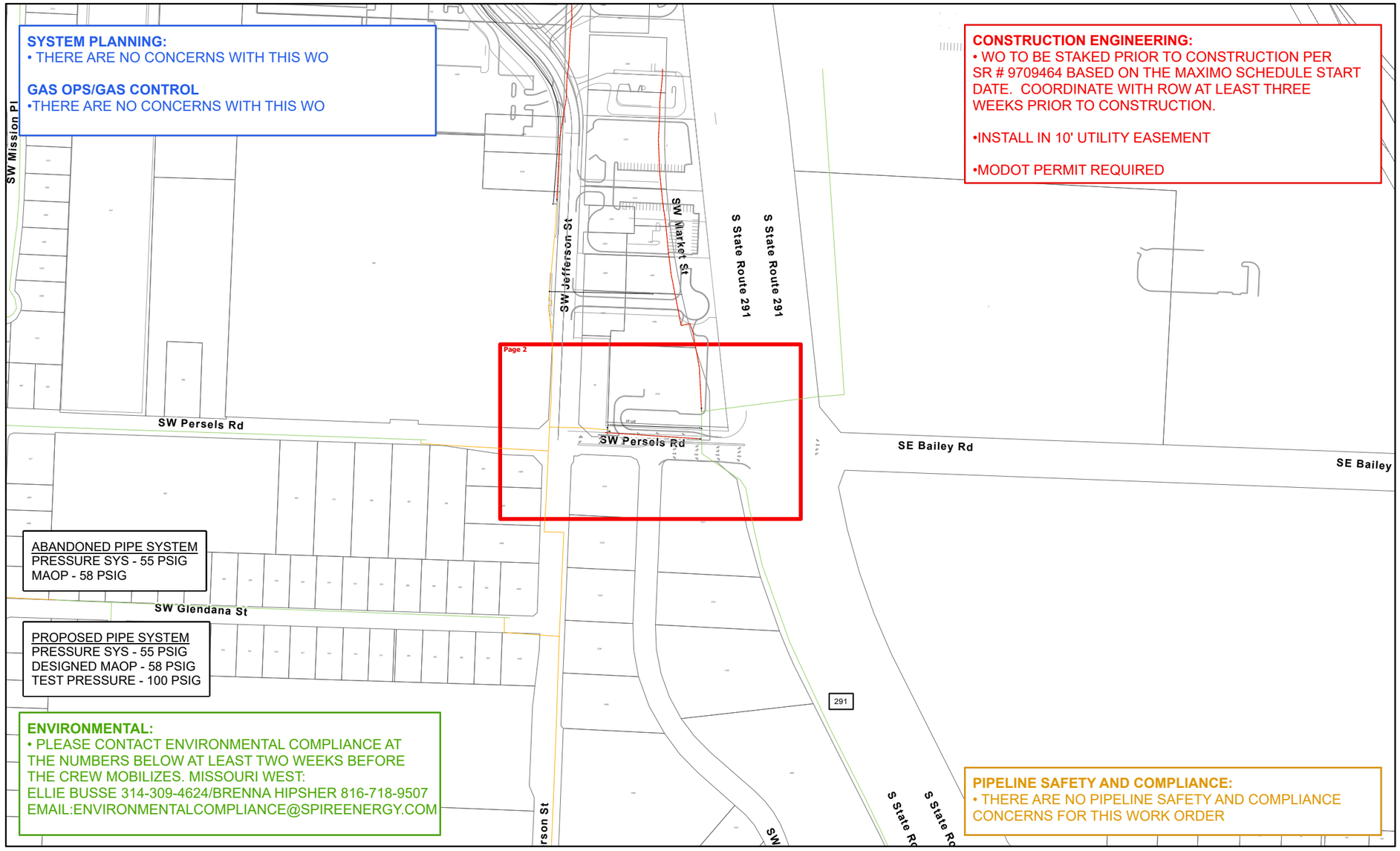
Work Order Title: Oldham Village MODOT Improvements

Work Order: 36711436 Project #:808148 Municipality: Lees Summit



1. INSTALL AND ABANDON STEEL AND PLASTIC MAIN AND SERVICES PER SPIRE OPM STANDARDS.
2. SEE STD. 200.0 FOR PRESSURE TESTING PIPING REQUIREMENTS
3. SEE STD. 180.B FOR EFV AND/OR MANUAL SHUTOFF VALVE INSTALLATION REQUIREMENTS
4. SEE STD. 170.I AND 190.G FOR TRACE WIRE AND TEST STATION INSTALLATION INFORMATION.
5. CORROSION PROTECTION INSPECTOR TO CHECK CATHODIC PROTECTION OF ALL EXISTING CATHODICALLY PROTECTED FACILITIES EXPOSED AND PROTECTED FACILITIES EXPOSED AND DIRECT STEPS NECESSARY TO MAINTAIN PROPER ISOLATION AND CATHODIC PROTECTION AS REQUIRED. A PIPE OBSERVATION REPORT IS TO BE CREATED IN MAXIMO ON READINGS
6. INSTALL ANODES PER STD. 190.C AND/OR TEST STATIONS PER STD. 190.G PER INSTRUCTIONS FROM CORROSION PROTECTION INSPECTOR.
7. CONDUCT INITIAL CATHODIC PROTECTION SURVEY FOR NEW STEEL INSTALLATION. (SEE 190.I FOR CATHODIC PROTECTION AT TIE INS)
8. CREATE PIPE OBSERVATIONS IN MAXIMO TO DOCUMENT EXPOSED PIPE CONDITIONS PER STD. 190.A, EXTERNAL CORROSION.
9. FOR UTILITY LOCATES, CALL ONE-CALL SYSTEM "811" OR (1-800-344-7483), AND ALL OTHER AFFECTED UTILITIES
10. CONTACT GIS DEPARTMENT FOR NECESSARY FIELD NOTES AT 314-349-2963.
11. CONTACT ROW TO SECURE NECESSARY EASEMENTS AND FOR ANY SURVEY WORK AT 314-713-6542
12. SEE STD. 170.J FOR SQUEEZE-OFF PROCEDURE
13. SEE STD. 170.A FOR GAS INTERRUPTION PROCEDURE REQUIREMENTS. CONTACT SYSTEM CONTROL AT 314-658-5486 OR 314-658-5488 PRIOR TO ANY WORK
14. SEE STD. 150.A AND 150.E FOR RADIOGRAPHIC EXAMINATION REQUIREMENTS
15. SPIRE PERSONNEL SHOULD FOLLOW STANDARD PRECAUTIONS REGARDING THE POTENTIAL FOR DRIP OIL TO BE PRESENT IN ACTIVE GAS MAINS AND ADHERE TO APPROVED PROCEDURES FOR MANAGEMENT/DISPOSAL OF ANY PIECES OF PIPE GENERATED IN THE COURSE OF ABANDONMENT. ANY DOCUMENTED DRIPS SHOULD BE CLEARED AND DRAINED BEFORE ABANDONMENT.

Existing Main / Asset Material
- Bare Steel
- Coated Steel
- Screwed Steel
- Cast Iron
- Plastic

Main and Service
- Proposed
- Abandon
- Proposed Previous WO
- Abandon Previous WO

Valves/Meters/Regulators/CP
- Excess Flow Valve
- Meter
- Controllable Valve
- Regulator
- Anode

Fittings
- End Cap
- Flange
- Reducer
- Tee
- Coupling
- Line Stopper
- Elbow
- Transition
- Tap / Saddle / Controllable Tee

Typical Soil Depth: 30" to 36"
- Normal Soil
- Gravel
- Sand
- Channery
- Solid Rock

Check for Work Order Authorization

DESIGNER:	REVISION DATE(S):
45236	
DATE:	
10/9/2025	

FOR QUESTIONS ABOUT THIS DESIGN OR TO REQUEST A SCOPE OF WORK CHANGE PLEASE CONTACT BAYLEE GODAT 816-334-8075 OR FRED DEL TORO 816-266-3033

PATH: X:\2025_36711436_RELOCATION_OLDHAM VILLAGE MODOT IMPROVEMENTS\2025_36711436_RELOCATION_OLDHAM VILLAGE MODOT IMPROVEMENTS.APRX, 9:41 AM 10/9/2025 45236

2" PL ABANDONED IN PREVIOUS WORK ORDER

Tie into 6" PL 55 PSIG
6" PL Saddle Branch
6" PL Tapping Valve
6" PL Elbow

Install 265' 6" PL 55 PSIG

Tie into 6" ST 55 PSIG
6" ST Tee
6" Transition Fitting
Test Station B and 17# Anode

80' ROW

6" ST Cap

6" PL Cap

Abandon 260' 6" ST 55 PSIG

6" PL 55 PSIG
6" PL 55 PSIG
6" PL 55 PSIG
2" PL 55 PSIG
6" ST 55 PSIG
6" ST 55 PSIG
10' U/E
Flow no Backfeed
Flow no Backfeed
Flow no Backfeed
SW Persels Rd
SW Persels Rd
SW Market St
SW Market St
SW Jefferson St
S State Route 291
S State Route 291
S State Route 291
291
1306
1310
1312
1316
1317
1400
304
303
20

NOTE:
ALL MAINS AND SERVICES LAID PARALLEL ALONG S STATE ROUTE 291 STATE HIGHWAY RIGHTS-OF-WAY MUST HAVE MINIMUM OF 30" COVER AND BE INSTALLED WITHIN THE UTILITY CORRIDOR (6 FEET ADJACENT TO EACH RIGHT-OF-WAY LINE)

MODOT PERMIT REQUIRED

Work Order Title: Oldham Village MODOT Improvements

Work Order: 36711436 **Project #:808148** **Municipality: Lees Summit**

1:600

1 inch = 50 feet

spire

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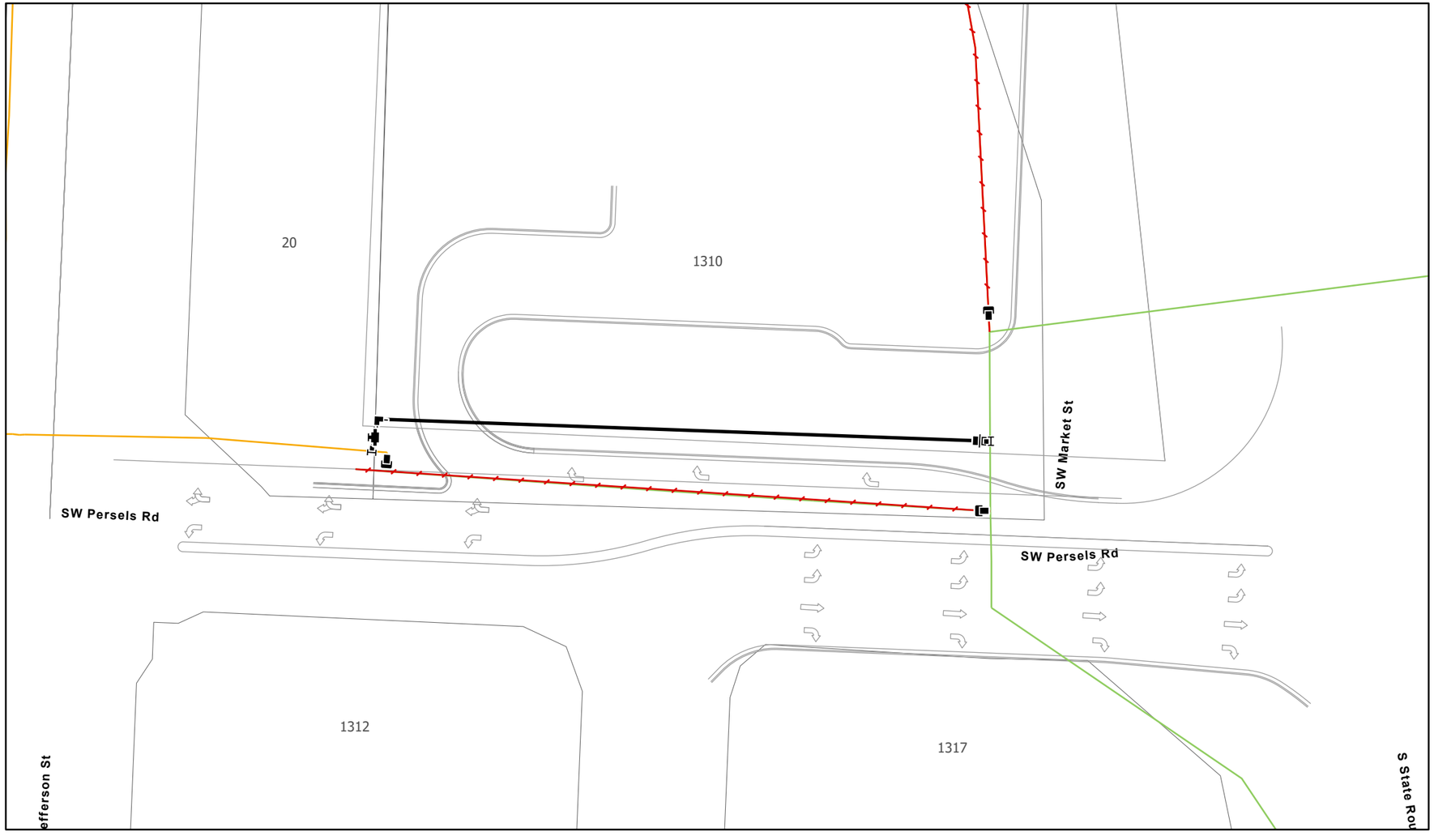
Tie-in Number _____ Soap Test ☐ Yes ☐ No Date: _____ Time: _____ System Gauge Pressure: _____ Signature: _____	Tie-in Number _____ Soap Test ☐ Yes ☐ No Date: _____ Time: _____ System Gauge Pressure: _____ Signature: _____	Tie-in Number _____ Soap Test ☐ Yes ☐ No Date: _____ Time: _____ System Gauge Pressure: _____ Signature: _____	Tie-in Number _____ Soap Test ☐ Yes ☐ No Date: _____ Time: _____ System Gauge Pressure: _____ Signature: _____	Tie-in Number _____ Soap Test ☐ Yes ☐ No Date: _____ Time: _____ System Gauge Pressure: _____ Signature: _____



Comments: _____

_____

PRESSURE TEST OF GAS MAINS
(One Test Per Sheet)

Pipe Size:_____ Length (ft): _____

Pipe Size:_____ Length (ft): _____

Pipe Size:_____ Length (ft): _____

Designed MAOP _____

Test Medium: Water \ Air \ Gas Other:_____

Gauge Type:	Recording	Indicating	Dead Weight
Gauge I.D. :	_____	_____	_____
Calibration Date :	_____	_____	_____

Test Date: _____

Start Time: _____ End Time: _____

Start Press.: _____ End Press. : _____

Start Temp.*: _____ End Temp.*: _____

* Water or Pipe temperature, not ambient

If Discharge volume is over 1,000 gallons - Contact Lab for sample.

Note all leaks or failures, including cause, and corrective action taken in comments below.

SEE STD. 200.0 FOR PRESSURE TESTING OF MAIN REQUIREMENTS. FOR ANY QUESTIONS REGARDING THE STANDARD, PLEASE CONTACT PIPELINE SAFETY AND COMPLIANCE AT 816-863-1664 OR 816-469-9840.

Conducted By:

Signature: _____ Date: _____

Printed Name: _____

Page : _____ Of: _____