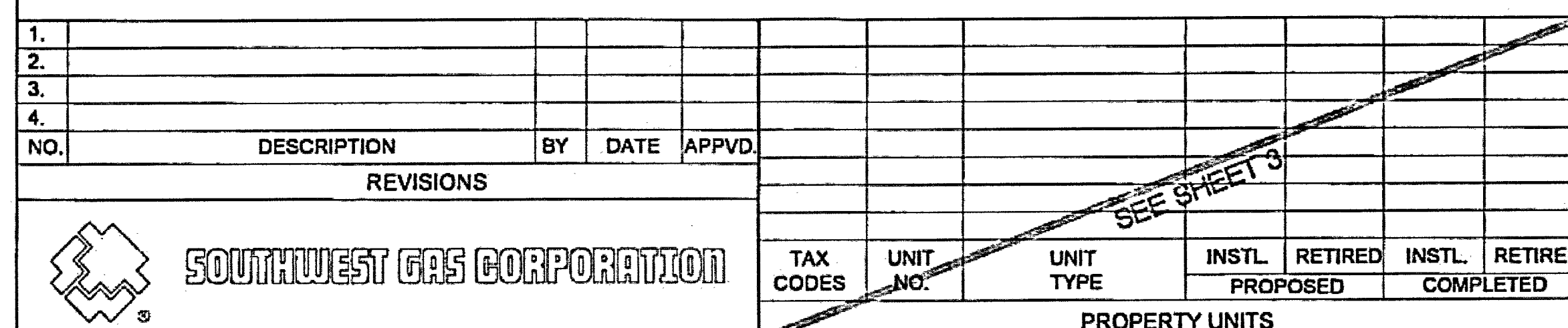




- RTC STD DWG 503



OC	ON CENTER
OD	OUTSIDE DIAMETER
OH	OVERHEAD
PHP	OVERHEAD POWER
P	POWER
PAOP	POTENTIAL ALLOWABLE OPERATING PRESSURE
PCC	PORTLAND CEMENT CONCRETE
PE	POLYETHYLENE PIPE
PH	POT HOLE
PHMSA	PIPELINE & HAZARDOUS MATERIALS SAFETY ADMINISTRATION
PL	PROPERTY LINE
PIC	POTENTIAL IMPACT CIRCLE
PLS	PRESSURE LIMITING STATION
PP	POWER POLE
PQF	PREQUALIFIED FITTING
PVC	POLYVINYL CHLORIDE
RAM	RISK ASSESSMENT MODEL
RC	REINFORCED CONCRETE
RCP	REINFORCED CONCRETE PIPE
SD	STORM DRAIN
SDMH	STORM DRAIN MANHOLE
SDR	STANDARD DIMENSION RATIO
SF	SQUARE FOOT
SHT	SHEET
SHP	STEEL HIGH PRESSURE PIPE
SMYS	SPECIFIED MAXIMUM YIELD STRENGTH
SNWA	SOUTHERN NEVADA WATER AUTHORITY
SWR	SANITARY SEWER
SST	STAINLESS STEEL
ST	STREET
STA	STATION
STD	STRENGTH TEST DRAWING
STL	STEEL
SWG	SOUTHWEST GAS
TEL	TELEPHONE
TB	THRUST BLOCK
TOP	TOP OF PIPE
TP	TEST POINT
TRIMP	TRANSMISSION INTEGRITY MANAGEMENT PROGRAM
UDACS	UNIFORM DESIGN AND CONSTRUCTION STANDARDS
UOC	UNUSUAL OPERATING CONDITIONS
UOP	UNIT OF PROPERTY
UPRR	UNION PACIFIC RAILROAD
USD	UNIFORM STANDARD DRAWING
VCP	VITRIFIED CLAY PIPE
VERT	VERTICAL
VG	VALLEY GUTTER
VSP	VINTAGE STEEL PIPE
WTR	WATER
WMS	WORK MANAGEMENT SYSTEM
WR	WORK REQUEST
WT	WALL THICKNESS
WW	WATER VALVE
YD	YARD(S)

1. SUGGESTED GAS LOCATIONS ARE TO CLEAR SUBSTRUCTURES LOCATE IN FIELD.
2. ALL PIPELINE CONSTRUCTION SHALL CONFORM TO APPLICABLE JURISDICTION SPECIFICATIONS.
3. DO NOT SCALE THIS DRAWING.
4. SEE AC'S FOR SERVICE REPLACEMENT.
5. CHANGE IN PROPOSED MAIN LOCATION MUST BE AUTHORIZED BY SWG ENGINEER PRIOR TO INSTALLATION.
6. GAS MAINS SHALL BE PURGED PER OPERATIONS MANUAL.
7. ABANDONED SERVICE NO ACTION REQUIRED.
8. REPLACE ALL ACTIVE SERVICES INCLUDING AA, PVC, M7000 PE, M8000 PE, EXCEPT WHERE EXISTING M8100 PE SERVICES ARE VERIFIED, INSPECTED, AND APPROVED FOR TIE-OVER BY SWG INSPECTOR.
9. EXISTING SERVICES, VERIFICATION, AND INSPECTION REQUIRED FROM MAIN TO RISER. TIE INTO NEW MAIN IF APPROVED BY SWG INSPECTOR. REPLACE ALL AA, PVC, M7000 PE, AND M8000 PE SERVICES. M8100 PE SERVICES TO BE VERIFIED, INSPECTED AND APPROVED BY SWG INSPECTOR.
10. EXISTING SERVICE, UNKNOWN TYPE, SIZE, AND LOCATION TO BE VERIFIED.
11. REPLACEMENT SERVICES TO BE SINGLE OR BRANCHED. NO CROSS-LOT REPLACEMENT SERVICES PERMITTED.
12. REPLACE ALL ANODE RISERS WITH ANODELESS RISERS.
13. ALL EXISTING UTILITY LOCATION TO BE VERIFIED PRIOR TO START OF CONSTRUCTION.
14. CONTACT ENGINEERING FOR BYPASS INFORMATION.
15. ALL MAIN TIE-INS REQUIRING TEES ARE TO BE FULL-FLOW TEES UNLESS OTHERWISE STATED.
16. ALL SHORING REQUIREMENTS SHALL CONFORM TO APPLICABLE PORTIONS OF THE OPERATIONS MANUAL.
17. REQUEST FOR SURVEYING AND/OR STAKING WILL BE SUBMITTED TO ENGINEERING 72 HOURS IN ADVANCE, MINIMUM.
18. TRENCHING AND BACKFILL TO CONFORM WITH STANDARD SPECS. SECTION 208 AND RTC STANDARD 503.

AS-BUILT DRAWING-PRESSURE TEST DATA		INDIVIDUAL PERFORMING VISUAL INSPECTION VISUAL INSPECTION CERTIFICATION		CONSTRUCTION		ISOLATION AREA		W.R. NO.		ENGINEER/TECH: DAVID FRIEDLANDER		PHONE: 702-365-2203	
TEST MEDIUM TEST METHOD		I HAVE VISUALLY INSPECTED ALL HEATED FUSIONS, SOLVENT CEMENT, MECHANICAL JOINTS, AND WELDS THAT HAVE PERFORMED		INSPECTOR _____		ISO_21		3153578		ACCOUNT REP: KELLI ROSS		PHONE: 702-528-7708	
PIPE DIA. _____ PIPE LENGTH _____ PIPE TYPE _____ MNL. DURATION _____		NAME _____ DATE _____		FOREMAN _____		DIST_064				PROJECT CONTACT: JAN GOYER		PHONE: _____	
☐ AIR ☐ GAUGE ☐ NITROGEN ☐ CHART ☐ WATER ☐ GAUGE/ ☐ SOAP PRESS REC SW		SEE SHEET 3		REVIEWED BY _____						SHEET NO: 2 OF 5		SCALE: N.T.S.	
TEST PRES. (PSIG) (MAX) _____ (MIN) _____ TIME (START) _____ (STOP) _____ DATE: (START) _____ (STOP) _____		AS-BUILTS ACCEPTED BY _____ DATE _____ POSTED BY _____ DATE _____ POSTING QC'D BY _____ DATE _____		PERMIT INFORMATION		LOCATION		ATLAS #/TITLE #		DWN. BY: ZONE ENG.		CHKD. BY: _____	
PERFORMED BY: _____ SVC. VERIFIED BY: _____				CITY OF LAS VEGAS TAX CODE 02-0200		SEC 15 T20S R60E M.D.M.		x594y530		APPVD. BY: _____		TITLE	
										BUFFALO AND PEAK ABBREVIATIONS & NOTES			



AS-BUILT DRAWING-PRESSURE TEST DATA			
PIPE DIA. _____	TEST MEDIUM TEST METHOD		
PIPE LENGTH _____	☐ AIR	☐ GAUGE	
PIPE TYPE _____	☐ NITROGEN	☐ CHART	
MIN. DURATION _____	☐ WATER	☐ GAUGE	
	☐ SOAP	PRESS REC SN# _____	
TEST PRES. (PSIG) _____	START _____	END _____	
TIME _____	_____	_____	
DATE _____	_____	_____	
PERFORMED BY _____	_____	_____	

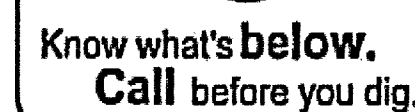
**PURGE PLAN WAS COMPLETED IN ACCORDANCE
WITH THE OPERATIONS MANUAL GUIDELINES BY:**

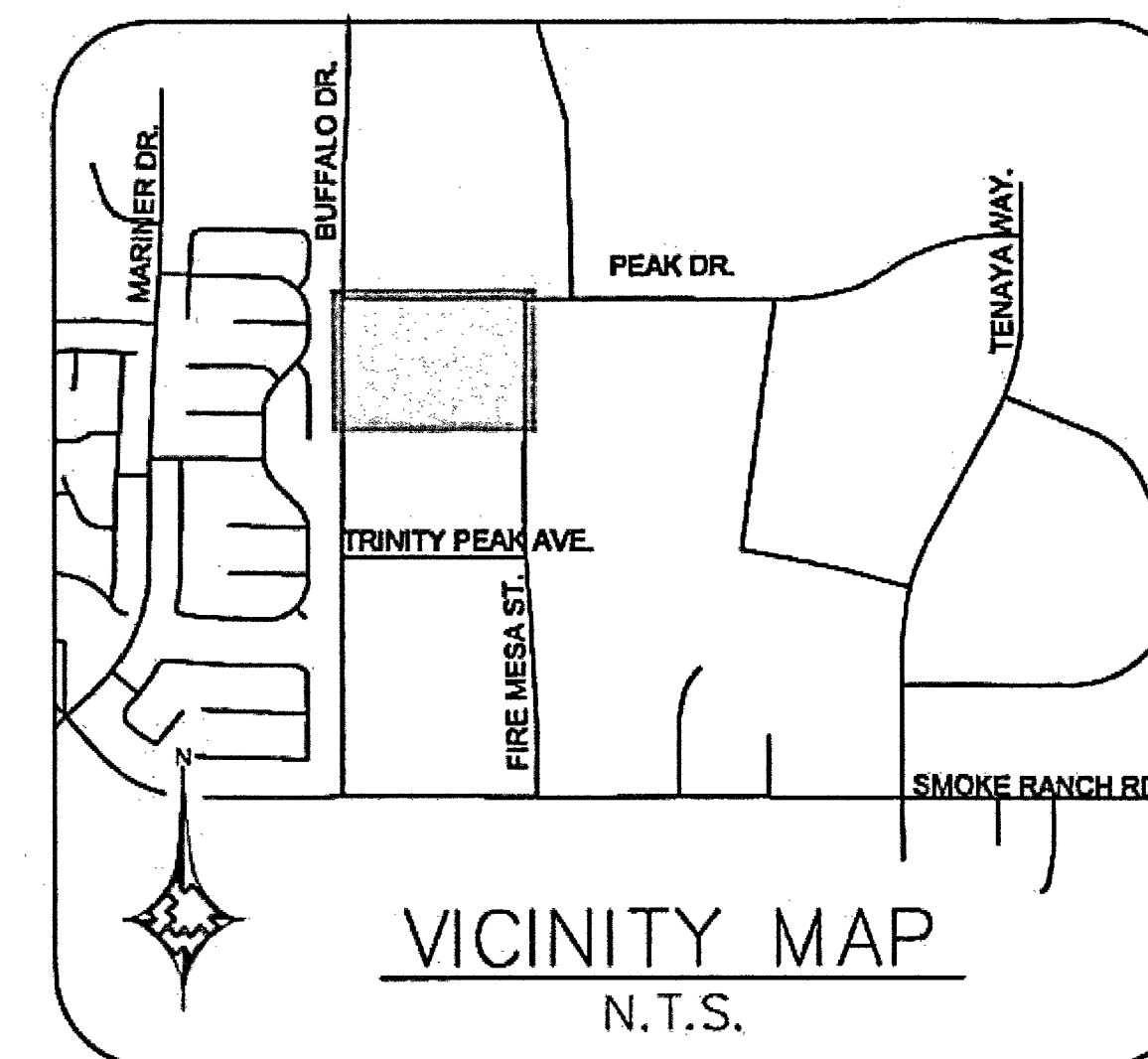
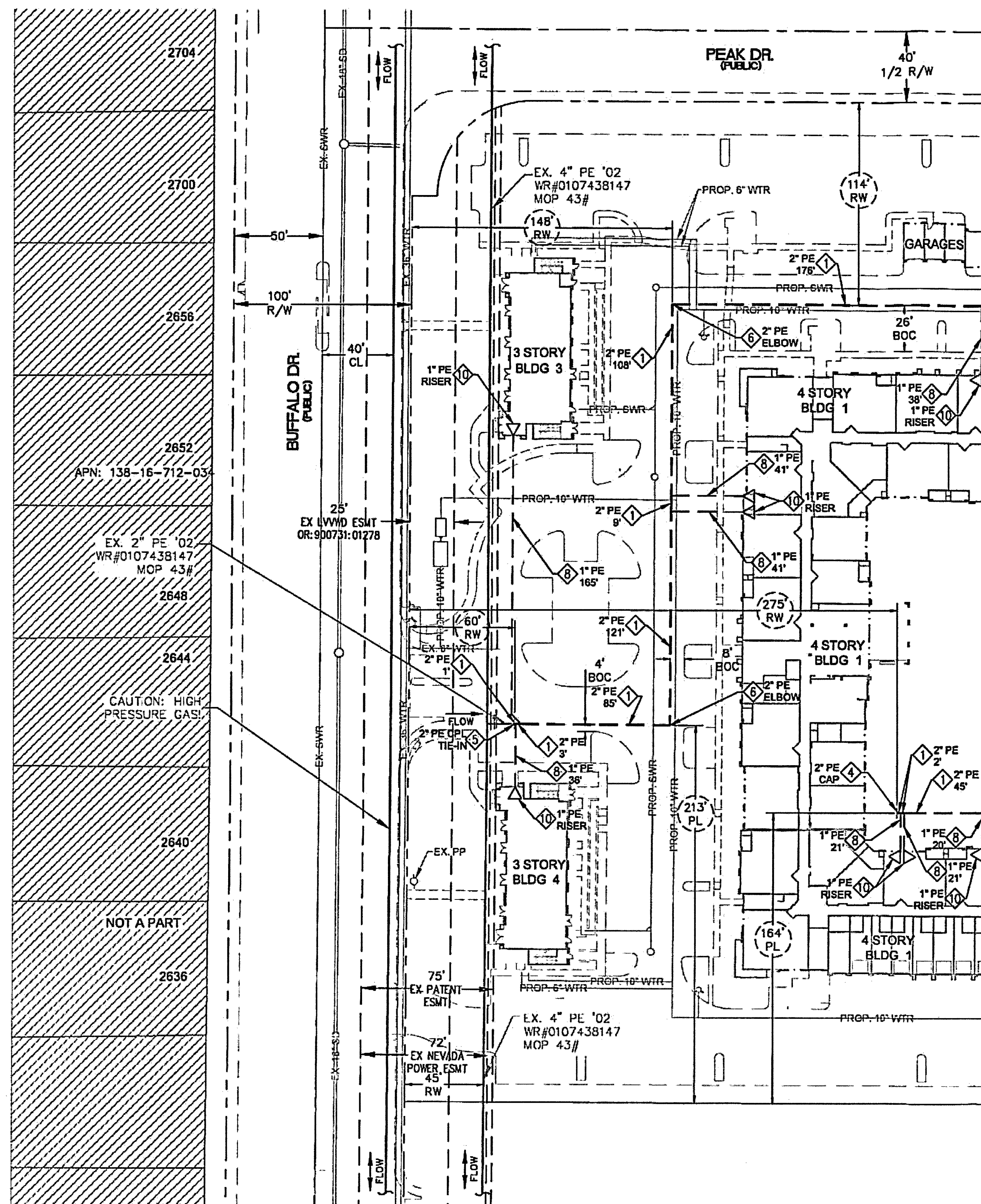
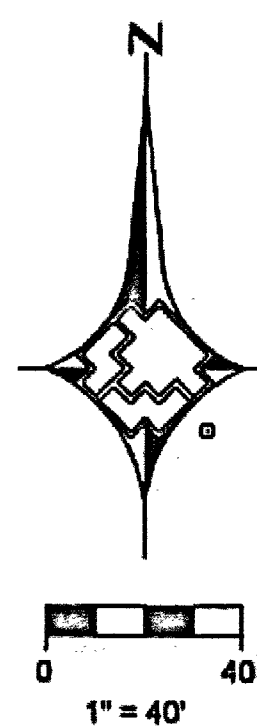
PRINT: _____ DATE: _____

SIGNATURE: _____

MATERIAL LIST FOR PROPOSED DISTRIBUTION FACILITIES				
ITEM#	QTY. (DESIGN)	QTY. (AS-BUILT)	STOCK ID#	DESCRIPTION
①	1,804'		100-5101	PROPOSED 2" PE MAIN
②	22'		100-5101	PROPOSED 2" PE SERVICE
③	4		140-3074	PROPOSED 2" PE FULL FLOW TEE
④	5		140-3060	PROPOSED 2" PE CAP
⑤	1		140-3504	PROPOSED 2" PE COUPLING
⑥	7		140-3067	PROPOSED 2" PE 90° ELBOW
⑦				ROPE PROPOSED 2" PE MAIN
⑧	1,047'		101-8526	PROPOSED 1" PE SERVICE
⑨	1			PROPOSED 2" PE RISER
⑩	30			PROPOSED 1" PE RISER
⑪	1		160-8171	PROPOSED 2" PE HVTT

A1 500.5

[illegible]



MATERIAL LIST FOR PROPOSED DISTRIBUTION FACILITIES

ITEM#	QTY. (AS-BUILT)	STOCK ID#	DESCRIPTION
1		100-5101	PROPOSED 2" PE MAIN
2		100-5101	PROPOSED 2" PE SERVICE
3		140-3074	PROPOSED 2" PE FULL FLOW TEE
4		140-3080	PROPOSED 2" PE CAP
5		140-3504	PROPOSED 2" PE COUPLING
6		140-3067	PROPOSED 2" PE 90° ELBOW
7			ROPE PROPOSED 2" PE MAIN
8		101-8526	PROPOSED 1" PE SERVICE
9			PROPOSED 2" PE RISER
10			PROPOSED 1" PE RISER
11		160-8171	PROPOSED 2" PE HVTT

RTC NOTES:

PAVEMENT REPAIR SHALL CONFORM TO RTC:

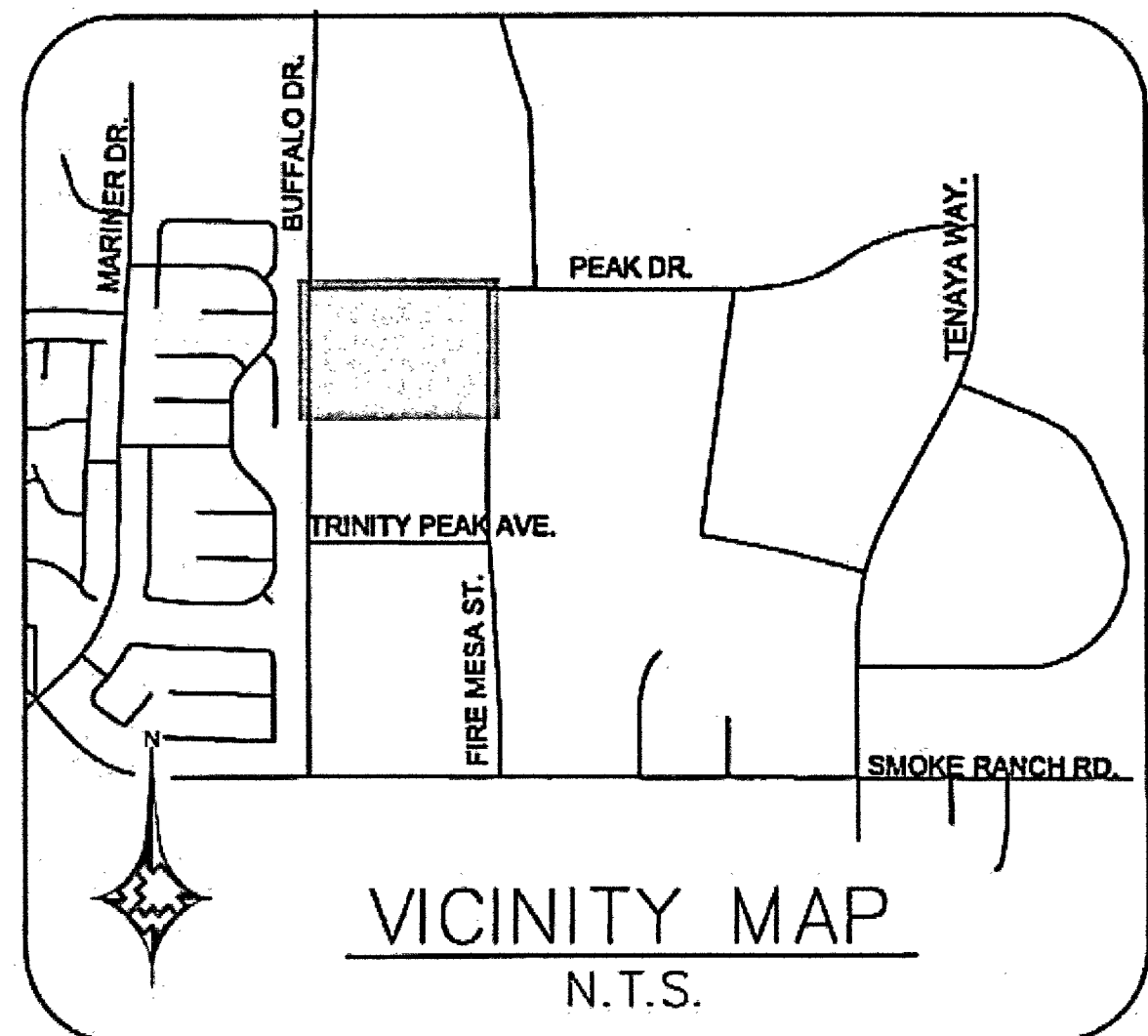
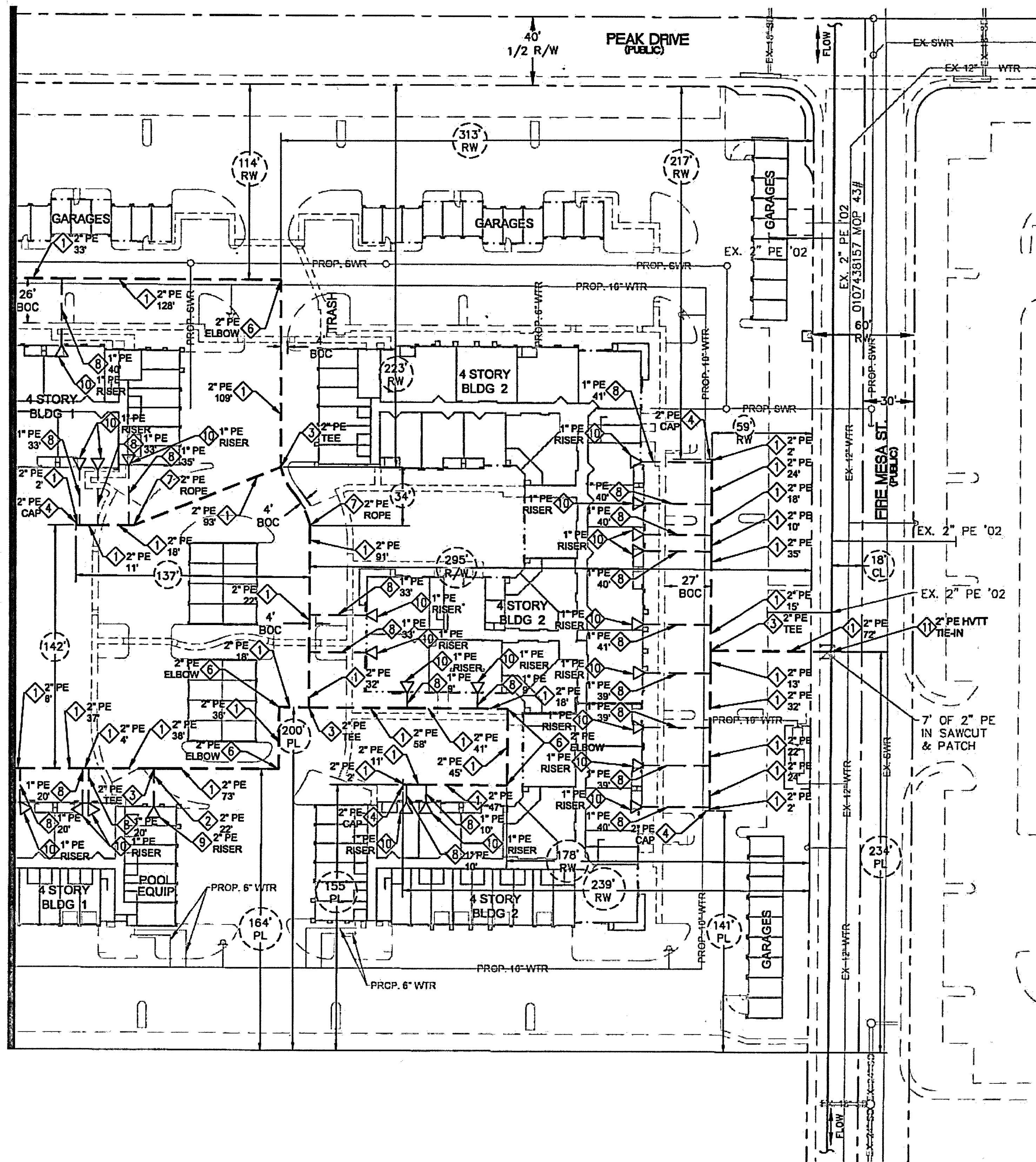
A1 503



1. _____		2. _____		3. _____		4. _____		NO. _____		DESCRIPTION _____		BY _____		DATE _____		APPVD. _____	
REVISIONS																	
SOUTHWEST GAS CORPORATION																	
TAX CODES		UNIT NO.		UNIT TYPE		INSTL. PROPOSED		RETIRED PROPOSED		INSTL. COMPLETED		RETIRED COMPLETED		PROPERTY UNITS			
AS-BUILT DRAWING-PRESSURE TEST DATA																	
PIPE DIA. _____																	
PIPE LENGTH _____																	
PIPE TYPE _____																	
MIN. DURATION _____																	
TEST PRES. (PSIG) (MAX) _____																	
TIME (HOURS) (STOP) _____																	
DATE (START) _____																	
DATE (STOP) _____																	
PERFORMED BY: _____																	
CHECKED BY: _____																	
INDIVIDUAL PERFORMING VISUAL INSPECTION																	
VISUAL INSPECTION CERTIFICATION																	
I HAVE VISUALLY INSPECTED ALL HEATED FUSION, SOLVENT CEMENT, MECHANICAL JOINTS, AND WELDS THAT HAVE PERFORMED																	
NAME _____																	
DATE _____																	
CONSTRUCTION																	
INSPECTOR _____																	
FOREMAN _____																	
REVIEWER _____																	
PERMIT INFORMATION																	
CITY OF LAS VEGAS																	
TAX CODE 02-0200																	
ISOLATION AREA		ISO 21		DIST 064		W.R. NO.		3153578		ENGINEER/TECH: DAVID FRIEDLANDER		PHONE: 702-385-2203					
LOCATION		SEC 15		T20S R60E		M.D.M.		ATLAS #/TILE #		x594y530		ACCOUNT REP: KELLI ROSS					
SHEET NO: 4 OF 5		SCALE: 1"=40'		DATE: 8/15/16		DWN. BY: ZONE ENG.		CHKD. BY: _____		APPVD. BY: _____		PHONE: 702-528-7708					
TITLE																	
BUFFALO AND PEAK DESIGN PLAN																	



MATCHLINE - SEE SHEET 4



MATERIAL LIST FOR PROPOSED DISTRIBUTION FACILITIES			
ITEM#	QTY. (AS-BUILT)	STOCK ID#	DESCRIPTION
1		100-5101	PROPOSED 2" PE MAIN
2		100-5101	PROPOSED 2" PE SERVICE
3		140-3074	PROPOSED 2" PE FULL FLOW TEE
4		140-3060	PROPOSED 2" PE CAP
5		140-3504	PROPOSED 2" PE COUPLING
6		140-3067	PROPOSED 2" PE 90° ELBOW
7			ROPE PROPOSED 2" PE MAIN
8		101-8528	PROPOSED 1" PE SERVICE
9			PROPOSED 2" PE RISER
10			PROPOSED 1" PE RISER
11		160-8171	PROPOSED 2" PE HVTT

RTC NOTES:
PAVEMENT REPAIR SHALL CONFORM TO RTC:
A1 503
A1 500.5



1. 2. 3. 4.				NO. DESCRIPTION BY DATE APPVD				REVISIONS				TAX CODES UNIT NO. UNIT TYPE INSTL. RETIRED INSTL. RETIRED PROPOSED COMPLETED				PROPERTY UNITS				AS-BUILT DRAWING-PRESSURE TEST DATA PIPE DIA. _____ TEST MEDIUM _____ TEST METHOD _____ PIPE LENGTH _____ PIPE TYPE _____ MIN. DURATION _____ TEST PRES. (PSIG) (MAX) _____ (MIN) _____ TIME (START) _____ (STOP) _____ DATE (START) _____ (STOP) _____ PERFORMED BY: _____ CHECKED BY: _____				INDIVIDUAL PERFORMING VISUAL INSPECTION VISUAL INSPECTION CERTIFICATION I HAVE VISUALLY INSPECTED ALL HEATED FUSION JOINTS, MECHANICAL JOINTS, AND WELDS THAT HAVE BEEN PERFORMED. NAME _____ DATE _____ SEE SHEET 3				CONSTRUCTION INSPECTOR _____ FOREMAN _____ REVIEWED BY _____ SEE SHEET 3				ISOLATION AREA ISO_21 DIST_064				W.R. NO. 3153578				ENGINEER/TECH: DAVID FRIEDLANDER ACCOUNT REP: KELLI ROSS PROJECT CONTACT: JAN GOYER SHEET NO: 5 OF 5 DWN. BY: ZONE ENG. CHKD. BY: _____ APPVD. BY: _____				PHONE: 702-365-2203 PHONE: 702-528-7708 PHONE: _____ DATE: 8/15/16				PERMIT INFORMATION CITY OF LAS VEGAS TAX CODE 02-0200				LOCATION SEC 15 T20S R60E M.D.M.				ATLAS #/TILE # x594y530				BUFFALO AND PEAK DESIGN PLAN			
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