



DRAFTER: AG 01/10/25  
CKR: HE 01/10/25  
ENGR: \_\_\_\_\_

**RUSH PRIORITY**

PRIORITY 1

PRIORITY 2

NORMAL

**GAS SERVICE COORDINATOR:**

COORDINATE SERVICE LOCATION WITH CYNTHIA MESHELL AT  
281-561-6016

INSPECTOR: VICENTE HERNANDEZ (346-762-9126)

**PERMITS REQUIRED FOR CONSTRUCTION**

☐ NO PERMITS REQUIRED

☐ TXDOT

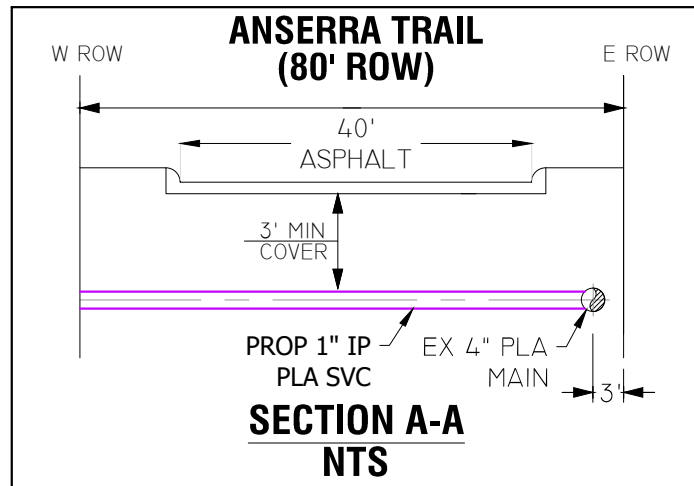
☐ CITY: \_\_\_\_\_

☒ COUNTY: WALLER

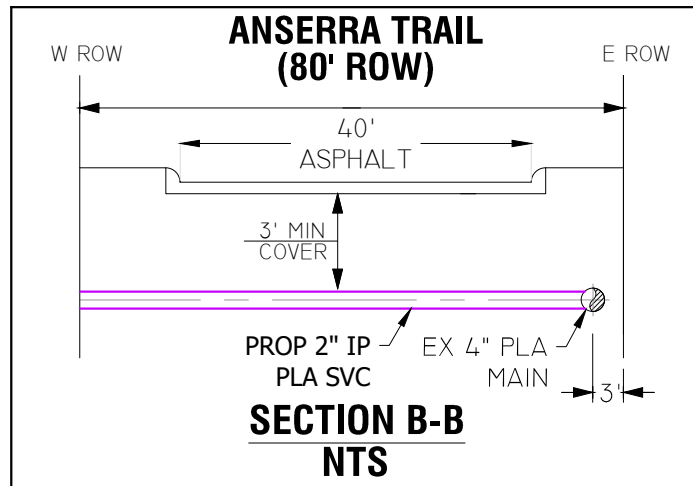
☐ FLOODCONTROL/DRAINAGE: \_\_\_\_\_

☐ RAILROAD: \_\_\_\_\_

**WALLER COUNTY PERMIT**



**WALLER COUNTY PERMIT**



VICINITY MAP

**LEGEND**

|                     |  |                    |  |
|---------------------|--|--------------------|--|
| EXISTING MAIN       |  | PROP IP PLA SVC    |  |
| PROP MAG ANODE      |  | EDGE OF PAVEMENT   |  |
| PROP TRANS STATION  |  | PROP 5# ZINC ANODE |  |
| PROP TEST POINT     |  | PROP MARKER BALL   |  |
| PROP LOCATION POINT |  | PROP LINE MARKER   |  |

**GENERAL NOTES:**

1. FIELD VERIFY & LOCATE ALL EXISTING FEEDS, MAINS & SERVICES.
2. MAINTAIN A MINIMUM DEPTH OF 3' UNLESS OTHERWISE NOTED.
3. USE GAUGES TO MONITOR & MAINTAIN FEEDS & PRESSURE.
4. CONTACT DESIGNER (BENSON AKINGBOYE AT 713-207-4325) WITH ANY NECESSARY FIELD CHANGES.
5. THIS PROJECT IS SUBJECT TO SEWER LATERAL INSPECTION TO VERIFY CLEARANCE, PER THE OPTIONS STATED IN THE CONSTRUCTION AND SERVICE MANUAL. ENGINEERING WAS UNABLE TO VERIFY THE CLEARANCE WITH MAPS AND RECORDS.
6. TAKE NECESSARY PRECAUTIONS WHEN CUT, CAP & REMOVING STEEL MATERIAL. ASSUME ALL TAR WRAP PIPE CONTAINS ASBESTOS AND FOLLOW CONSTRUCTION AND SERVICE MANUAL PROCEDURES (SECTION: CS-B-1-.330) FOR REMOVAL OF PIPE AND GASKETS WITH ASBESTOS CONTAINING MATERIAL OR PRESUMED ASBESTOS CONTAINING MATERIAL.
7. FOR IP PIPE TEST PRESSURE AT 100 PSIG IN ACCORDANCE WITH SECTION CS-B-1.220 OF THE CONSTRUCTION & SERVICE MANUAL. HP LINE TEST PRESSURE AND DURATION ARE AS NOTED.
8. ALL SERVICE LINES MUST HAVE AN EFV OR CURB VALVE INSTALLED IN ACCORDANCE WITH SECTION CS-FORM 1.150 OF THE CONSTRUCTION AND SERVICE MANUAL AND EFV SIZING CHART.  
•CONTACT ENGINEERING FOR ADDITIONAL SIZING RECOMMENDATIONS.
9. COORDINATE CATHODIC PROTECTION WITH THE CORROSION DEPARTMENT (VINCENT PACHECO AT 713-967-7386) AND ENSURE CP DEPARTMENT IS ON SITE DURING CONSTRUCTION TO MAKE BONDS.
10. DIMENSION ALL TIE-IN LOCATIONS FROM ESTABLISHED RIGHT OF WAYS.
11. CRITERIA TO BE USED FOR TRACER WIRE SELECTION WHEN INSTALLING PLASTIC GAS LINES:  
A. USE #14 TRACER WIRE FOR ALL RESIDENTIAL SERVICE LINES.  
B. USE #14 TRACER WIRE FOR SHORT BORES UP TO 300' AND ALL OTHER NON-BORE INSTALLATIONS.  
C. USE #10 TRACER WIRE WITH ALL BORES LONGER THAN 300'.  
D. USE #8 TRACER WIRE AS NEEDED FOR LARGE BAYOU CROSSINGS AND OTHER EXTRAORDINARY SITUATIONS AND COMPLEX BORES.  
INSPECTOR APPROVAL REQUIRED PRIOR TO WORK.

**PIPE SUMMARY GENERIC**

| PIPE REQUIRED |                                                          |
|---------------|----------------------------------------------------------|
| 820'          | 1" PLA SERVICE IP - Intermediate Pressure WO#: 115050692 |
| 750'          | 2" PLA SERVICE IP - Intermediate Pressure WO#: 115051835 |

|                                                                                  |                  |
|----------------------------------------------------------------------------------|------------------|
| 1,570' TOTAL PIPE                                                                |                  |
| DESIGNED BY: BENSON AKINGBOYE                                                    | 713-207-4325     |
| ESTIMATED COST: \$                                                               | CONTRIBUTION: \$ |
| NEED DATE: 01/31/25                                                              | COMPLETION DATE: |
| PURPOSE AND NECESSITY: NEW CONSTRUCTIONS TO SERVE RESIDENTIAL APARTMENT BUILDING |                  |

|                  |                 |       |
|------------------|-----------------|-------|
| DRAWN BY: AG     | RECOMMENDED BY: | DATE: |
| DATE: 01/10/2025 |                 |       |
| SCALE: 1:60      | APPROVED BY:    | DATE: |
| SHEET: 1 OF 1    |                 |       |

F:29940718 | O:29880712 | KM:483-C | LAMBERT:4257A3 | Z:701 | SZ:504 | TC:030 | SOG:00151

**4000 ANSERRA TRAIL  
KATY, TX**



DWG No: **EC5-2500056**

4000 ANSERRA TRAIL (BLDG 4)  
PROP 825' OF 1" IP PLA SVC  
LOAD: 180 CFH AT 2 PSIG  
WITH: 1200 EFV  
WO#: 115050692

4000 ANSERRA TRAIL (CLUBHOUSE)  
PROP 750' OF 2" IP PLA SVC  
LOAD: 1.195 MCFH AT 2 PSIG  
WITH: 2600 EFV  
WO#: 115051835

TAP LOCATION:  
1,042' S OF I-10 FRONTAGE RD



DRAFTER: AG 01/10/25  
CKR: HE 01/10/25  
ENGR: \_\_\_\_\_

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PRIORITY 2

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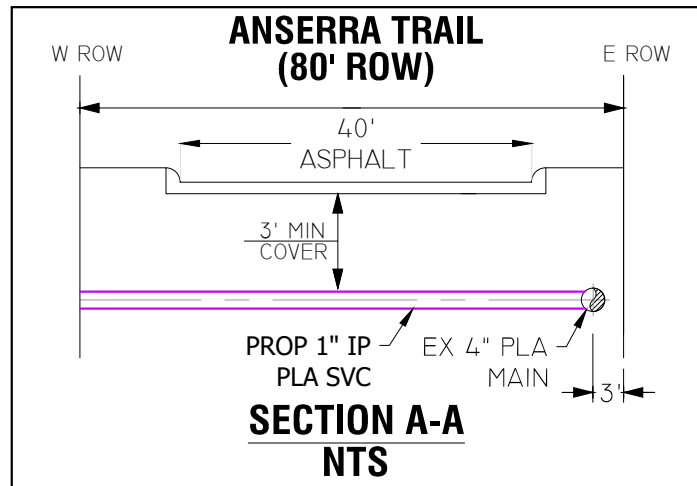
☐ CITY: \_\_\_\_\_

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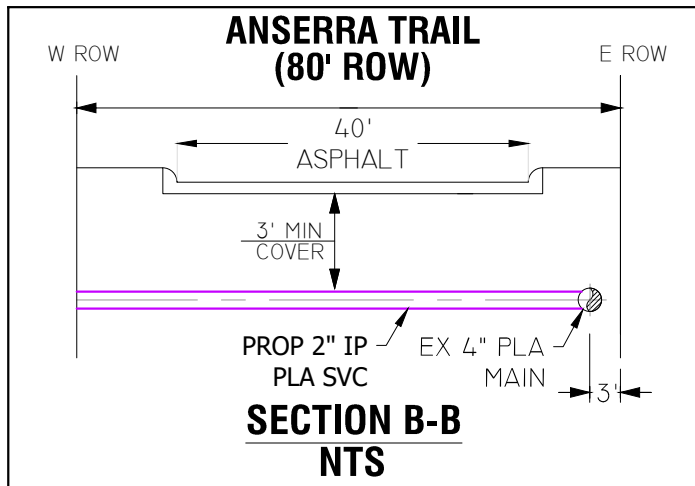
☐ FLOODCONTROL/DRAINAGE: \_\_\_\_\_

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**WALLER COUNTY PERMIT**



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VICINITY MAP

**LEGEND**

|                     |  |                    |  |
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WO#: 115051835

**ANSERRA TRAIL  
(80' ROW)**

TAP LOCATION:  
1,042' S OF I-10 FRONTAGE RD





MJSHERI01C

SBURGENER

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/13/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|                                                                      |                                                                                  |              |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------|
| PRODUCER<br><b>INSURICA</b><br>1501 Mart Dr<br>Little Rock, AR 72202 | CONTACT NAME: <b>Sherry L Burgener, CIC, CRM, AU, AAM</b>                        |              |
|                                                                      | PHONE (A/C, No, Ext): <b>(501) 819-3201</b> FAX (A/C, No): <b>(501) 666-7168</b> |              |
|                                                                      | E-MAIL ADDRESS: <b>Sherry.Burgener@INSURICA.com</b>                              |              |
|                                                                      | INSURER(S) AFFORDING COVERAGE                                                    | NAIC #       |
|                                                                      | INSURER A : <b>National Fire Insurance Co. of Hartford</b>                       | <b>20478</b> |
|                                                                      | INSURER B : <b>Transportation Insurance Company</b>                              | <b>20494</b> |
|                                                                      | INSURER C : <b>Valley Forge Insurance Company</b>                                | <b>20508</b> |
|                                                                      | INSURER D :                                                                      |              |
|                                                                      | INSURER E :                                                                      |              |
|                                                                      | INSURER F :                                                                      |              |

INSURED  
  
**M.J. Sheridan of Texas, Inc.**  
7935 Harms Road  
Houston, TX 77041

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                  | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                                                                   |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |           |          | 7014908725    | 5/31/2024               | 5/31/2025               | EACH OCCURRENCE \$ <b>1,000,000</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b><br>MED EXP (Any one person) \$ <b>5,000</b><br>PERSONAL & ADV INJURY \$ <b>1,000,000</b><br>GENERAL AGGREGATE \$ <b>2,000,000</b><br>PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b><br>\$ |
| B        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                          |           |          | 7014908739    | 5/31/2024               | 5/31/2025               | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b><br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                                                   |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$                                                                                                                    |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                                                                                                                 |
| C        | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N<br>If yes, describe under DESCRIPTION OF OPERATIONS below           |           | N / A    | 7014908742    | 5/31/2024               | 5/31/2025               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ <b>1,000,000</b><br>E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b><br>E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>                                                           |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Certificate Holder is named as an additional insured with respects to General Liability as required by written contract.

## CERTIFICATE HOLDER

## CANCELLATION

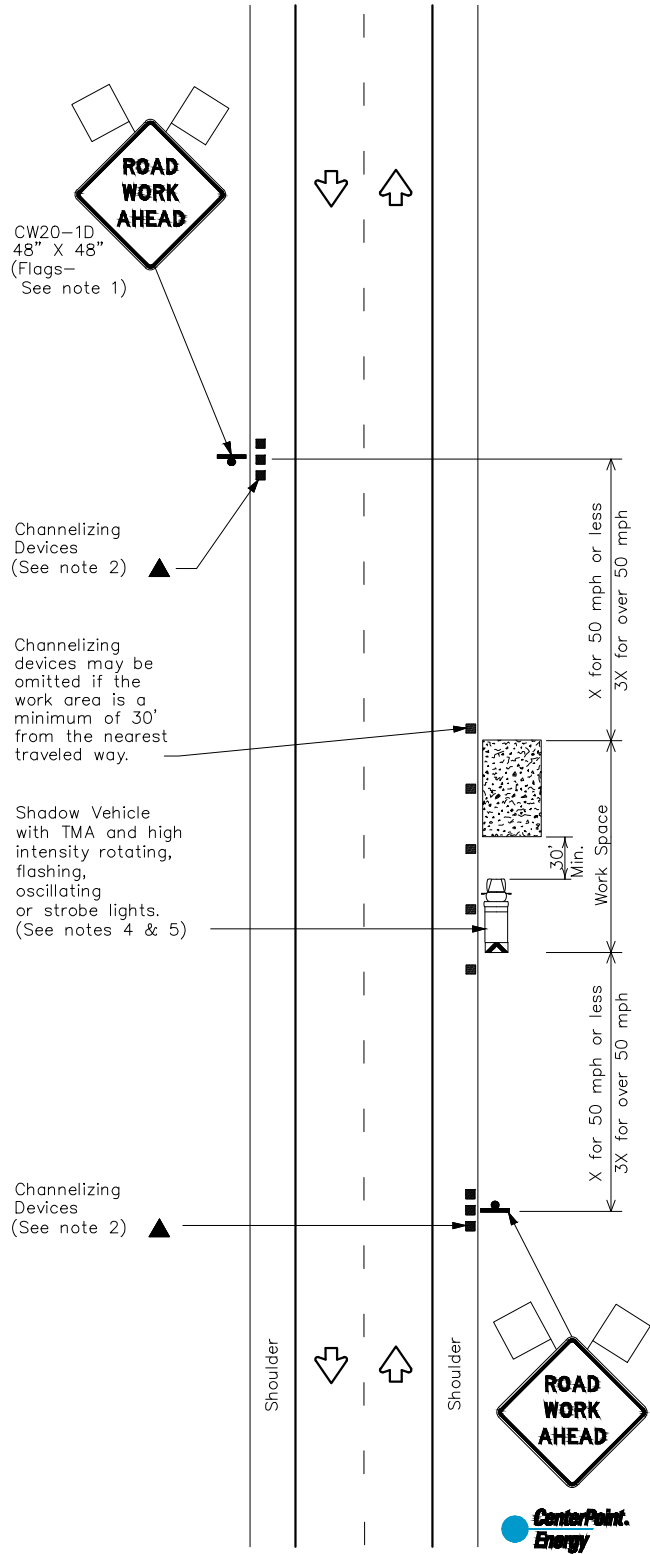
Waller County Road & Bridge Department  
775 Business 290 East  
Hempstead, TX 77445

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

DISCLAIMER: The use of this standard is governed by the "Texas Engineering Practice Act". No warranty of any kind is made by TxDOT for any purpose whatsoever. TxDOT assumes no responsibility for the conversion of this standard to other formats or for incorrect results or damages resulting from its use.

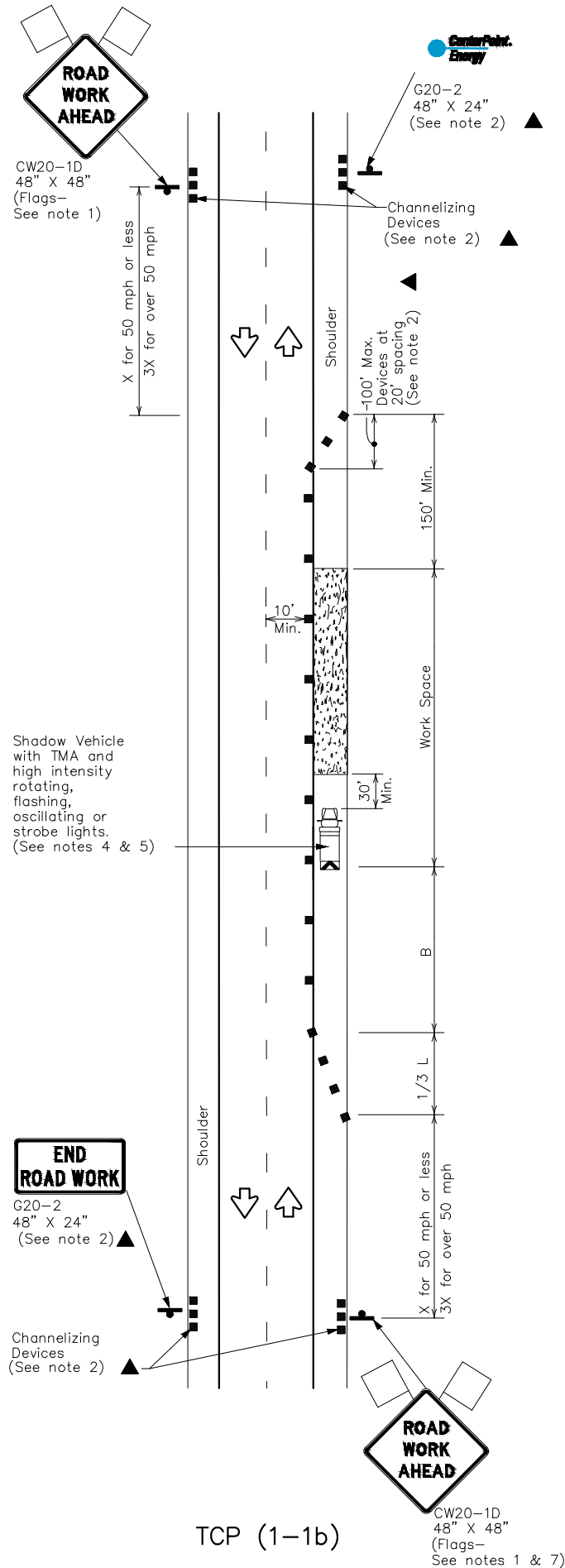
DATE: FILE:



Near 4000 Anserra Trail

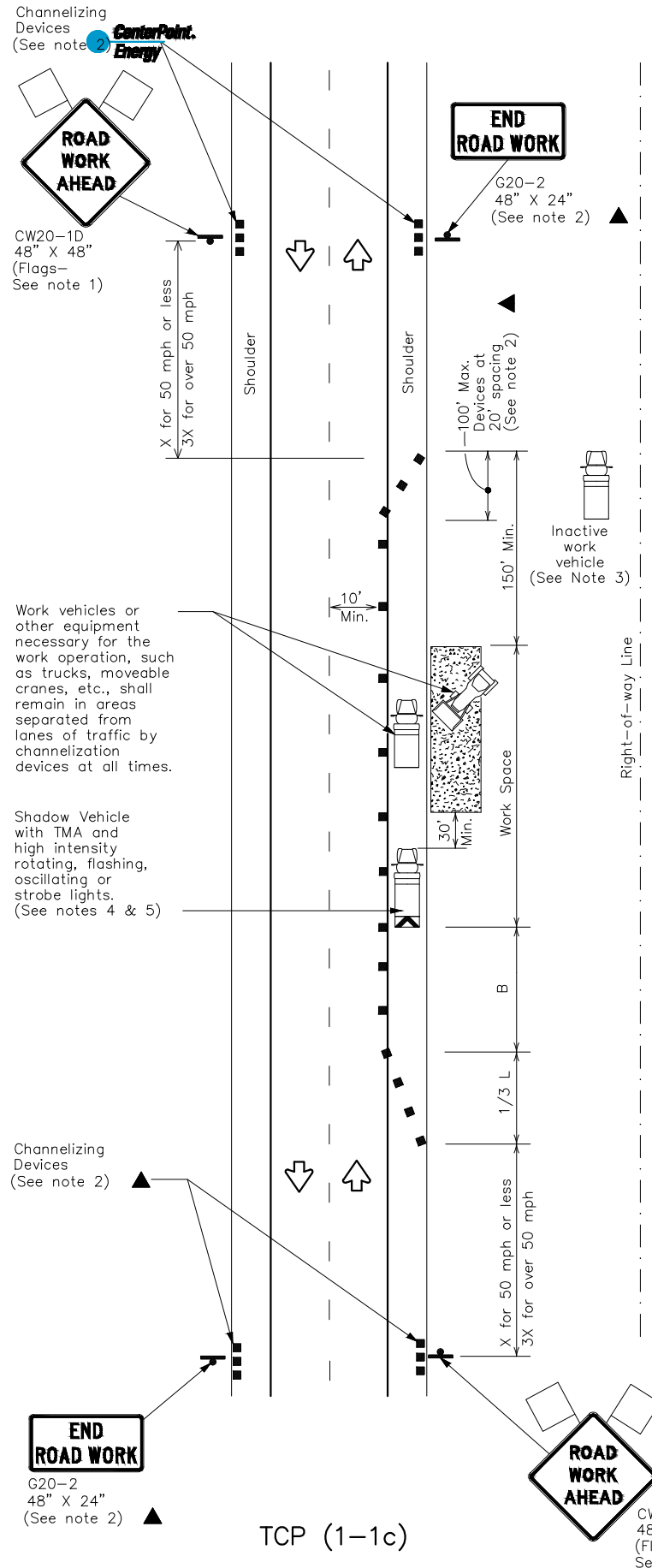
TCP (1-1a)

**WORK SPACE NEAR SHOULDER**  
Conventional Roads



TCP (1-1b)

**WORK SPACE ON SHOULDER**  
Conventional Roads



TCP (1-1c)

**WORK VEHICLES ON SHOULDER**  
Conventional Roads

| LEGEND |                                      |  |                                         |  |  |
|--------|--------------------------------------|--|-----------------------------------------|--|--|
|        | Type 3 Barricade                     |  | Channelizing Devices                    |  |  |
|        | Heavy Work Vehicle                   |  | Truck Mounted Attenuator (TMA)          |  |  |
|        | Trailer Mounted Flashing Arrow Board |  | Portable Changeable Message Sign (PCMS) |  |  |
|        | Sign                                 |  | Traffic Flow                            |  |  |
|        | Flag                                 |  | Flagger                                 |  |  |

| Posted Speed * | Formula | Minimum Desirable Taper Lengths ** |            |            | Suggested Maximum Spacing of Channelizing Devices |              | Minimum Sign Spacing "X" Distance | Suggested Longitudinal Buffer Space "B" |
|----------------|---------|------------------------------------|------------|------------|---------------------------------------------------|--------------|-----------------------------------|-----------------------------------------|
|                |         | 10' Offset                         | 11' Offset | 12' Offset | On a Taper                                        | On a Tangent |                                   |                                         |
| 30             | L=WS    | 150'                               | 165'       | 180'       | 30'                                               | 60'          | 120'                              | 90'                                     |
| 35             |         | 205'                               | 225'       | 245'       | 35'                                               | 70'          | 160'                              | 120'                                    |
| 40             |         | 265'                               | 295'       | 320'       | 40'                                               | 80'          | 240'                              | 155'                                    |
| 45             |         | 450'                               | 495'       | 540'       | 45'                                               | 90'          | 320'                              | 195'                                    |
| 50             |         | 500'                               | 550'       | 600'       | 50'                                               | 100'         | 400'                              | 240'                                    |
| 55             | L=WS    | 550'                               | 605'       | 660'       | 55'                                               | 110'         | 500'                              | 295'                                    |
| 60             |         | 600'                               | 660'       | 720'       | 60'                                               | 120'         | 600'                              | 350'                                    |
| 65             |         | 650'                               | 715'       | 780'       | 65'                                               | 130'         | 700'                              | 410'                                    |
| 70             |         | 700'                               | 770'       | 840'       | 70'                                               | 140'         | 800'                              | 475'                                    |
| 75             |         | 750'                               | 825'       | 900'       | 75'                                               | 150'         | 900'                              | 540'                                    |

\* Conventional Roads Only

\*\* Taper lengths have been rounded off.

L=Length of Taper(FT) W=Width of Offset(FT) S=Posted Speed(MPH)

## GENERAL NOTES

- Flags attached to signs where shown are REQUIRED.
- All traffic control devices illustrated are REQUIRED, except those denoted with the triangle symbol may be omitted when stated elsewhere in the plans, or for routine maintenance work, when approved by the Engineer.
- Inactive work vehicles or other equipment should be parked near the right-of-way line and not parked on the paved shoulder.
- A Shadow Vehicle with a TMA should be used anytime it can be positioned 30 to 100 feet in advance of the area of crew exposure without adversely affecting the performance or quality of the work. If workers are no longer present but road or work conditions require the traffic control to remain in place, Type 3 Barricades or other channelizing devices may be substituted for the Shadow Vehicle and TMA.
- Additional Shadow Vehicles with TMAs may be positioned off the paved surface, next to those shown in order to protect wider work spaces.
- See TCP(5-1) for shoulder work on divided highways, expressways and freeways.
- CW21-5 "SHOULDER WORK" signs may be used in place of CW20-1D "ROAD WORK AHEAD" signs for shoulder work on conventional roadways.

## ANSERRA TRAIL



Traffic  
Operations  
Division  
Standard

TRAFFIC CONTROL PLAN  
CONVENTIONAL ROAD  
SHOULDER WORK

TCP(1-1)-18

|                       |      |        |           |         |
|-----------------------|------|--------|-----------|---------|
| FILE: tcp1-1-18.dgn   | DN:  | CK:    | DW:       | CK:     |
| © TxDOT December 1985 | CONT | SECT   | JOB       | HIGHWAY |
| REVISIONS             |      |        |           |         |
| 2-94 4-98             |      |        |           |         |
| 8-95 2-12             |      |        |           |         |
| 1-97 2-18             |      |        |           |         |
|                       | DIST | COUNTY | SHEET NO. |         |

DATE: \_\_\_\_\_  
FILE: \_\_\_\_\_



| Posted Speed<br>* | Formula             | Minimum Desirable<br>Taper Lengths<br>* * |               |               | Suggested Maximum<br>Spacing of<br>Channelizing<br>Devices |                 | Minimum<br>Sign<br>Spacing<br>"X"<br>Distance | Suggested Longitudinal<br>Buffer Space<br>"B" |
|-------------------|---------------------|-------------------------------------------|---------------|---------------|------------------------------------------------------------|-----------------|-----------------------------------------------|-----------------------------------------------|
|                   |                     | 10'<br>Offset                             | 11'<br>Offset | 12'<br>Offset | On a<br>Taper                                              | On a<br>Tangent |                                               |                                               |
| 30                | $L = \frac{WS}{2}$  | 150'                                      | 165'          | 180'          | 30'                                                        | 60'             | 120'                                          | 90'                                           |
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|           |               |      |        |           |         |
|-----------|---------------|------|--------|-----------|---------|
| FILE:     | tcp1-1-18.dgn | DN:  | CK:    | DW:       | CK:     |
| ©TxDOT    | December 1985 | CONT | SECT   | JOB       | HIGHWAY |
| REVISIONS |               |      |        |           |         |
| 2-94      | 4-98          |      |        |           |         |
| 8-95      | 2-12          | DIST | COUNTY | SHEET NO. |         |
| 1-97      | 2-18          |      |        |           |         |