



- NOTES:**
1. INSTALL FIBER-OPTIC JUMPERS.
 2. FIELD-VERIFY EXISTING TERMINATIONS.

LEGEND		NOTES																
<table border="0"> <tr> <td style="font-size: small;">(1) BLUE</td> <td style="font-size: small;">(7) RED</td> </tr> <tr> <td style="font-size: small;">(2) ORANGE</td> <td style="font-size: small;">(8) BLACK</td> </tr> <tr> <td style="font-size: small;">(3) GREEN</td> <td style="font-size: small;">(9) YELLOW</td> </tr> <tr> <td style="font-size: small;">(4) BROWN</td> <td style="font-size: small;">(10) VIOLET</td> </tr> <tr> <td style="font-size: small;">(5) SLATE</td> <td style="font-size: small;">(11) ROSE</td> </tr> <tr> <td style="font-size: small;">(6) WHITE</td> <td style="font-size: small;">(12) AQUA</td> </tr> </table>	(1) BLUE	(7) RED	(2) ORANGE	(8) BLACK	(3) GREEN	(9) YELLOW	(4) BROWN	(10) VIOLET	(5) SLATE	(11) ROSE	(6) WHITE	(12) AQUA	<table border="0"> <tr> <td style="font-size: small;">X = FUSION SPlice INDIVIDUAL FIBER</td> </tr> <tr> <td style="font-size: small;">C = CAP AND SEAL</td> </tr> <tr> <td style="font-size: small;">EXPRESS = EXPRESS ENTIRE BUFFER TUBE THROUGH WITHOUT CUTTING</td> </tr> <tr> <td style="font-size: small;">BUFFER SPlice = SPlice ALL FIBERS IN BUFFER TUBE COLOR TO COLOR</td> </tr> </table>	X = FUSION SPlice INDIVIDUAL FIBER	C = CAP AND SEAL	EXPRESS = EXPRESS ENTIRE BUFFER TUBE THROUGH WITHOUT CUTTING	BUFFER SPlice = SPlice ALL FIBERS IN BUFFER TUBE COLOR TO COLOR	<ol style="list-style-type: none"> 1. UNUSED FIBERS LEFT COILED AND STORED IN SPlice TRAY 2. UNUSED BUFFER TUBES LEFT COILED AND STORED IN SPlice ENCLOSURE 3. TRANSCEIVER TERMINATION CONFIGURATIONS ARE GENERIC. CONTRACTOR IS RESPONSIBLE FOR DETERMINING / ENSURING THE PROPER TERMINATIONS. 4. ALL SPlices EXISTING UNLESS NOTED AS PROPOSED.
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Kerr Avenue Splicing Details

Division 03 New Hanover County Wilmington

PLAN DATE: August 2013 REVIEWED BY:

PREPARED BY: REVIEWED BY:

REVISIONS	INIT.	DATE

SCALE: NONE

SEAL

SEAL 019962

DocuSigned by: **Henry Alfred Badgett** 1/5/2015

DATE: _____

SIG. INVENTORY NO. _____