

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.
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.

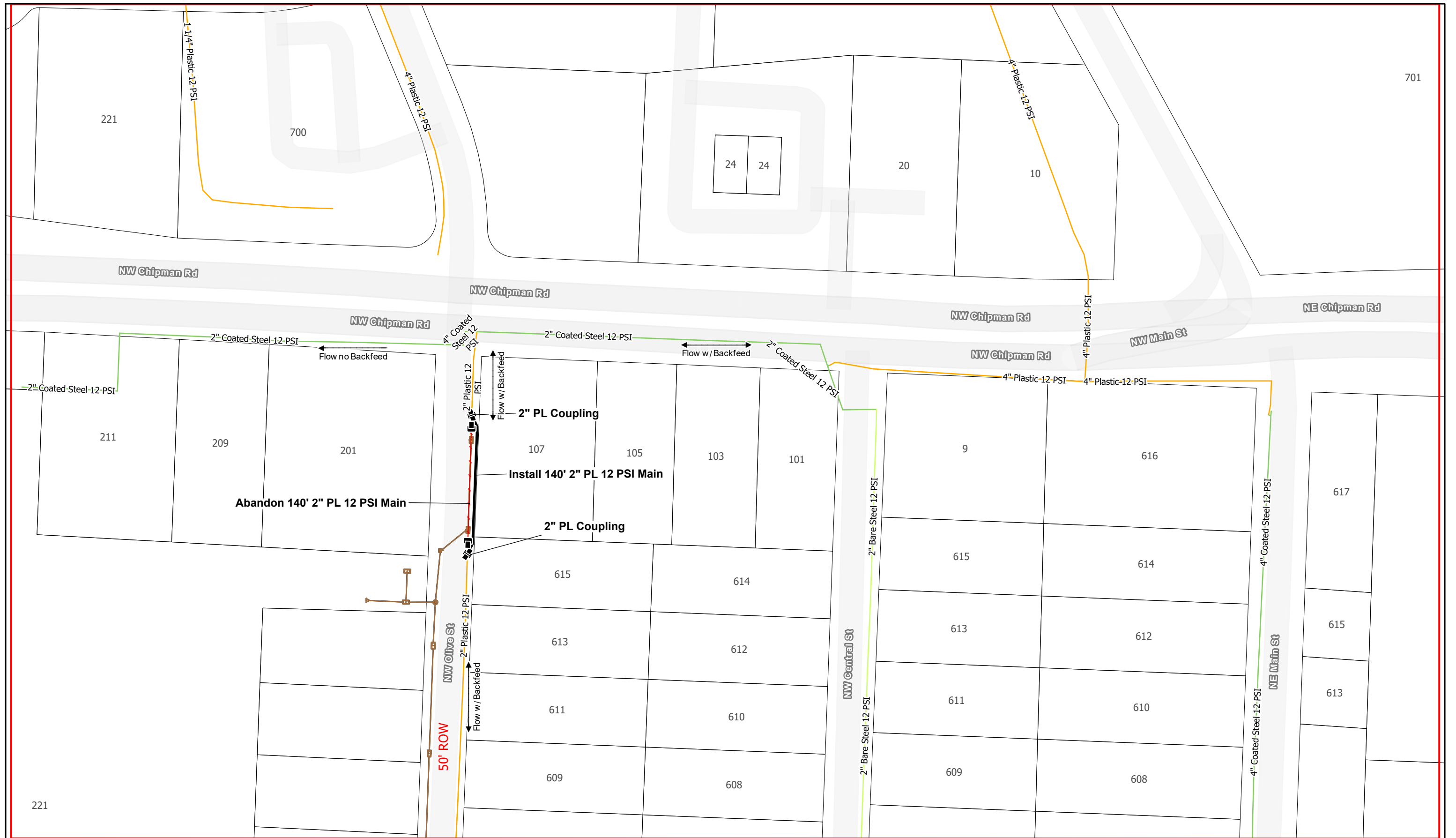
FOR QUESTIONS ABOUT THIS DESIGN OR TO REQUEST A SCOPE OF WORK CHANGE PLEASE CONTACT RICHI GARCIA 816-507-0713 OR PEGGY BURNS- YOCUM AT 816-985-8888

Existing Main / Asset Material	Main and Service	Valves/Meters/Regulators/CP	Fittings
Bare Steel	Proposed	Excess Flow Valve	End Cap
Screwed Steel	Abandon	Meter	Flange
Cast Iron	Proposed Previous WO	Controllable Valve	Reducer
Plastic	Abandon Previous WO	Regulator	Tee
		Anode	Coupling
			Line Stopper
			Saddle
			Tap
			Elbow
			Transition

**Check for  
Work Order Authorization**

DESIGNER: 20541	REVISION DATE(S): _____
DATE: 3/1/2024	_____





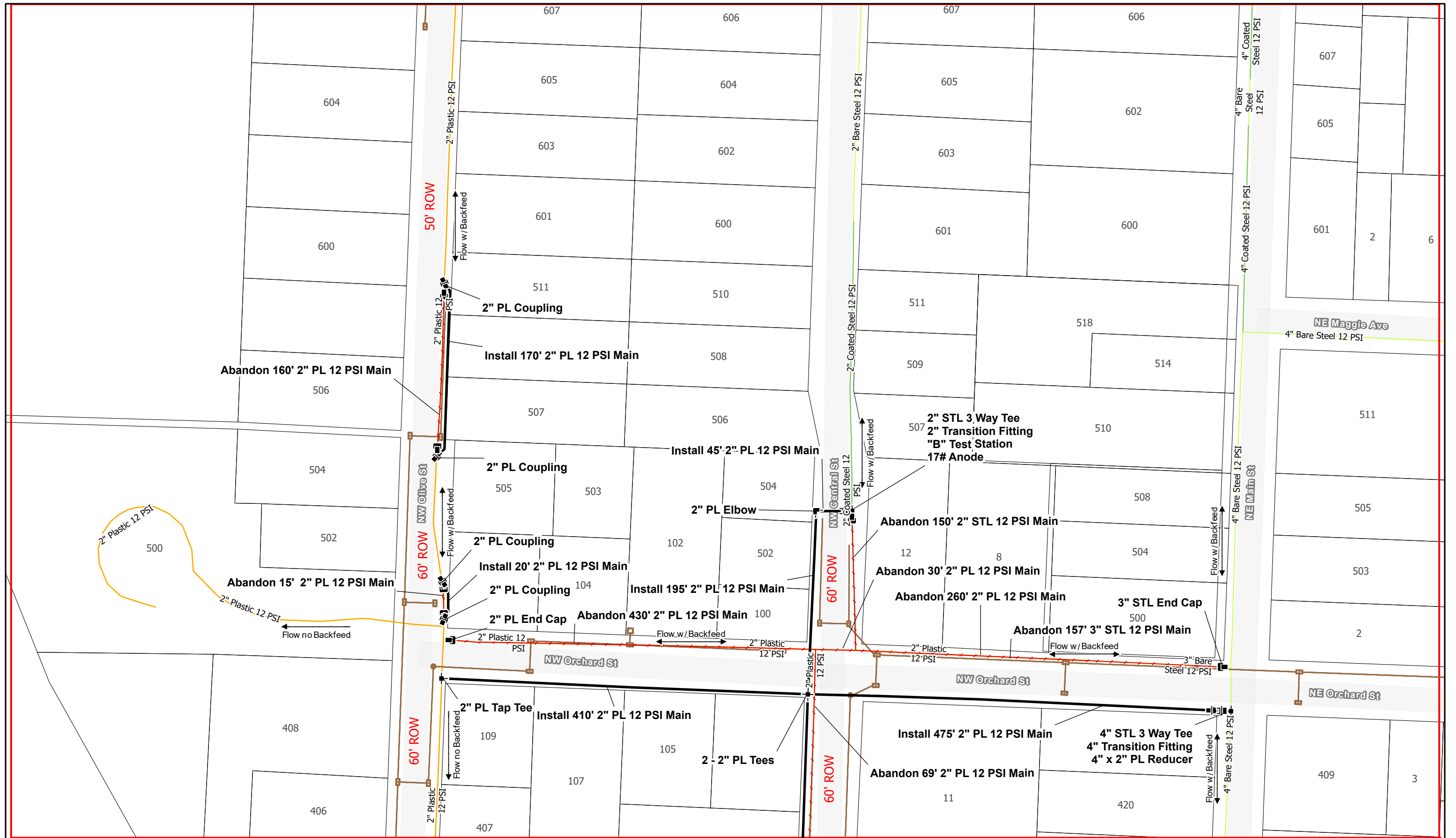
Work Order Title: Olive Street to Orchard Road Improvements

Work Order: 30134070 Project #: 806302 Municipality: Lees Summit

1:1,200

1 inch = 100 feet





Work Order Title: Olive Street to Orchard Road Improvements

Work Order: 30134070 Project #: 806302 Municipality: Lees Summit

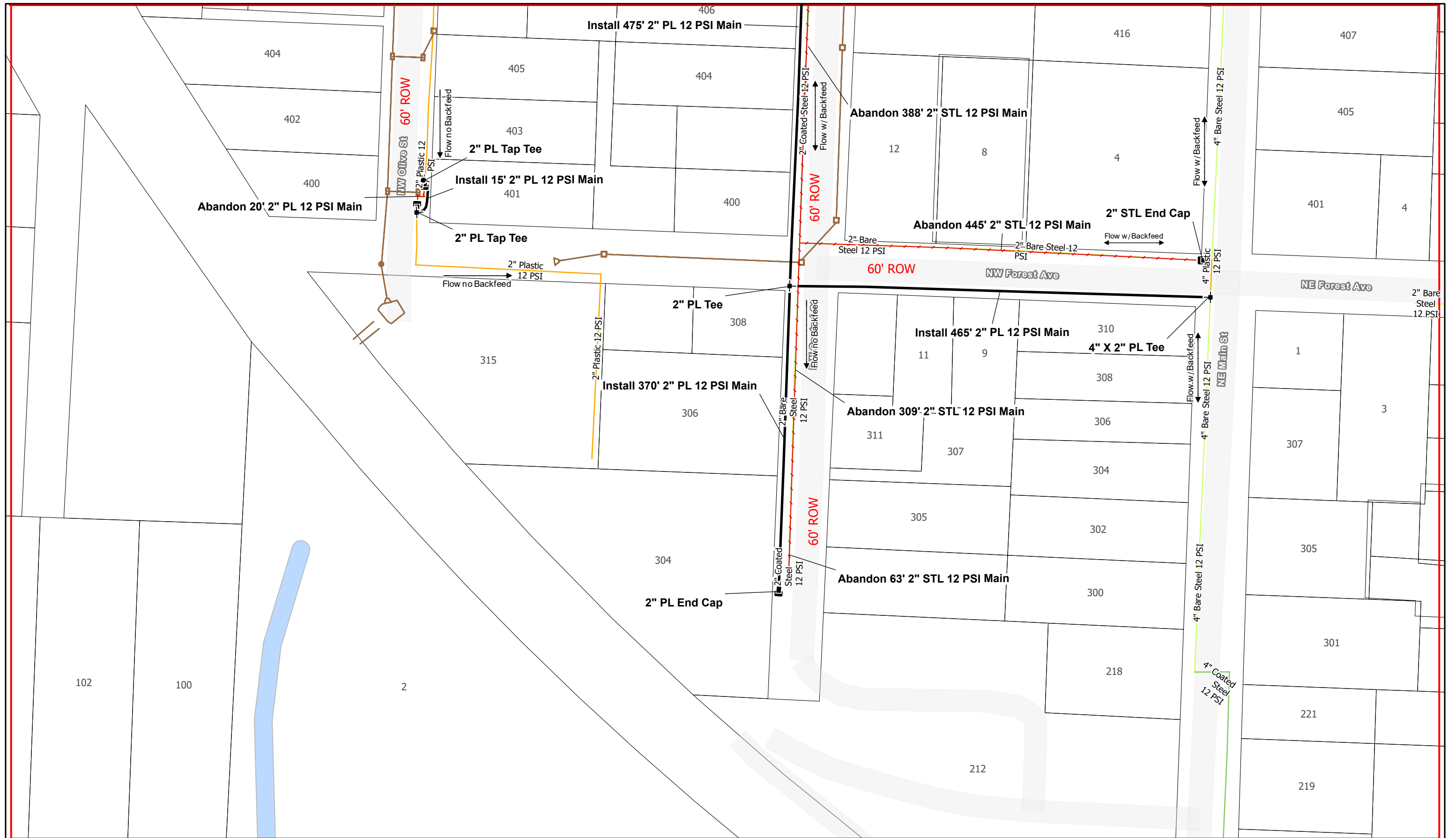
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1:1,200

1 inch = 100 feet





Tie-in Number \_\_\_\_\_  
 Soap Test  Yes  No  
 Date: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 System Gauge Pressure: \_\_\_\_\_  
 Signature: \_\_\_\_\_

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## PRESSURE TEST OF GAS MAINS (One Test Per Sheet)



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

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

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

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. 200.0 FOR PRESSURE TESTING OF MAIN  
 REQUIREMENTS. FOR ANY QUESTIONS REGARDING THE  
 STANDARD, PLEASE CONTACT PIPELINE SAFETY AND  
 COMPLIANCE AT 314-349-0537 OR 816-266-3033.**

**Conducted By:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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



Tie-in Number \_\_\_\_\_  
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 Signature: \_\_\_\_\_

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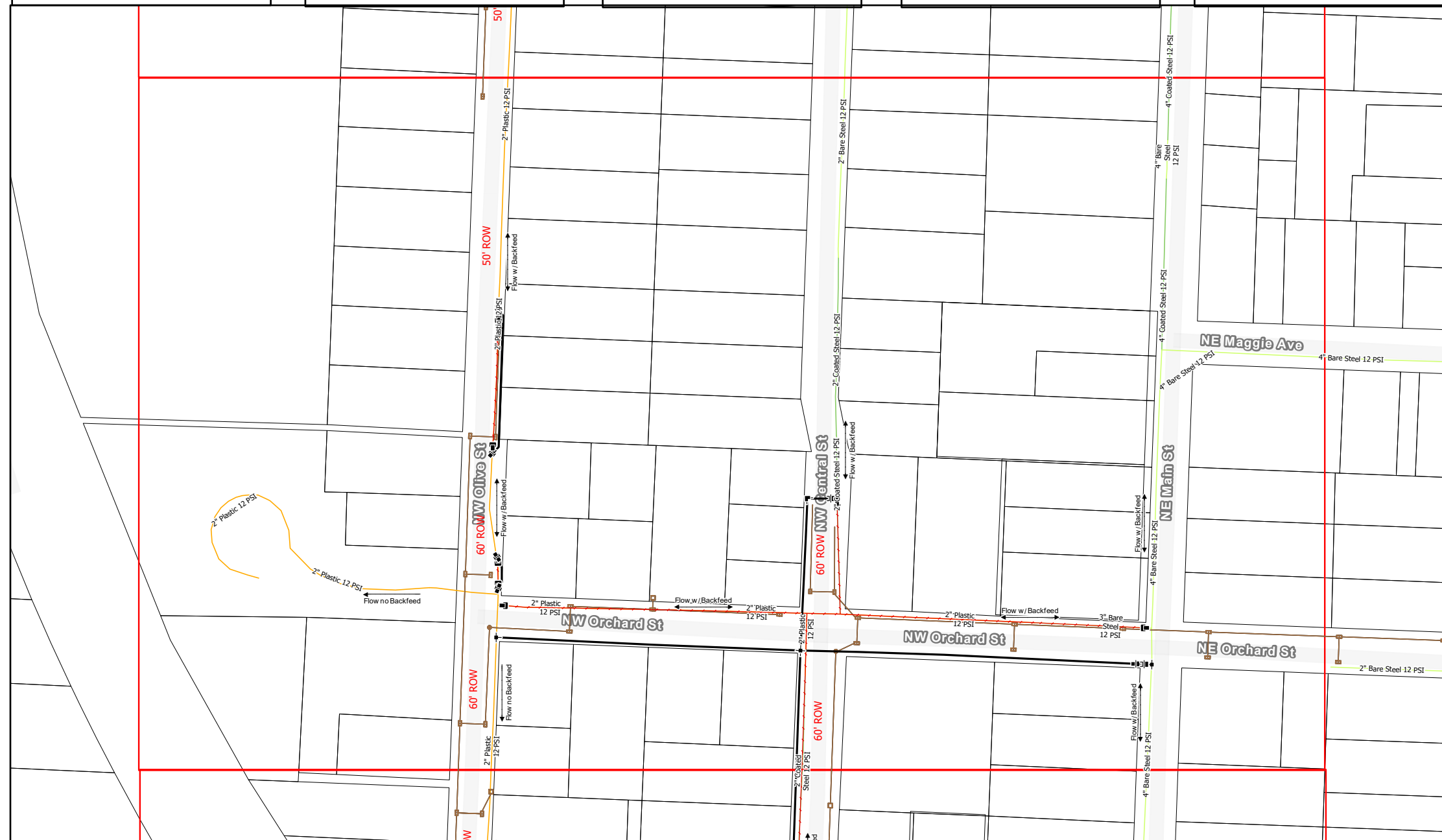
**Conducted By:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

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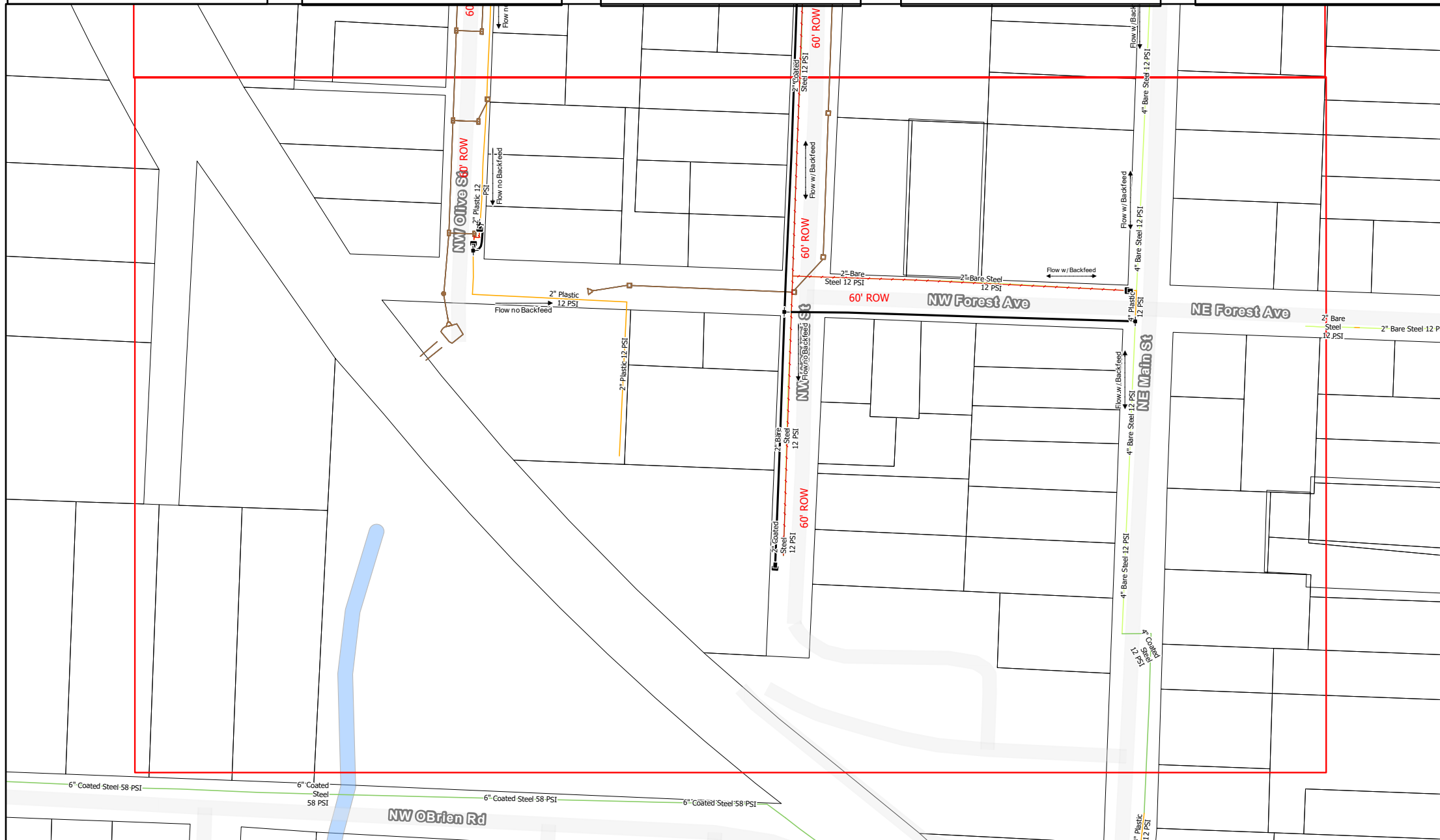






Tie-in Number _____ Soap Test <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Time: _____ System Gauge Pressure: _____ Signature: _____	Tie-in Number _____ Soap Test <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Time: _____ System Gauge Pressure: _____ Signature: _____	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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