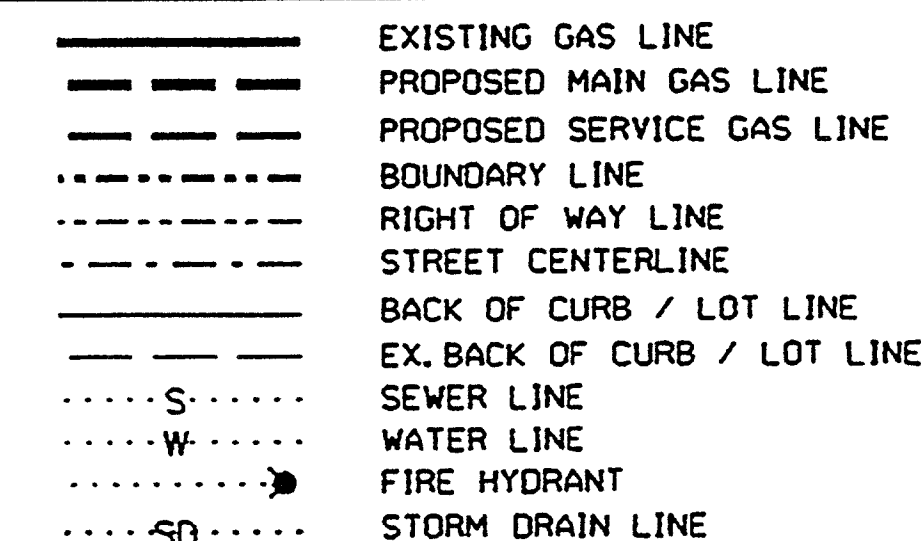


Call  
before you  
Dig.  
1-800-227-2600  
UNDERGROUND SERVICE (USA)  
(48 HR. BEFORE IF POSSIBLE)



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. SERVICE(S) TO BE 1" PE UNLESS OTHERWISE NOTED.
5. RISER & METER(S) AT THIS LOCATION. 
6. GAS MAINS SHALL BE PURGED PER THE OPERATIONS MANUAL.
7. CENTENNIAL IS PAVED. COMPLY WITH RTC STD 504.

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

APPROVAL 7/11/07  
DATE

CUSTOMERS 3 CYCLE      ROUTE      AREA 1 LV 9

|                                                                                                                  |                                   |                                                  |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------|--|----------------|--|----------------------|--|--------------|--|------------------|----------------|------|---------|-------------|--------------|------------|--|-------|--|--|--|-------------------------------|--|--|--|----------------------|--|--|--|----------------|--|--|--|---------|--|--|--|
| <div><div></div><div>Southwest Gas Corporation</div></div>                                                       |                                   |                                                  |                | <table><tr><td>NO.</td><td>DESCRIPTION</td><td>BY</td><td>DATE</td><td>APPROV.</td></tr><tr><td colspan="5">REVISIONS</td></tr></table> |                |  |  | NO. | DESCRIPTION | BY | DATE | APPROV. | REVISIONS |  |  |  |  | <table><tr><td>3760102</td><td>2" PE</td><td>670' ±</td><td></td><td></td><td></td><td></td></tr><tr><td>3800101</td><td>1" PE</td><td>45' ±</td><td></td><td></td><td></td><td></td></tr><tr><td>UNIT NO.</td><td>UNIT TYPE</td><td>INSTL. PROPOSED</td><td>RET. COMPLETED</td><td>INSTL. COMPLETED</td><td>RET. COMPLETED</td><td></td></tr><tr><td colspan="7">PROPERTY UNITS</td></tr></table> |  |  |  |  |  | 3760102 | 2" PE | 670' ± |  |  |  |  | 3800101 | 1" PE | 45' ± |  |  |  |  | UNIT NO. | UNIT TYPE | INSTL. PROPOSED | RET. COMPLETED | INSTL. COMPLETED | RET. COMPLETED |  | PROPERTY UNITS |  |  |  |  |  |  | <table><tr><td colspan="6">AS-BUILT DRAWING-PRESSURE TEST DATA</td></tr><tr><td colspan="6">TEST MEDIUM TEST METHOD</td></tr><tr><td>PIPE DIA.</td><td><input type="checkbox"/> AIR</td><td><input type="checkbox"/> GAUGE</td><td colspan="3"></td></tr><tr><td>PIPE LENGTH</td><td><input type="checkbox"/> NITROGEN</td><td><input type="checkbox"/> CHART</td><td colspan="3"></td></tr><tr><td>PIPE TYPE</td><td><input type="checkbox"/> WATER</td><td></td><td colspan="3"></td></tr><tr><td>MIN. DURATION</td><td><input type="checkbox"/> SOAP</td><td><input type="checkbox"/> GAUGE / PRESS. REC. SHW</td><td colspan="3"></td></tr><tr><td>TEST PRES. (PSIG)</td><td>START</td><td>END</td><td colspan="3"></td></tr><tr><td>TIME</td><td></td><td></td><td colspan="3"></td></tr><tr><td>DATE</td><td></td><td></td><td colspan="3"></td></tr><tr><td>PERFORMED BY</td><td></td><td></td><td colspan="3"></td></tr></table> |  |  |  |  |  | AS-BUILT DRAWING-PRESSURE TEST DATA |  |  |  |  |  | TEST MEDIUM TEST METHOD |  |  |  |  |  | PIPE DIA. | <input type="checkbox"/> AIR | <input type="checkbox"/> GAUGE |  |  |  | PIPE LENGTH | <input type="checkbox"/> NITROGEN | <input type="checkbox"/> CHART |  |  |  | PIPE TYPE | <input type="checkbox"/> WATER |  |  |  |  | MIN. DURATION | <input type="checkbox"/> SOAP | <input type="checkbox"/> GAUGE / PRESS. REC. SHW |  |  |  | TEST PRES. 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R. NO.</td></tr><tr><td>241</td><td>588615</td></tr><tr><td>LOCATION</td><td>TITLE NO.</td></tr><tr><td>T19S.R60E</td><td>x585y556</td></tr><tr><td>S20</td><td></td></tr></table> |  | ISOLATION AREA | M. R. NO. | 241 | 588615 | LOCATION | TITLE NO. | T19S.R60E | x585y556 | S20 |  | <table><tr><td colspan="2">ACCOUNT REP. DAVID STEARNS</td><td colspan="2">PHONE 528-7016</td></tr><tr><td colspan="2">PROJECT CONTACT RICK</td><td colspan="2">702-498-7828</td></tr><tr><td>SHEET NO. 1 OF 1</td><td>SCALE 1" = 40'</td><td>DATE</td><td>3/07/07</td></tr><tr><td>DWN. BY CME</td><td>CHKD. BY BLA</td><td>APPROV. BY</td><td></td></tr><tr><td colspan="4">TITLE</td></tr><tr><td colspan="4">DURANGO AND CENTENNIAL CENTER</td></tr><tr><td colspan="4">DURANGO &amp; CENTENNIAL</td></tr><tr><td colspan="4">LOT 14154-SW 9</td></tr><tr><td colspan="4">710-002</td></tr></table> |  |  |  | ACCOUNT REP. 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| NO.                                                                                                              | DESCRIPTION                       | BY                                               | DATE           | APPROV.                                                                                                                                 |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| REVISIONS                                                                                                        |                                   |                                                  |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| 3760102                                                                                                          | 2" PE                             | 670' ±                                           |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| 3800101                                                                                                          | 1" PE                             | 45' ±                                            |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| UNIT NO.                                                                                                         | UNIT TYPE                         | INSTL. PROPOSED                                  | RET. COMPLETED | INSTL. COMPLETED                                                                                                                        | RET. COMPLETED |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |                  |                |  |                |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                 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| PROPERTY UNITS                                                                                                   |                                   |                                                  |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| AS-BUILT DRAWING-PRESSURE TEST DATA                                                                              |                                   |                                                  |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| TEST MEDIUM TEST METHOD                                                                                          |                                   |                                                  |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| PIPE DIA.                                                                                                        | <input type="checkbox"/> AIR      | <input type="checkbox"/> GAUGE                   |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| PIPE LENGTH                                                                                                      | <input type="checkbox"/> NITROGEN | <input type="checkbox"/> CHART                   |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| PIPE TYPE                                                                                                        | <input type="checkbox"/> WATER    |                                                  |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| MIN. DURATION                                                                                                    | <input type="checkbox"/> SOAP     | <input type="checkbox"/> GAUGE / PRESS. REC. SHW |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |                  |                |  |                |  |  |  |  |  |  |                                                                                                                                           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| TEST PRES. (PSIG)                                                                                                | START                             | END                                              |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |                  |         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| TIME                                                                                                             |                                   |                                                  |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| DATE                                                                                                             |                                   |                                                  |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| PERFORMED BY                                                                                                     |                                   |                                                  |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| VISUAL INSPECTION CERTIFICATION                                                                                  |                                   |                                                  |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| I HAVE VISUALLY INSPECTED ALL HEATED FUSIONS, SOLVENT CEMENT, MECHANICAL JOINTS, AND WELDS THAT I HAVE PERFORMED |                                   |                                                  |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| NAME                                                                                                             |                                   | DATE                                             |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| AS-BUILTS ACCEPTED BY                                                                                            |                                   |                                                  |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| POSTED BY                                                                                                        |                                   | DATE                                             |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| POSTING O'C'D BY                                                                                                 |                                   | DATE                                             |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| CONSTRUCTION                                                                                                     |                                   |                                                  |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| INSPECTOR                                                                                                        |                                   |                                                  |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| FOREMAN                                                                                                          |                                   |                                                  |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| REVIEWED BY                                                                                                      |                                   |                                                  |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| PERMIT INFORMATION                                                                                               |                                   |                                                  |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| Tax Code Area-02-0200                                                                                            |                                   |                                                  |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| CITY OF LAS VEGAS                                                                                                |                                   |                                                  |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| CLARK COUNTY                                                                                                     |                                   |                                                  |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| ISOLATION AREA                                                                                                   | M. R. NO.                         |                                                  |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |                  |                |  |                |  |  |  |  |  |  |                                                                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| LOCATION                                                                                                         | TITLE NO.                         |                                                  |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| ACCOUNT REP. DAVID STEARNS                                                                                       |                                   | PHONE 528-7016                                   |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |                  |           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| PROJECT CONTACT RICK                                                                                             |                                   | 702-498-7828                                     |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| SHEET NO. 1 OF 1                                                                                                 | SCALE 1" = 40'                    | DATE                                             | 3/07/07        |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| TITLE                                                                                                            |                                   |                                                  |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| DURANGO AND CENTENNIAL CENTER                                                                                    |                                   |                                                  |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| DURANGO & CENTENNIAL                                                                                             |                                   |                                                  |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| LOT 14154-SW 9                                                                                                   |                                   |                                                  |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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| 710-002                                                                                                          |                                   |                                                  |                |                                                                                                                                         |                |  |  |     |             |    |      |         |           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |         |       |        |  |  |  |  |         |       |       |  |  |  |  |          |           |                 |                |               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