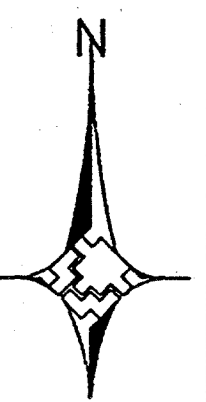
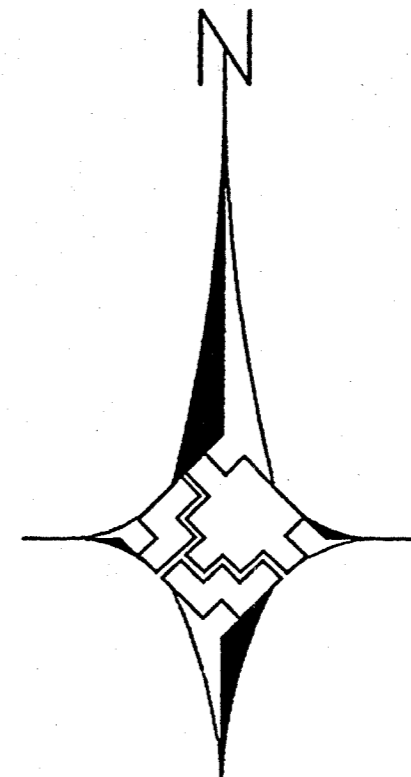
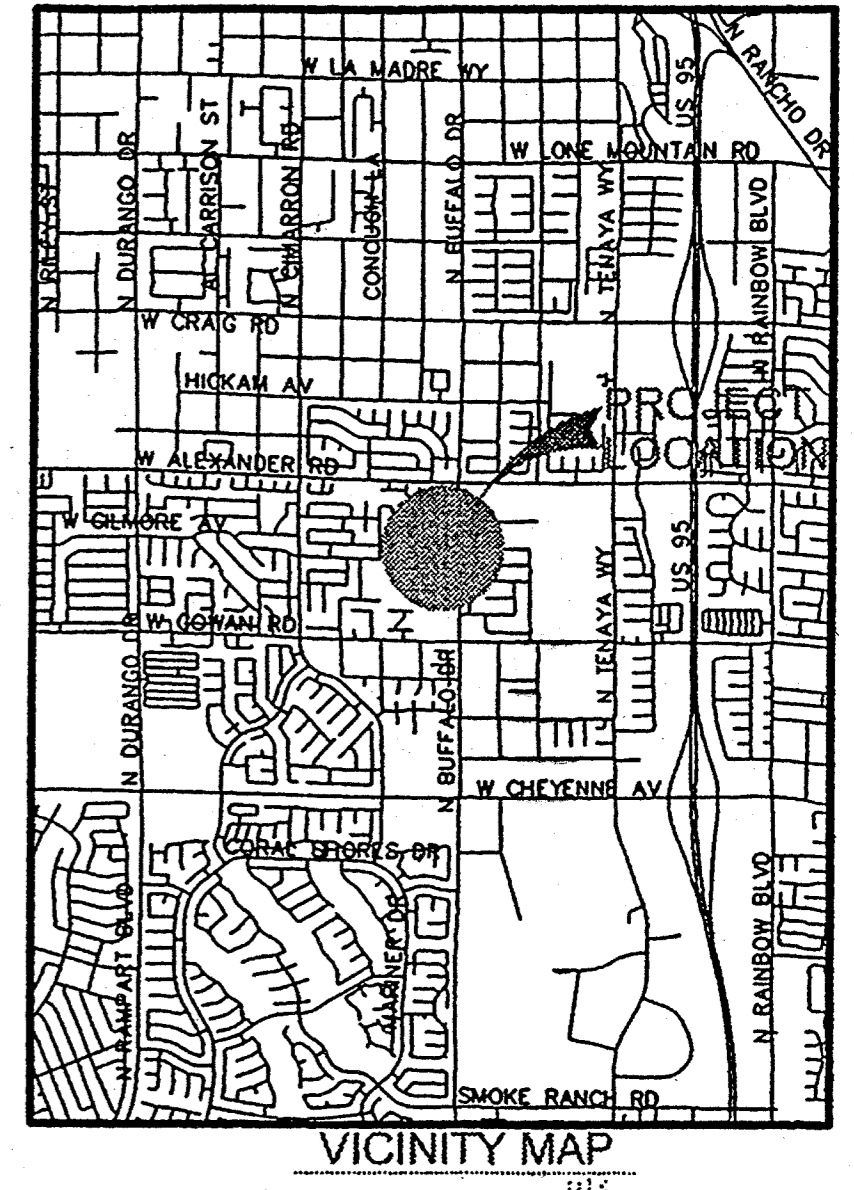


LEGEND

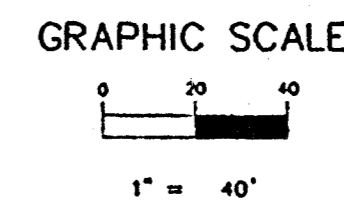
	EXISTING GAS MAIN
	PROPOSED GAS MAIN
	PROPOSED GAS LATERAL
	RIGHT-OF-WAY
	PROPOSED SEWER
	PROPOSED WATER



DISCLAIMER NOTE
 UTILITY LOCATIONS SHOWN HEREON ARE APPROXIMATE ONLY. IT SHALL BE THE CONTRACTOR'S RESPONSIBILITY TO DETERMINE THE EXACT HORIZONTAL AND VERTICAL LOCATION OF ALL EXISTING UNDERGROUND AND OVERHEAD UTILITIES PRIOR TO COMMENCING CONSTRUCTION. NO REPRESENTATION IS MADE THAT ALL EXISTING UTILITIES ARE SHOWN HEREON. THE ENGINEER ASSUMES NO RESPONSIBILITY FOR UTILITIES NOT SHOWN OR UTILITIES NOT SHOWN IN THEIR PROPER LOCATION.

- CONSTRUCTION NOTES**
- SUGGESTED GAS LOCATIONS ARE TO CLEAR SUBSTRUCTURES. LOCATE IN FIELD.
 - ALL PIPELINE CONSTRUCTION SHALL CONFORM TO APPLICABLE JURISDICTION SPECIFICATIONS.
 - DO NOT SCALE THIS DRAWING.
 - SERVICE(S) TO BE 1" PE UNLESS OTHERWISE NOTED.
 - GAS MAINS SHALL BE PURGED PER THE OPERATIONS MANUAL.
 - PERMITS REQUIRED: CITY OF LAS VEGAS
 - TOTAL FOOTAGE IN PUBLIC ROW: 576' RORY COURT

Avoid cutting underground utility lines. It's costly.
Call before you Dig
 1-800-227-2600



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

NAME _____ DATE _____

REVISED

CUSTOMERS 14 CYCLE _____ ROUTE _____ AREA 1 LV 9

APPROVALS

 CITY OF LAS VEGAS DATE 07/28/00

NO.	DESCRIPTION	BY	DATE	APPVD.
1	CORRECTED FOR CLV	MLB	5-25-04	

UNIT NO.	UNIT TYPE	INSTL.	RET.	INSTL.	RET.
38001001	1" PE		299'		
37601002	2" PE		277'		

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 SN#
	<input type="checkbox"/> SOAP	

TEST PRES. (PSIG) _____ START _____ END _____

TIME _____ DATE _____ PERFORMED BY _____

VISUAL INSPECTION CERTIFICATION

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

NAME _____ DATE _____

AS-BUILTS ACCEPTED BY _____ DATE _____

POSTED BY _____ DATE _____

POSTING OCC BY _____ DATE _____

CONSTRUCTION

INSPECTOR _____

FOREMAN _____

REVIEWED BY _____

PERMIT INFORMATION
 CITY OF LAS VEGAS

TAX CODE
 02-0200

ISOLATION AREA	W. R. NO.
90	19210
LOCATION	TILE NO.
	X594Y536

ENGINEER/TECHNICIAN	PHONE
MARSHALL BRINK	365-2325
ACCOUNT REP. DEAN DICKINSON	PHONE
PROJECT CONTACT PAUL WAGNER	220-6200
SHEET NO. 01 OF 01	SCALE 1" = 40'
DWN. BY LMH	CHKD. BY
DATE 04/14/04	APPVD. BY

TITLE
DAY DAWN ESTATES UNIT 4
GOWAN AND BUFFALO
 107-4748-4-SWG

6232-G-04.DWG

