



LEGEND

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| | 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 |
| | PAVEMENT CUT AND REPAIR |
| | EXISTING ANODELESS RISER |
| | EXISTING ANODE RISER |
| | EXISTING GAS LIGHT |
| | EXISTING GAS VALVE |
| STL (1) PE (1) | PROPOSED MAIN CALL OUT |
| (1) | ABANDONED FACILITIES CALL OUT |
| (12) | GAS DIMENSIONS |
| | EXCESS FLOW VALVE |

SHEET INDEX

1. COVER SHEET
2. ABBREVIATIONS & NOTES
3. MATERIALS & SIGNATURES – PE
4. DESIGN PLAN
5. TYPICAL SWPPP BMP DETAILS



CUSTOMERS 61

| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1.</td><td></td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td><td></td></tr> <tr> <th>NO.</th> <th>DESCRIPTION</th> <th>BY</th> <th>DATE</th> <th>APPVD.</th> </tr> <tr> <td colspan="5" style="text-align: center;">REVISIONS</td> </tr> </table> | 1. | | | | | 2. | | | | | 3. | | | | | 4. | | | | | NO. | DESCRIPTION | BY | DATE | APPVD. | REVISIONS | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>TAX CODES</th> <th>UNIT NO.</th> <th>UNIT TYPE</th> <th>INSTL. PROPOSED</th> <th>RETIRED</th> <th>INSTL. COMPLETED</th> <th>RETIRED</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="7" style="text-align: center;">PROPERTY UNITS</td> </tr> </table> | TAX CODES | UNIT NO. | UNIT TYPE | INSTL. PROPOSED | RETIRED | INSTL. COMPLETED | RETIRED | | | | | | | | PROPERTY UNITS | | | | | | | <p style="text-align: center;">AS-BUILT DRAWING-PRESSURE TEST DATA</p> <p>PIPE DIA. _____ TEST MEDIUM <input type="checkbox"/> AIR <input type="checkbox"/> GAUGE</p> <p>PIPE LENGTH _____ <input type="checkbox"/> NITROGEN <input type="checkbox"/> CHART</p> <p>PIPE TYPE _____ <input type="checkbox"/> WATER <input type="checkbox"/> GAUGE/</p> <p>MIN. DURATION _____ SOAP PRESS REC SN# _____</p> <p>TEST PRES. (PSIG): (MAX) _____ (MIN) _____</p> <p>TIME: (START) _____ (STOP) _____</p> <p>DATE: (START) _____ (STOP) _____</p> <p>PERFORMED BY: _____</p> <p>DATE VERIFIED BY: _____</p> | <p style="text-align: center;">INDIVIDUAL PERFORMING VISUAL INSPECTION</p> <p style="text-align: center;">VISUAL INSPECTION CERTIFICATION</p> <p>I HAVE VISUALLY INSPECTED ALL HEATED FLANGES, SOLVENT CEMENT, MECHANICAL JOINTS, AND WELDS THAT I HAVE PERFORMED.</p> <p>NAME _____ REGISTERED DATE _____</p> <p style="text-align: center;">CONSTRUCTION</p> <p>INSPECTOR _____</p> <p>FOREMAN _____</p> <p>REVIEWED BY _____</p> <p style="text-align: center;">PERMIT INFORMATION</p> <p style="text-align: center;">CITY OF LAS VEGAS</p> | <p>ISOLATION AREA _____</p> <p>W.R. NO. 3693527</p> <p>LOCATION _____</p> <p>ATLAS #/TILE # _____</p> | <p>ENGINEER/TECHNICIAN: _____ PHONE: _____</p> <p>ACCOUNT REP: _____ PHONE: _____</p> <p>PROJECT CONTACT: _____ PHONE: _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>SHEET NO. 1 OF 5</td> <td>SCALE: NTS</td> <td>DATE: 1/29/2020</td> </tr> <tr> <td>DWN. BY _____</td> <td>CHKD. BY _____</td> <td>APPVD. BY _____</td> </tr> </table> <p>TITLE _____</p> | SHEET NO. 1 OF 5 | SCALE: NTS | DATE: 1/29/2020 | DWN. BY _____ | CHKD. BY _____ | APPVD. BY _____ |
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| NO. | DESCRIPTION | BY | DATE | APPVD. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PROPERTY UNITS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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