



GENERAL NOTE:
ALL MEASUREMENTS ARE FROM BACK OF CURB.

LEGEND:

	EXISTING GAS LINE
	PROPOSED MAIN GAS LINE
	PROPOSED SERVICE GAS LINE
	BOUNDARY LINE
	RIGHT OF WAY LINE
	STREET CENTERLINE
	BACK OF CURB / LOT LINE
	EX. BACK OF CURB / LOT LINE
	SEWER LINE
	WATER LINE
	FIRE HYDRANT
	STORM DRAIN LINE

- CONSTRUCTION NOTES:**
1. SUGGESTED GAS LOCATIONS ARE TO CLEAR SUBSTRUCTURES. LOCATE IN FIELD.
 2. ALL PIPELINE CONSTRUCTION SHALL CONFORM TO APPLICABLE JURISDICTION SPECIFICATIONS.
 3. DO NOT SCALE THIS DRAWING.
 4. SERVICE(S) TO BE 1/2" PE EXCEPT LOT 521 IS TO BE 1" PE.
 5. GAS MAINS SHALL BE PURGED PER THE OPERATIONS MANUAL.
 6. ALL STREETS ARE UNPAVED. COMPLY WITH RTC STD. 503.

Call before you Dig.
1-800-227-2600
UNDERGROUND SERVICE (USA)
(48 HR. BEFORE IF POSSIBLE)

SEE SHEET 1				AS-BUILT DRAWING-PRESSURE TEST DATA		VISUAL INSPECTION CERTIFICATION		CONSTRUCTION		ISOLATION AREA		M. R. NO.		ENGINEER/TECHNICIAN BOBBIE SKROVE PHONE 365-2237	
REVISIONS				TEST MEDIUM TEST METHOD		I HAVE VISUALLY INSPECTED ALL HEATED FUSIONS, SOLVENT CEMENT, MECHANICAL JOINTS, AND WELDS THAT I HAVE PERFORMED		INSPECTOR		31		284548		ACCOUNT REP. DAVID STEARNS PHONE 528-7716	
UNIT NO. UNIT TYPE INSTL. RET. INSTL. RET. PROPOSED COMPLETED				PIPE DIA. _____ TEST MEDIUM TEST METHOD		NAME _____ DATE _____		FOREMAN		LOCATION		T19S.R59E		PROJECT CONTACT DAVE RICHARDSON 702-436-4582	
PROPERTY UNITS				PIPE LENGTH _____ TEST MEDIUM TEST METHOD		DATE _____		REVIEWED BY		TILE NO.		x573y566		SHEET NO. 1 OF 4 SCALE 1" = 40' DATE 01/12/06	
				PIPE TYPE _____ TEST MEDIUM TEST METHOD		DATE _____		PERMIT INFORMATION		T19S.R59E				DWN. BY SSR CHKD. BY BLA APPVD. BY	
				MIN. DURATION _____ TEST MEDIUM TEST METHOD		DATE _____		Tax Code Area-02-0200		S13				TITLE	
				PRESS. REC. SHW _____ TEST MEDIUM TEST METHOD		DATE _____		CITY OF LAS VEGAS						NORTHERN TERRACE UNIT 5	
				TEST PRES. (PSID) _____ TEST MEDIUM TEST METHOD		DATE _____								GRAND TETON & SHAUMBER	
				START _____ TEST MEDIUM TEST METHOD		DATE _____								107Y 4891-5-SW9 710.001 KM	
				END _____ TEST MEDIUM TEST METHOD		DATE _____								# 11410	
				PERFORMED BY _____ TEST MEDIUM TEST METHOD		DATE _____									

