



1. INSTALL AND ABANDON STEEL AND PLASTIC MAIN AND SERVICES PER SPIRE OPM STANDARDS.
2. SEE STD. 200.A 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	Main and Service	Valves/Meters/Regulators/CP	Fittings	Typical Soil Depth: 30" to 36"	
<div></div> Bare Steel	<div></div> Proposed	<div></div> Excess Flow Valve	<div></div> End Cap	<div></div> Line Stopper	Normal Soil
<div></div> Coated Steel	<div></div> Abandon	<div></div> Meter	<div></div> Flange	<div></div> Elbow	Gravel
<div></div> Screwed Steel	<div></div> Proposed Previous WO	<div></div> Controllable Valve	<div></div> Reducer	<div></div> Transition	Sand
<div></div> Cast Iron	<div></div> Abandon Previous WO	<div></div> Regulator	<div></div> Tee	<div></div> Tap / Saddle / Controllable Tee	Channery
<div></div> Plastic		<div></div> Anode	<div></div> Coupling		Solid Rock

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

Check for
Work Order Authorization

DESIGNER: 45236	REVISION DATE(S): _____ _____ _____
DATE: 11/4/2025	_____ _____ _____

**Tie into 4" PL 44 PSIG
4" PL Saddle Branch
4" PL Tapping Valve**

**Tie into 4" PL 44 PSIG
4" PL Saddle Branch
4" PL Tapping Valve**

NE MISSOURI RD

60' ROW

NE MISSOURI RD

120' ROW

Install 480' 4" PL 44 PSIG

100' ROW

PLASTIC MAINS INSTALLED ACROSS NE MISSOURI RD
MUST HAVE A MINIMUM OF 72" COVER ALONG THE ENTIRE
CROSSING AND BE PERPENDICULAR TO THE RIGHT-OF-WAY

MODOT PERMIT REQUIRED

Work Order Title: NE Douglas St - FY27 CE South Priority #11

Work Order: 35369110 Project #:808260

Municipality: Lee's Summit

1:720

1 inch = 60 feet



spire

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Work Order Title: NE Douglas St - FY27 CE South Priority #11
Work Order: 35369110 Project #:808260 Municipality: Lee's Summit



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: _____

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.A 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: _____

Comments: _____

