

Job Description: Arnold Hall Stormwater Project No. 54-13 - MRELO

Region: SOUTH

Sector: 0606

Maximo Work Order: 22594683

TownCode:09-01

Project #: 804551



**SYSTEM PLANNING:**  
• FLOW ARROWS REFLECT GAS FEED PRIOR TO THIS WO  
**GAS CONTROL**  
• THERE ARE NO GAS CONTROL CONCERNS WITH THIS WORK ORDER

**CONSTRUCTION ENGINEERING:**  
• INSTALL MAIN IN 20' ALLEY ROW  
• ROW AND STORM LOCATION WILL BE STAKED ON SR #5326304 - COORDINATE WITH RIGHT OF WAY  
• INSTALL DOGLEG AT 8' BELOW GRADE

**PIPE SYSTEM**  
PRESSURE SYS - C-002 - IP  
MOP - 58 PSIG  
MAOP - 58 PSIG  
DESIGNED MAOP - 58 PSIG  
TEST PRESSURE - 100 PSIG

**ENVIRONMENTAL:**  
• THERE ARE NO ENVIRONMENTAL CONCERNS WITH THIS WORK ORDER

**PIPELINE SAFETY AND COMPLIANCE/ CP:**  
• THERE ARE NO PIPELINE SAFETY AND COMPLIANCE CONCERNS FOR THIS WORK ORDER

1. INSTALL STEEL MAIN PER STD. 2310, 2320, AND 2350.
2. INSTALL PLASTIC MAIN PER STD. 2310 AND 2350.
3. FOR INCREASES IN MAXIMUM OPERATING PRESSURE SEE UPRATING SOP
4. SEE STD. 2310.3 FOR TRACE WIRE AND TEST STATION INFORMATION.
5. CONTRACTOR OR INTERNAL FOREMAN TO CHECK CATHODIC PROTECTION OF ALL EXISTING CATHODICALLY PROTECTED FACILITIES EXPOSED AND DIRECT STEPS NECESSARY TO MAINTAIN PROPER ISOLATION AND CATHODIC PROTECTION AS REQUIRED.
6. INSTALL ANODES AND/OR TEST STATIONS PER STD. 3680 PER INSTRUCTIONS FROM CORROSION PROTECTION INSPECTOR.
7. CREATE A PIPE OBSERVATION IN MAXIMO TO DOCUMENT EXPOSED PIPE CONDITIONS PER STD. 3610.5.4.
8. FOR UTILITY LOCATES, CALL ONE-CALL SYSTEM "811" OR (1-800-344-7483), AREA CATV AND ALL OTHER AFFECTED UTILITIES.
9. CONTACT ROW TO SECURE NECESSARY EASEMENTS AND FOR ANY SURVEY WORK @ 314-658-5497 OR 314-349-2933.
10. SQUEEZE-OFF PROCEDURE - STD. 2510.
11. SHUTDOWN PROCEDURE - STD. 10000. CONTACT SYSTEM CONTROL AT 314-658-5486
12. CONDUCT INITIAL CATHODIC PROTECTION SURVEY FOR NEW STEEL INSTALLATION PER STD. 3610
13. RADIOGRAPH PER STD.W 100.4
14. PRESSURE TEST PER STD. 2410 DOCUMENT ON PRESSURE TEST PAGE.
15. ABANDON GAS MAIN PER STD. 2620.
16. INSERT PLASTIC MAIN PER STD. 2320.
17. ANY QUESTIONS CONCERNING CONVERSION OF EXISTING MAINS CONTACT PIPELINE SAFETY AND COMPLIANCE @ 314-349-2932.
18. 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.
19. ALL PLASTIC MAIN TO BE TERMINATED PER STD 2310.2.4.
20. INSTALL EFV OR MANUAL SHUT-OFF VALVE PER STD 2385

Main & Service

- Existing
- Install
- Proposed
- Abandon
- Gas Pipe Casing

Gas Valve

- Ball
- Butterfly
- Gate
- Plug
- Blow Down



Take Point



Drip



Test Station



Regulator Station



Meter Setting



Marker Post



Electronic Marker



Service Tee



Stopper / Bottom Outlet



Coupling



Insulated Coupling



Trace Wire Box

End Cap

Flange

Insulated Flange

Cross

Reducer

Tee

Vertical Ell

Bend

Exposed Pipe

Rectifier

Rectifier Cable

SteamLines

Street Car Tracks

RCP Reinforced Concrete Pipe

CMP Corrugated Metal Pipe

Contamination

DNR Tanks

DNR Remediation

Check for  
Work Order Authorization

Designer :	Revision Date(s):
KND	
Original Date:	
8/24/2021	



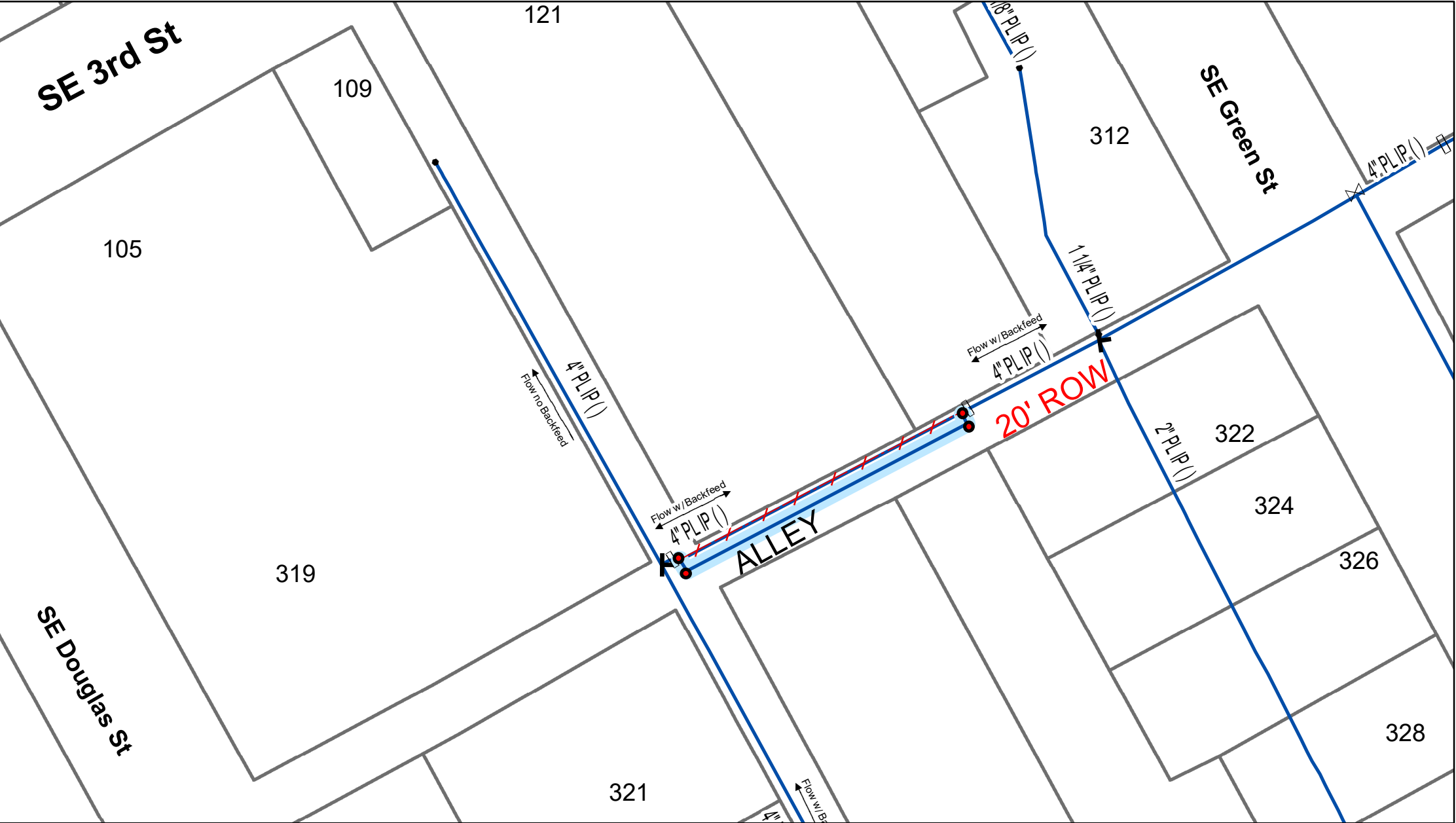
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Tie-in Number _____ Soap Test <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Time: _____ System Gauge Pressure: _____ Signature: _____	Tie-in Number _____ Soap Test <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Time: _____ System Gauge Pressure: _____ Signature: _____	Tie-in Number _____ Soap Test <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Time: _____ System Gauge Pressure: _____ Signature: _____	Tie-in Number _____ Soap Test <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Time: _____ System Gauge Pressure: _____ Signature: _____	Tie-in Number _____ Soap Test <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Time: _____ System Gauge Pressure: _____ Signature: _____
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PRESSURE TEST OF GAS MAINS  
(One Test Per Sheet)



Pipe Size: \_\_\_\_\_ Length (ft): \_\_\_\_\_

Pipe Size: \_\_\_\_\_ Length (ft): \_\_\_\_\_

Pipe Size: \_\_\_\_\_ Length (ft): \_\_\_\_\_

Pressure System: TF \ SF \ FP \ HP \ IP \ MP \ LP

Test Medium: Water \ Air \ Gas Other: \_\_\_\_\_

Gauge Type:    Recording    Indicating    Dead Weight

Gauge I.D. :    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

Calib. 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 collection.

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

SEE STD#2410 FOR PRESSURE TESTING.  
SEE STD #3265 FOR LEAK SURVEY.  
FOR ANY QUESTIONS REGARDING THE STANDARDS, PLEASE CONTACT PIPELINE SAFETY AND COMPLIANCE AT 314-349-2932 OR 314-354-6533

Crew Foreman:    \_\_\_\_\_    Date:    \_\_\_\_\_

Inspector:    \_\_\_\_\_    Date:    \_\_\_\_\_

Supervisor.:    \_\_\_\_\_    Date:    \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_