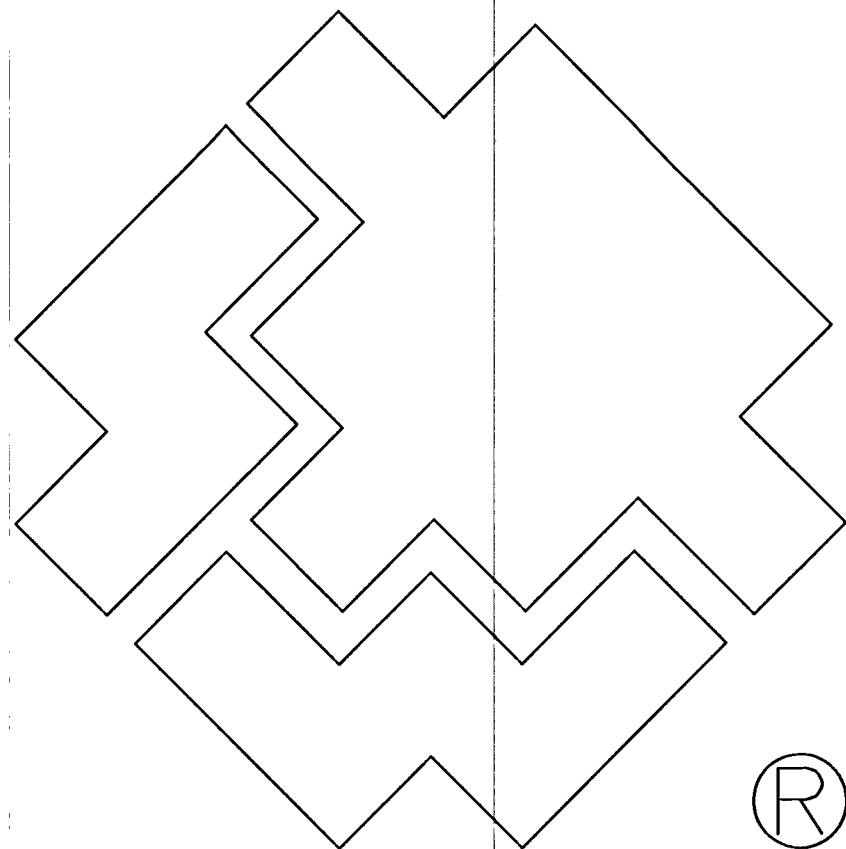


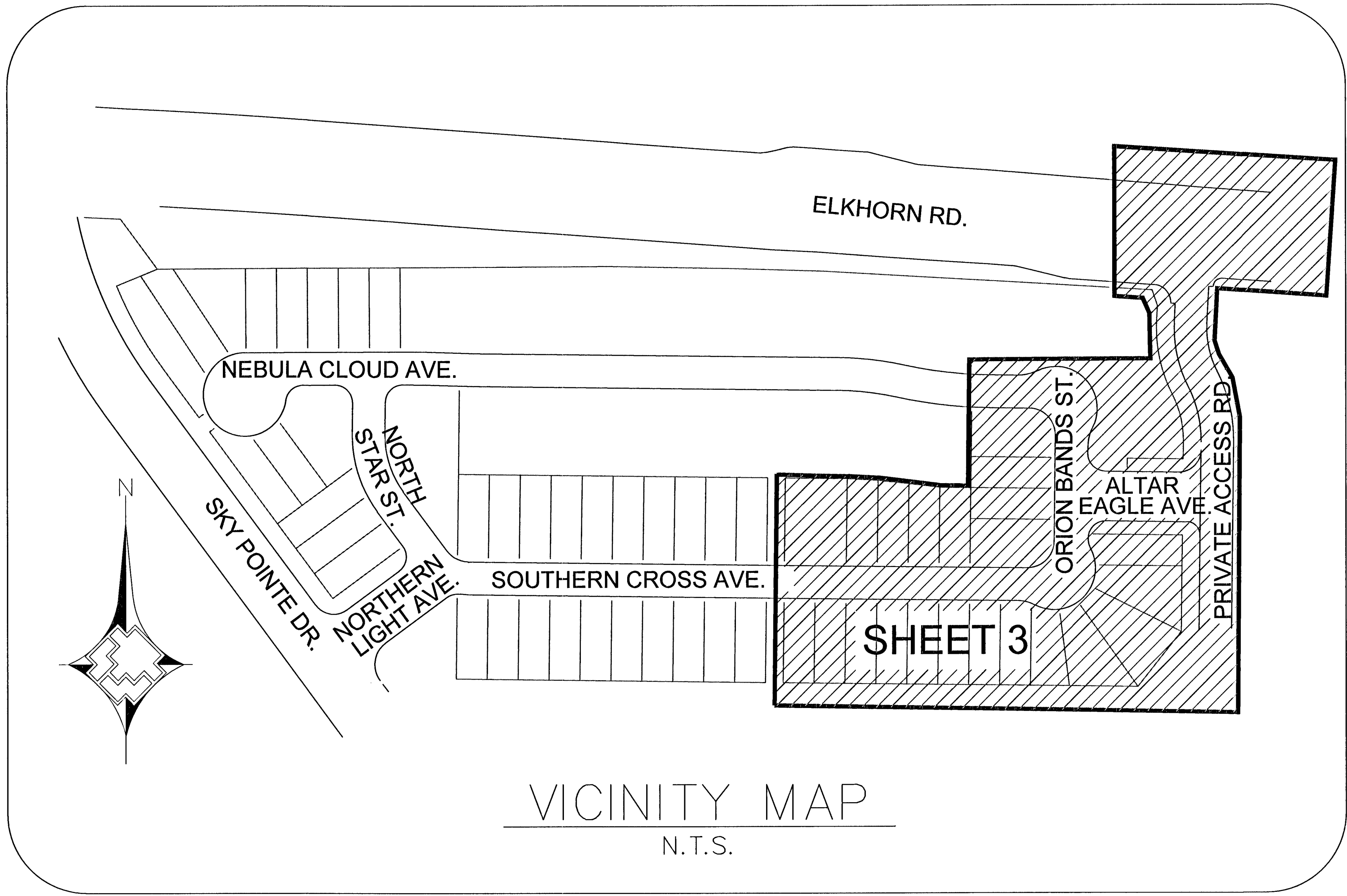
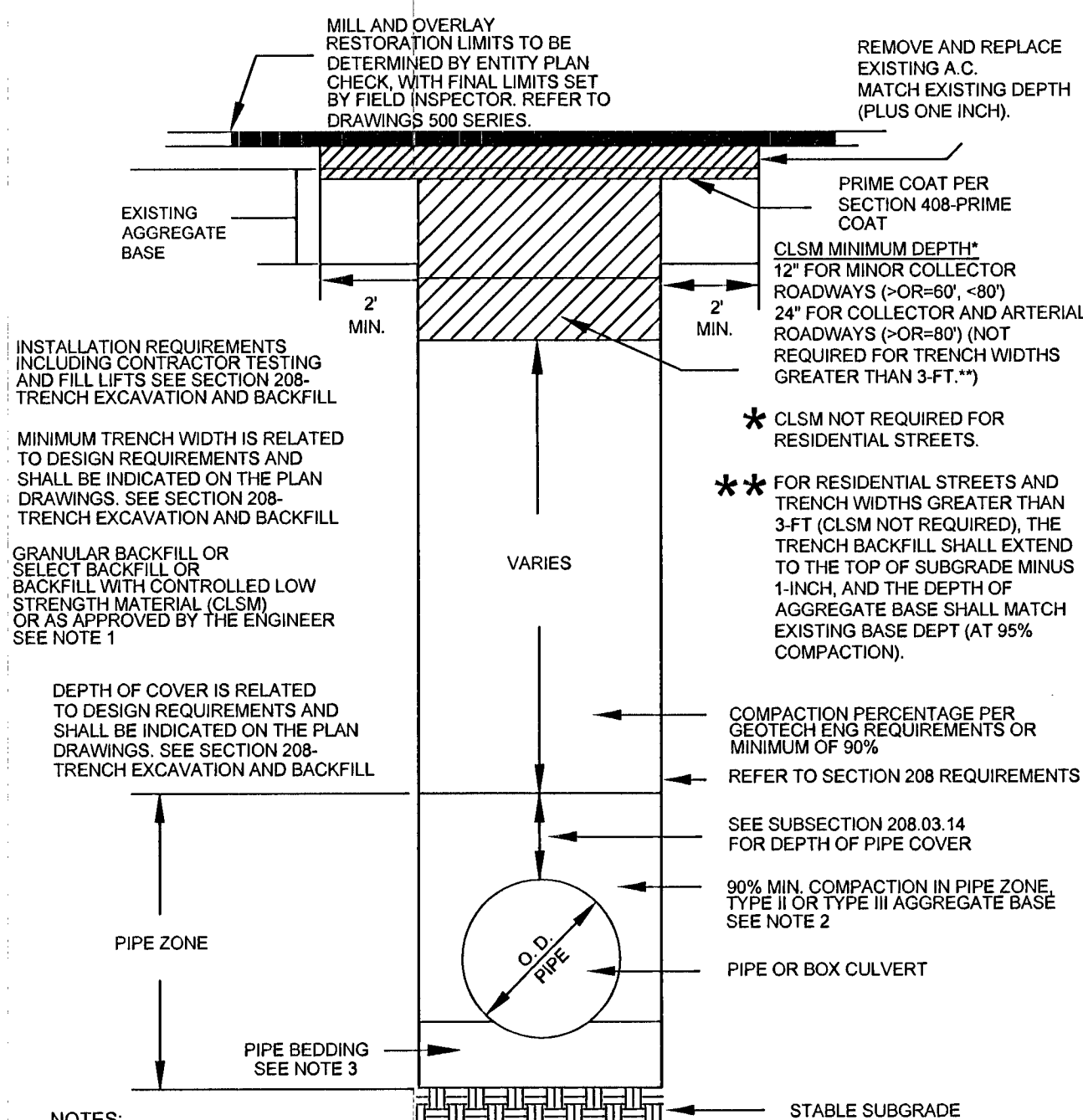


# SOUTHWEST GAS CORPORATION

SKY POINTE BY RYLAND HOMES UNIT 1

CITY OF LAS VEGAS, NV

WR# 1891313



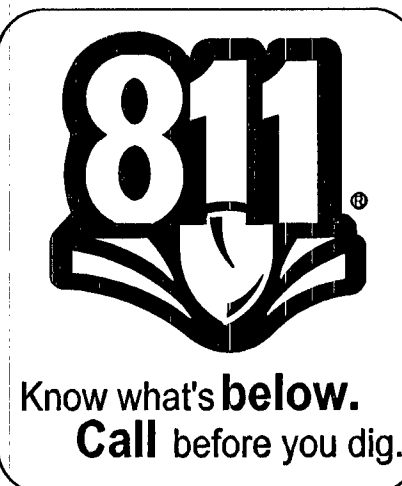
## LEGEND:

- EXISTING GAS LINE
- GAS LINE TO BE ABANDONED
- EXISTING GAS SERVICE
- PROPOSED MAIN GAS LINE (NEW)
- PROPOSED SERVICE LATERAL (NEW)
- PROPOSED SERVICE LINE (NEW)
- RIGHT OF WAY LINE
- STREET CENTERLINE
- PROPERTY LINE
- BACK OF CURB
- MATCHLINE
- EASEMENT
- EXISTING ANODELESS RISER
- EXISTING ANODE RISER
- EXISTING GAS LIGHT
- EXISTING GAS VALVE
- SAWCUT & PATCH

## SHEET INDEX

1. COVER SHEET
2. MATERIALS AND SIGNATURE SHEET
3. DESIGN PLAN

RTC STD DWG 503



|                                  |  |  |  |                                     |  |  |  |                                                                                                                   |  |  |  |                    |  |  |  |                 |  |  |  |                 |  |  |  |                            |  |  |  |                     |  |  |  |                     |  |  |  |
|----------------------------------|--|--|--|-------------------------------------|--|--|--|-------------------------------------------------------------------------------------------------------------------|--|--|--|--------------------|--|--|--|-----------------|--|--|--|-----------------|--|--|--|----------------------------|--|--|--|---------------------|--|--|--|---------------------|--|--|--|
| 1. NO. DESCRIPTION BY DATE APPVD |  |  |  | AS-BUILT DRAWING-PRESSURE TEST DATA |  |  |  | VISUAL INSPECTION CERTIFICATION                                                                                   |  |  |  | CONSTRUCTION       |  |  |  | ISOLATION AREA  |  |  |  | W.R. NO.        |  |  |  | ENGINEER/TECH: TAMI GARCIA |  |  |  | PHONE: 702-365-2152 |  |  |  |                     |  |  |  |
| 2. NO. DESCRIPTION BY DATE APPVD |  |  |  | TEST MEDIUM TEST METHOD             |  |  |  | I HAVE VISUALLY INSPECTED ALL HEATED FUSIONS, SOLVENT WELDING, MECHANICAL JOINTS, AND WELDS THAT I HAVE PERFORMED |  |  |  | INSPECTOR          |  |  |  | ISO_21_DIST_365 |  |  |  | 1891313         |  |  |  | ACCOUNT REP: MIKE BAILEY   |  |  |  | PHONE: 702-528-7744 |  |  |  |                     |  |  |  |
| 3. NO. DESCRIPTION BY DATE APPVD |  |  |  | PIPE DIA. _____                     |  |  |  | NAME _____ DATE _____                                                                                             |  |  |  | FOREMAN            |  |  |  | LOCATION        |  |  |  | ATLAS #/TITLE # |  |  |  | PROJECT CONTACT: JAY ASTON |  |  |  | PHONE: 702-360-7519 |  |  |  |                     |  |  |  |
| 4. NO. DESCRIPTION BY DATE APPVD |  |  |  | PIPE LENGTH _____                   |  |  |  | PERFORMED BY _____                                                                                                |  |  |  | REVIEWED BY _____  |  |  |  | T19S            |  |  |  | x588y560        |  |  |  | SHEET NO: 1 OF 3           |  |  |  | SCALE: N.T.S.       |  |  |  | DATE: 6/12/14       |  |  |  |
| NO. DESCRIPTION BY DATE APPVD    |  |  |  | PIPE TYPE _____                     |  |  |  | AS-BUILT ACCEPTED BY _____ DATE _____                                                                             |  |  |  | PERMIT INFORMATION |  |  |  | R60E            |  |  |  | x591y560        |  |  |  | DWN. BY: ZONE ENG          |  |  |  | CHKD. BY: _____     |  |  |  | APPVD. BY: _____    |  |  |  |
| NO. DESCRIPTION BY DATE APPVD    |  |  |  | MIN. DURATION _____                 |  |  |  | CITY OF LAS VEGAS                                                                                                 |  |  |  | TAX CODE           |  |  |  | SEC 21          |  |  |  | M.D.M.          |  |  |  | TITLE                      |  |  |  | SKY POINTE BY       |  |  |  | RYLAND HOMES UNIT 1 |  |  |  |
| NO. DESCRIPTION BY DATE APPVD    |  |  |  | TEST PRES. (PSIG) _____             |  |  |  | CITY OF LAS VEGAS                                                                                                 |  |  |  | TAX CODE           |  |  |  | SEC 21          |  |  |  | M.D.M.          |  |  |  | TITLE                      |  |  |  | SKY POINTE BY       |  |  |  | RYLAND HOMES UNIT 1 |  |  |  |
| NO. DESCRIPTION BY DATE APPVD    |  |  |  | TIME _____                          |  |  |  | CITY OF LAS VEGAS                                                                                                 |  |  |  | TAX CODE           |  |  |  | SEC 21          |  |  |  | M.D.M.          |  |  |  | TITLE                      |  |  |  | SKY POINTE BY       |  |  |  | RYLAND HOMES UNIT 1 |  |  |  |
| NO. DESCRIPTION BY DATE APPVD    |  |  |  | DATE _____                          |  |  |  | CITY OF LAS VEGAS                                                                                                 |  |  |  | TAX CODE           |  |  |  | SEC 21          |  |  |  | M.D.M.          |  |  |  | TITLE                      |  |  |  | SKY POINTE BY       |  |  |  | RYLAND HOMES UNIT 1 |  |  |  |
| NO. DESCRIPTION BY DATE APPVD    |  |  |  | PERFORMED BY _____                  |  |  |  | CITY OF LAS VEGAS                                                                                                 |  |  |  | TAX CODE           |  |  |  | SEC 21          |  |  |  | M.D.M.          |  |  |  | TITLE                      |  |  |  | SKY POINTE BY       |  |  |  | RYLAND HOMES UNIT 1 |  |  |  |
| NO. DESCRIPTION BY DATE APPVD    |  |  |  | PROPERTY UNITS                      |  |  |  | CITY OF LAS VEGAS                                                                                                 |  |  |  | TAX CODE           |  |  |  | SEC 21          |  |  |  | M.D.M.          |  |  |  | TITLE                      |  |  |  | SKY POINTE BY       |  |  |  | RYLAND HOMES UNIT 1 |  |  |  |

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Replot

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