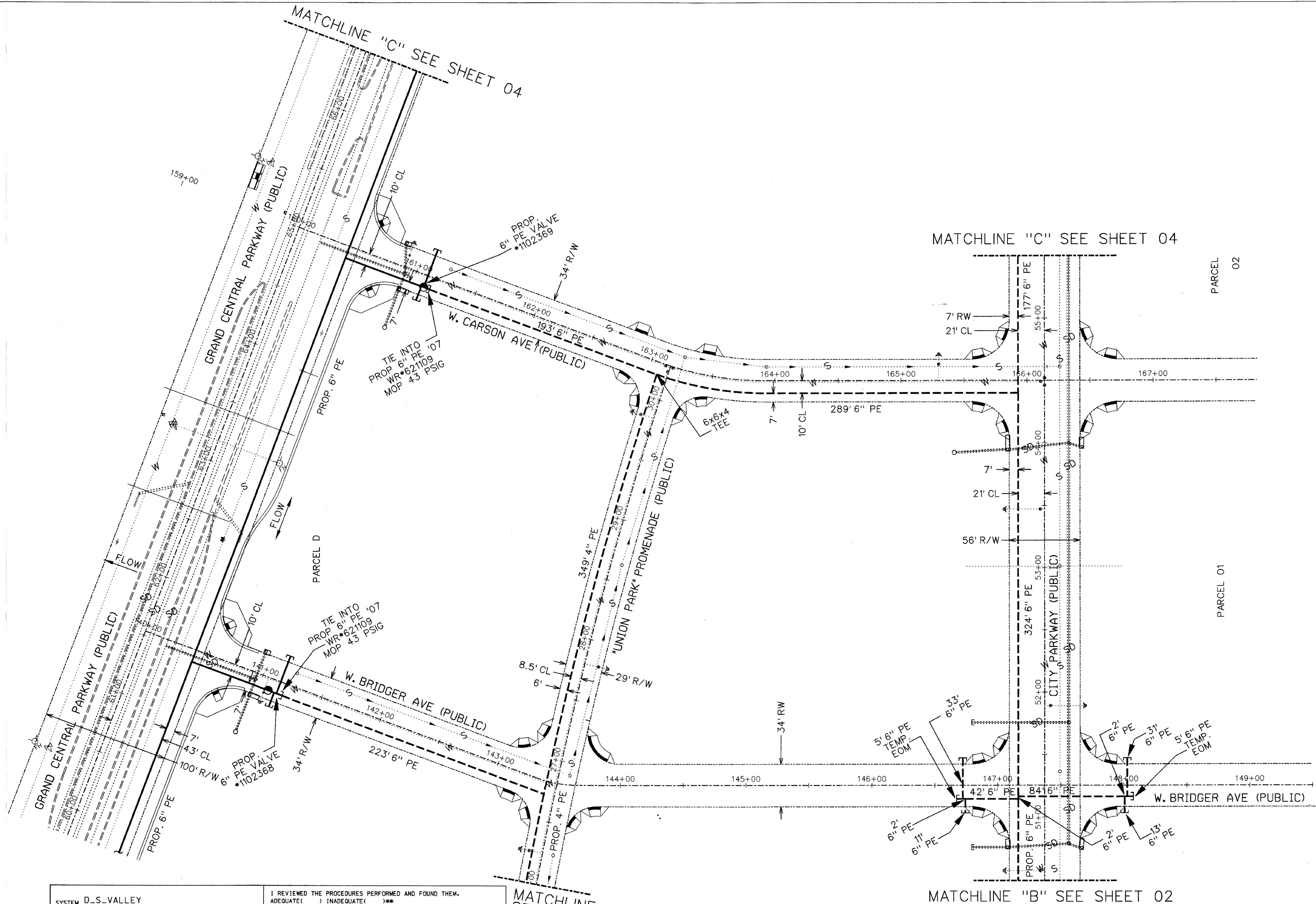
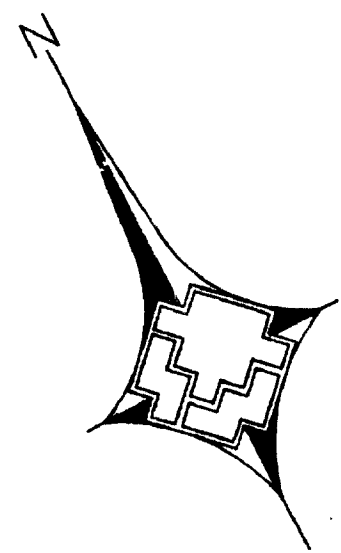




Call  
before you  
Dig.  
1-800-227-2600  
UNDERGROUND SERVICE (USA)  
(48 HR. BEFORE IF POSSIBLE)

|                             |  |                                                                                       |  |
|-----------------------------|--|---------------------------------------------------------------------------------------|--|
| SYSTEM <u>D-S-VALLEY</u>    |  | I REVIEWED THE PROCEDURES PERFORMED AND FOUND THEM:<br>ADEQUATE ( ) INADEQUATE ( ) ** |  |
| DR. NO. <u>X636y434-1DR</u> |  | SYSTEM M.A.O.P. <u>60#</u>                                                            |  |
| SEGMENT M.A.O.P. <u>N/A</u> |  | SYSTEM M.O.P. <u>55#</u>                                                              |  |
| SEE SHEET 2                 |  | SIGNATURE: _____ DATE: _____                                                          |  |
|                             |  | SIGNATURE: _____ DATE: _____                                                          |  |

| NO. | DESCRIPTION | BY | DATE | APPVD. |
|-----|-------------|----|------|--------|
|     |             |    |      |        |
|     |             |    |      |        |
|     |             |    |      |        |



| UNIT NO. | UNIT TYPE | INSTL. PROPOSED | RET. COMPLETED |
|----------|-----------|-----------------|----------------|
|          |           |                 |                |
|          |           |                 |                |
|          |           |                 |                |

|                                     |                                                                  |
|-------------------------------------|------------------------------------------------------------------|
| AS-BUILT DRAWING-PRESSURE TEST DATA |                                                                  |
| PIPE DIA. _____                     | TEST MEDIUM TEST METHOD                                          |
| PIPE LENGTH _____                   | <input type="checkbox"/> AIR <input type="checkbox"/> GAUGE      |
| PIPE TYPE _____                     | <input type="checkbox"/> NITROGEN <input type="checkbox"/> CHART |
| MIN. DURATION _____                 | <input type="checkbox"/> WATER <input type="checkbox"/> SOAP     |
| TEST PRES. (PSIG) _____             | GAUGE / PRESS REC SN# _____                                      |
| TIME _____                          | START _____ END _____                                            |
| 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 _____ |
| AS-BUILTS ACCEPTED BY _____ DATE _____                                                                           |            |
| POSTED BY _____ DATE _____                                                                                       |            |
| POSTING OC'D BY _____ DATE _____                                                                                 |            |

|                       |               |
|-----------------------|---------------|
| CONSTRUCTION          |               |
| INSPECTOR _____       | FOREMAN _____ |
| REVIEWED BY _____     |               |
| PERMIT INFORMATION    |               |
| Tax Code Area-02-0203 |               |
| CITY OF LAS VEGAS     |               |

| ISOLATION AREA | W. R. NO.                        |
|----------------|----------------------------------|
| 95             | 682938                           |
| LOCATION       | TILE NO.                         |
| T20S.R61E S34  | X624y516<br>X627y516<br>X627y518 |

|                                                 |  |
|-------------------------------------------------|--|
| CUSTOMERS N/A CYCLE _____ ROUTE _____ AREA 3S U |  |
| ENG. TECH. BILL GRENNAN                         |  |
| ACCOUNT REP. JOHN WRIGHT                        |  |
| PROJECT CONTACT MARC JOHNSON                    |  |
| SHEET NO. 03 OF 04                              |  |
| DWN. BY CME/BLA                                 |  |
| CHKD. BY BLA                                    |  |
| APPVD. BY _____                                 |  |
| TITLE                                           |  |
| UNION PARK PHASE 2                              |  |
| GRAND CENTRAL & W. CLAY                         |  |