Job Description: Osage - 2 - MEXTE - S

Region: South

Sector: 1305

Maximo Work Order: 23602153

TownCode: 0901

Project #: 804891

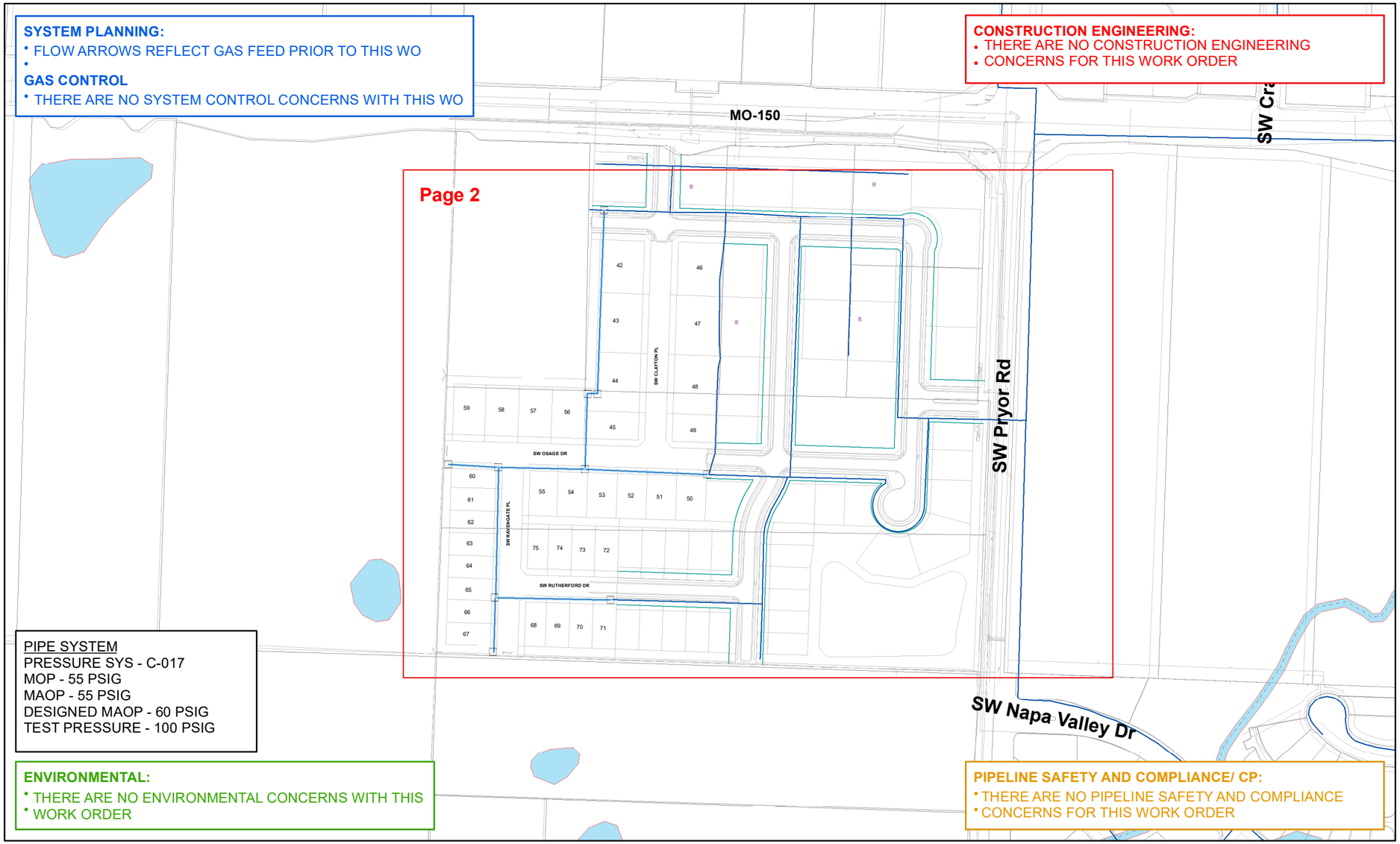
spire

Missouri West

SYSTEM PLANNING:
- FLOW ARROWS REFLECT GAS FEED PRIOR TO THIS WO

GAS CONTROL
- THERE ARE NO SYSTEM CONTROL CONCERNS WITH THIS WO

CONSTRUCTION ENGINEERING:
- THERE ARE NO CONSTRUCTION ENGINEERING
- CONCERNS FOR THIS WORK ORDER



PIPE SYSTEM
PRESSURE SYS - C-017
MOP - 55 PSIG
MAOP - 55 PSIG
DESIGNED MAOP - 60 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 SAFTEY 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

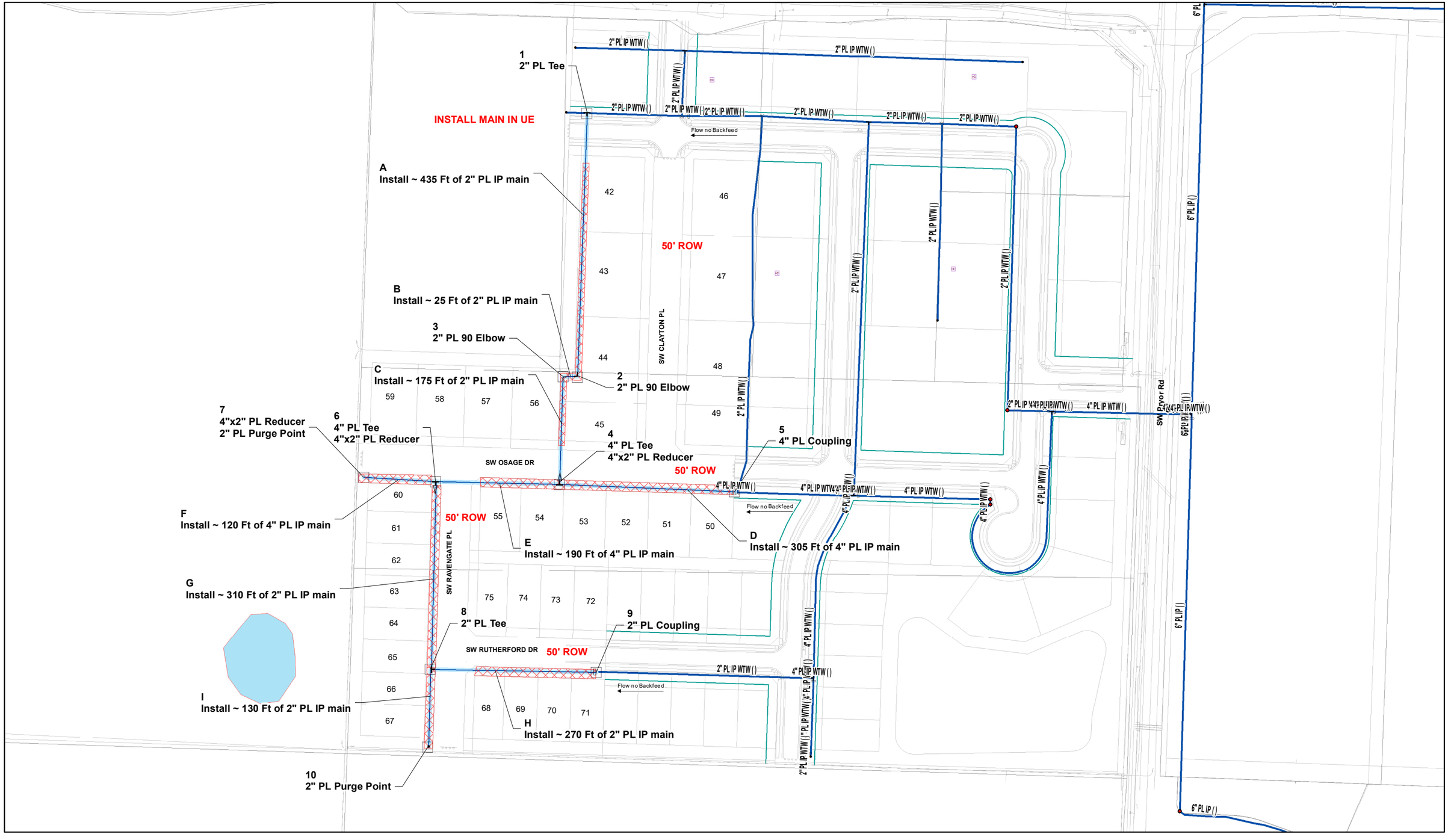
- Vertical Ell
- Bend
- Exposed Pipe
- Rectifier
- Rectifier Cable
- SteamLines

- Street Car Tracks
- RCP Reinforced Concrete Pipe
- CMP Corregated Metal Pipe
- Contamination
- DNR Tanks
- DNR Remediation

Check for Work Order Authorization

Designer :	**Revision Date(s):**
BKW	
Original Date:	
4-15-22	

PATH: \\GISAPPSER2\WORK_ORDER_DRAWINGS\MGE\SOUTHREGION\2022_23602153_NEWBUSINESS_OSAGE - 2 - MEXTE - S\DOCUMENTSMXD\COVER.MXD, 8:26:39 AM 4/15/2022 40170



0 150 300 600 Feet

1 inch = 150 feet

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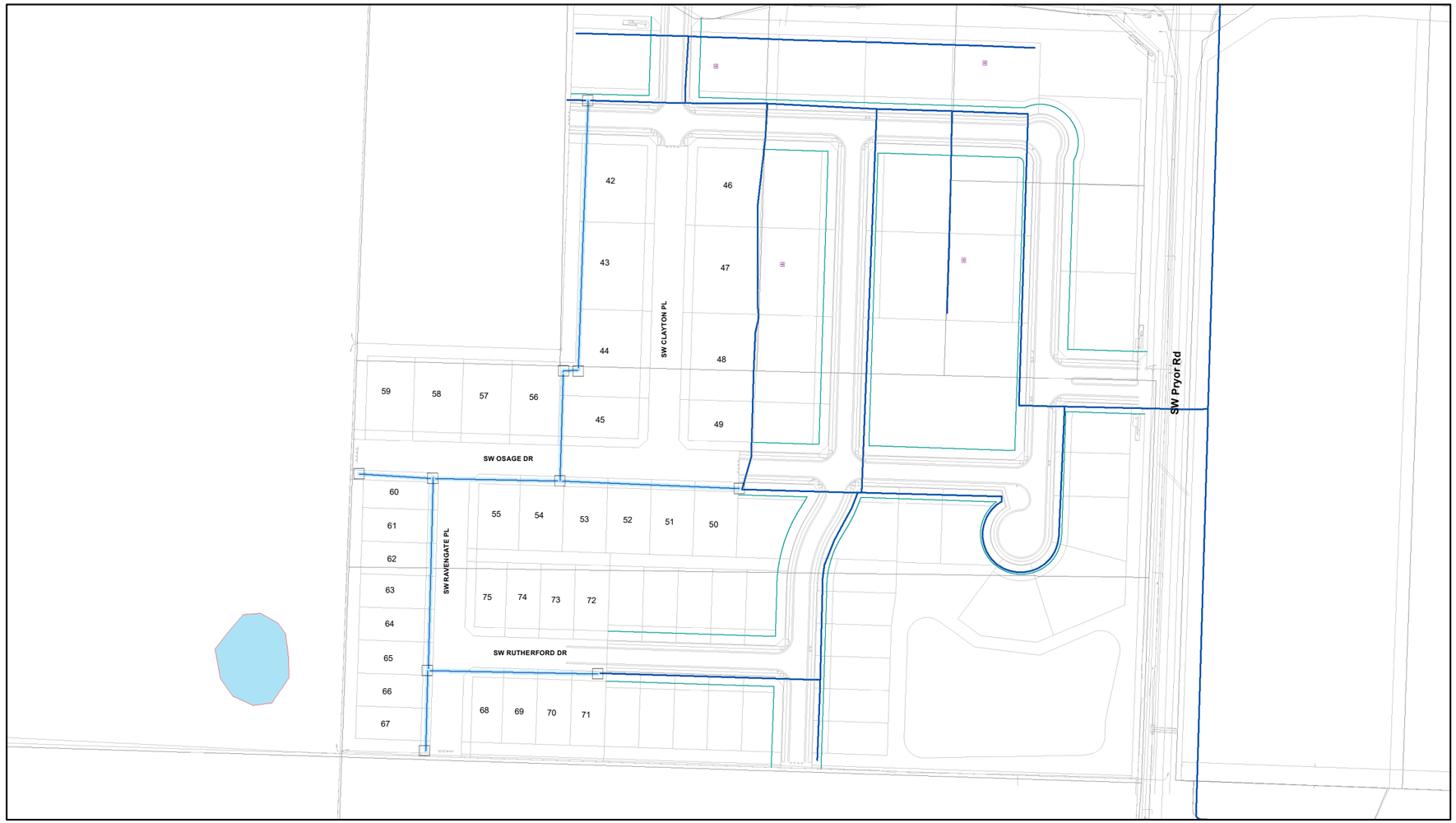
Tie-in Number _____ Soap Test ☐ Yes ☐ No Date: _____ Time: _____ System Gauge Pressure: _____ Signature: _____	Tie-in Number _____ Soap Test ☐ Yes ☐ No Date: _____ Time: _____ System Gauge Pressure: _____ Signature: _____	Tie-in Number _____ Soap Test ☐ Yes ☐ No Date: _____ Time: _____ System Gauge Pressure: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



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 SAFTEY AND COMPLIANCE AT 314-349-2932 OR 314-354-6533

Conducted By:

Signature: _____ Date: _____

Printed Name: _____

Comments: _____

_____

Page : _____ Of: _____