

Job Description: Lakewood Self Storage

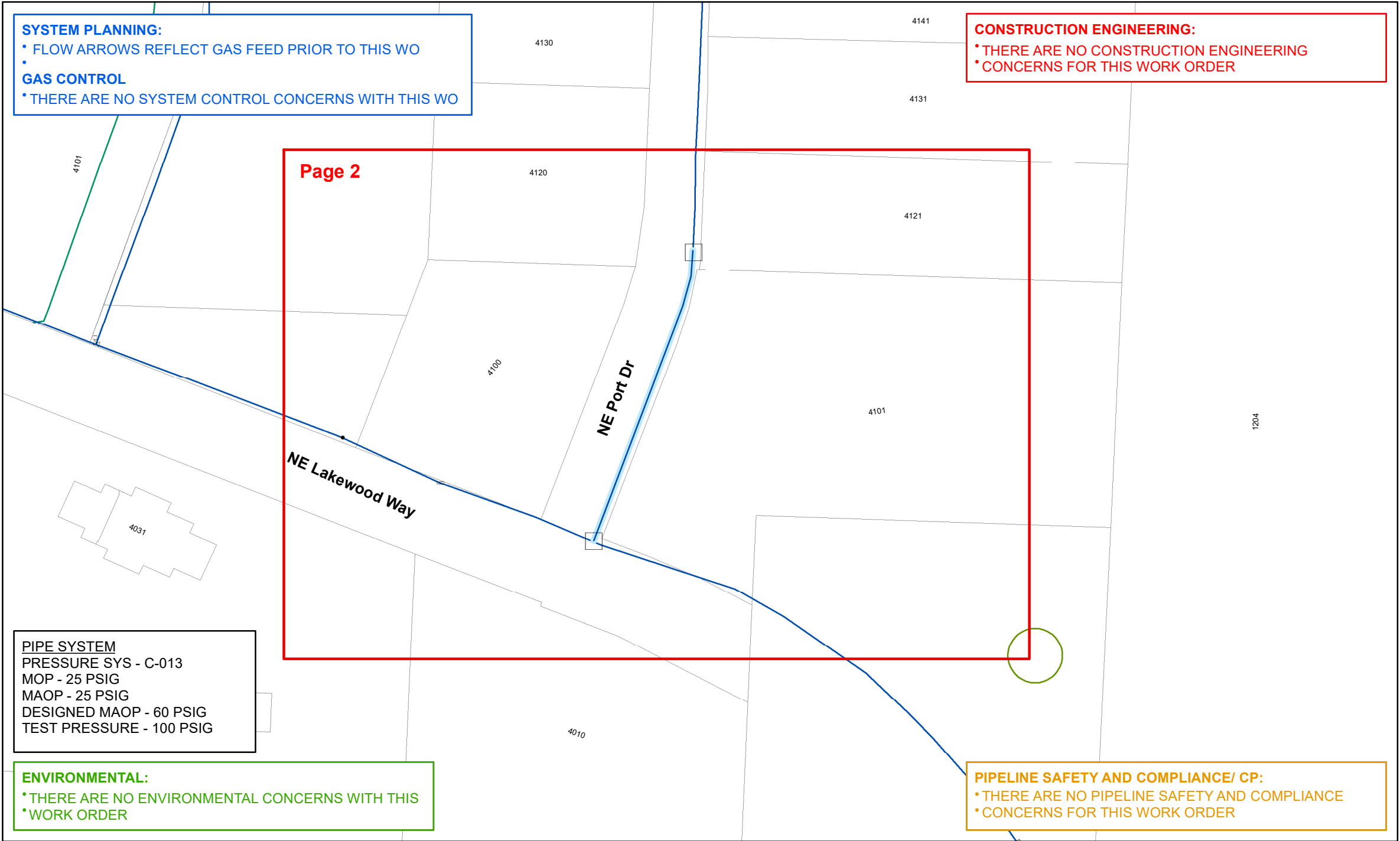
Maximo Work Order: 27936941

Region: South

TownCode:0901

Sector: 2610

Project #: 805932



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. 0.
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@ (314-658-5497 OR 314-349-2933)
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.

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):
BKW	
Original Date:	
7-11-23	

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PRESSURE TEST OF GAS MAINS
(One Test Per Sheet)

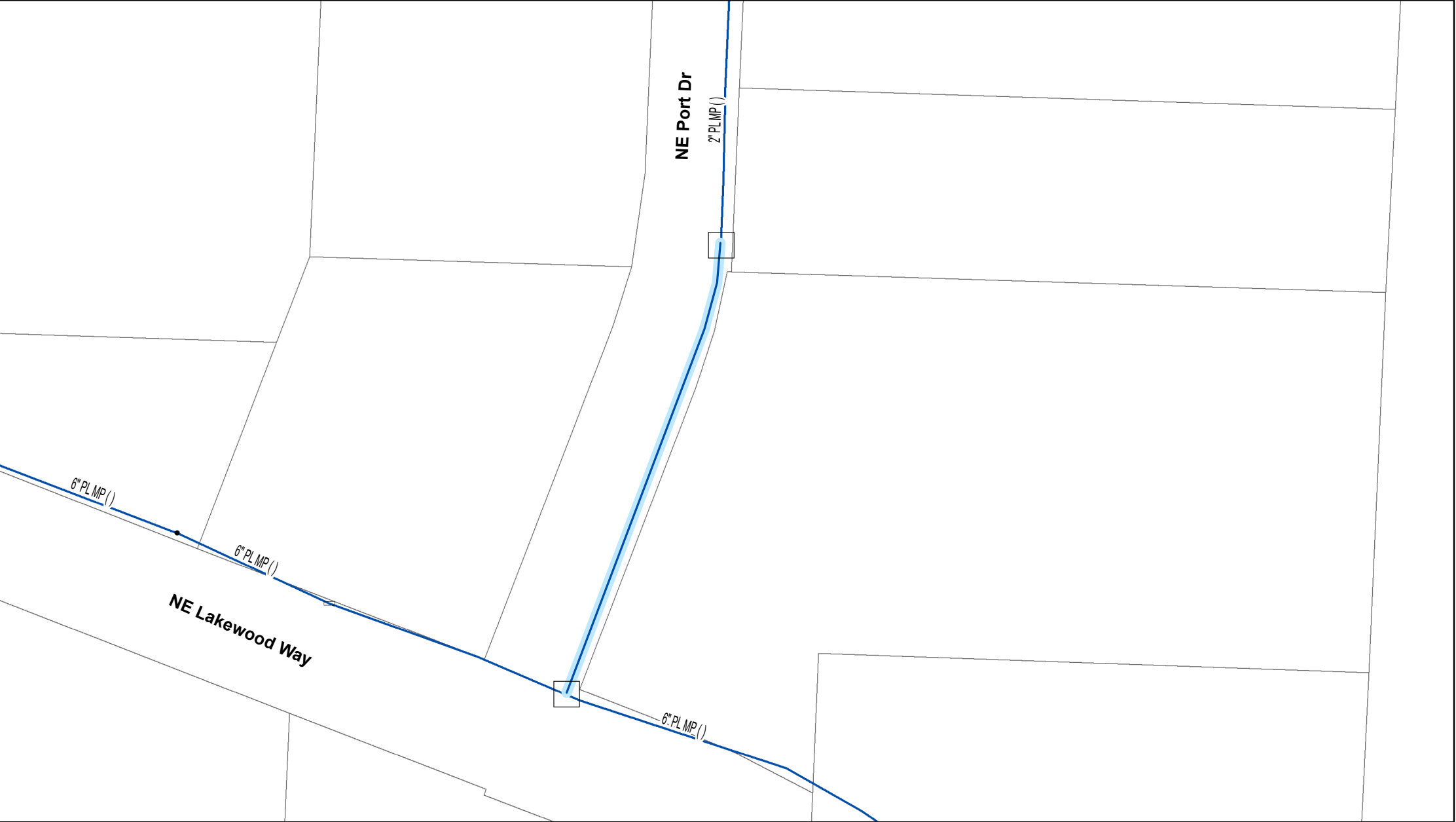
Tie-in Number _____
Soap Test ☐ Yes ☐ No
Date: _____
Time: _____
System Gauge Pressure: _____
Signature: _____

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: _____
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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 #200.0 FOR PRESSURE TESTING OF MAIN REQUIREMENTS.

FOR ANY QUESTIONS REGARDING THE STANDARD, PLEASE CONTACT PIPELINE SAFETY AND COMPLIANCE AT 314-341-0537 OR 816-266-3033.

Conducted By:

Signature: _____ Date: _____

Printed Name: _____

Page : _____ Of: _____

Comments: _____