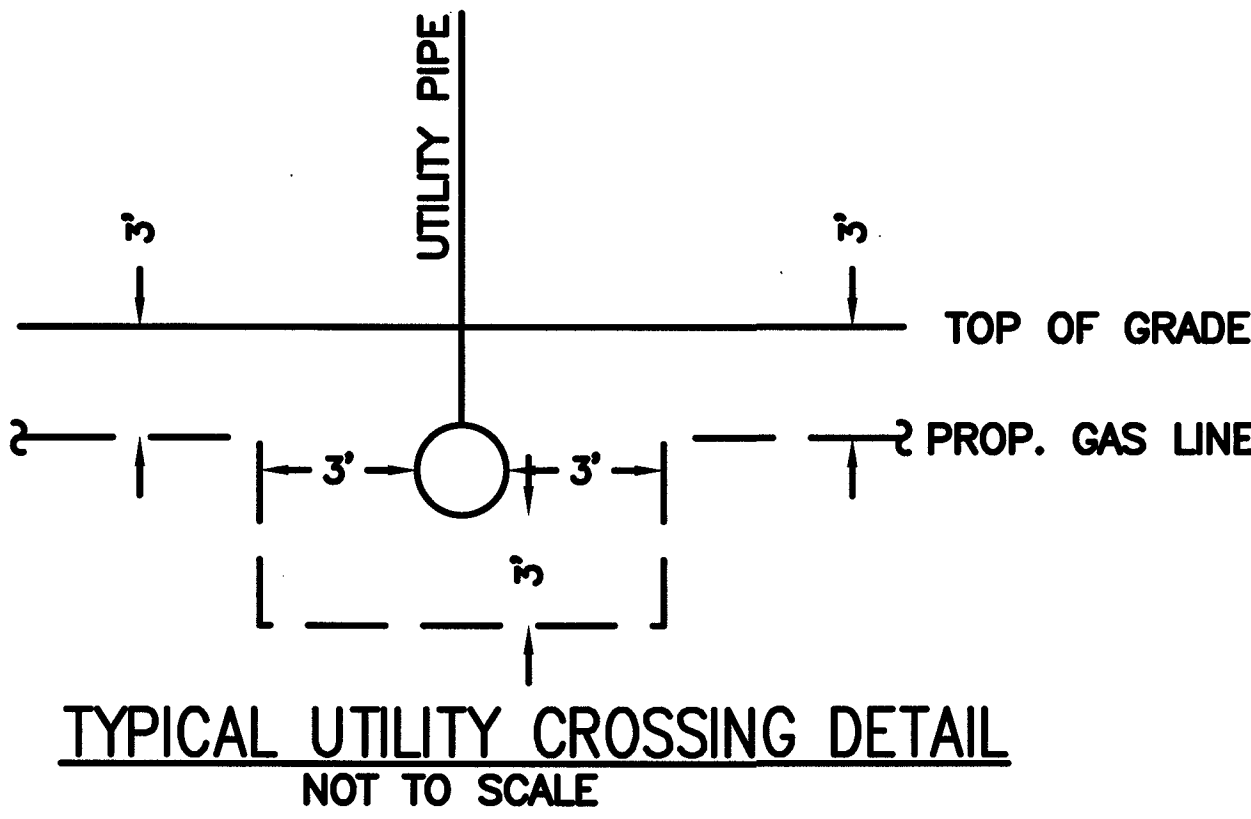






| MATERIAL LIST FOR PROPOSED DISTRIBUTION FACILITIES |                  |                    |           |                       |
|----------------------------------------------------|------------------|--------------------|-----------|-----------------------|
| ITEM#                                              | QTY.<br>(DESIGN) | QTY.<br>(AS-BUILT) | STOCK ID# | DESCRIPTION           |
| 1                                                  | 266'             |                    | 100-5101  | 2" PE MAIN            |
| 2                                                  | 1                |                    | 160-8171  | 2" X 2" PE HVTT       |
| 3                                                  | 1                |                    | 140-3060  | 2" PE CAP             |
| 4                                                  | 578'             |                    | 100-5101  | 2" PE SERVICE         |
| 5                                                  | 2                |                    | 161-7661  | 2" PE RISER           |
| 6                                                  | 1                |                    | 160-9271  | 2" PE 5500 EFV        |
| 7                                                  | 3                |                    | 140-3067  | 2" PE 90 DEGREE ELBOW |
| 8                                                  | 1                |                    | 120-8605  | 2" PE VALVE           |
| 9                                                  | 2                |                    | 140-3074  | 2" PE FULL FLOW TEE   |



PURGE PLAN WAS COMPLETED IN ACCORDANCE  
WITH THE OPERATIONS MANUAL GUIDELINES BY:

PRINT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SYSTEM D\_VALLEY\_WIDE

DR. NO. 21DR10002410

SEGMENT M.A.O.P. N/A

SYSTEM M.A.O.P. 60 PSIG

SYSTEM M.O.P. 43 PSIG

VISUAL INSPECTION (OQ/PJQ)

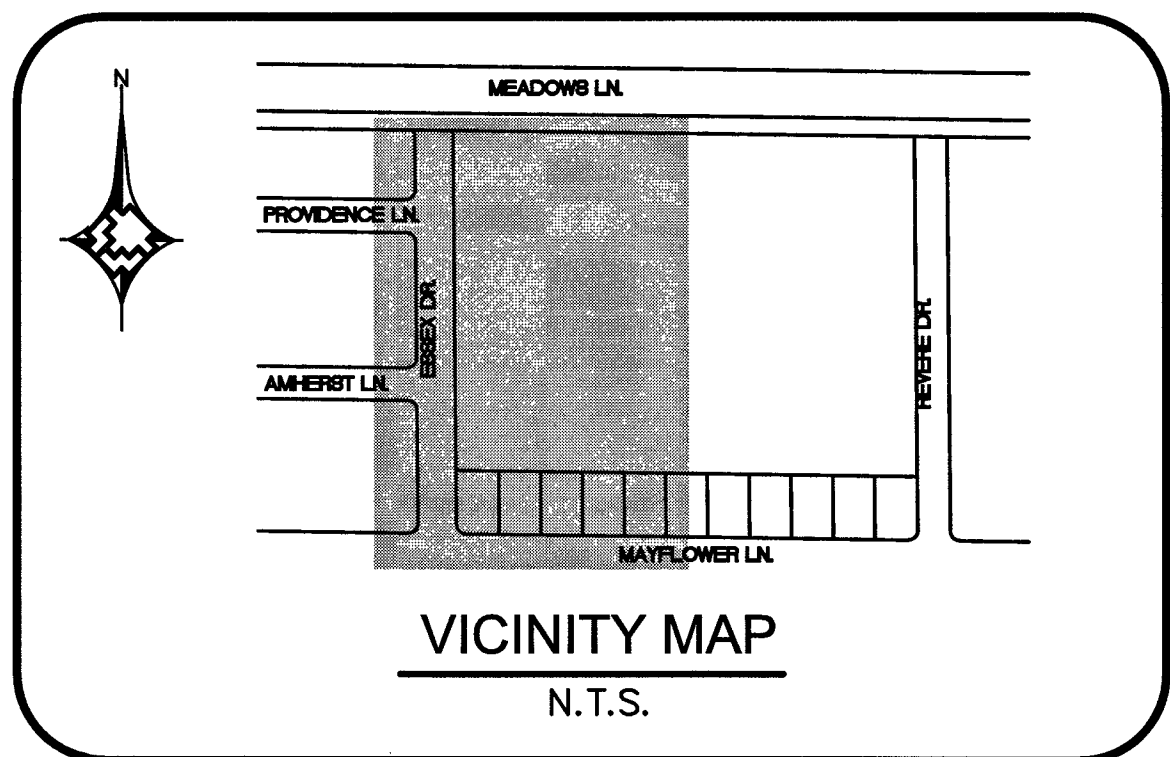
SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



|           |             |    |      |        |                |         |       |          |           |        |         |
|-----------|-------------|----|------|--------|----------------|---------|-------|----------|-----------|--------|---------|
| 1.        |             |    |      |        |                | 3760102 | 2" PE | 272'     |           |        |         |
| 2.        |             |    |      |        |                | 3800102 | 2" PE | 578'     |           |        |         |
| 3.        |             |    |      |        |                |         |       |          |           |        |         |
| 4.        |             |    |      |        |                |         |       |          |           |        |         |
| NO.       | DESCRIPTION | BY | DATE | APPVD. |                |         |       |          |           |        |         |
| REVISIONS |             |    |      |        |                |         |       |          |           |        |         |
|           |             |    |      |        | TAX            | UNIT    | UNIT  | INSTL.   | RETIRED   | INSTL. | RETIRED |
|           |             |    |      |        | CODES          | NO.     | TYPE  | PROPOSED | COMPLETED |        |         |
|           |             |    |      |        | PROPERTY UNITS |         |       |          |           |        |         |

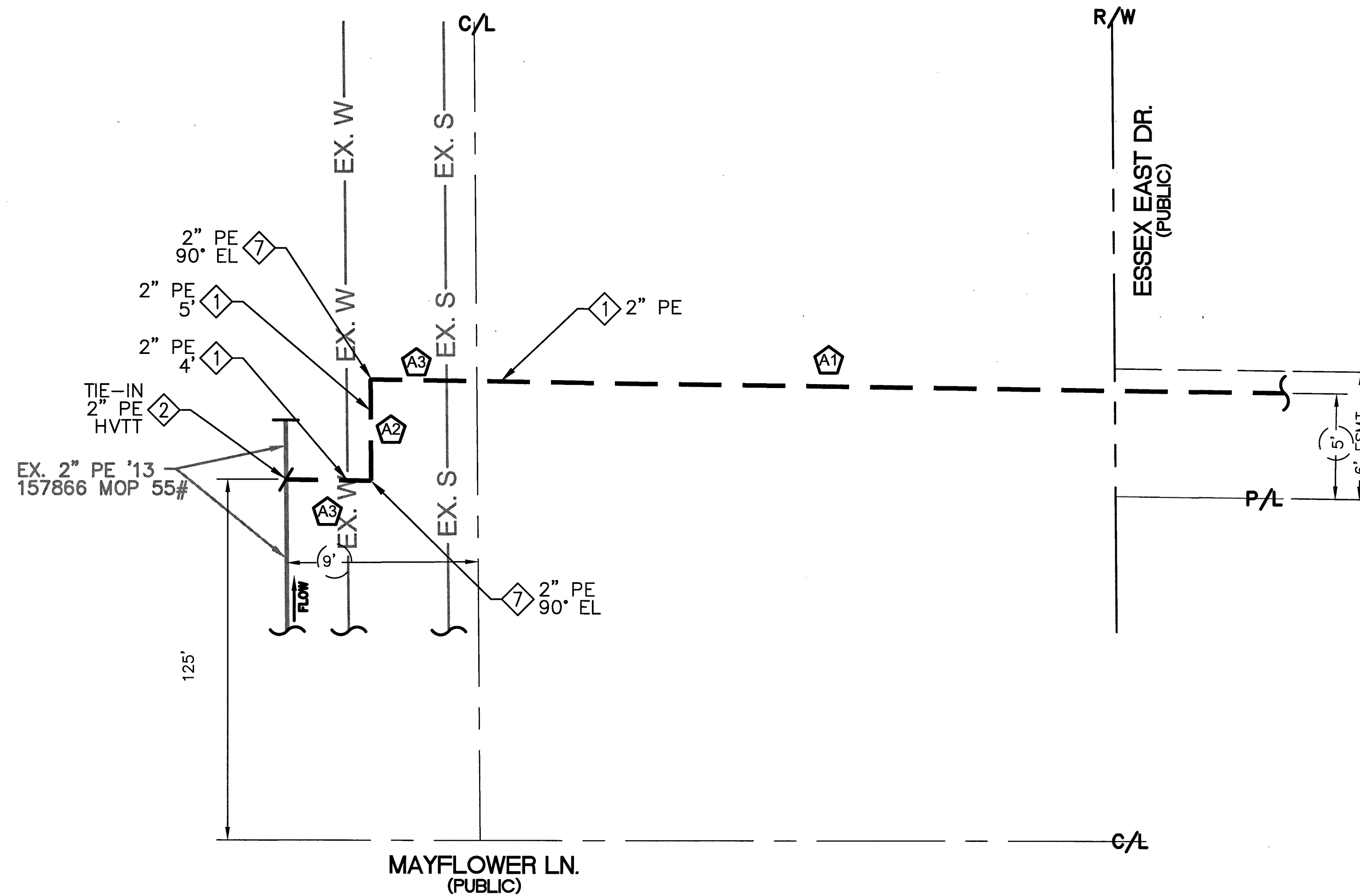
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                        |                                                                                                     |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <b>AS-BUILT DRAWING-PRESSURE TEST DATA</b><br>PIPE DIA. _____<br>PIPE LENGTH _____<br>PIPE TYPE _____<br>MIN. DURATION _____<br>TEST MEDIUM<br><input type="checkbox"/> AIR<br><input type="checkbox"/> NITROGEN<br><input type="checkbox"/> WATER<br><input type="checkbox"/> SOAP<br>TEST METHOD<br><input type="checkbox"/> GAUGE<br><input type="checkbox"/> CHART<br>GAUGE/<br>PRESS REC SN#<br>TEST PRES. (PSIG) _____<br>TIME _____<br>DATE _____<br>PERFORMED BY _____<br>START _____<br>END _____ | <b>VISUAL INSPECTION CERTIFICATION</b><br>I HAVE VISUALLY INSPECTED ALL HEATED FUSIONS, SOLVENT CEMENT, MECHANICAL JOINTS, AND WELDS THAT I HAVE PERFORMED.<br>NAME _____ DATE _____<br>_____<br>_____<br>_____<br>_____<br>_____<br>AS-BUILTS ACCEPTED BY _____ DATE _____<br>POSTED BY _____ DATE _____<br>POSTING QC'D BY _____ DATE _____ | <b>CONSTRUCTION</b><br>INSPECTOR _____<br>FOREMAN _____<br>REVIEWED BY _____<br><br><b>PERMIT INFORMATION</b><br>CITY OF LAS VEGAS<br>TAX CODE 02-0200 | <b>ISOLATION AREA</b><br>ISO 21<br>DIST_058<br><br><b>LOCATION</b><br>SEC 31<br>T20S R61E<br>M.D.M. | <b>W.R. NO.</b><br>3625173<br><br><b>ATLAS #/TILE #</b><br>x612y516 | <b>ENGINEER/TECH:</b> DAVID FRIEDLANDER<br><b>ACCOUNT REP:</b> ANDREW CARLSON<br><b>PROJECT CONTACT:</b> CHRIS FENTON<br><b>SHEET NO:</b> 3 OF 6<br><b>DWN. BY:</b> SEI<br><b>SCALE:</b> NTS<br><b>CHKD. BY:</b> _____<br><b>DATE:</b> 5/25/2018<br><b>APPVD. BY:</b> _____<br><b>TITLE</b><br><b>E.W. GRIFFITH ES REPLACEMENT</b><br><b>MATERIALS &amp; SIGNATURES - PE</b><br>715-211-645 418-02146 | <b>PHONE:</b> 702-365-2203<br><b>PHONE:</b> 702-370-5067<br><b>PHONE:</b> 702-893-2868 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|



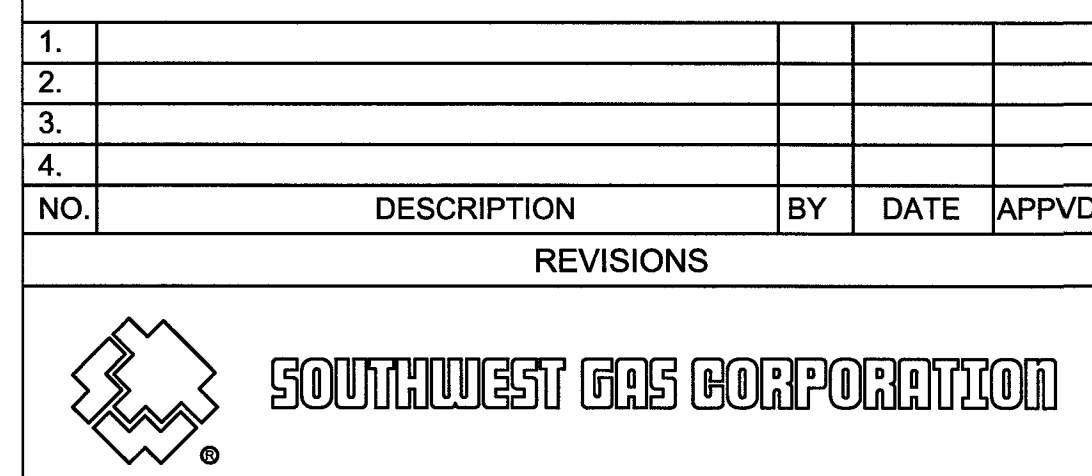
| MATERIAL LIST FOR PROPOSED DISTRIBUTION FACILITIES |           |                                |
|----------------------------------------------------|-----------|--------------------------------|
| ITEM#                                              | STOCK ID# | DESCRIPTION                    |
| ①                                                  | 100-5101  | PROPOSED 2" MAIN               |
| ②                                                  | 160-8171  | PROPOSED 2" X 2" HVTT          |
| ③                                                  | 140-3060  | PROPOSED 2" PE CAP             |
| ④                                                  | 100-5101  | PROPOSED 2" PE SERVICE         |
| ⑤                                                  | 161-7661  | PROPOSED 2" PE RISER           |
| ⑥                                                  | 160-9271  | PROPOSED 2" PE 5500 EFV        |
| ⑦                                                  | 140-3067  | PROPOSED 2" PE 90 DEGREE ELBOW |
| ⑧                                                  | 120-8605  | PROPOSED 2" PE VALVE           |
| ⑨                                                  | 140-3074  | PROPOSED 2" PE FULL FLOW TEE   |
|                                                    |           |                                |

| RTC NOTES:                                                                            |       |
|---------------------------------------------------------------------------------------|-------|
| PAVEMENT REPAIR SHALL CONFORM TO RTC:                                                 |       |
|  | 503   |
|  | 500.4 |
|  | 500.5 |

[illegible]



**DETAIL**  
**(SEE SHEET 4)**  
**NTS**



| MATERIAL LIST FOR PROPOSED DISTRIBUTION FACILITIES |           |                                |
|----------------------------------------------------|-----------|--------------------------------|
| ITEM#                                              | STOCK ID# | DESCRIPTION                    |
| ①                                                  | 100-5101  | PROPOSED 2" MAIN               |
| ②                                                  | 160-8171  | PROPOSED 2" X 2" HVTT          |
| ③                                                  | 140-3060  | PROPOSED 2" PE CAP             |
| ④                                                  | 100-5101  | PROPOSED 2" PE SERVICE         |
| ⑤                                                  | 161-7661  | PROPOSED 2" PE RISER           |
| ⑥                                                  | 160-9271  | PROPOSED 2" PE 5500 EFV        |
| ⑦                                                  | 140-3067  | PROPOSED 2" PE 90 DEGREE ELBOW |
| ⑧                                                  | 120-8605  | PROPOSED 2" PE VALVE           |
| ⑨                                                  | 140-3074  | PROPOSED 2" PE FULL FLOW TEE   |
|                                                    |           |                                |

| MATERIAL LIST FOR ABANDONED FACILITIES |          |                                              |
|----------------------------------------|----------|----------------------------------------------|
| ITEM#                                  | UNIT ID# | DESCRIPTION                                  |
| 1                                      | 3800101  | ABANDON EX. 1-1/4" PE '13 MOP 43#            |
| 2                                      | 3800101  | ABANDON AND REMOVE EX. 1-1/4" PE '13 MOP 43# |

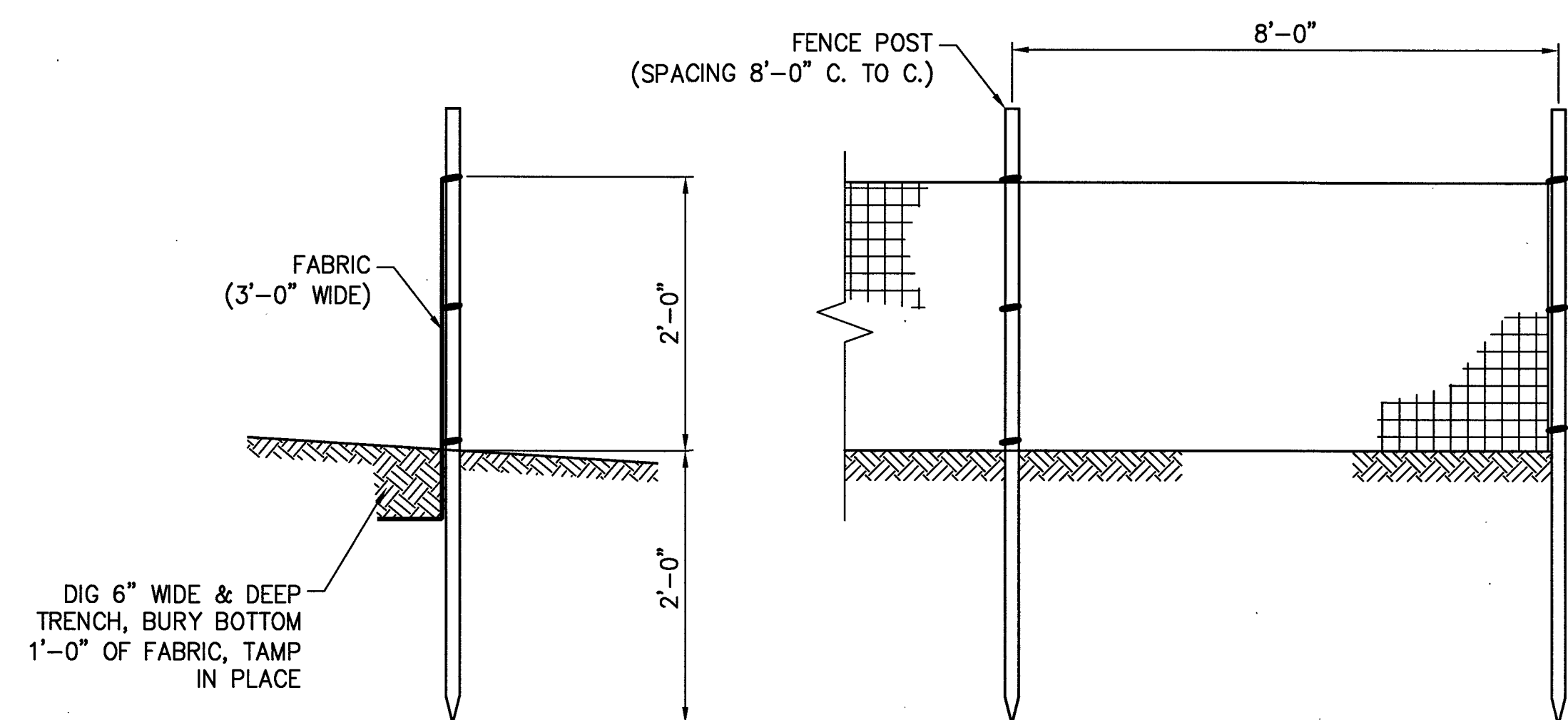
**RTC NOTES:**  
PAVEMENT REPAIR SHALL CONFORM TO RTC:

|    |       |
|----|-------|
| A1 | 503   |
| A2 | 500.4 |
| A3 | 500.5 |

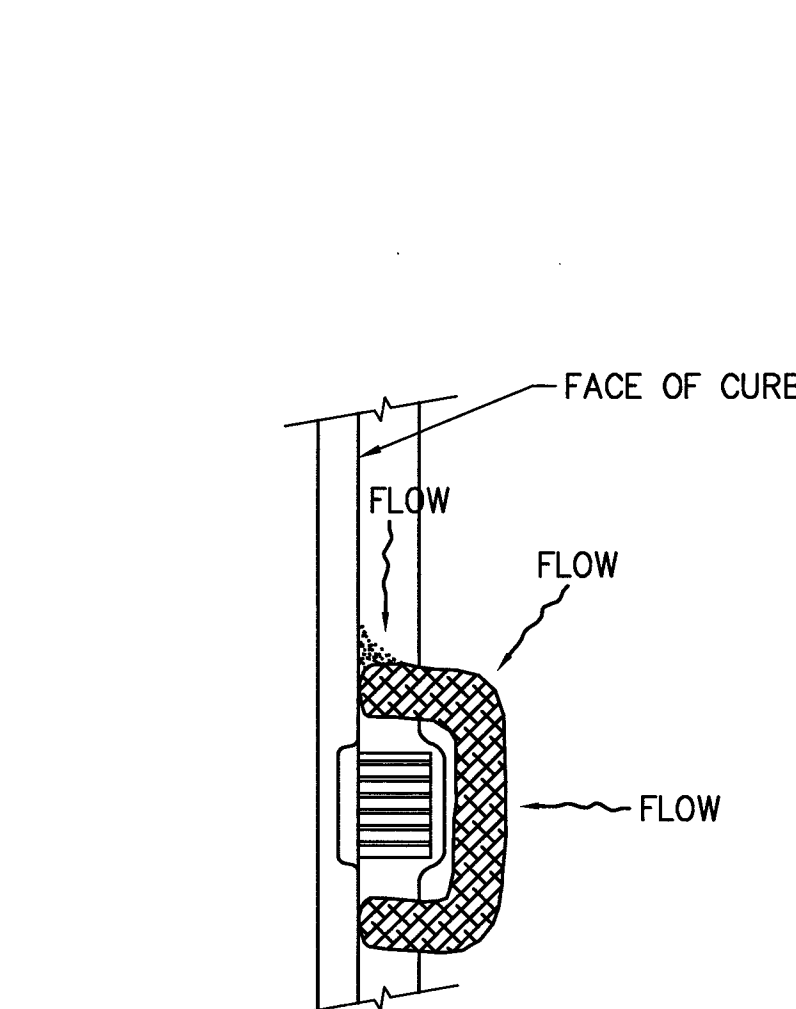
[illegible]

0-1000-1

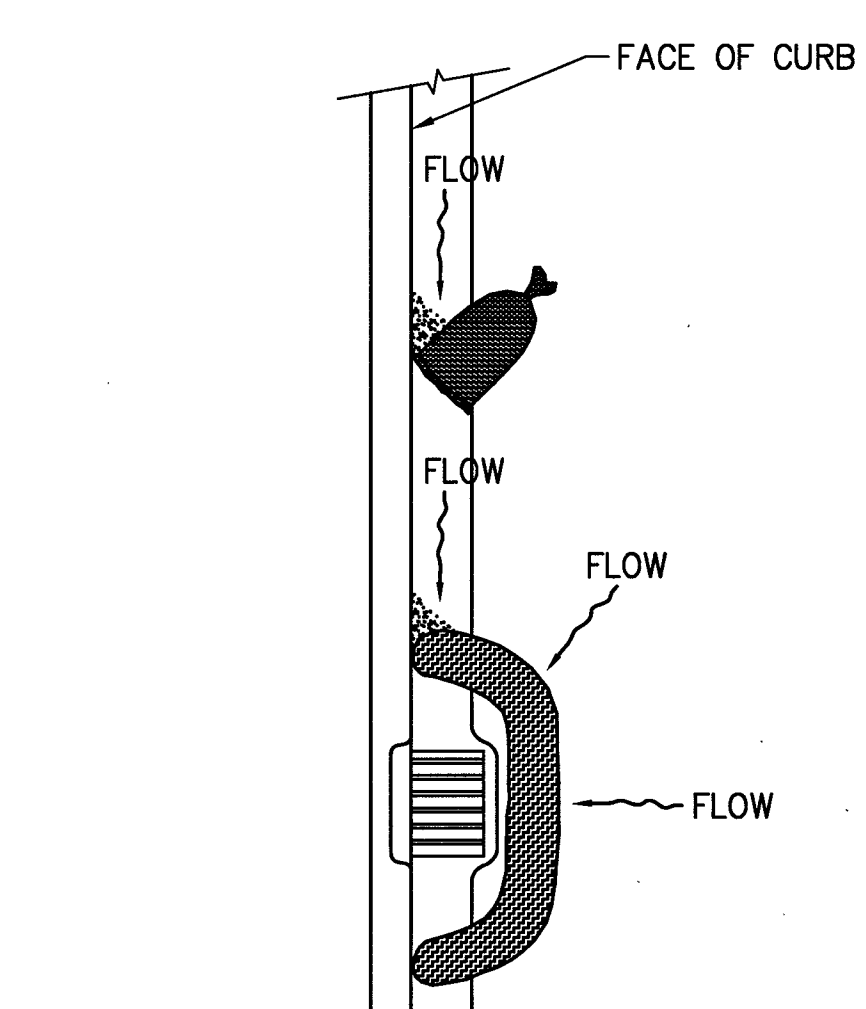
# TYPICAL SWPPP BMPS DETAILS



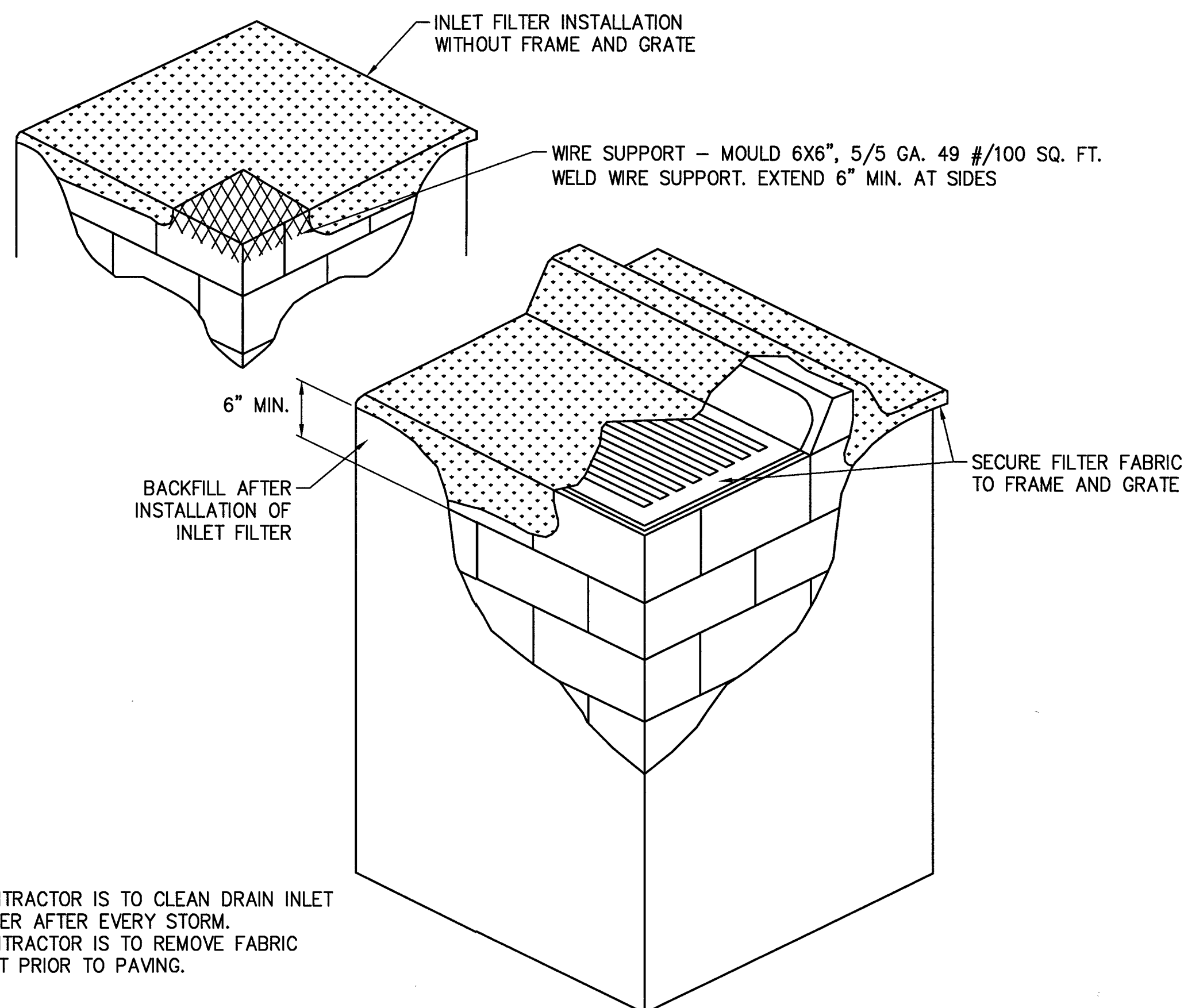
1 SILT FENCE  
N.T.S.



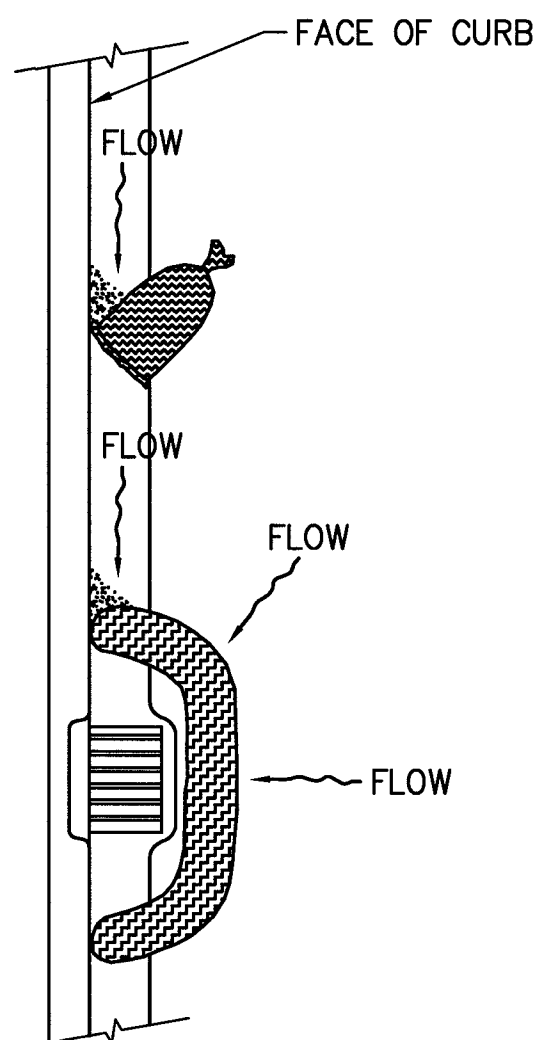
2 FIBER ROLL  
N.T.S.



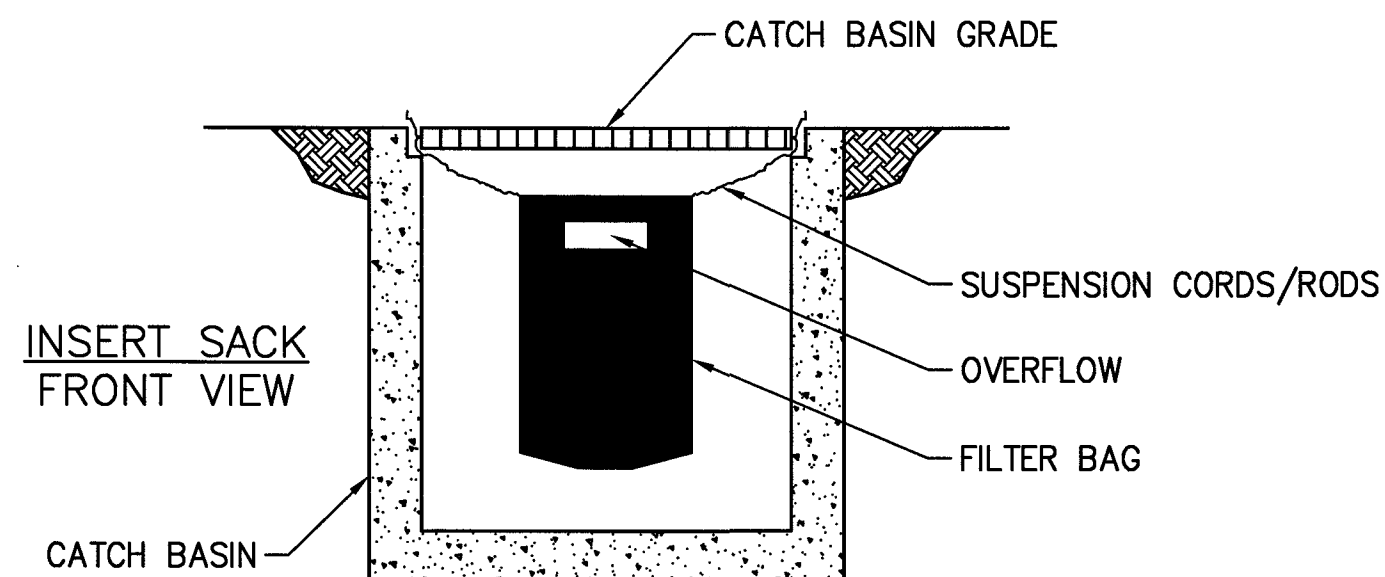
3 SAND BAG/ ROLL  
N.T.S.



4 DRAIN INLET FILTER  
N.T.S.



5 GRAVEL BAG/ ROLL  
N.T.S.



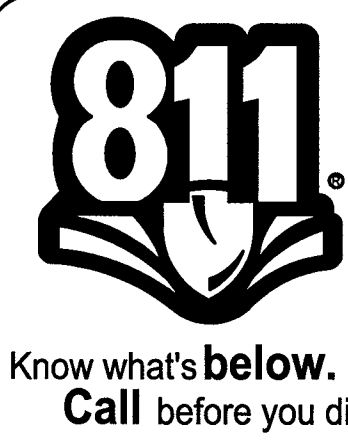
6 SEDIMENT FILTER BAG  
N.T.S.

## SWPPP NOTES

1. SOUTHWEST GAS CORPORATION, IT'S CONTRACTOR, AND/OR THEIR AUTHORIZED AGENTS SHALL INSTALL ONE OF THE APPROPRIATE BMPS FOR THE PROTECTION OF EXISTING STORM DRAIN INLETS, WITHIN OR SIGNIFICANTLY NEAR ANY IMPROVED RIGHT-OF-WAY, FROM DEBRIS AND SEDIMENT RESULTING FROM CONSTRUCTION OF NATURAL GAS FACILITIES.
2. SOUTHWEST GAS CORPORATION, IT'S CONTRACTOR, AND/OR THEIR AUTHORIZED AGENTS SHALL EACH DAY REMOVE ALL SEDIMENT, MUD, CONSTRUCTION DEBRIS, OR OTHER POTENTIAL POLLUTANTS THAT MAY HAVE BEEN DISCHARGED TO, OR ACCUMULATED IN, THE PUBLIC RIGHTS OF WAY OF CLARK COUNTY AS A RESULT OF CONSTRUCTION ACTIVITIES ASSOCIATED WITH THIS SITE DEVELOPMENT OR CONSTRUCTION PROJECT. SUCH MATERIALS SHALL BE PREVENTED FROM ENTERING THE STORM SEWER SYSTEM, USING BEST MANAGEMENT PRACTICES DETAILED ON THIS SHEET.
3. ADDITIONAL CONSTRUCTION SITE DISCHARGE BEST MANAGEMENT PRACTICES MAY BE REQUIRED OF SOUTHWEST GAS CORPORATION, IT'S CONTRACTOR, AND/OR THEIR AUTHORIZED AGENTS DUE TO UNFORESEEN EROSION PROBLEMS OR IF THE LISTED BMPS ON THIS SHEET DOT NOT MEET THE PERFORMANCE STANDARDS SPECIFIED IN THE CLARK COUNTY CODE - CHAPTER 24.40/STORM SEWER SYSTEM DISCHARGE AND THE LAS VEGAS VALLEY CONSTRUCTION SITE BMP GUIDANCE MANUAL.
4. ACCUMULATED SEDIMENT IN BMPS SHALL BE REMOVED WITHIN SEVEN DAYS AFTER A STORMWATER RUNOFF EVENT OR PRIOR THE NEXT ANTICIPATED STORM EVENT, WHICHEVER IS EARLIER. SEDIMENT MUST BE REMOVED WHEN BMP DESIGN CAPACITY HAS BEEN REDUCED BY 50 PERCENT OR MORE.

NOTE:  
RECESSED CURB INLET MUST BE BLOCKED WHEN USING FILTER FABRIC INLET SACKS.  
SIZE OF FILTER FABRIC INLET SACK TO BE DETERMINED BY MANUFACTURER.

- NOTE:
1. CONTRACTOR IS TO CLEAN DRAIN INLET FILTER AFTER EVERY STORM.
  2. CONTRACTOR IS TO REMOVE FABRIC JUST PRIOR TO PAVING.



|                                                                                                                   |  |                |  |                                  |  |                     |  |                             |  |                     |  |                               |  |                     |  |                  |  |            |  |                 |  |              |  |                 |  |                  |  |
|-------------------------------------------------------------------------------------------------------------------|--|----------------|--|----------------------------------|--|---------------------|--|-----------------------------|--|---------------------|--|-------------------------------|--|---------------------|--|------------------|--|------------|--|-----------------|--|--------------|--|-----------------|--|------------------|--|
| 1. _____                                                                                                          |  | 2. _____       |  | 3. _____                         |  | 4. _____            |  | NO. _____                   |  | DESCRIPTION _____   |  | BY _____                      |  | DATE _____          |  | APPVD. _____     |  |            |  |                 |  |              |  |                 |  |                  |  |
| REVISIONS                                                                                                         |  |                |  |                                  |  |                     |  |                             |  |                     |  |                               |  |                     |  |                  |  |            |  |                 |  |              |  |                 |  |                  |  |
| SOUTHWEST GAS CORPORATION                                                                                         |  |                |  |                                  |  |                     |  |                             |  |                     |  |                               |  |                     |  |                  |  |            |  |                 |  |              |  |                 |  |                  |  |
| TAX CODES                                                                                                         |  | UNIT NO.       |  | UNIT TYPE                        |  | INSTL. PROPOSED     |  | RETIRED                     |  | INSTL. COMPLETED    |  | RETIRED                       |  | PROPERTY UNITS      |  |                  |  |            |  |                 |  |              |  |                 |  |                  |  |
| AS-BUILT DRAWING-PRESSURE TEST DATA                                                                               |  |                |  |                                  |  |                     |  |                             |  |                     |  |                               |  |                     |  |                  |  |            |  |                 |  |              |  |                 |  |                  |  |
| TEST MEDIUM TEST METHOD                                                                                           |  |                |  |                                  |  |                     |  |                             |  |                     |  |                               |  |                     |  |                  |  |            |  |                 |  |              |  |                 |  |                  |  |
| PIPE DIA. _____                                                                                                   |  |                |  |                                  |  |                     |  |                             |  |                     |  |                               |  |                     |  |                  |  |            |  |                 |  |              |  |                 |  |                  |  |
| PIPE LENGTH _____                                                                                                 |  |                |  |                                  |  |                     |  |                             |  |                     |  |                               |  |                     |  |                  |  |            |  |                 |  |              |  |                 |  |                  |  |
| PIPE TYPE _____                                                                                                   |  |                |  |                                  |  |                     |  |                             |  |                     |  |                               |  |                     |  |                  |  |            |  |                 |  |              |  |                 |  |                  |  |
| MIN. DURATION _____                                                                                               |  |                |  |                                  |  |                     |  |                             |  |                     |  |                               |  |                     |  |                  |  |            |  |                 |  |              |  |                 |  |                  |  |
| 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 _____                                                                                             |  |                |  |                                  |  |                     |  |                             |  |                     |  |                               |  |                     |  |                  |  |            |  |                 |  |              |  |                 |  |                  |  |
| INSPECTOR _____                                                                                                   |  |                |  |                                  |  |                     |  |                             |  |                     |  |                               |  |                     |  |                  |  |            |  |                 |  |              |  |                 |  |                  |  |
| FOREMAN _____                                                                                                     |  |                |  |                                  |  |                     |  |                             |  |                     |  |                               |  |                     |  |                  |  |            |  |                 |  |              |  |                 |  |                  |  |
| REVIEWED BY _____                                                                                                 |  |                |  |                                  |  |                     |  |                             |  |                     |  |                               |  |                     |  |                  |  |            |  |                 |  |              |  |                 |  |                  |  |
| CONSTRUCTION                                                                                                      |  |                |  |                                  |  |                     |  |                             |  |                     |  |                               |  |                     |  |                  |  |            |  |                 |  |              |  |                 |  |                  |  |
| PERMIT INFORMATION                                                                                                |  |                |  |                                  |  |                     |  |                             |  |                     |  |                               |  |                     |  |                  |  |            |  |                 |  |              |  |                 |  |                  |  |
| CITY OF LAS VEGAS                                                                                                 |  |                |  |                                  |  |                     |  |                             |  |                     |  |                               |  |                     |  |                  |  |            |  |                 |  |              |  |                 |  |                  |  |
| TAX CODE 02-0200                                                                                                  |  |                |  |                                  |  |                     |  |                             |  |                     |  |                               |  |                     |  |                  |  |            |  |                 |  |              |  |                 |  |                  |  |
| ISOLATION AREA                                                                                                    |  | W.R. NO.       |  | ENGINEER/TECH: DAVID FRIEDLANDER |  | PHONE: 702-365-2203 |  | ACCOUNT REP: ANDREW CARLSON |  | PHONE: 702-370-5067 |  | PROJECT CONTACT: CHRIS FENTON |  | PHONE: 702-893-2868 |  | SHEET NO: 6 OF 6 |  | SCALE: NTS |  | DATE: 5/25/2018 |  | DWN. BY: SEI |  | CHKD. BY: _____ |  | APPVD. BY: _____ |  |
| LOCATION                                                                                                          |  | ATLAS #/TILE # |  | E.W. GRIFFITH ES REPLACEMENT     |  |                     |  |                             |  |                     |  |                               |  |                     |  |                  |  |            |  |                 |  |              |  |                 |  |                  |  |
| SEC 31                                                                                                            |  | x612y516       |  | TYPICAL SWPPP BMP DETAILS        |  |                     |  |                             |  |                     |  |                               |  |                     |  |                  |  |            |  |                 |  |              |  |                 |  |                  |  |
| T20S R61E                                                                                                         |  | M.D.M.         |  | 715-211-6045                     |  |                     |  |                             |  |                     |  |                               |  |                     |  |                  |  |            |  |                 |  |              |  |                 |  |                  |  |
| M.D.M.                                                                                                            |  | L18-02146      |  |                                  |  |                     |  |                             |  |                     |  |                               |  |                     |  |                  |  |            |  |                 |  |              |  |                 |  |                  |  |