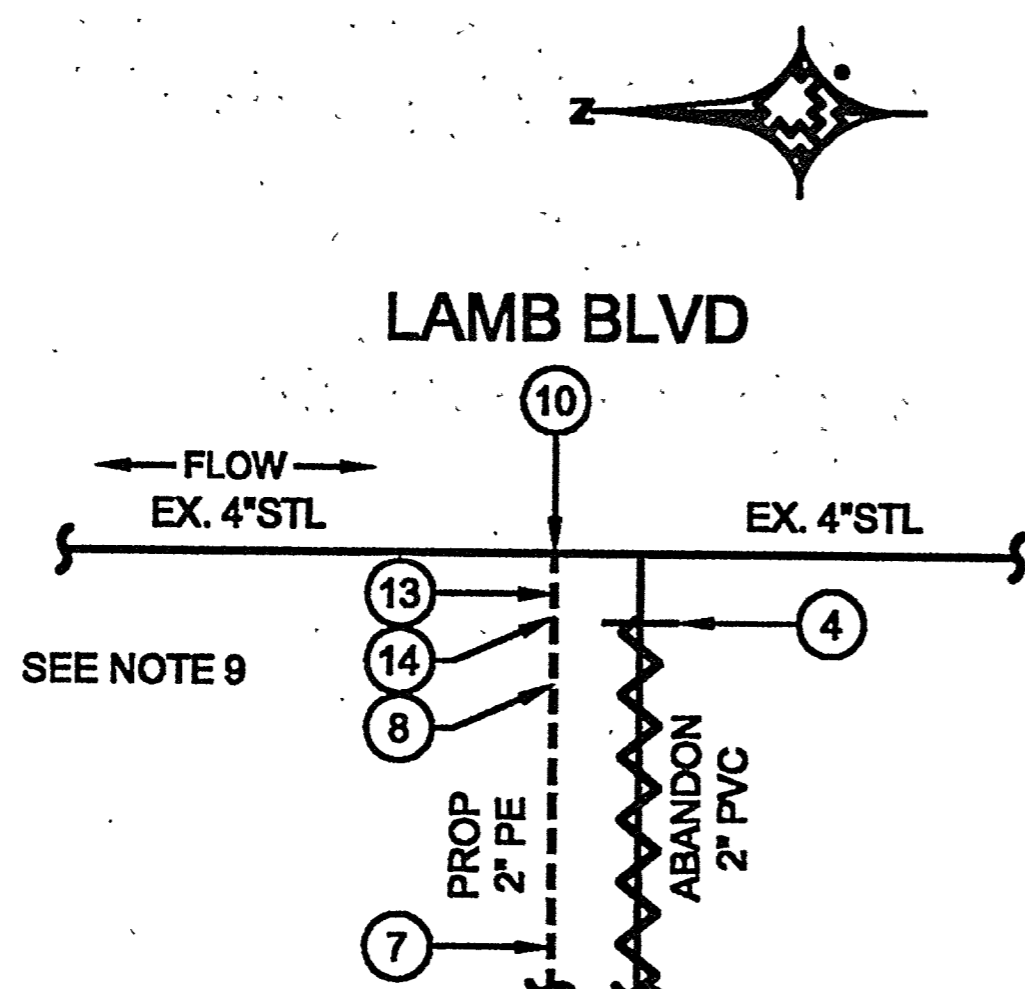
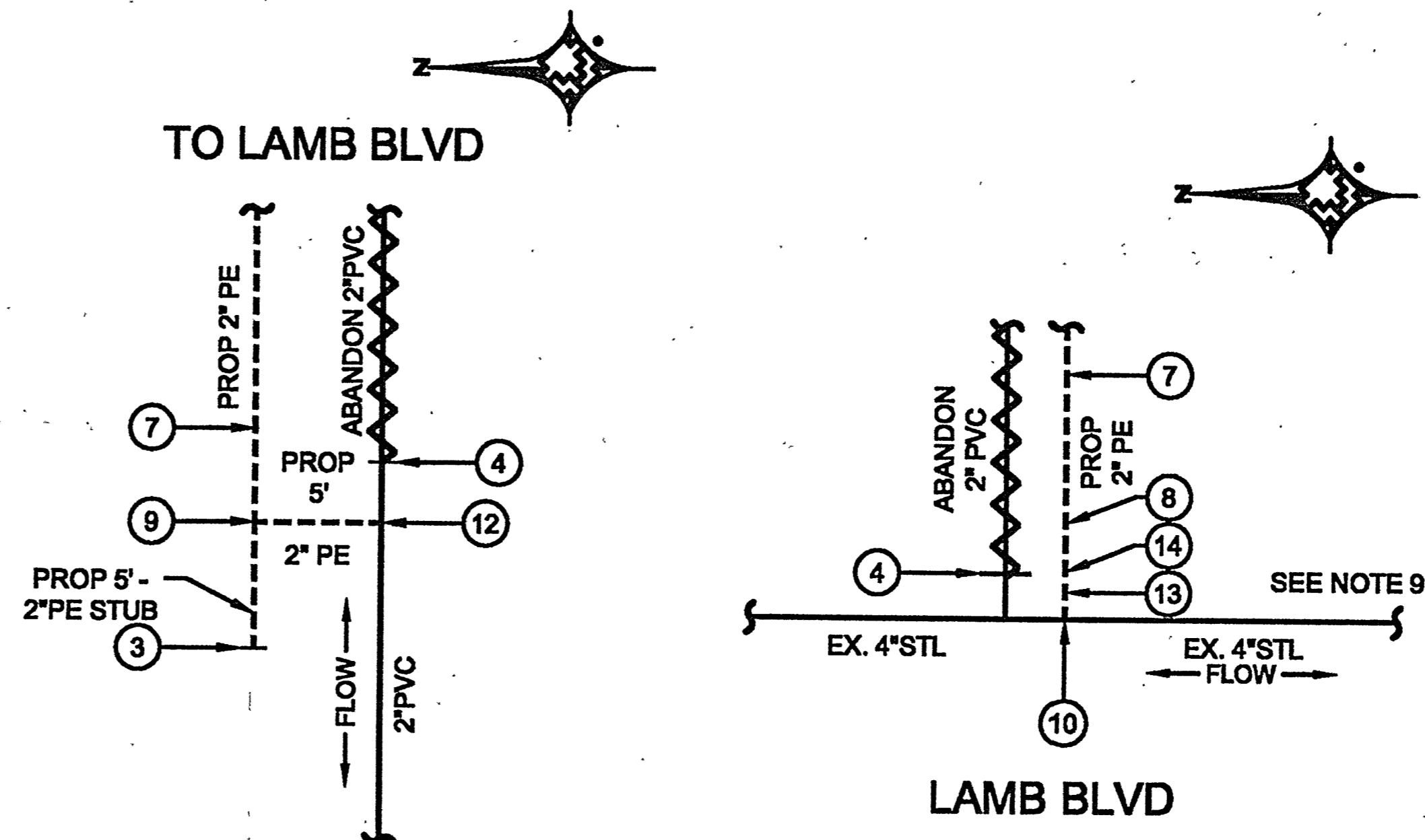


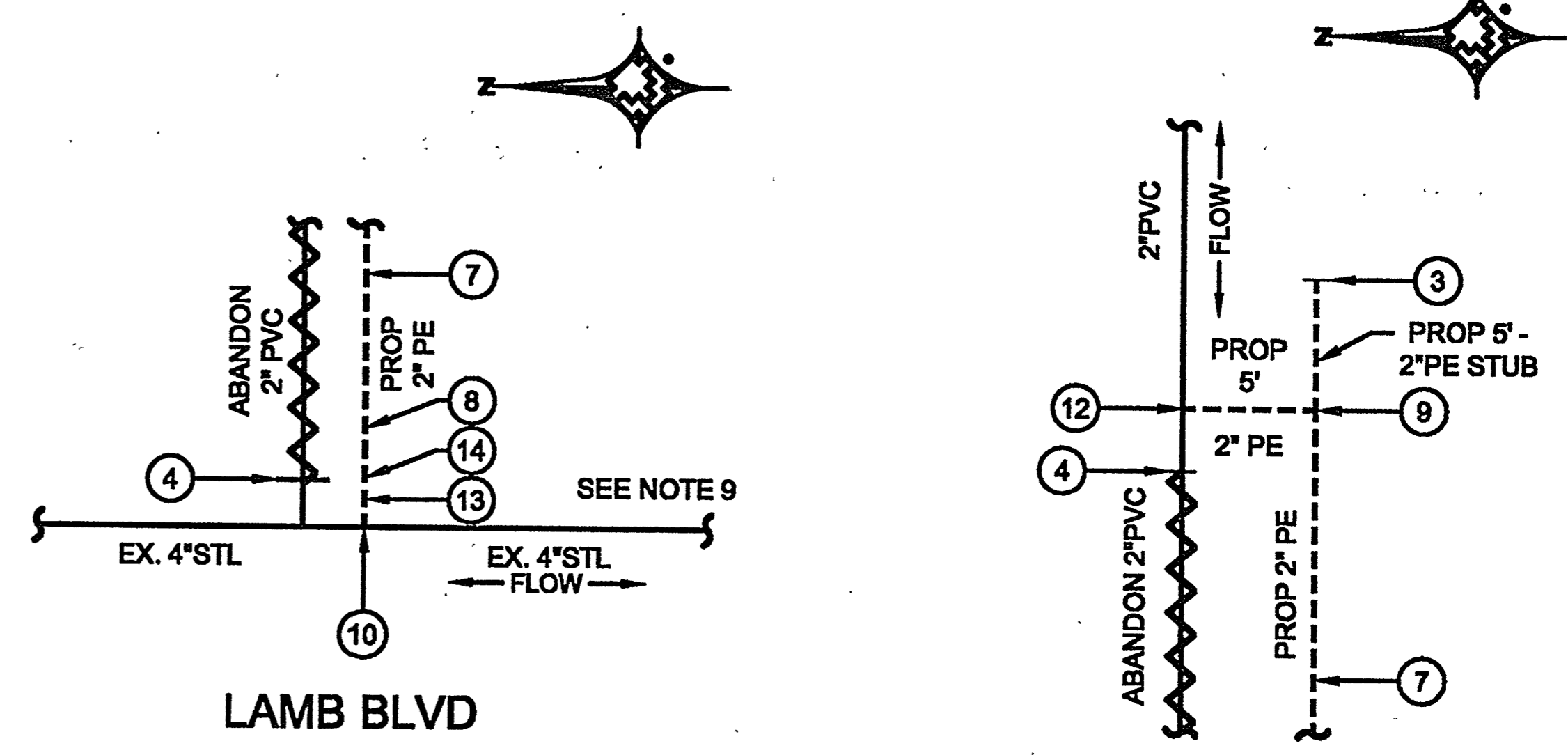
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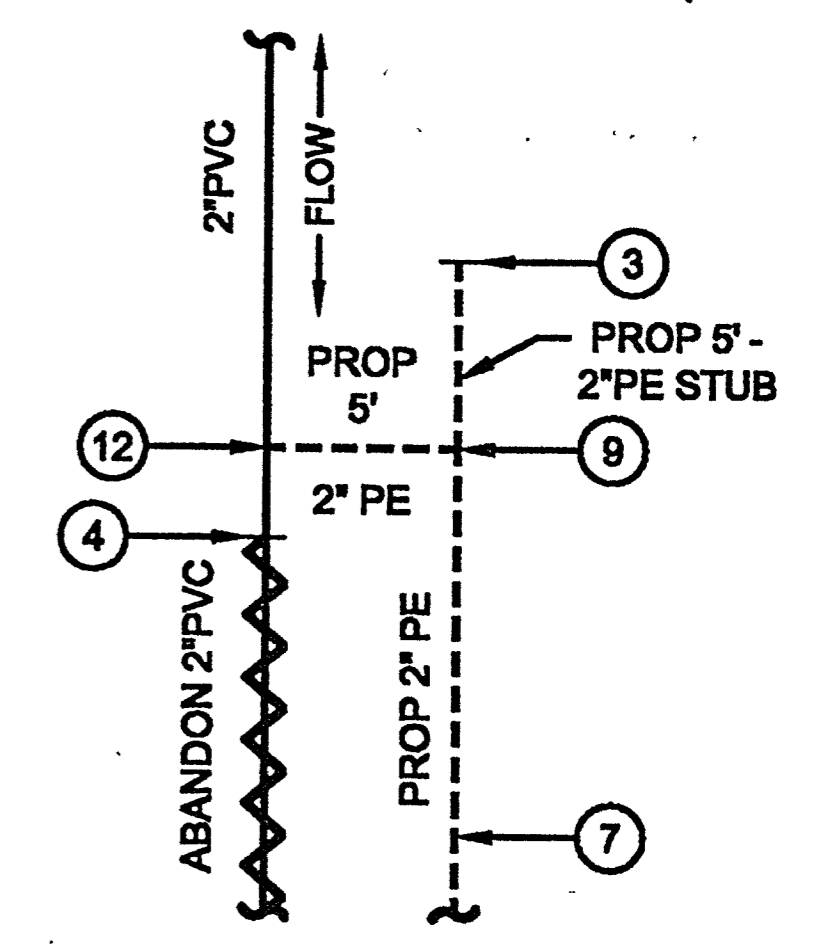
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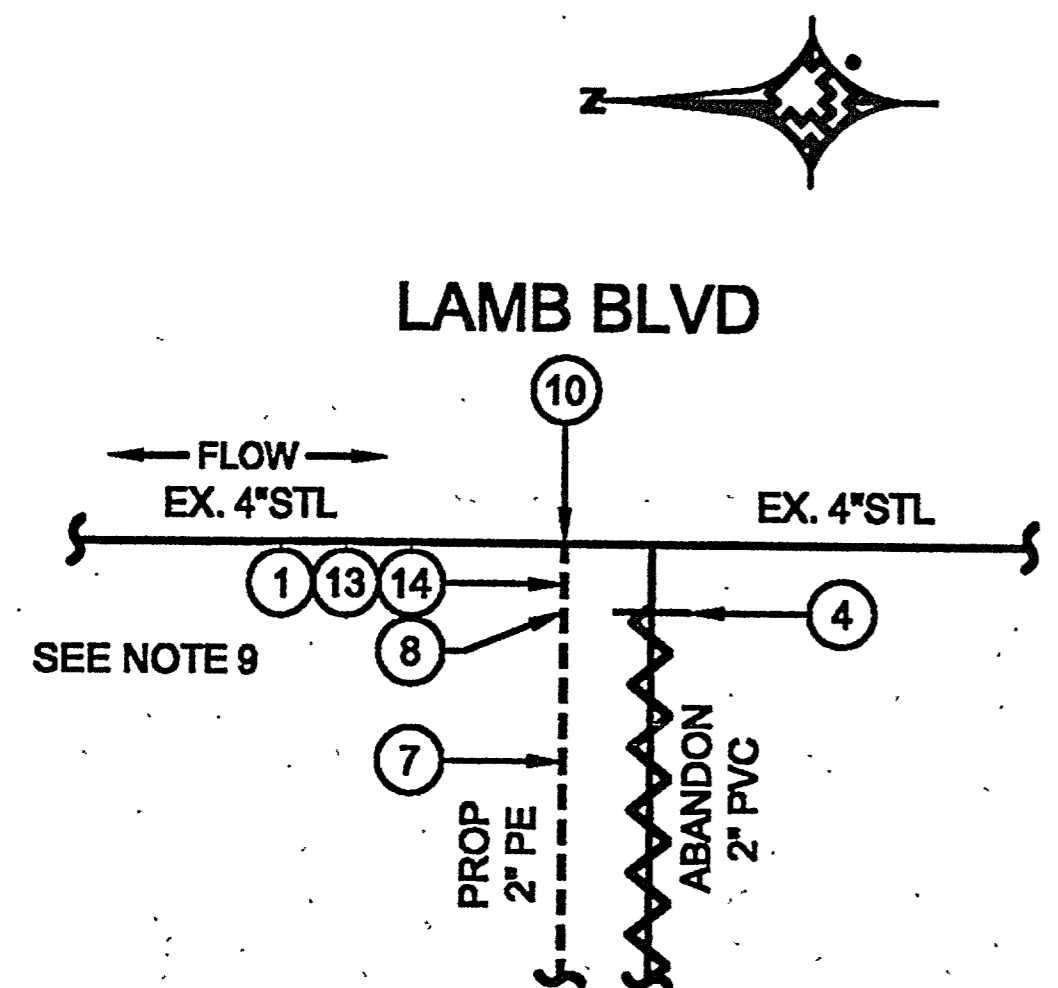
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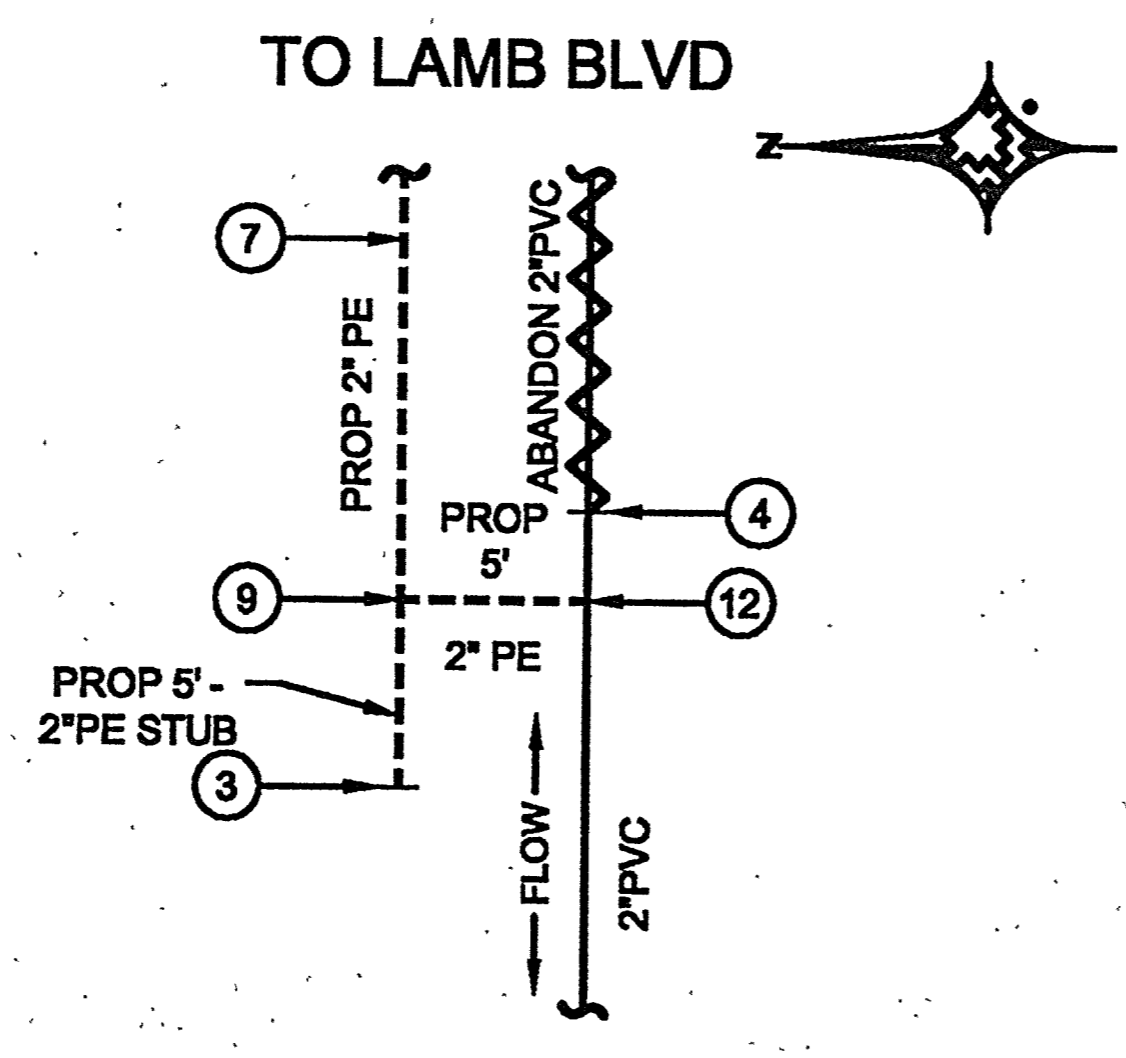
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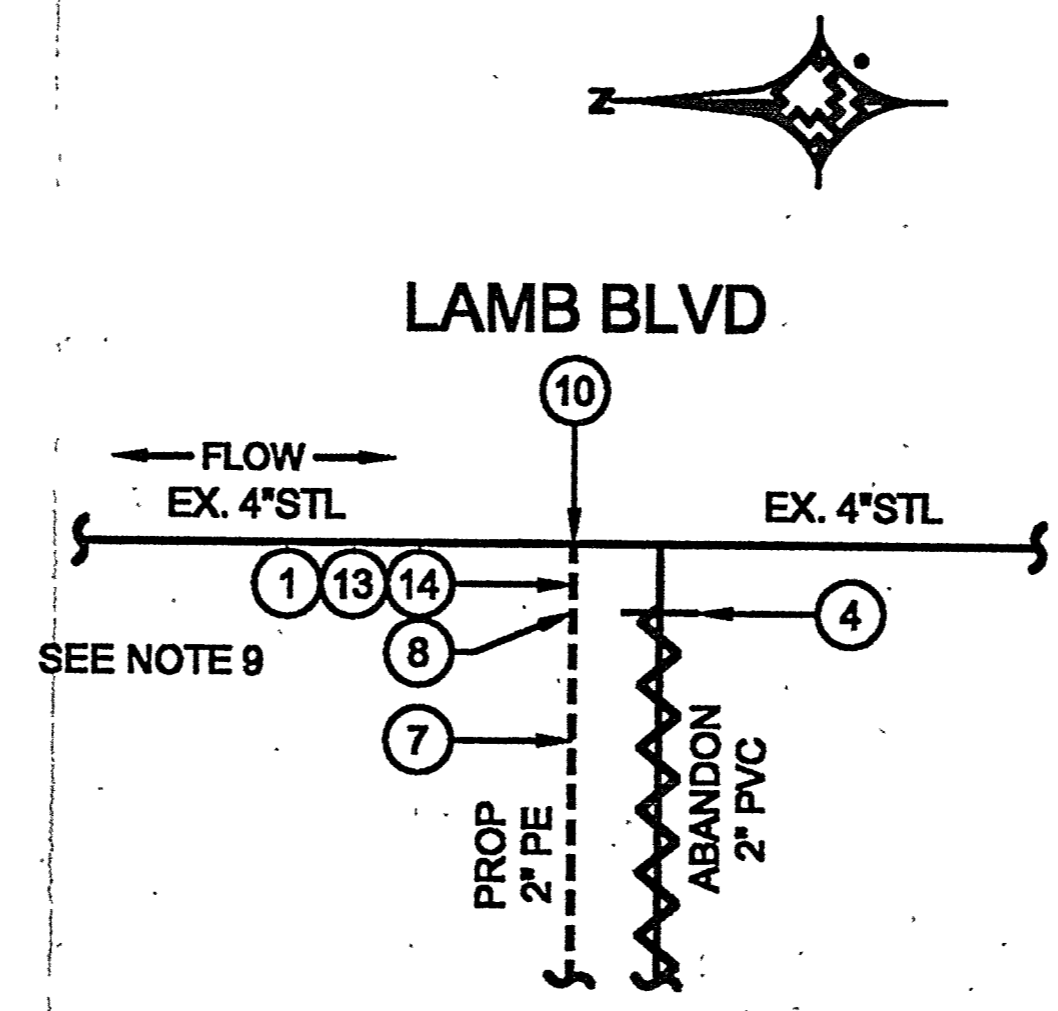
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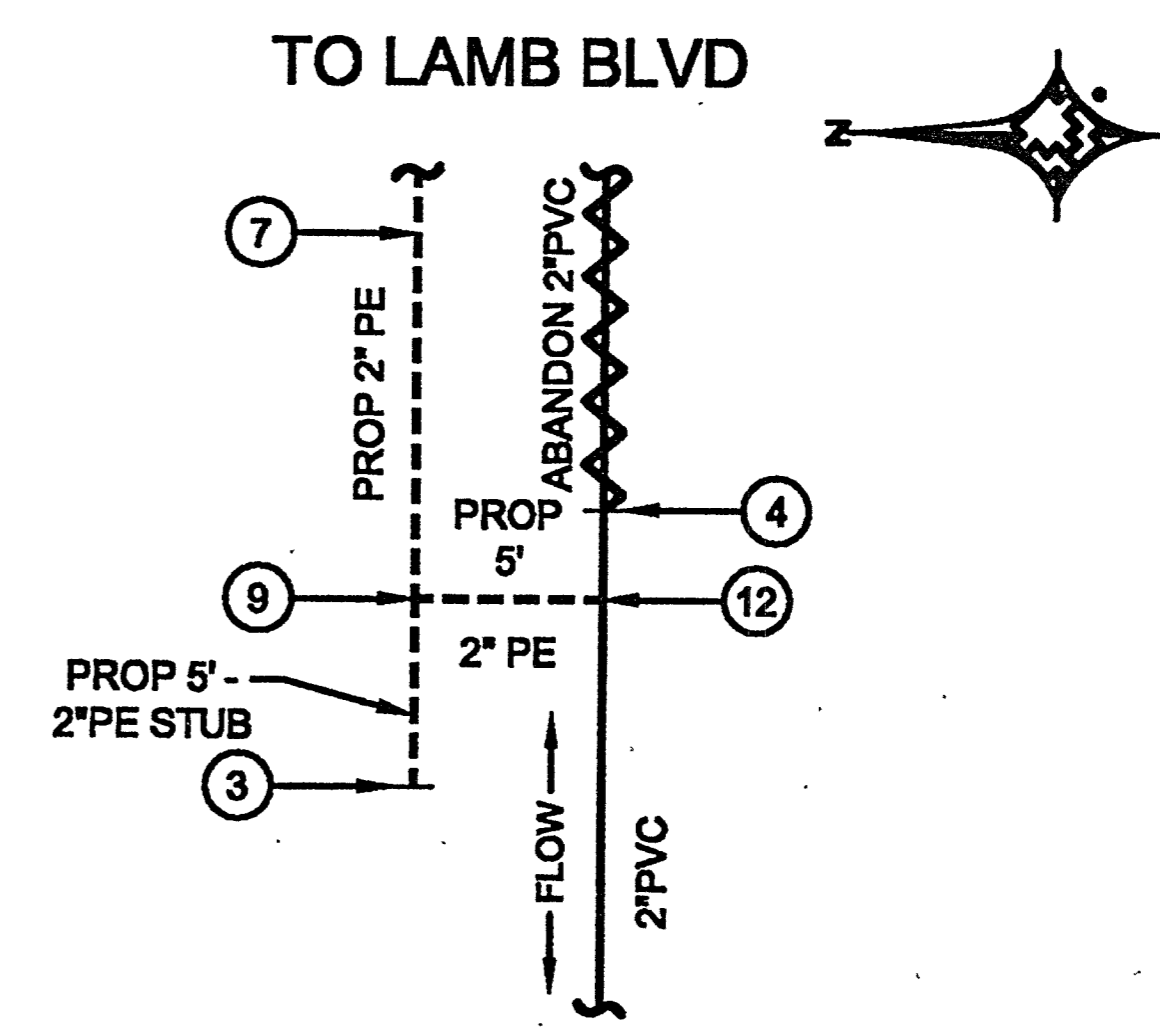
DETAIL "F"
NTS



DETAIL "G"
NTS



DETAIL "H"
NTS



DETAIL "I"
NTS

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

<table border="1"> <tr> <th>NO.</th> <th>DESCRIPTION</th> <th>BY</th> <th>DATE</th> <th>APPVD.</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				NO.	DESCRIPTION	BY	DATE	APPVD.						<table border="1"> <tr> <th>UNIT NO.</th> <th>UNIT TYPE</th> <th>INSTL. PROPOSED</th> <th>RET. COMPLETED</th> <th>INSTL. COMPLETED</th> <th>RET.</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				UNIT NO.	UNIT TYPE	INSTL. PROPOSED	RET. COMPLETED	INSTL. COMPLETED	RET.							AS-BUILT DRAWING-PRESSURE TEST DATA PIPE DIA. _____ PIPE LENGTH _____ PIPE TYPE _____ MIN. DURATION _____ TEST MEDIUM: <input type="checkbox"/> AIR <input type="checkbox"/> NITROGEN <input type="checkbox"/> WATER <input type="checkbox"/> SOAP TEST METHOD: <input type="checkbox"/> GAUGE <input type="checkbox"/> CHART GAUGE/PRESS REC. SN# _____ 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 QCD BY _____ DATE _____				CONSTRUCTION INSPECTOR _____ FOREMAN _____ REVIEWED BY _____				ISOLATION AREA 12 W. R. NO. 464150 LOCATION ATLAS #/TILE # TOWN 20S R62E SEC 29, 30, 31, 32 X648Y512 X648Y520				ENGINEER/TECHNICIAN ROBERT MILLER ACCOUNT REP. _____ PROJECT CONTACT _____ SHEET NO. 7 OF 7 DWN. BY 881 SCALE 1"=30' DATE 6/10/07 APPVD. BY _____ TITLE F-CLV-LAMB BLVD PVC REPLACEMENT 107V4862-SW9			
NO.	DESCRIPTION	BY	DATE	APPVD.																																													
UNIT NO.	UNIT TYPE	INSTL. PROPOSED	RET. COMPLETED	INSTL. COMPLETED	RET.																																												



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