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| --- | --- |
| **A. PROJECT DESCRIPTION SUBMITTED BY / RETURN TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| NAME: | PHONE: |
| STREET: | SUITE: |
| IF APARTMENTS: BUILDING # \_\_\_\_ UNITS \_\_\_ TO \_\_\_\_\_\_\_\_\_\_ |  |
| CITY/STATE: |  |
| CONTACT: | REQUESTED IN-SERVICE DATE: |
| EMAIL: |  |

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| **B. PRESSURE REQUESTED:** 14” w.c.**\*** 1 psig**\***\* 2 psig 5 psig 10 psig OTHER  **\*KGS and TGS only**  \_\_\_\_\_\_\_\_\_ **\*\*Bartlesville and Miami Only** |
| **MULTI-METER MANIFOLD REQUESTED YES**  **NO**  IF YES, PLEASE PROVIIDE LOAD AND INDIVIDUAL ADDRESS/SUITE NUMBERS FOR INDIVIDUAL METERS ON SEPARATE ITEMIZED SHEET |
| **REASON FOR ELEVATED PRESSURE AND/OR INCREASED LOAD**: |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **C. CURRENT GAS LOAD** | | | | | **D. PROPOSED GAS LOAD** *(INCLUDING REMAINING EXISTING EQUIPMENT)* | | | | |
| EQUIPMENT | QTY | BTU/CFH | STANDBY  YES NO | | EQUIPMENT | QTY | BTU/CFH | STANDBY  YES NO | |
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| TOTAL CURRENT LOAD | |  |  | | TOTAL PROPOSED LOAD | |  |  | |

| Table : Standard Elevated Delivery Pressure Guidelines for Systems with Customer Regulators | | | |
| --- | --- | --- | --- |
| Delivery Pressure | Minimum System Pressure | Customer- Required Maximum Design Operating Pressure \* | Minimum Required Test Pressure |
| 14 inches w.c. | 2 psig | 2 psig | 1.5 x customer’s MAOP (customer’s piping) local code requirements, whichever is higher |
| 1 psig | 5 psig | 5 psig |
| 2 psig | 10 psig | 10 psig over delivery pressure |
| 5 psig | 25 psig | 10 psig over delivery pressure |
| Over 10 psig (in 5 psig increments) | Coordinate with Asset Capacity Planning | Coordinate with Engineering and Asset Capacity Planning |
| Line Pressure | Coordinate with Asset Capacity Planning | Coordinate with Engineering and Asset Capacity Planning |
| \* Customer-required Maximum Design Operating Pressure refers to the portion of the customer’s line that is subjected to the initial delivery pressure from the Company. If overpressure protection or future Company system requirements dictate, the Company may require the customer’s line Maximum Design Operating Pressure to be greater than shown in the table.  **NOTE:** The minimum test pressure is subject to local code requirements or design requirements, which may require higher test pressures. See International Fuel Gas Code (IFGC).  **NOTE:** Where a fixed elevated pressure above 10 psig is supplied, the customer piping design pressure (Maximum Design Operating Pressure) shall be high enough above the delivery pressure to allow for proper operation of regulators and relief valves, including buildup.  **NOTE:** When a delivery pressure exceeds 5 psig, the piping must be constructed of all welded steel pipe and fittings without threaded or mechanical fittings. | | | |

**Please read the Standard Elevated Delivery Pressure REQUIREMENT below:**

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| **E. PLEASE INDICATE RELATIONSHIP:** | | |
| ENGINEER  DEVELOPER  PLUMBER  MECH CONTRACTOR  OWNER  OCCUPANT  BUILDER  OTHER | | |
| **IF CITY INSPECTION HAS BEEN PERFORMED:** | | |
| CITY: |  | |
| PERMIT #: |  | |
| **IF CITY INPSECTION HAS NOT BEEN PERFORMED:** | | |
| ***PLEASE INITIAL EACH LINE TO CERTIFY THAT ALL OF THE FOLLOWING REQUIREMENTS WILL BE MET.*** | | |
|  | Internal lines with elevated pressure will be clearly marked “ELEVATED PRESSURE”. | |
|  | If over pressure protection devices are required, the devices will prevent pressure to gas appliances from exceeding the pressure rating of the equipment. | |
|  | Unless installed with a vent limiting device, every regulator and relief device installed inside shall be vented outside with proper sized pipe. | |
|  | If non-residential service, attach manufacturer’s specifications (or summary) showing operating pressure for each piece of equipment receiving elevated pressure | |
| **By Signing, you confirm your understanding and acceptance of required terms, MAOP and Minimum Required Test Pressures, as shown in Table 1.** | | |
| **PRINTED NAME:** | | **DATE:** |
| **SIGNATURE:** | | |

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| **INTERNAL USE ONLY** |  | | | | | |
| **PIPLELINE SYSTEM**  DISTRIBUTION  TRANSMISSION | MAIN SIZE | LINE NO. | **OPERATING PRESSURE** | | | |
| NORMAL  psig | | MAOP  psig | |
|  | **REVIEW & ACKNOWLEDGEMENT** | | | | | |
| SIGNATURE | | OKE# | RECOMMEND  YES NO | | DATE |
| ASSET CAPACITY1 |  | |  |  | |  |
| MEASUREMENT AND REGULATION DEPARTMENT2 |  | |  |  | |  |
|  | **APPROVALS** | | | | | |
|  | SIGNATURE | | OKE# | RECOMMEND  YES NO | | DATE |
| CUSTOMER DEVELOPMENT3 |  | |  |  | |  |
| MANAGER OF ENGINEERING4 |  | |  |  | |  |
| DIRECTOR OF ENGINEERING5 |  | |  |  | |  |

1 All elevated pressure requests for 5 psig and above should be routed to Asset Capacity for review and approved by Manager of Engineering or delegate.

2 CNG or large industrial loads optionally can be acknowledged by these stakeholders as needed

3 At the discretion of Director Engineering or delegate, requests requiring 2 psig and volume less than 1,400 cfh on a system operating between 10 and 60 psig, may be approved by Customer Development Department.

4 All elevated pressure requests for existing customers are routed to the Manager of Engineering or delegate

5 All requests that are 100 psig or more OR that are 40% or more of the MOP require the approval of the Director of Engineering

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| **COMMENTS:** |
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