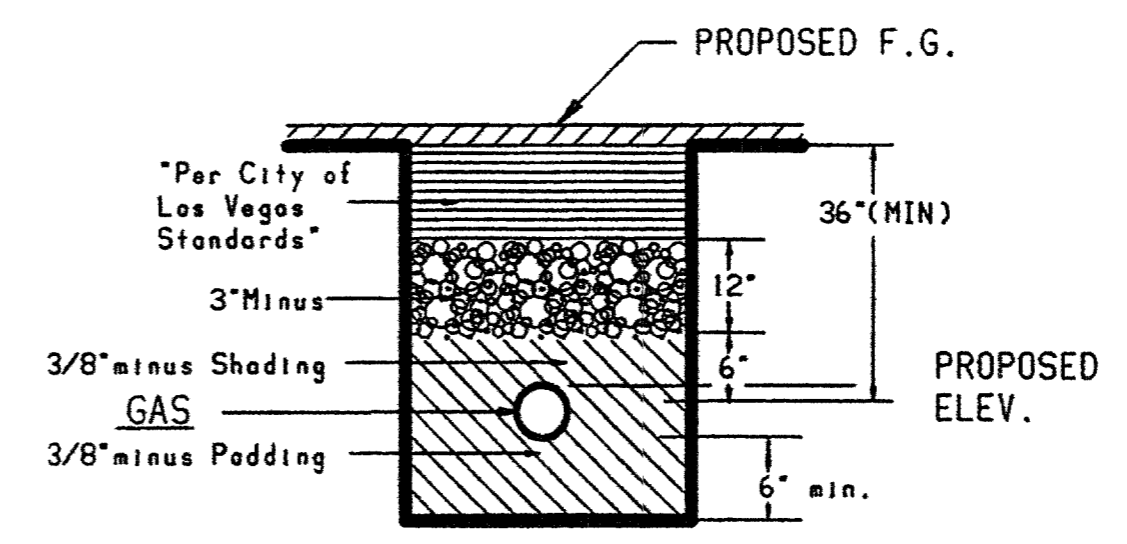


- CONSTRUCTION NOTES:**
1. Gas Mains shall be purged per operations manual.
  2. All pipeline construction shall conform to applicable jurisdiction specifications.
  3. Do not scale this drawing.
  4. Services to be 2"PE unless otherwise noted.
  5. Riser & Meters at this location.
  6. Pavement repair to conform to RTC Standard 503.

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

Name \_\_\_\_\_ Date \_\_\_\_\_



**CLV TRENCH DETAIL**

Total footage located in Public RoW 20'

**APPROVALS:**  
*Dennis B. Nepe* 4/10/2006  
 CITY OF LAS VEGAS DATE

LEGEND	
	Proposed gas main
	Existing gas main
	Proposed gas service
	Right of way
	Curb/Gutter

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

CUSTOMERS 1 CYCLE      ROUTE      AREA 1 LV 20

<table border="1"> <tr> <th>NO.</th> <th>DESCRIPTION</th> <th>BY</th> <th>DATE</th> <th>APPVD.</th> </tr> <tr> <td colspan="5">REVISIONS</td> </tr> </table>				NO.	DESCRIPTION	BY	DATE	APPVD.	REVISIONS					<table border="1"> <tr> <td>3800102</td> <td>2"PE</td> <td>35'</td> <td></td> <td></td> </tr> </table>				3800102	2"PE	35'			<b>AS-BUILT DRAWING-PRESSURE TEST DATA</b> PIPE DIA. _____ TEST MEDIUM _____ TEST METHOD _____ <input type="checkbox"/> AIR <input type="checkbox"/> GAUGE <input type="checkbox"/> NITROGEN <input type="checkbox"/> CHART <input type="checkbox"/> WATER <input type="checkbox"/> GAUGE/ <input type="checkbox"/> SOAP <input type="checkbox"/> PRESS REC SW MIN. DURATION _____ START _____ END _____ TEST PRES. (PSIG) _____ TIME _____ DATE _____ PERFORMED BY _____				<b>VISUAL INSPECTION CERTIFICATION</b> 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 QC'D BY _____ DATE _____				<b>CONSTRUCTION</b> INSPECTOR _____ FOREMAN _____ REVIEWED BY _____		<b>ISOLATION AREA</b> 10 <b>W. R. NO.</b> 289504		<b>ENGINEER/TECHNICIAN</b> STAN HARGROVE PHONE 365-2359 <b>ACCOUNT REP.</b> JOHN WRIGHT PHONE 528-7729 <b>PROJECT CONTACT</b> SHEET NO. 1 OF 1 SCALE 1" = 40' DATE 1/25/06 DWN. BY J. ARREY CHKD. BY _____ APPVD. BY _____	
NO.	DESCRIPTION	BY	DATE	APPVD.																																
REVISIONS																																				
3800102	2"PE	35'																																		
				<table border="1"> <tr> <th>UNIT NO.</th> <th>UNIT TYPE</th> <th>INSTL.</th> <th>RET.</th> <th>INSTL.</th> <th>RET.</th> </tr> <tr> <td colspan="2"></td> <td colspan="2">PROPOSED</td> <td colspan="2">COMPLETED</td> </tr> </table>				UNIT NO.	UNIT TYPE	INSTL.	RET.	INSTL.	RET.			PROPOSED		COMPLETED		<b>PERMIT INFORMATION</b> Tax Code Area-02-0200 CITY OF LAS VEGAS		SEC 06 T21S R61E x609y512		<b>MAGIC WASH</b> 4849 W CHARLESTON BLVD. 107V4602-SWG FILENAME: 21-289504												
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