

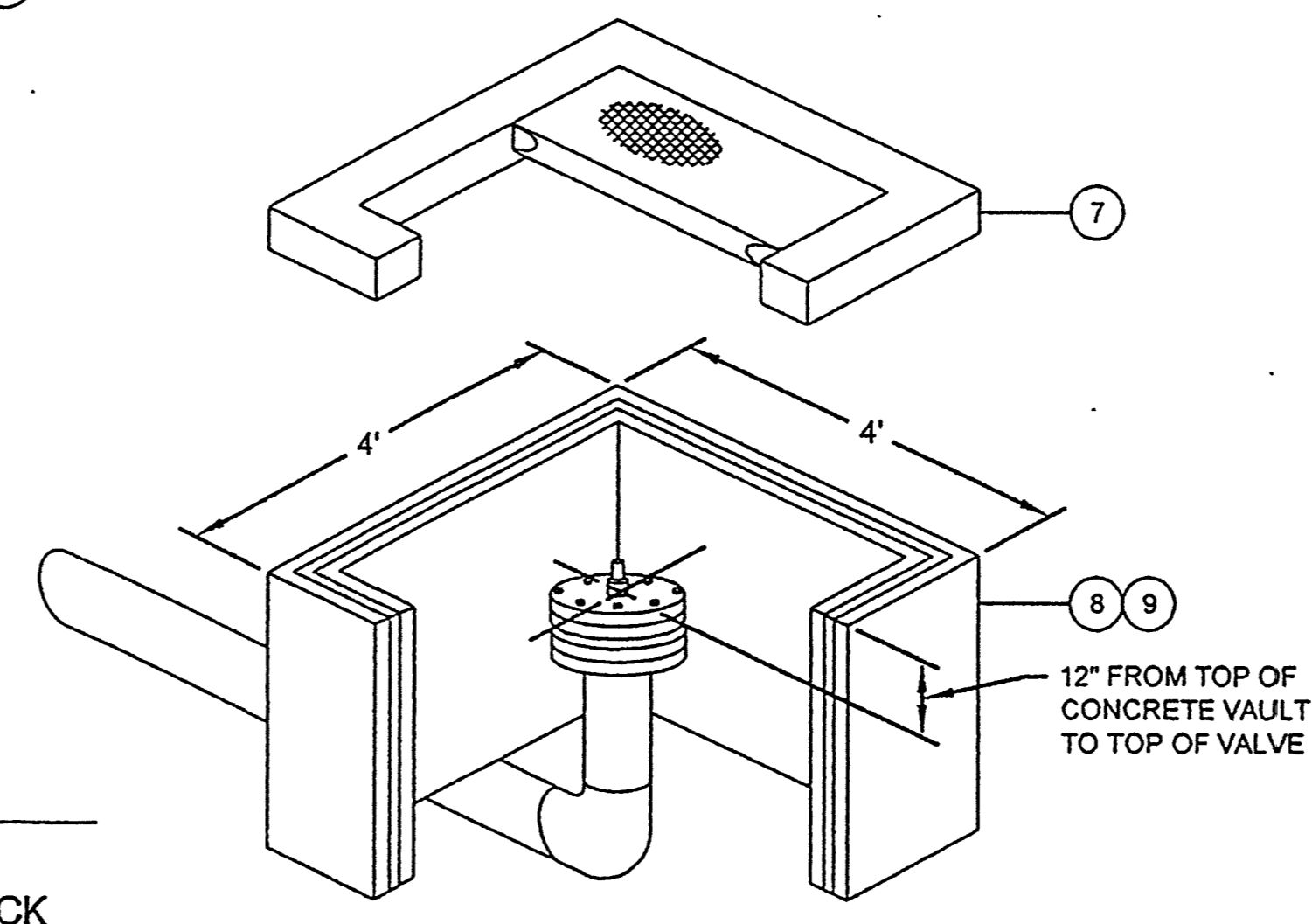
BLOWDOWN ASSEMBLY VAULT ON NORTH SIDE OF NORTHBRIDGE (SEE DETAIL-G)

**SOUTHWEST GAS MATERIAL STRENGTH TEST PRESSURE REPORT**

PROJECT: DOWNTOWN HP APPROACH MAIN BRIDAL ASSEMBLY WR# 722929  
 PAGE: 1  
 DATE: 2/22/08  
 LOCATION: INDUSTRIAL NORTHBRIDGE  
 DESIGN MAOP 720 F = 0.50  
 CLASS: 3 E = 1.0  
 TEST MEDIUM: NITROGEN T = 1.0  
 SUMMARY: INTERMEDIATE LEAK TEST IS REQUIRED. TEST SHOULD BE BETWEEN 100# AND 475# AND HOLD FOR 10 MINUTES.

Footage to be tested: 247 feet  
 Minimum test pressure: 1,080 psig  
 Maximum test pressure: 1,125 psig  
 Minimum test duration: 8 hour

Comments:  
 COMPLETED BY: MICHAEL ROSS DATE: 22-FEB-08



**DETAIL - G  
BLOWDOWN STACK**

CALL BEFORE YOU DIG  
**CAN YOU DIG IT!**  
 1-800-227-2600  
 (48hrs. Advance Notice Required)

AS-BUILT DRAWING-PRESSURE TEST DATA PIPE DIA. _____ TEST MEDIUM _____ TEST METHOD _____ PIPE LENGTH _____ <input type="checkbox"/> AIR <input type="checkbox"/> GAUGE _____ PIPE TYPE _____ <input type="checkbox"/> NITROGEN <input type="checkbox"/> CHART _____ MIN DURATION _____ <input type="checkbox"/> WATER <input type="checkbox"/> GAUGE/ PRESS REC SW# _____ <input type="checkbox"/> SOAP				VISUAL INSPECTION CERTIFICATION I HAVE VISUALLY INSPECTED ALL HEATED FUSIONS, SOLVENT CEMENT, MECHANICAL JOINTS, AND WELDS THAT I HAVE PERFORMED NAME _____ DATE _____				CONSTRUCTION INSPECTOR _____ FOREMAN _____ REVIEWED BY _____				ISOLATION AREA 125-27 300-51 LOCATION TOWN 22S R62E SEC 4, 5				W. R. NO. 722929 852868 852871				ENGINEER/TECHNICIAN MICHAEL ROSS PHONE 702-365-2236 ACCOUNT REP. JAMES STEIN PHONE 702-365-2555 PROJECT CONTACT SHEET NO. 19 OF 20 SCALE 1"=40' DATE 08/26/08 DWN. BY SEI CHKD. BY APPVD. BY			
TEST PRES (PSIG) START END TIME _____ DATE _____ PERFORMED BY _____				AS-BUILTS ACCEPTED BY _____ DATE _____ POSTED BY _____ DATE _____ POSTING QC'D BY _____ DATE _____				PERMIT INFORMATION CITY OF LAS VEGAS TAX DISTRICT 02-0203 NDOT UPRR				TITLE DOWNTOWN HP APPROACH MAIN 107V 5069-SW6											
NO. 11986 DESCRIPTION REVISIONS BY DATE APPVD.				UNIT NO. UNIT TYPE INSTL. RET. INSTL. RET. PROPOSED COMPLETED PROPERTY UNITS				CUSTOMERS _____ CYCLE _____ ROUTE _____ AREA_3S_LV_21				SEE SHEET 2											

