Work Order Title: Oldham Village - MRELO Work Order: 35557272 Project #:807503

**Existing Main / Asset Material** 

Bare Steel

Cast Iron

Plastic

Coated Steel

Screwed Steel

**Main and Service** 

Proposed

Abandon

Proposed Previous WO

Abandon Previous WO

**Municipality: Lees Summit** 



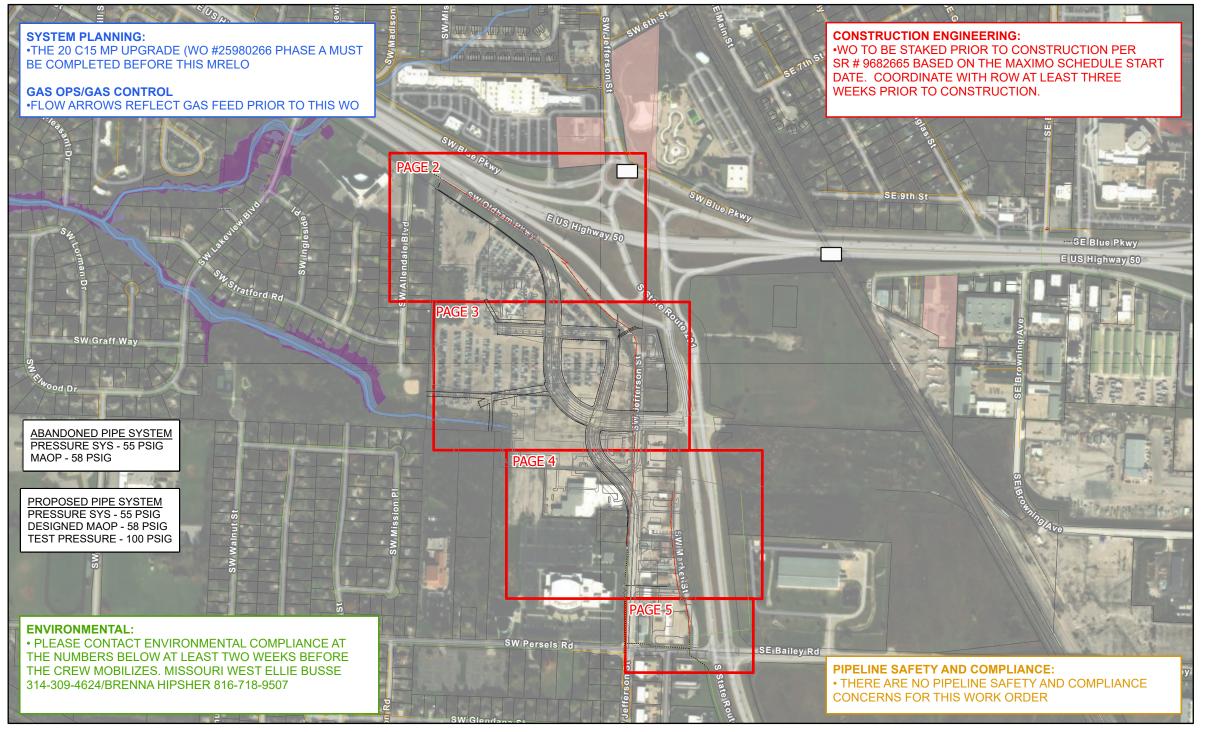
**REQUIREMENTS** 

1. INSTALL AND ABANDON STEEL AND PLASTIC

MAIN AND SERVICES PER SPIRE OPM STANDARDS. 2. SEE STD. 200.0 FOR PRESSURE TESTING PIPING

3. SEE STD. 180.B FOR EFV AND/OR MANUAL SHUTOFF





# Typical Soil Depth: 30" to 36"

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

#### Check for Work Order Authorization

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.

| DESIGNER:<br>45236 | REVISION DATE(S): |
|--------------------|-------------------|
| DATE:<br>5/21/2025 |                   |

FOR QUESTIONS ABOUT THIS DESIGN OR TO REQUEST A SCOPE OF WORK CHANGE PLEASE CONTACT KEN STEGALL 314-341-9973 OR RICHI GARCIA 816-507-0713

Valves/Meters/Regulators/CP

Excess Flow Valve

Controllable Valve

**Fittings** 

End Cap

Flange

Reducer

Coupling

Tee

Line Stopper

Tap / Saddle /

Controllable Tee

Elbow

Transition

Normal Soil

Gravel

Channery

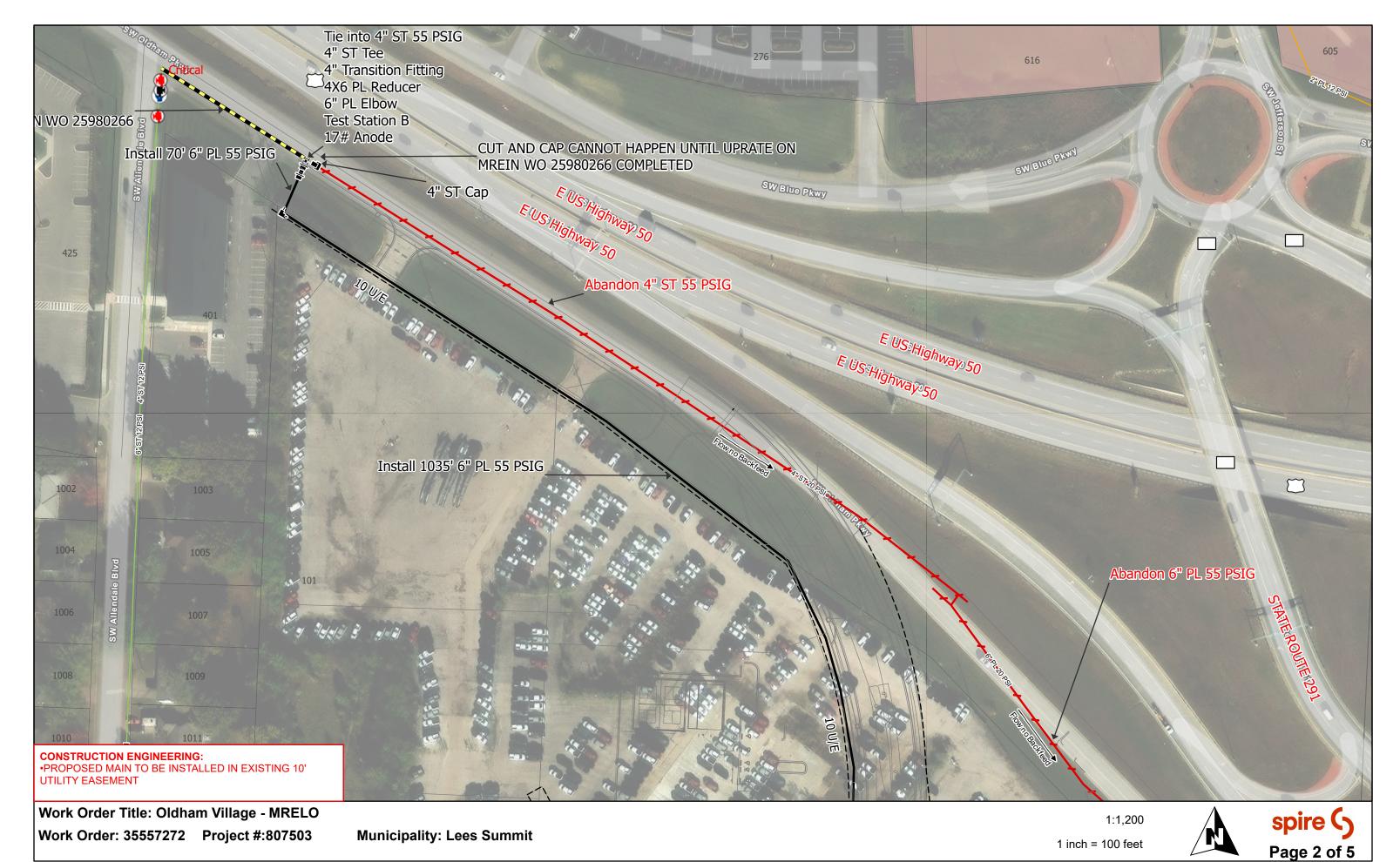
Solid Rock

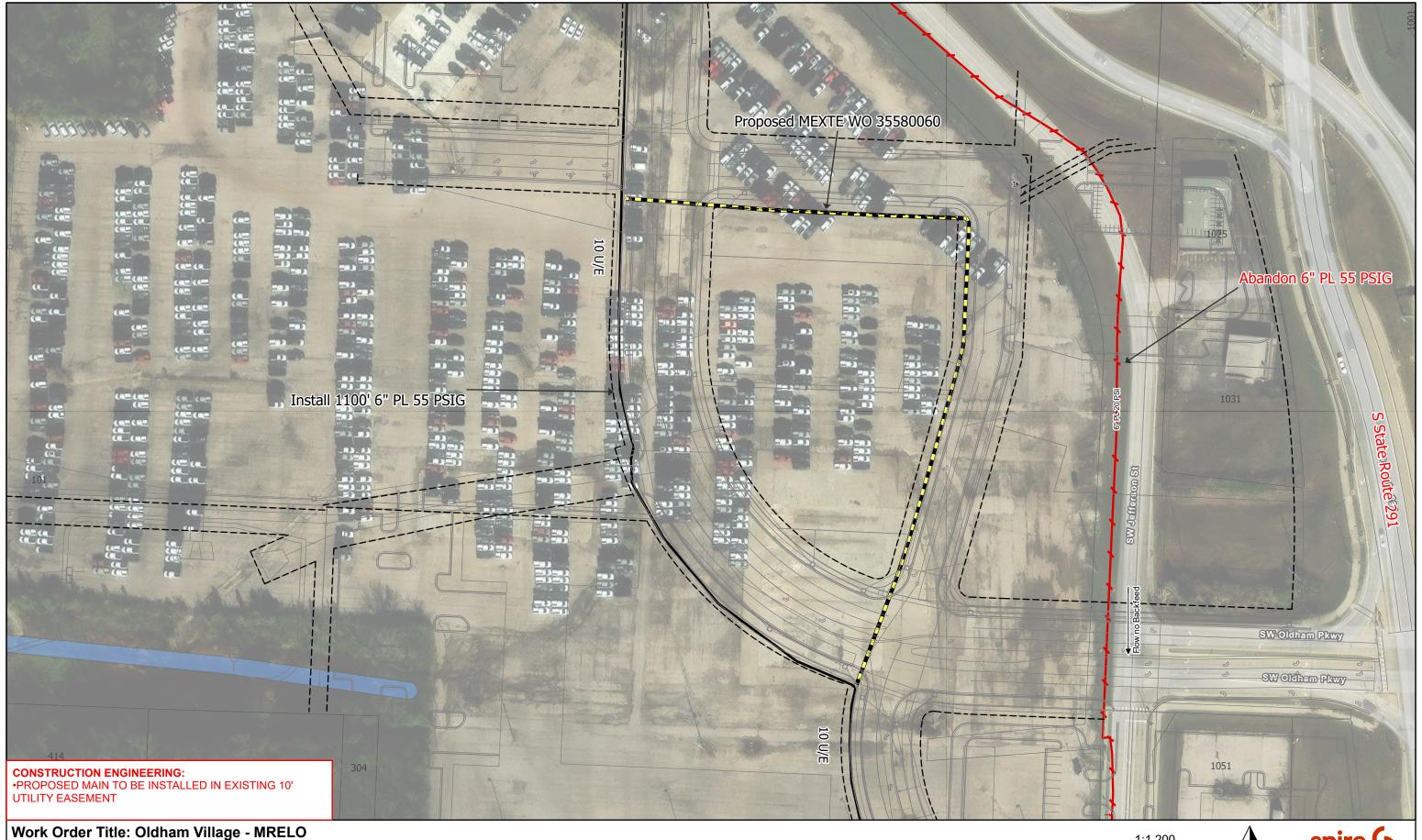
Sand

Meter

Anode

Regulator





Work Order: 35557272 Project #:807503 Mu

Municipality: Lees Summit

1:1,200 1 inch = 100 feet

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Page 3 of 5



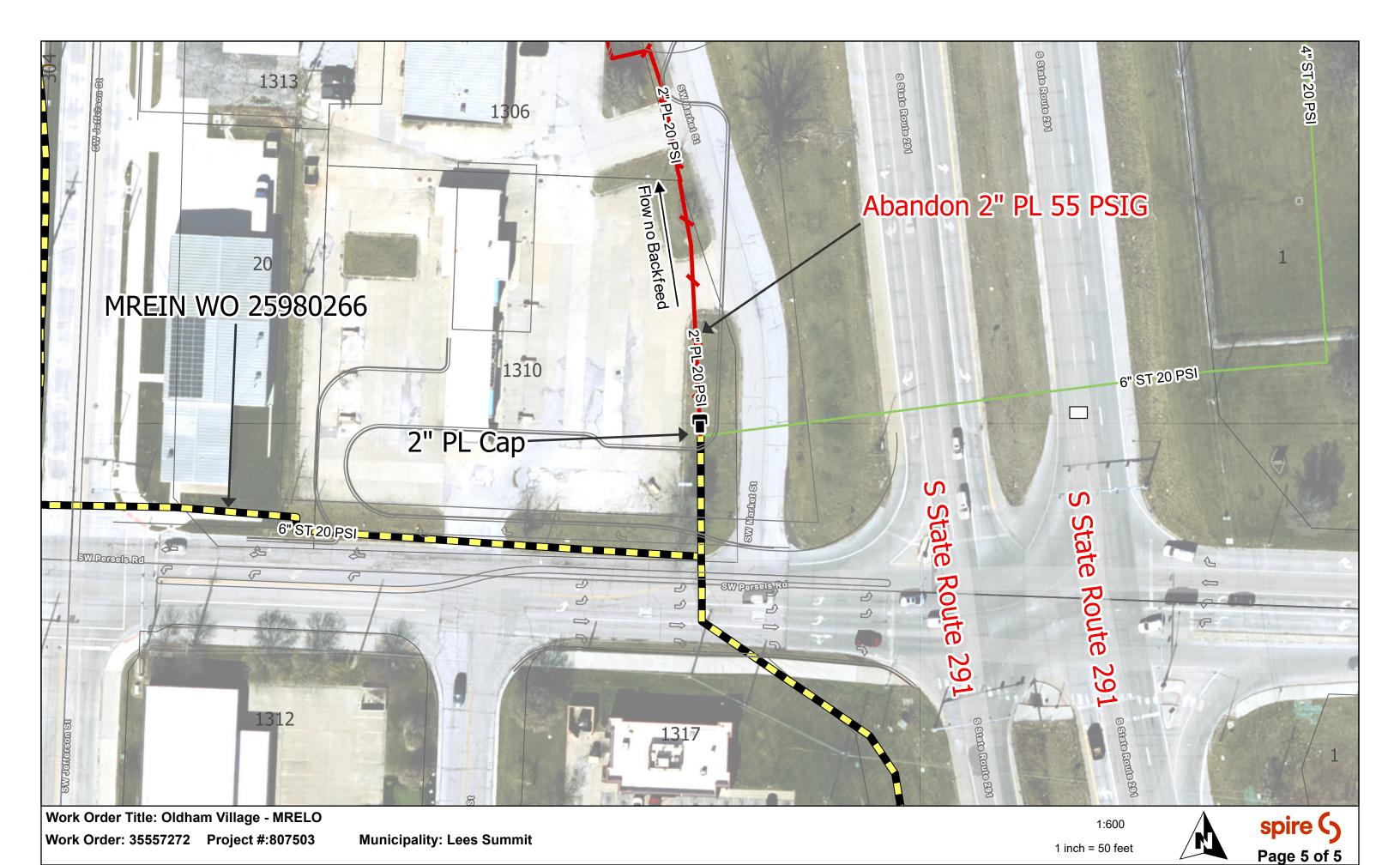
PATH: X:\2025\_35557272\_RELOCATION\_OLDHAM VILLAGE - MASTER DEVELOPMENT\2025\_35557272\_RELOCATION\_OLDHAM VILLAGE - MASTER DEVELOPMENT.APRX, 2:50 PM 5/22/2025 45236

**Municipality: Lees Summit** 

Work Order: 35557272 Project #:807503

1 inch = 100 feet

spire ( Page 4 of 5



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## Work Order Title: Oldham Village - MRELO Work Order: 35557272 Project #:807503

#### **Municipality: Lees Summit**

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

| Tie-in Number<br>Soap Test  Yes  No<br>Date: |  |
|--|--|
| Time:  |  |
| System Gauge Pressure:                       |  |
| Signature:                                   |  |

| ie-in Number<br>oap Test |
|--------------------------|
| ime:                     |
| ystem Gauge Pressure:    |
| ignature:                |

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

| Soan Tes | st 🗌 Yes 🔲 No   |  |
|----------|-----------------|--|
| Date:    |                 |  |
| Time:    |                 |  |
| System C | Gauge Pressure: |  |





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

|  | 13 N Biue Phiny               | , in the second | •  | ŕ   |
|--|-------------------------------|---|--|---|
|  |                               |   | oe Size: Le  | ength (ft):                                   |
| Eus Highway 50   | SW Blue Pkw                   | Pip   | pe Size: Le  | ength (ft):                                   |
| The state of the s | E US Highway 50               |   | oe Size: Le  | ength (ft):                                   |
| ly de la contraction de la con | S co tilginiay co             | De  | esigned MAOP   | <del></del>                                   |
| Sw O daie B  |                               | SE Old! Tes   | st Medium: Water \ Air \ Gas   | Other:  |
| NAMI PLANT   |                               | Ga  | auge Type: Recording   | Indicating Dead Weight                        |
|  | C POLITO                      | Ga  | auge I.D. :  |   |
|  |                               | Cal   | libration Date :   |   |
|  |                               | Tes   | st Date:   |   |
|  | Son St.                       | Sta   | art Time:  | End Time:                                     |
|  | 7 Jeffe                       | Sta   | art Press.:  | End Press. :                                  |
| Carl Carl  | SW Oldham Pkwy SW Oldham Pkwy | Sta   | art Temp.*:  | End Temp.*:                                   |
|  | ew oldnam Pkwy                | * W   | Vater or Pipe temperature, not   | ambient                                       |
|  |                               | If C<br>Co  | Discharge volume is over 1,0<br>ontact Lab for sample.   | 000 gallons -                                 |
|  |                               | No act  | ote all leaks or failures, includir<br>tion taken in comments below.                                     | ng cause, and corrective                      |
|  | 9,5470                        | RE<br>ST  | E STD. 200.0 FOR PRESSUI<br>EQUIREMENTS. FOR ANY QU<br>ANDARD, PLEASE CONTAC<br>OMPLIANCE AT 314-349-053 | UESTIONS REGARDING THE CT PIPELINE SAFETY AND |

| Comments: |  |  |  |
|-----------|--|--|--|
| •         |  |  |  |

| Signature:    | Date: |
|---------------|-------|
| Printed Name: |       |

Conducted By:

## Work Order Title: Oldham Village - MRELO Work Order: 35557272 Project #:807503

### **Municipality: Lees Summit**

| Tie-in Number ———      | Tie-in |
|------------------------|--------|
| Soap Test  Yes  No     | Soap   |
| Date:                  | Date:  |
| Time:                  | Time:  |
| System Gauge Pressure: | Syste  |
| Signature:             | Signa  |

| Tie-in Number ———————————————————————————————————— |
|--|
| Time:  |
| System Gauge Pressure:                             |
| Signature:   |

| Tie-in Number ———<br>Soap Test ☐ Yes ☐ No<br>Date: |
|--|
| ime:   |
| System Gauge Pressure:                             |
| Signature:   |

| Tie-in Number<br>Soap Test  Yes  No<br>Date: |
|--|
| Time:  |
| System Gauge Pressure:                       |
| Signature:                                   |

| Tie-in Number ———<br>Soap Test ☐ Yes ☐ No |
|---|
| Date:                                     |
| Time:                                     |
| System Gauge Pressure:                    |
| Signature:                                |





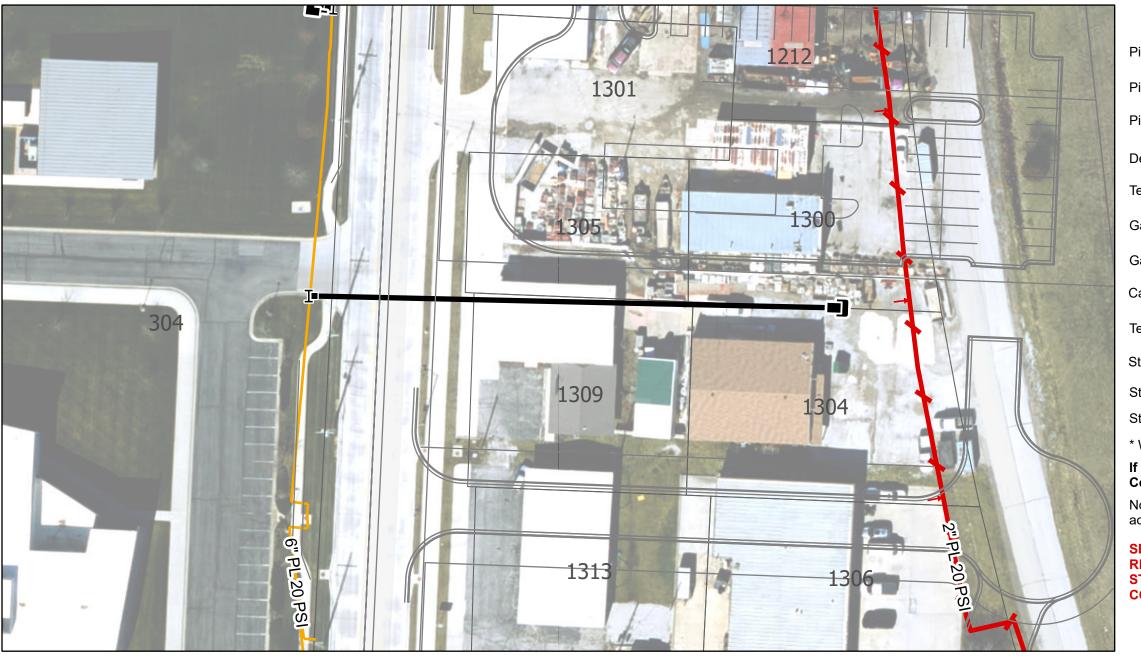
# PRESSURE TEST OF GAS MAINS (One Test Per Sheet)

|        | Pipe Size:   | Length (ft):           |
|--------|--|------------------------|
|        | Pipe Size:   | Length (ft):           |
| 2000   | Pipe Size:   | Length (ft):           |
|        | Designed MAOP  |                        |
|        | Test Medium: Water \ Air \ Ga                                  | s Other:               |
| 1      | Gauge Type: Recording  | Indicating Dead Weight |
| 2000   | Gauge I.D. :   |                        |
|        | Calibration Date :   |                        |
|        | Test Date:   |                        |
| 100000 | Start Time:  | End Time:              |
|        | Start Press.:  | End Press. :           |
|        | Start Temp.*:  | End Temp.*:            |
|        | * Water or Pipe temperature,                                   | not ambient            |
|        | If Discharge volume is over Contact Lab for sample.            | 1,000 gallons -        |
| 1      | Note all leaks or failures, incluaction taken in comments belo |                        |
|        | SEE STD. 200.0 FOR PRESS                                       |                        |

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

| _         |     |
|-----------|-----|
| Conducted | D   |
| Conducted | DV: |
|           | _,. |

| Signature:    |        | Date:       |
|---------------|--------|-------------|
| Printed Name: |        | <del></del> |
|               | Page : | Of:         |



| Comments: |  |  |  |  |
|-----------|--|--|--|--|
| _         |  |  |  |  |