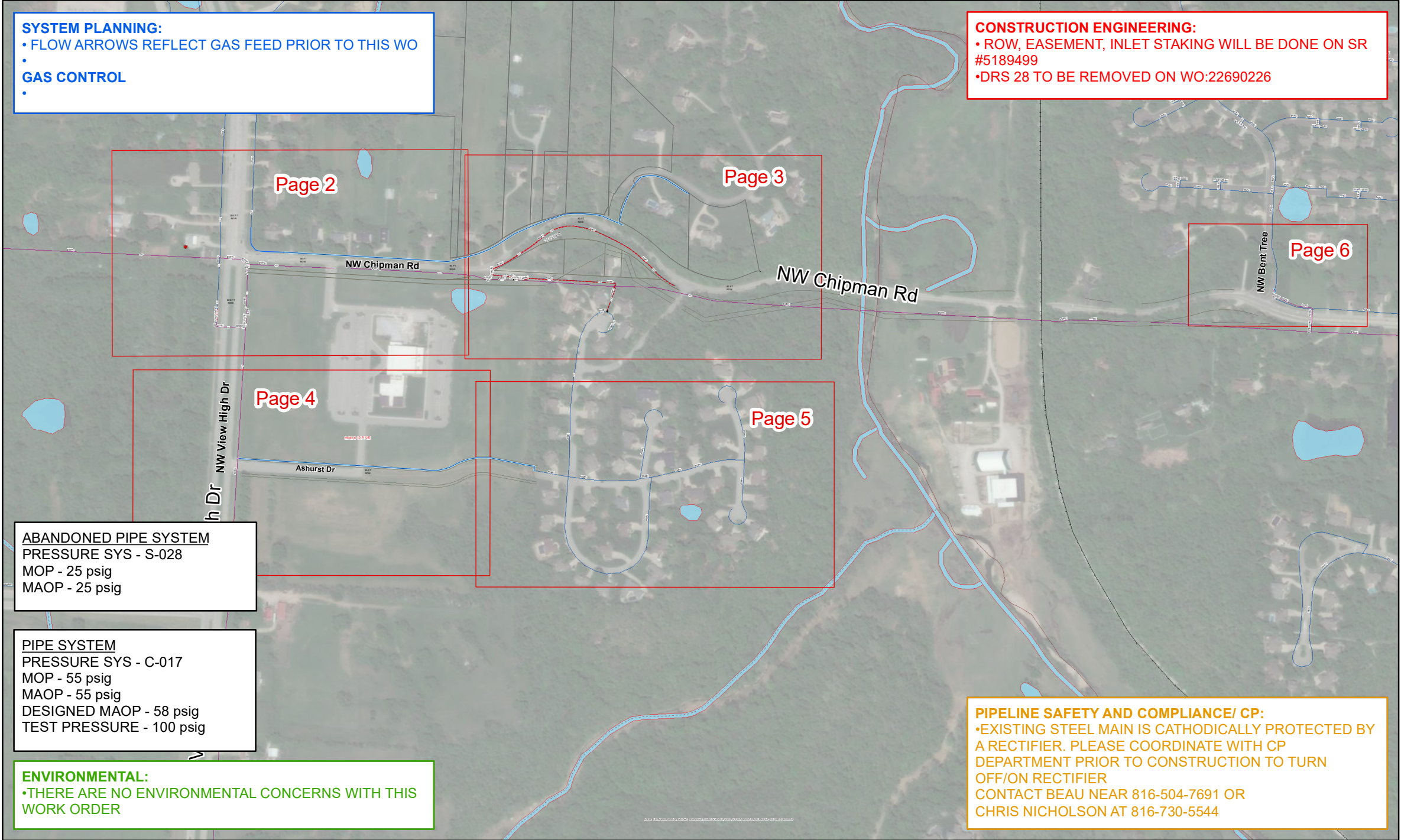




1. INSTALL STEEL MAIN PER STD. 2310, 2320, AND 2350.
2. INSTALL PLASTIC MAIN PER STD. 2310 AND 2350.
3. FOR INCREASES IN MAXIMUM OPERATING PRESSURE SEE STD. 3220.
4. SEE STD. 2310.3 FOR TRACE WIRE AND TEST STATION INFORMATION.
5. CONTRACTOR OR INTERNAL FOREMAN TO CHECK CATHODIC PROTECTION OF ALL EXISTING 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 "UPGRADING" 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

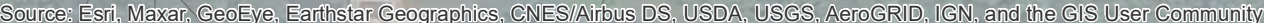
FOR QUESTIONS ABOUT THIS DESIGN OR TO REQUEST A SCOPE OF WORK CHANGE PLEASE CONTACT CONSTRUCTION ENGINEERING AT 816-266-1501 OR 816-985-8888

Main & Service	Gas Valve	Take Point	Electronic Marker	End Cap	Vertical Ell	Street Car Tracks
Existing	Ball	Drip	Service Tee	Flange	Bend	RCP Reinforced Concrete Pipe
Install	Butterfly	Test Station	Stopper / Bottom Outlet	Insulated Flange	Exposed Pipe	CMP Corrugated Metal Pipe
Proposed	Gate	Regulator Station	Coupling	Cross	Rectifier	Contamination
Abandon	Plug	Meter Setting	Insulated Coupling	Reducer	Rectifier Cable	DNR Tanks
Gas Pipe Casing	Blow Down	Marker Post	Trace Wire Box	Tee	SteamLines	DNR Remediation

Check for Work Order Authorization

Designer :	Revision Date(s):
LWB	
Original Date:	
10/21/2021	



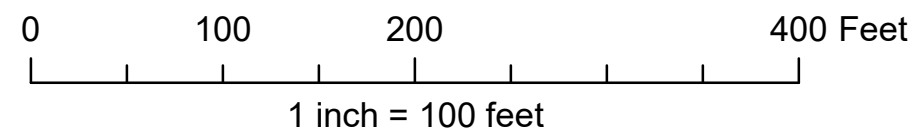


PAGE 3 OF 6



Source: Esri, Maxar, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

Job Description: Chipman Rd - View High DR and Ashurst



Maximo Work Order: 19974204

Project #: 803310

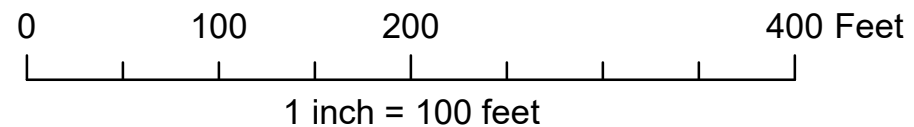


PAGE 4 OF 6



Source: Esri, Maxar, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

Job Description: Chipman Rd - View High DR and Ashurst

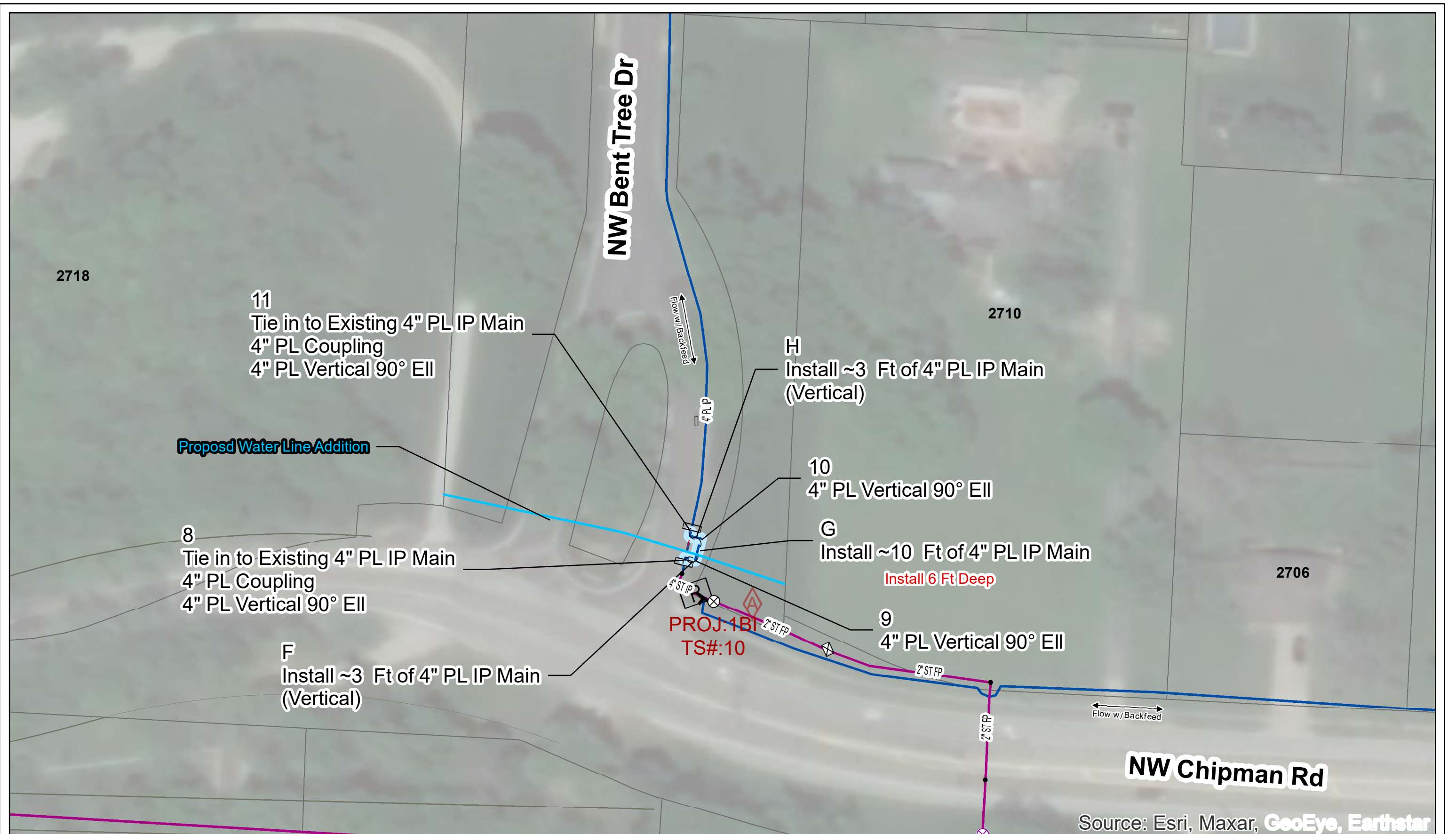


Maximo Work Order: 19974204

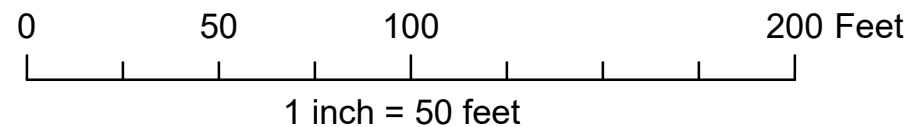
Project #: 803310



PAGE 5 OF 5



Job Description: Chipman Rd - View High DR and Ashurst



Maximo Work Order: 19974204

Project #: 803310



PAGE 6 OF 6

Job Description: Chipman Rd - View High DR and Ashurst

Region: South

Sector: 0811

Maximo Work Order: 19974204

TownCode: 0901

Project #: 803310



PRESSURE TEST OF GAS MAINS
(One Test Per Sheet)

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: _____



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

Comments: _____

Crew Foreman: _____

Date: _____

Inspector: _____

Date: _____

Supervisor.: _____

Date: _____

Job Description: Chipman Rd - View High DR and Ashurst

Region: South

Sector: 0811

Maximo Work Order: 19974204

TownCode: 0901

Project #: 803310



PRESSURE TEST OF GAS MAINS
(One Test Per Sheet)

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: _____



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.*: _____

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

Crew Foreman: _____ Date: _____

Inspector: _____ Date: _____

Supervisor.: _____ Date: _____

Comments: _____

TownCode: 0901

Sector: 0811

Project #: 803310

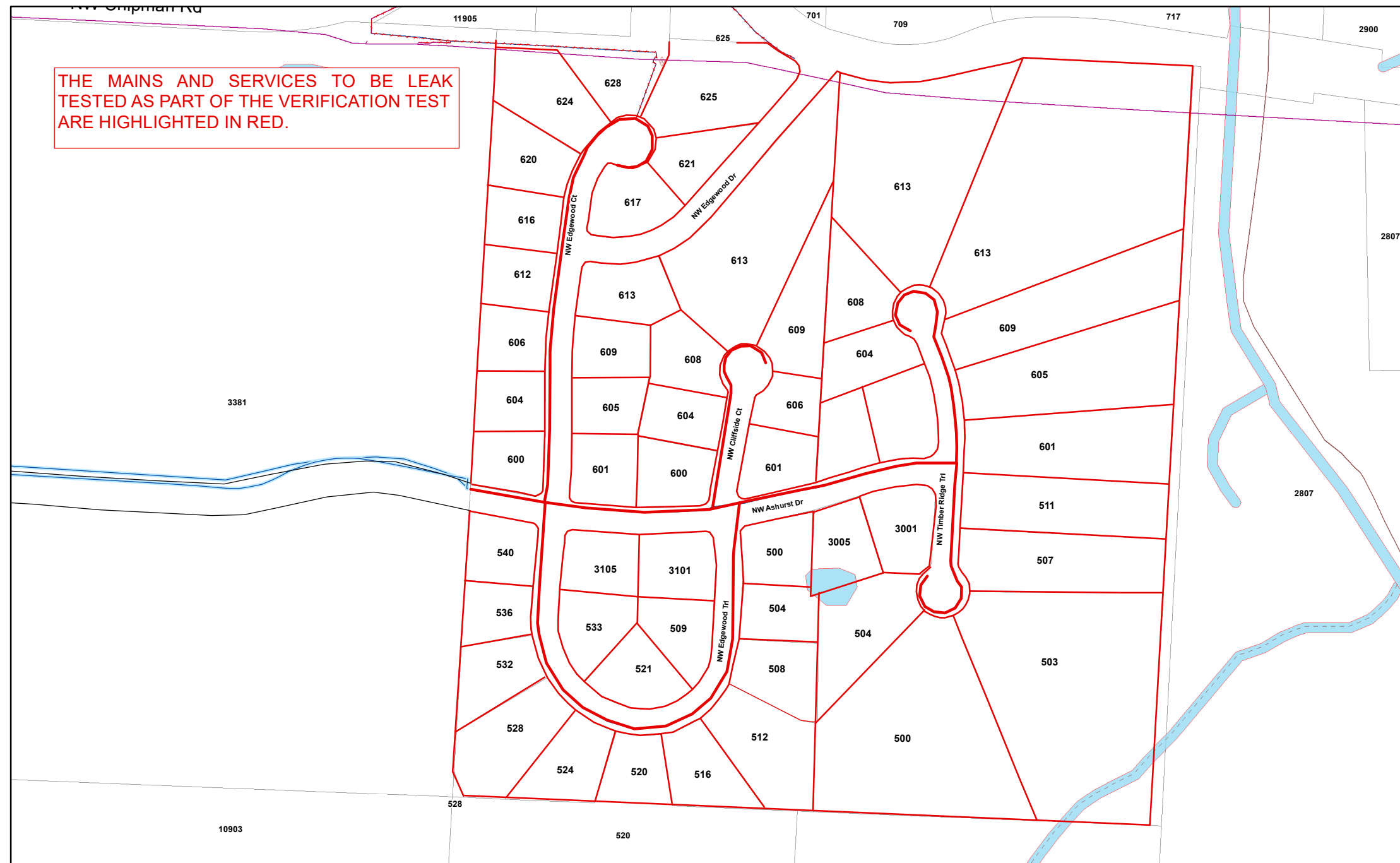


Missouri West



Verification Test Sheet Exhibit B

THE MAINS AND SERVICES TO BE LEAK TESTED AS PART OF THE VERIFICATION TEST ARE HIGHLIGHTED IN RED.



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 OF MAIN REQUIREMENTS. SEE STD #3265 FOR LEAK SURVEY. FOR ANY QUESTIONS, PLEASE CONTACT PIPELINE SAFETY AND COMPLIANCE AT 314-349-2932 OR 314-342-3323

Crew Foreman: _____ Date: _____

Inspector: _____ Date: _____

Supervisor: _____ Date: _____

Comments:

Page : _____ Of: _____