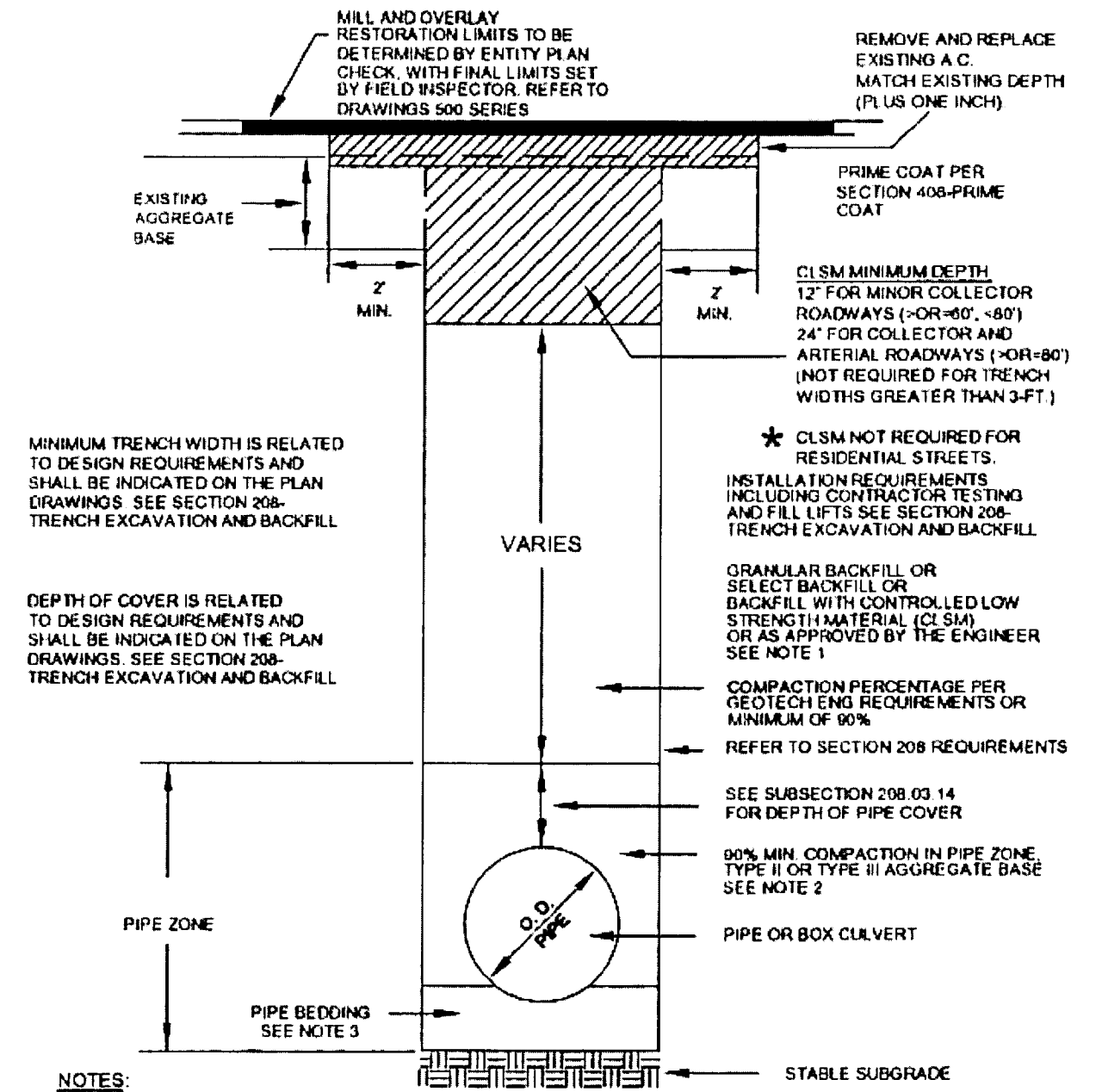
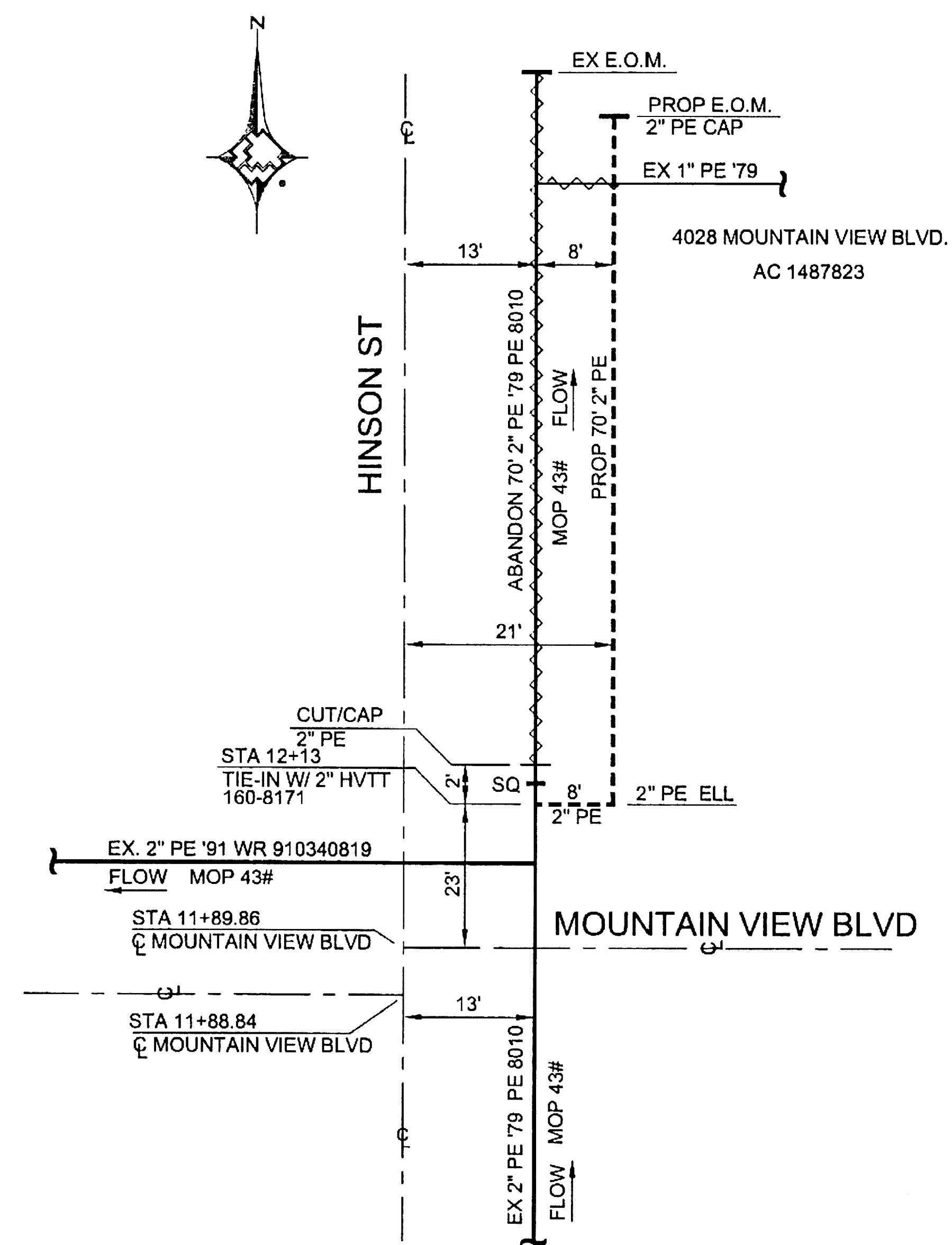
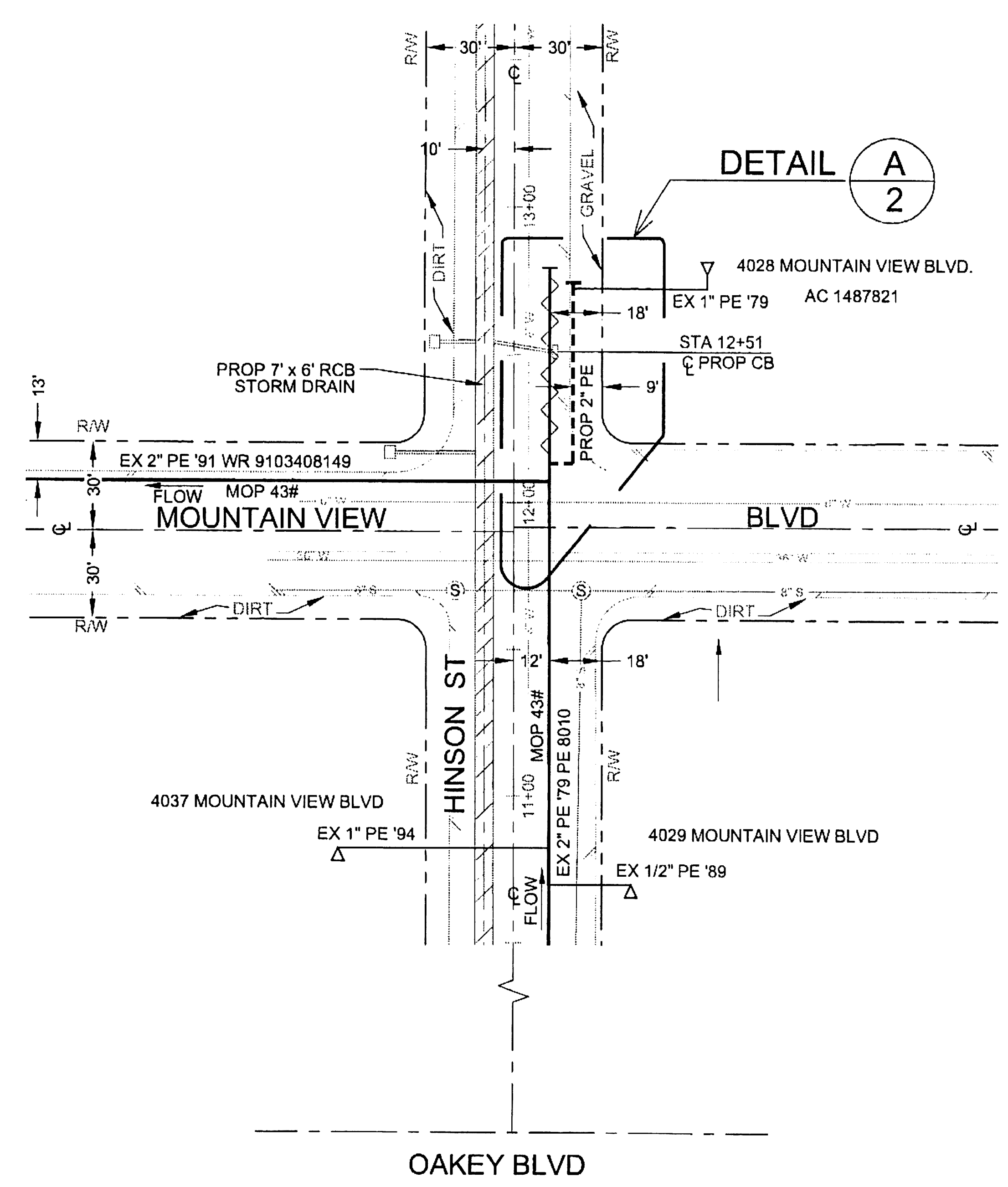
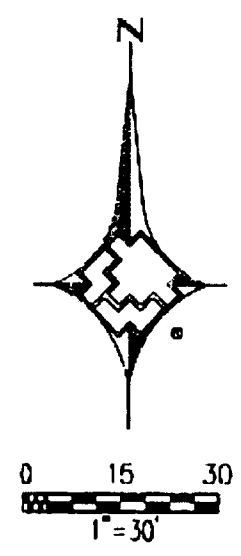




- NOTES:
1. NO STONES OR LUMPS GREATER THAN 3\"/>
 2. TRENCH WIDTH, BEDDING, SUBGRADE AND PIPE ZONE REQUIREMENTS FOR UTILITY INSTALLATIONS SHALL CONFORM TO THE RESPECTIVE ENTITY REQUIREMENTS.
 3. CRUSHED ROCK MAY BE USED FOR PIPE BEDDING ONLY IF MATERIAL USE HAS BEEN SPECIFICALLY APPROVED BY THE GOVERNING AGENCY. SEE STANDARD DRAWING NO. 505 FOR PIPE BEDDING METHODS.
 4. LAS VEGAS VALLEY WATER DISTRICT REQUIRES PIPE BEDDING AND BACKFILL WITHIN THE PIPE ZONE TO BE OF THE SAME MATERIAL.

CALL BEFORE YOU DIG
Avoid cutting underground
utility lines. It's costly.

CALL 811

OR
1-800-227-2600
AND
CLARK COUNTY TRAFFIC OPERATIONS
1-702-455-7544

THIS SHEET x612y510 *H#44963 DWG#327 V284-3-SW4* **RTC STD 503**

					SEE SHEET 1					AS-BUILT DRAWING-PRESSURE TEST DATA					VISUAL INSPECTION CERTIFICATION					CONSTRUCTION		ISOLATION AREA		W. R. NO.		ENGINEER/TECHNICIAN: BOB MIDDAG		PHONE: (702)385-2071						
															I HAVE VISUALLY INSPECTED ALL HEATED FUSIONS, SOLVENT CEMENT, MECHANICAL JOINTS, AND WELDS THAT I HAVE PERFORMED.					INSPECTOR _____					DIST. 58 & 61		1487797		ACCOUNT REP:		PHONE:			
															NAME _____ DATE _____					FOREMAN _____					LOCATION		TILE NO.		PROJECT CONTACT:		PHONE:			
															REVIEWED BY _____					PERMIT INFORMATION					T21S R61E		x612y510		SHEET NO. 2 OF 3		SCALE: 1" = 30'		DATE: 2-14-12	
																				CLV					Sec. 6		x612y512		DWN. BY: MM		CHKD. BY:		APPRD. BY:	
NO. DESCRIPTION BY DATE APPVD.										PIPE DIA. _____					TEST MEDIUM TEST METHOD					AS-BUILTS ACCEPTED BY _____ DATE _____					TAX CODE		02-0200							
REVISIONS										PIPE LENGTH _____					☐ AIR ☐ GAUGE					POSTED BY _____ DATE _____														
Southwest Gas Corporation										PIPE TYPE _____					☐ NITROGEN ☐ CHART					POSTING QC'D BY _____ DATE _____														
										PIPE TYPE _____					☐ WATER ☐ GAUGE/																			
										MIN. DURATION _____					☐ SOAP PRESS REC SN#																			
										TEST PRES. (PSIG) _____					START _____ END _____																			
										TIME _____					PROPOSED _____ COMPLETED _____																			
					UNIT NO. UNIT TYPE INSTL. RET. INSTL. RET.																													
					PROPERTY UNITS																													