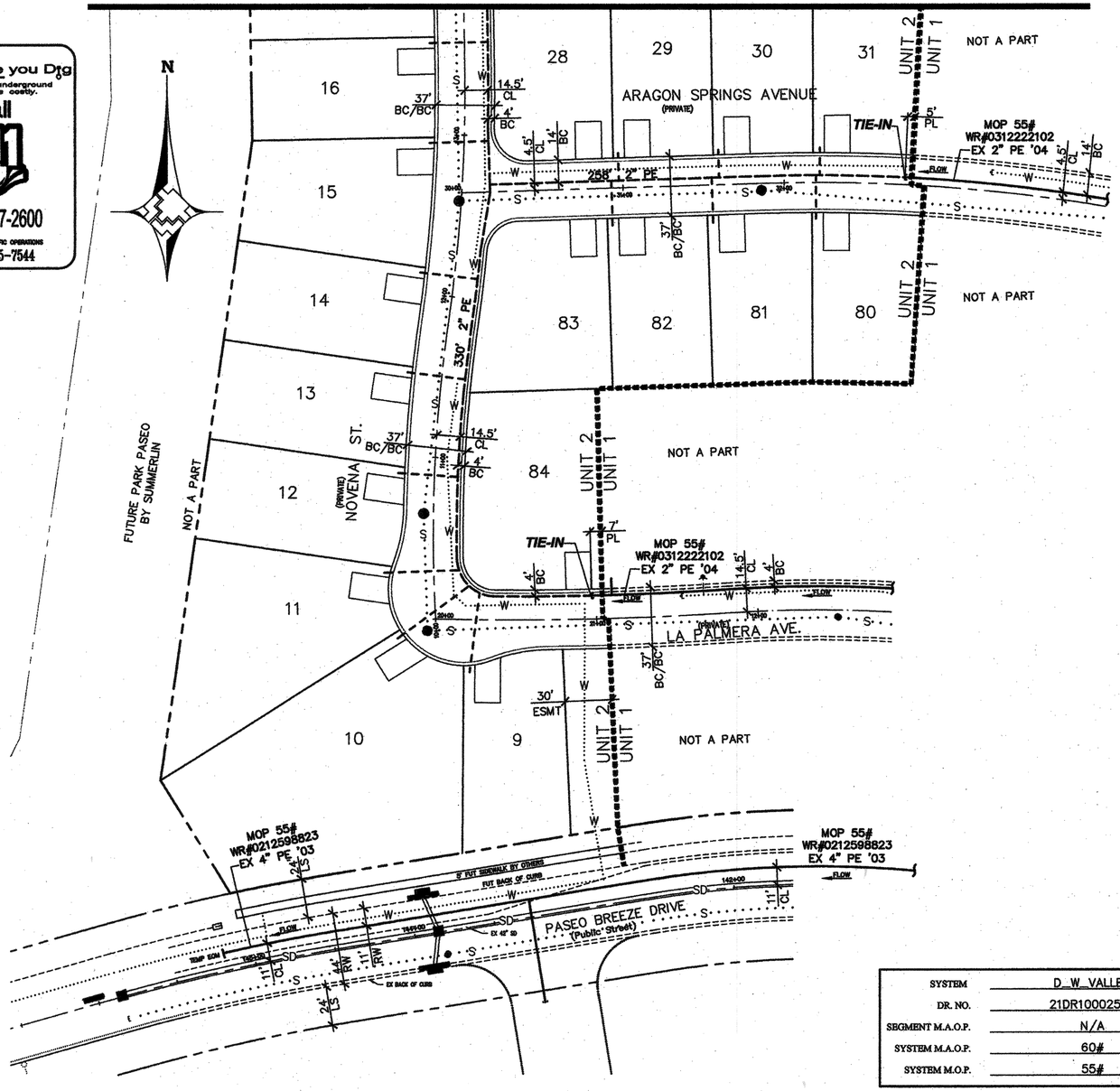
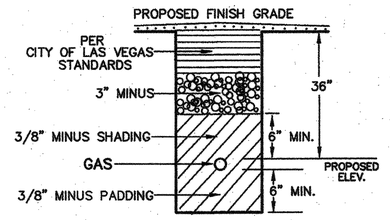
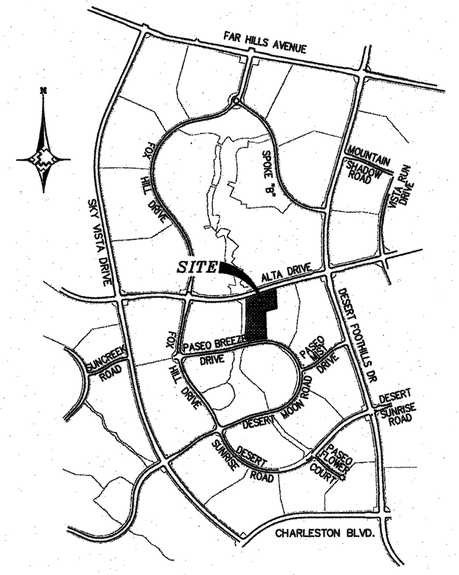
Call before you Dig
Avoid cutting underground utility lines. It's easy.
Call 811
OR 1-800-227-2600
AND CLARK COUNTY TRAFFIC OPERATIONS 1-702-455-7544





TRENCH DETAIL IMPROVED AREAS ONLY
NOT TO SCALE
CITY OF LAS VEGAS



VICINITY MAP
NOT TO SCALE

CONSTRUCTION NOTES:

1. SUGGESTED GAS LINE LOCATIONS ARE TO CLEAR SUBSTRUCTURES, LOCATE IN THE FIELD.
2. ALL PIPELINE CONSTRUCTION SHALL CONFORM TO APPLICABLE JURISDICTIONAL SPECIFICATIONS.
3. GAS MAINS SHALL BE PURGED PER OPERATIONS MANUAL.
4. DO NOT SCALE THIS DRAWING.
5. ANY CHANGES IN THE MAIN LOCATION MUST BE AUTHORIZED BY SWG INSPECTOR AND/OR ENGINEER
6. SERVICE(S) TO BE 1" PE UNLESS OTHERWISE NOTED.
7. ALL MAIN TIE-INS REQUIRING TEES ARE TO BE FULL FLOW TEES UNLESS OTHERWISE STATED.
8. SITE IS DIRT, TRENCHING & PAVEMENT REPLACEMENT ARE TO CONFORM WITH THE CURRENT RTC STANDARDS.

LEGEND

- PROPOSED GAS MAIN
- PROPOSED GAS SERVICE
- EXISTING GAS MAIN
- UNIT BOUNDARY
- RIGHT-OF-WAY
- SEWER
- WATER
- STORM DRAIN
- EDGE OF PAVEMENT
- SAWCUT & PATCH
- CENTERLINE STATIONING

SYSTEM	D_W_VALLEY
DR. NO.	21DR10002580
SEGMENT M.A.O.P.	N/A
SYSTEM M.A.O.P.	60#
SYSTEM M.O.P.	55#

I REVIEWED THE PROCEDURES PERFORMED AND FOUND THEM, ADBQUATE (____) INADEQUATE (____)**

** INADEQUATE COMMENTS_____

SIGNATURE:_____ DATE:_____

SIGNATURE:_____ DATE:_____

Purge Plan was completed in accordance with the Operations Manual Guidelines by:

_____ Name _____ Date

CUSTOMERS 34 CYCLE____ ROUTE____ AREA____ LV____

APPROVED FOR CONSTRUCTION

THIS APPROVAL IS FOR WORK IN CLV R/W OR CLV EASEMENTS ONLY. OBTAINING PERMISSION OR EASEMENTS FOR WORK SHOWN ON PRIVATE PROPERTY IS THE RESPONSIBILITY OF THE UTILITY.

APPROVAL DATE

HANSEN #_____ DWG #_____

NO.	DESCRIPTION	BY	DATE	APPVD.

REVISIONS

Southwest Gas Corporation

MAIN						
3760104	4" P.E.					
3760102	2" P.E.	1200'±				
SERVICE						
3800101	1" P.E.	950'±				
UNIT NO.	UNIT TYPE	INSTL.	RET.	INSTL.	RET.	
		PROPOSED		COMPLETED		

PROPERTY UNITS

AS-BUILT DRAWING-PRESSURE TEST DATA

PIPE DIA. _____ PIPE LENGTH _____ PIPE TYPE _____ MIN. DURATION _____

TEST MEDIUM: ☐ AIR ☐ NITROGEN ☐ WATER ☐ SOAP

TEST METHOD: ☐ GAUGE ☐ CHART GAUGE/ PRESS REC SN#

	START	END
TEST PRES. (PSIG)		
TIME		
DATE		
PERFORMED BY		

VISUAL INSPECTION CERTIFICATION

I HAVE VISUALLY INSPECTED ALL HEATED FUSIONS, SOLVENT CEMENT, MECHANICAL JOINTS, AND WELDS THAT I HAVE PERFORMED

NAME _____ DATE _____

AS-BUILTS ACCEPTED BY _____ DATE _____

POSTED BY _____ DATE _____

POSTING QC'D BY _____ DATE _____

CONSTRUCTION

INSPECTOR _____

FOREMAN _____

REVIEWED BY _____

PERMIT INFORMATION
CITY OF LAS VEGAS

TAX CODE
02-0200

ISOLATION AREA	W. R. NO.
30	1244113
LOCATION	TILE NO.
PASEO BREEZE ALTA DR	x564 y516

T=20S R=59E S=34 #4347

ENGINEER/TECHNICIAN	BILL GRENNAN		PHONE 365-2173
ACCOUNT REP.	MICHAEL BAILEY		PHONE 528-7744
PROJECT CONTACT	KEN DUFRESNE		791-4336
SHEET NO.	1 OF 2	SCALE 1"=40'	DATE 10-26-10
DWN. BY	CARL CORBETT	CHKD. BY TRC	UPDATED

TITLE

BARCELONA UNIT 2 @ THE PASEOS
CITY OF LAS VEGAS

H39603

107Y4805-2

175762