

PROPOSED GAS

EXISTING GAS

EXISTING GAS
TO BE ABANDONED

RIGHT-OF-WAY LINE

CENTERLINE

NAME _____ DATE _____

SIGNATURE: _____ DATE: _____
SIGNATURE: _____ DATE: _____

APPROVAL _____ DATE _____

☒ REPLACEMENT ☐ NEW INSTALL

EXISTING PIPELINE: DISTRIBUTION

EXISTING PIPELINE SMYS @ M.O.P: 18.5 %

PROPOSED PIPELINE: DISTRIBUTION

PROPOSED PIPELINE SMYS @ M.O.P: 19.5 %

PECOS, CENTENNIAL,
LONE MOUNTAIN
(TAP SITES)

NOTE:

TOTAL FOOTAGE LOCATED IN
PUBLIC ROW 164' ±

NOTHING ON THESE DRAWINGS SHALL BE RELIED ON OR CONSTRUED BY CONTRACTOR TO ESTABLISH THE METHOD OF INSTALLATION (I.e. INSERTION, SPLITTING OF SERVICE, OPEN CUT, OR BORING).

CP/PIPE TO SOIL READ REQUIRED

LMR# _____

SIGNATURE _____

WELD PROCEDURES USED:

SIGNATURE _____

DATE _____

					3760204 4" STL 148' 117'					AS-BUILT DRAWING-PRESSURE TEST DATA					VISUAL INSPECTION CERTIFICATION					CONSTRUCTION		ISOLATION AREA		W. R. NO.		ENGINEER/TECHNICIAN: ALYSE BAKER		PHONE: 365-2077									
					3760206 6" STL 16' 10'					TEST MEDIUM TEST METHOD					I HAVE VISUALLY INSPECTED ALL HEATED FUSIONS, SOLVENT CEMENT, MECHANICAL JOINTS, AND WELDS THAT I HAVE PERFORMED					INSPECTOR _____		117		1131366		ACCOUNT REP: _____		PHONE: _____									
NO. DESCRIPTION BY DATE APPVD.										PIPE DIA. _____ ☐ AIR ☐ GAUGE					NAME _____ DATE _____					FOREMAN _____						PROJECT CONTACT: ALYSE BAKER		PHONE: 365-2077									
REVISIONS										PIPE LENGTH _____ ☐ NITROGEN ☐ CHART										REVIEWED BY _____						SHEET NO. 1 OF 5		SCALE: AS NOTED		DATE: 8-30-10							
										PIPE TYPE _____ ☐ WATER ☐ GAUGE/																											
										MIN. DURATION _____ ☐ SOAP PRESS REC SN#																											
										TEST PRES. (PSIG) START _____ END _____					AS-BUILTS ACCEPTED BY _____ DATE _____																						
										TIME _____					POSTED BY _____ DATE _____																						
										DATE _____					POSTING QC'D BY _____ DATE _____																						
										PERFORMED BY _____																											