATION AUTHORITY			
REDLINE BLUE LINE CONNECTOR PROJECT			
BOT CONTRACT NO.		STV_REDBLU	
ALTERNATIVE 1 TRACK PLAN AND PROFILE WITH ELIMINATION OF BOWDOIN STATION			
STV Incorporated 321 Summer Street Boston, MA. 02210		EXECUTIVE OFFICE OF TRANSPORTATION	
APPROVED BY:		APPROVED BY:	
Project Manager: JOK		Project Manager: JOK	
Date: 03/30/10		Date: 03/30/10	
SCALE AS NOTED		SCALE AS NOTED	
DATE: 3/30/10		DATE: 3/30/10	
BC		BC	
PLR		PLR	
TJC		TJC	
PLAN NO.		SHEET T-101 OF 53	
ISSUE		1	

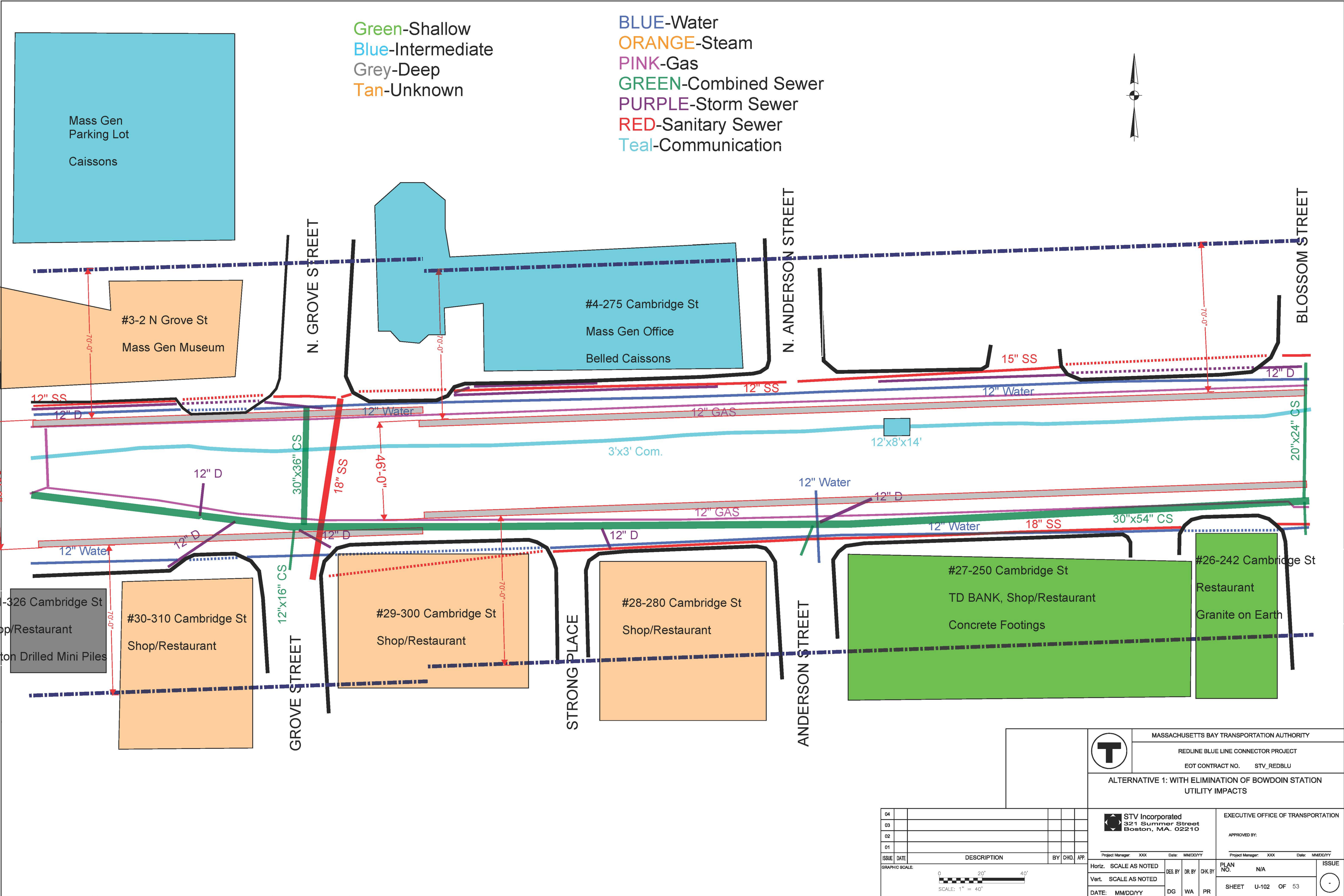
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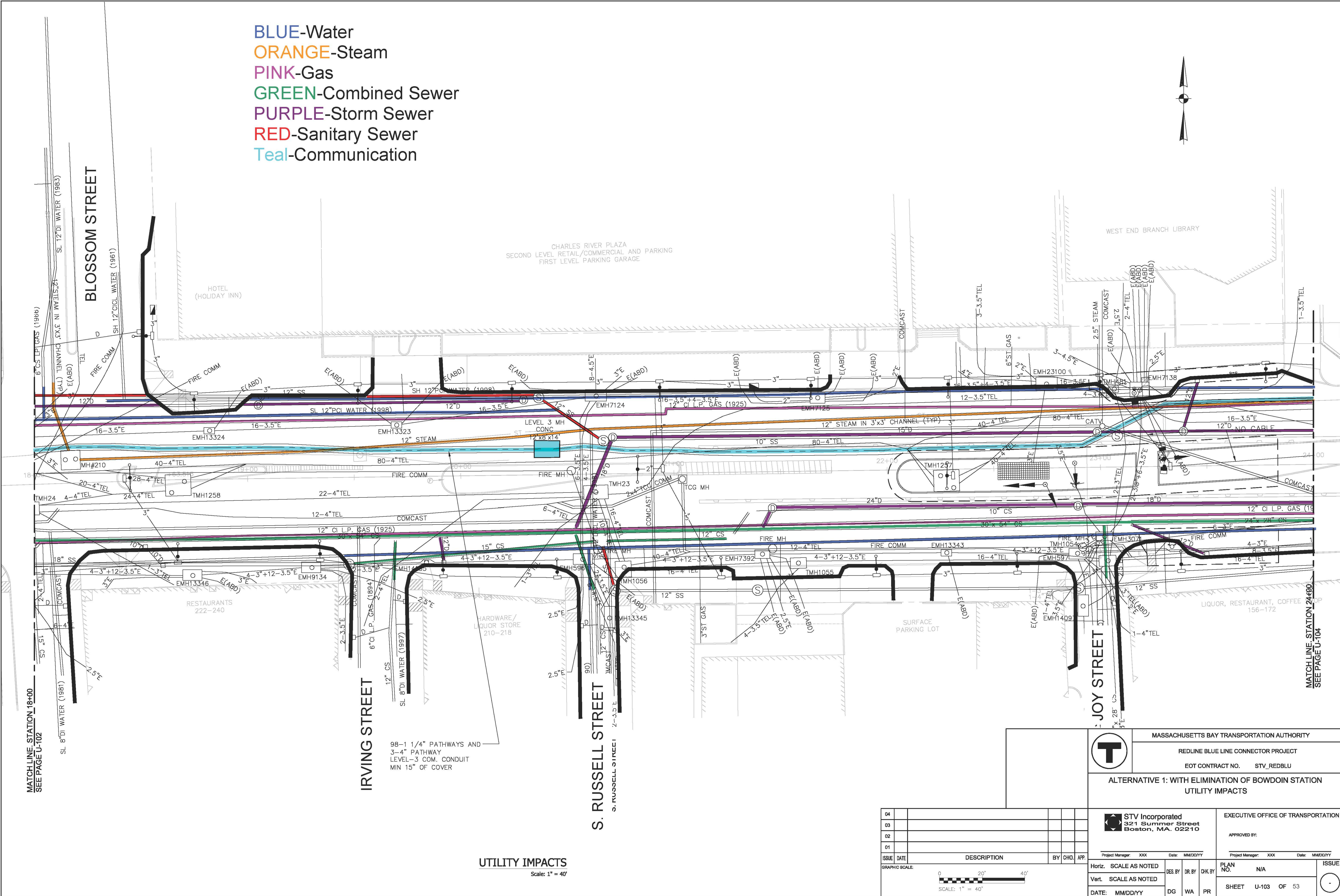
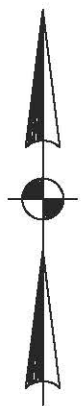


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ISSUE	DATE	DESCRIPTION	BY	CHKD.	APP.										
GRAPHIC SCALE:						0 20' 40'									
SCALE: 1" = 40'															
STV Incorporated 321 Summer Street Boston, MA 02210						EXECUTIVE OFFICE OF TRANSPORTATION									
Project Manager: XXX Date: MM/DD/YY						APPROVED BY:									
Horiz. SCALE AS NOTED						DES. BY		DR. BY		CHK. BY		PLAN NO. N/A		ISSUE	
Vert. SCALE AS NOTED						DG		WA		PR		SHEET U-102 OF 53		-	
DATE: MM/DD/YY															

BLUE-Water
ORANGE-Steam
PINK-Gas
GREEN-Combined Sewer
PURPLE-Storm Sewer
RED-Sanitary Sewer
Teal-Communication



UTILITY IMPACTS
Scale: 1" = 40'

04					
03					
02					
01					
ISSUE DATE	DESCRIPTION	BY	CHKD	APP	
GRAPHIC SCALE:					
SCALE: 1" = 40'					

STV Incorporated
321 Summer Street
Boston, MA 02210

EXECUTIVE OFFICE OF TRANSPORTATION

APPROVED BY:

Project Manager: XXX Date: MM/DD/YY

Project Manager: XXX Date: MM/DD/YY

MASSACHUSETTS BAY TRANSPORTATION AUTHORITY

REDLINE BLUE LINE CONNECTOR PROJECT

EOT CONTRACT NO. STV_REDBLU

ALTERNATIVE 1: WITH ELIMINATION OF BOWDOIN STATION UTILITY IMPACTS

PLAN NO. N/A

SHEET U-103 OF 53

ISSUE

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- BLUE

-Water
- ORANGE

-Steam
- PINK

-Gas
- GREEN

-Combined Sewer
- PURPLE

-Storm Sewer
- RED

-Sanitary Sewer
- Teal

-Communication

Green

-Shallow

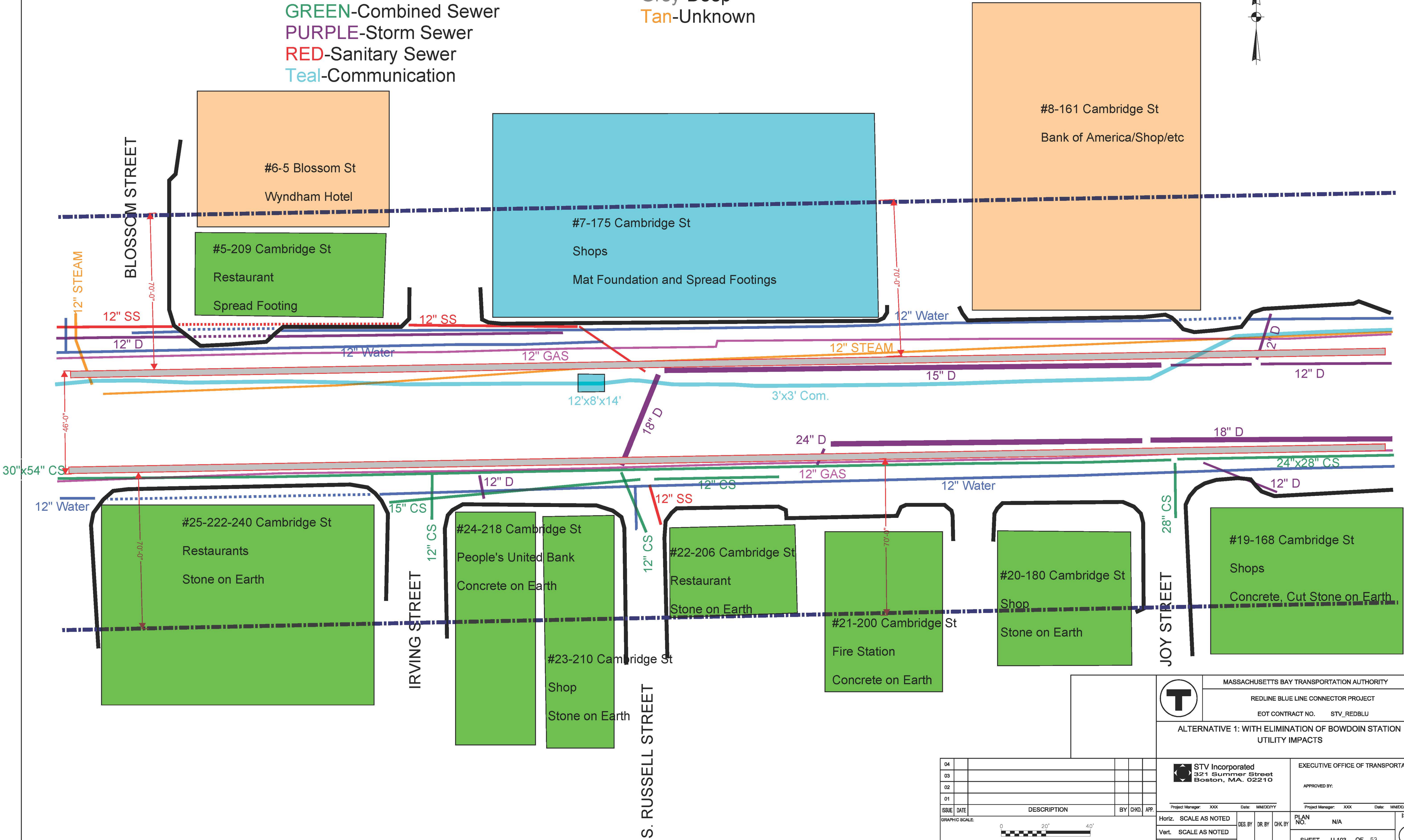
Blue

-Intermediate

Grey

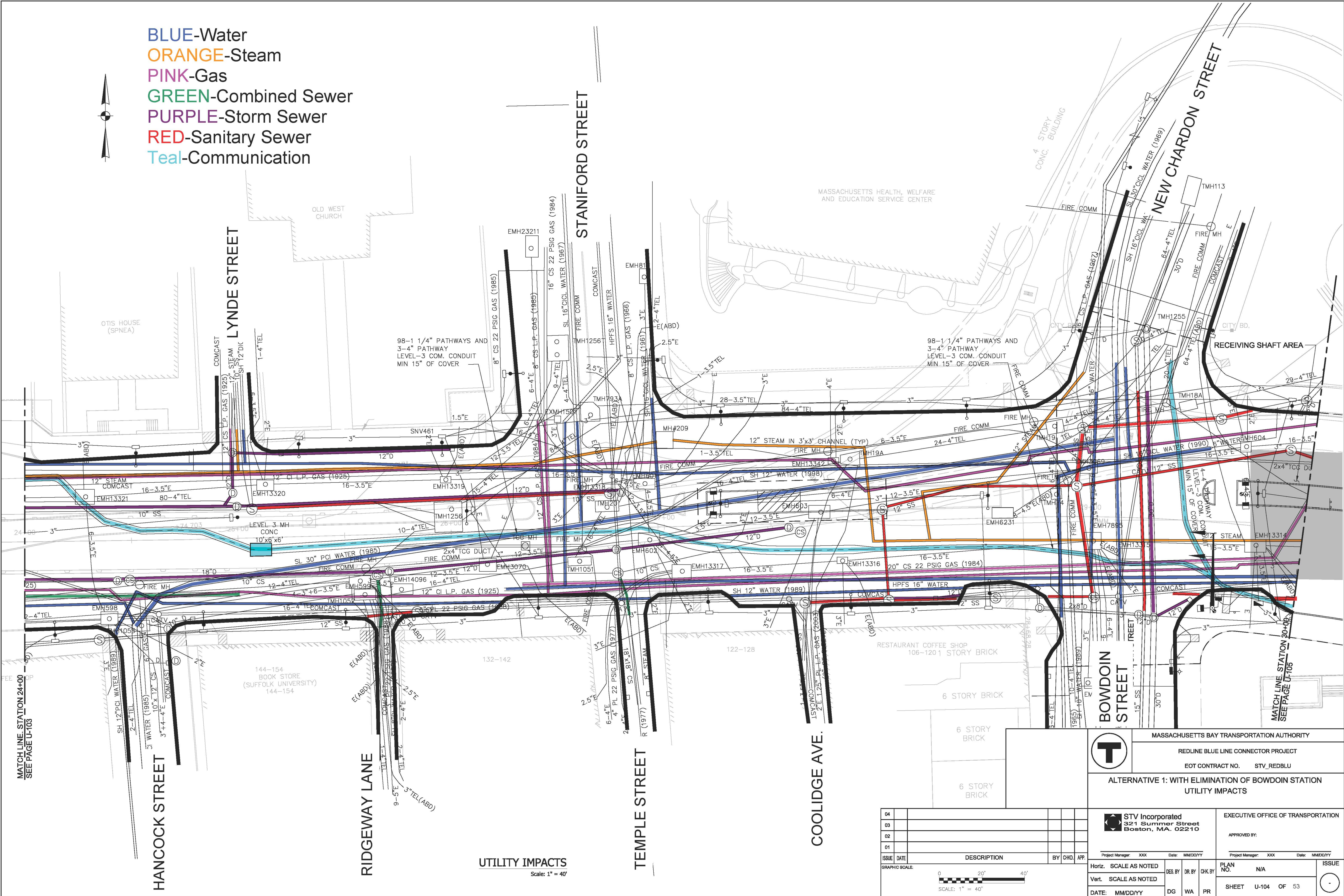
-Deep

Tan

-Unknown

04							
03							
02							
01							
ISSUE	DATE	DESCRIPTION	BY	CHKD.	APP.		
GRAPHIC SCALE:				<div><div></div><div>0</div><div>20'</div><div>40'</div></div> <div>SCALE: 1" = 40'</div>			
STV Incorporated 321 Summer Street Boston, MA 02210				EXECUTIVE OFFICE OF TRANSPORTATION			
Project Manager: XXX				Date: MM/DD/YY			
Horiz. SCALE AS NOTED				DES. BY	DR. BY	CHK. BY	PLAN NO. N/A
Vert. SCALE AS NOTED				DG	WA	PR	SHEET U-103 OF 53
DATE: MM/DD/YY				APPROVED BY:			
				Project Manager: XXX			
				Date: MM/DD/YY			
				ISSUE			
				-			

BLUE-Water
ORANGE-Steam
PINK-Gas
GREEN-Combined Sewer
PURPLE-Storm Sewer
RED-Sanitary Sewer
Teal-Communication



MATCH LINE STATION 24+00
SEE PAGE U-103

MATCH LINE STATION 30+00
SEE PAGE U-105

UTILITY IMPACTS
Scale: 1" = 40'

04					
03					
02					
01					
ISSUE	DATE	DESCRIPTION	BY	CHKD.	APP.
GRAPHIC SCALE:					
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MASSACHUSETTS BAY TRANSPORTATION AUTHORITY

REDLINE BLUE LINE CONNECTOR PROJECT

EOT CONTRACT NO. STV_REDBLU

ALTERNATIVE 1: WITH ELIMINATION OF BOWDOIN STATION

UTILITY IMPACTS

STV Incorporated

321 Summer Street

Boston, MA 02210

Project Manager: XXX

Date: MM/DD/YY

EXECUTIVE OFFICE OF TRANSPORTATION

APPROVED BY:

Project Manager: XXX

Date: MM/DD/YY

Horiz. SCALE AS NOTED

Vert. SCALE AS NOTED

DATE: MM/DD/YY

DES. BY

DR. BY

CHK. BY

DG

WA

PR

PLAN NO.

N/A

SHEET

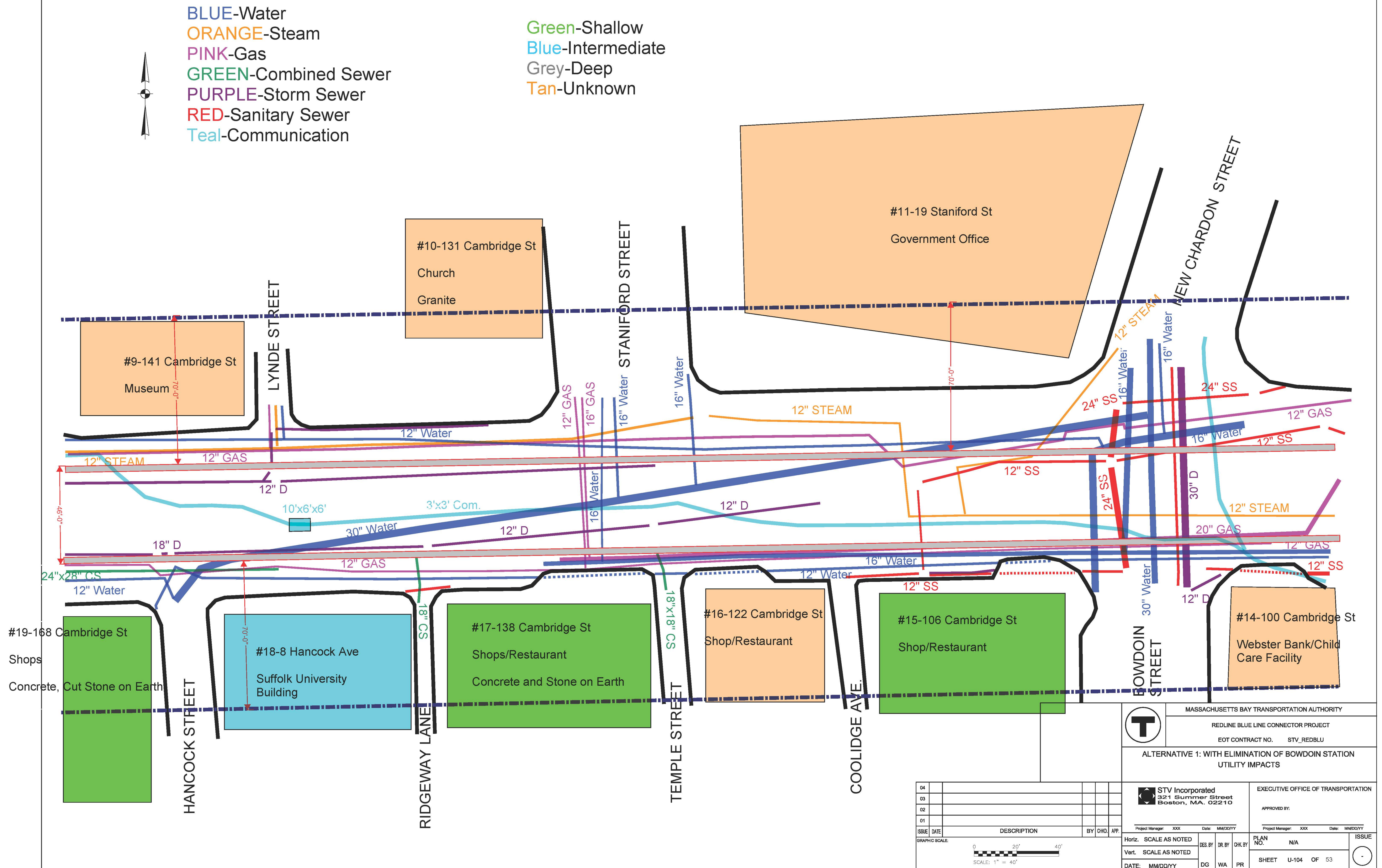
U-104

OF




53

ISSUE

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Scale: 1" = 40'

	MASSACHUSETTS BAY TRANSPORTATION AUTHORITY							
	REDLINE BLUE LINE CONNECTOR PROJECT EOT CONTRACT NO. STV_REDBLU							
ALTERNATIVE 1: WITH ELIMINATION OF BOWDOIN STATION UTILITY IMPACTS								
		STV Incorporated 321 Summer Street Boston, MA. 02210				EXECUTIVE OFFICE OF TRANSPORTATION		
					APPROVED BY:			
APP.	Project Manager: XXXX Date: MM/DD/YYYY				Project Manager: XXXX Date: MM/DD/YYYY			
Horiz. SCALE AS NOTED		DES BY	DR BY	CHK BY	PLAN NO.	N/A	ISSUE	
Vert. SCALE AS NOTED								
DATE: MM/DD/YYYY		DG	WA	PR	SHEET	U-105	OF 53	

