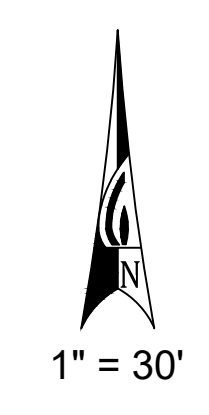


EXCAVATIONS FOR PERMIT									
NAME									
CITY OF									
COUNTY									
LENGTH	WIDTH	SQUARE FEET	QUANTITY	SQUARE FEET TOTAL	THICKNESS	ASPHALT	CONCRETE	EARTH	
1.	X		X						
2.	X		X						
3.	X		X						
4.	X		X						
5.	X		X						
6.	X		X						
7.	X		X						
8.	X		X						
GRAND TOTAL SQUARE FEET =									

PLANNING & SKETCHING			
PLANNED BY: S.SAENZ	DATE: 08/19/22	BASE BY: RRIVOTA	DATE: 08/19/22
CONSTRUCTION APPROVAL BY: J.MENA	DATE: 10/11/22	COMPLETION BY:	DATE:
CURRENT OWNER & DATE: Jtmena 10/14/2022		SHEET 1 OF 1	



PIPE PRESSURE TEST

MEDIUM GAS STD #184.0150 HIGH GAS STD #182.0170

LOCATION " A " TO LOCATION " B "

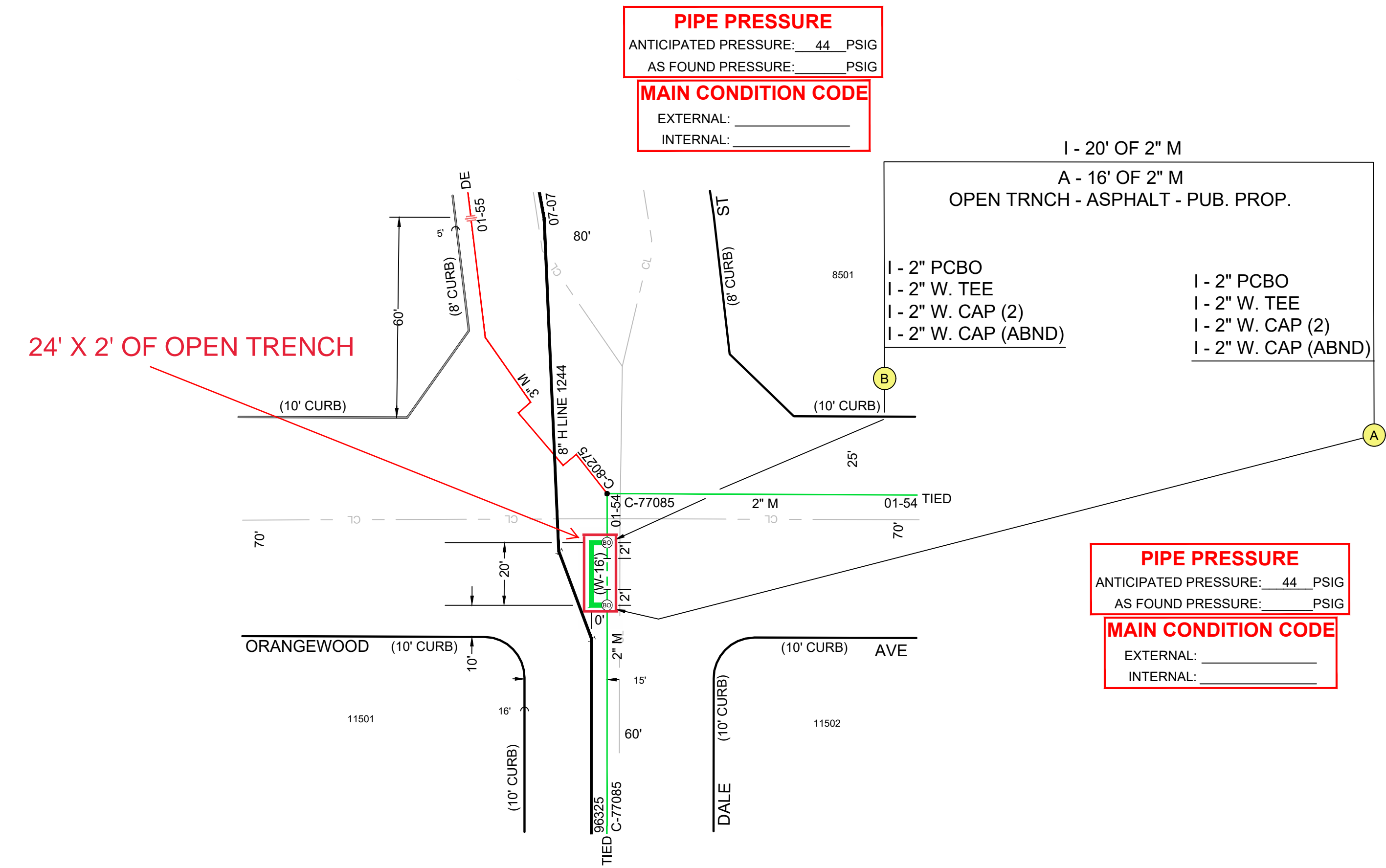
TEST PRESSURE:
MINIMUM: 100 PSIG / MAXIMUM: 140 PSIG

PLANNED INFORMATION ABOVE THIS LINE
ACTUAL FIELD INFORMATION BELOW THIS LINE

PRESSURE GAUGE SERIAL#:
ACTUAL MINIMUM TEST PRESSURE: PSIG

TEST MEDIUM:
AIR NITROGEN OTHER: _____
DURATION: _____ HRS. AND/OR _____ MIN.
SIGN: _____ DATE: _____
PRINT NAME: _____
PRINT TITLE: _____

HIGH PRESSURE MAINS IN PROJECT VICINITY
96325 8" H LINE 1244



PIPE PRESSURE
ANTICIPATED PRESSURE: 44 PSIG
AS FOUND PRESSURE: PSIG

MAIN CONDITION CODE
EXTERNAL: _____
INTERNAL: _____

PIPE PRESSURE
ANTICIPATED PRESSURE: 44 PSIG
AS FOUND PRESSURE: PSIG

MAIN CONDITION CODE
EXTERNAL: _____
INTERNAL: _____

CP NOTES:

RECTIFIER AREA

PLEASE CALL DAVID FERRIS (909) 222-7329, 48 HOURS BEFORE WELDING OPERATIONS BEGIN SO RECTIFIER CAN BE SHUT OFF.

CALL DAVID FERRIS AGAIN AFTER THE WELDING OPERATIONS HAVE BEEN COMPLETED SO THE RECTIFIER CAN BE TURNED BACK ON.

CONTRACTOR TO INSTALL NEW GAS MAIN AT 56" DEPTH TO CLEAR CONFLICT WITH UPCOMING CITY PROJECT.

I - 20' OF 2" M - PUB. PROP.
A - 16' OF 2" M - PUB. PROP

PRE CONSTRUCTION MEETING: YES NO
(REQUIRED WITH A GAS COMPANY REPRESENTATIVE)

LOCATION INFORMATION
THOMAS GUIDE PAGE # 798 A3
TRACT # N/A
CITY OF: GARDEN GROVE
COUNTY OF: ORANGE
REGION NAME: SOUTHEAST
DISTRICT NAME: GARDEN GROVE
ATLAS SHEET (S) / LEAK SURVEY AREA (S): OC 216-4

AFFECTED FACILITIES
PRESSURE DISTRICT # 42001
DIST. PRESS. / MAOP: 60 SET / MOP: 44
CLASS LOCATION 1 2 3 4
ISO MAP # 42001-N
SUPPLY LINE #
SUPPLY LINE PRESS.
S.M.Y.S. 20% OR OVER YES NO
REG. STATION ID # RS#

PCB - MEGARULE
N/A PCB FREE AREA HOT SPOT HOT DISTRICT

ANNUAL / BUSINESS LEAK SURVEY AREA:
(POST LIMITS ON SKETCH IF APPLICABLE) YES NO

CATHODICALLY PROTECTED: YES NO
CP AREA # 00263 - IC
DATE: _____ PHONE # 909-222-7329

BRIDGE OR SPAN INVOLVED: YES NO
WILL ANY PIPE BE LEFT EXPOSED: YES NO
(IF YES ROUTE AS-BUILT COPY TO SP SUPERVISOR)

ENVIRONMENTAL CLEARANCE REQUIRED: YES NO
ISSUED BY: _____ DATE: _____
STORM WATER: BMPS ONLY SCG SWPPP
APPLICANT SWPPP
SPECIAL ENVIRONMENTAL CONSIDERATIONS: YES NO
(IF YES SEE REGION ENVIRONMENTAL ADVISOR)

MISCELLANEOUS PLANNING
STAKED: STAKING REQUIRED: YES NO
VALVE(S) REQUIRED: YES NO
PIPELINE MARKERS REQUIRED: YES NO
(IF YES DISPLAY LOCATION)
JOINT TRENCH: YES NO

PERMITTING
PERMIT #
ISSUED BY:
PERMIT #
ISSUED BY:

REVIEWED:	PRINT NAME:	DATE:
REGION ENG.		
TSS		
LPA		
CP		
M & R SUP.		
PA / FPA		
AREA MGR.		
RPPM		
FOS / FS		

REVIEWED: _____ **PRINT NAME:** _____ **DATE:** _____

LSPS
LPA
DISTRICT
INSPECTOR

ABANDON PIPELINE SAMPLING REQUIRED
(PER GAS STANDARD 104.0042) YES NO
BY: _____ DATE: _____
(CHANGE LABOR TO MWO# 99300.000)

CROSSING SEWER LATERALS: YES NO
NUMBER OF LATERALS CLEARED: _____
METHOD(S) USED TO VERIFY LOCATION(S):
OPEN TRENCH CAMERA POT HOLE
EXPOSED BY EXCAVATION (GAS STD #184.0170)
OTHER METHOD: _____
IF A POSITIVE LOCATION COULD NOT BE DETERMINED INDICATE THE ADDRESS/LOCATION AND REASON WHY ON THIS SKETCH.
LCT: _____ DATE: _____
FOS / FS: _____ DATE: _____

DESIGN CHANGES
WERE CHANGES MADE TO THE DESIGNED PIPE OR COMPONENT: YES NO
(IF YES TECHNICAL SERVICES APPROVAL IS REQUIRED)
REGION ENG: _____ DATE: _____
UPDATED TO RER # _____
TSS: _____ DATE: _____
LPA / PA / FPA: _____ DATE: _____

BACKFILL TYPE
USED MECHANICAL COMPACTION: YES NO

GAS HANDLING
REVIEWED AND PERFORMED AS PLANNED PER GAS STD #184.06: YES NO
(IF NO PLEASE PROVIDE EXPLANATION ON SKETCH)
SIGN: _____ DATE: _____
PRINT NAME / TITLE: _____

PERMIT SKETCH
CREW FOREMAN: _____
COMPANY: _____

PLANNED	AS-BUILT	TOTAL FEET INSTALLED:	TOTAL FEET RETIRED:	DATE MOVED ON JOB:	DATE OF OPERATION:	DATE MOVED OFF JOB:
INSTALL MAIN WITH AT LEAST: 56" COVER BELOW: GUTTER FLOW	INSTALLED MAIN WITH AT LEAST: _____ COVER					

WBS # N/A	WORK CENTER # N/A	PLAN FILE # 42-22-030
NBMS # N/A	PARCEL/CASE # 2022-207632	RER # N/A
DREAMS # N/A	R/W # N/A	WO# N/A
DESIGN # 70977750	DESIGN NAME: N/A	
ORDER OP. # N/A	CAD FILE: 002042165001.dwg	
TICKET # _____	NOTIFICATION # 2042165001	TAX # _____



PLANNING / CONSTRUCTION REVIEW / AS-BUILT / CONSTRUCTION REVIEW / FIELD CONSTRUCTION