**Service Line Application**

**Please fill out form completely** (rev 1/1/2014)

**Date:**

**Stage of Completion:** (check one)

**X** Nothing Done/Permit Only

* Dirt Work Only
* Foundation Complete
* Framed In

Closing Date:

**Rate Information**

**X** Inside City  Outside City

**Type of Service** (check one):

* Residential Service

**X** Non-Res GS-Small (<200 Mcf Annual)

* Non-Res GS-Large (200-1500 Mcf Annual)
* Non-Res GS-Trans Elig (>1500 Mcf Annual)

**Date Service Needed:**

**Meter Set/Turn-on? X** Yes No

****

Name: City of Overland Park\_(Federal ID# 48-6100373)

Builder? **? X** Yes No

Mailing Address:

Kansas Gas Customer #:510214334

8500 Santa Fe Drive

City & ZIP: Overland Park, KS 66212

Work Phone: (913) 895-6027

Cell Phone: (913) 449-4072

Contact Name: Bruce L. Wacker

Contact Phone Number: (913) 890-1027

**Service Line Information**

**OFFICE USE:**

**Customer Number:**

**Premise Number:**

Address: 10818 GS Roe Ave

City: Overland Park Zip: 66212

Phase: Lot: Block:

Subdivision/Building Name:

Section, Township, Range:

If delivery pressure is different than 7 inches w.c. (4 oz), please indicate: 1 PSIG

BTU Total Natural Gas Load: 80 CFH Square Footage:

**Requirements:** Natural Gas main must be installed and available to serve this property, lot is at final grade and work area has been cleared. Also, the house line must be plumbed-out on the side designated for gas service (refer to gas main installation design/map) as well as no further than 3 feet back from the front corner of the building foundation.

The first 200 feet of the service line (1-1/4” diameter or less) are free. Any additional footage will be billed at $4.54 per foot. All extraordinary construction costs such as rock removal or padding dirt installation will be billed after installation.

\*If indicated above that the individual requesting a service line is the same individual requesting a meter set/turn on, a turn on order will be generated after the service line has been installed and city inspection of the houseline, if required, has been complete.

**For all other inquiries, contact our Information Center at 1-800-794-4780,**

**Or visit our website** [**www.kansasgasservice.com**](http://www.kansasgasservice.com)

\*\*Disclaimer – It is the intention of Kansas Gas Service to provide service as explained in the policy, unless circumstances arise beyond the Company’s control, such as storm emergencies, outages, inclement weather and natural or man-made disasters.

**This application may be faxed to our TOLL FREE FAX NUMBER: 1-866-643-1390**

**KANSAS GAS SERVICE**

**ELEVATED GAS PRESSURE REQUEST**

10818 GS Roe Ave

**FORM 12111**http://www.oneok.com:80/

http://www.oneok.com:80/

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| **A. PROJECT DESCRIPTION**  I-435 & Roe Avenue Diverging Diamond Interchange Improvement | | | | | | | | | | | | | | | | | | |
| NAME  Kansas Gas Customer #:510214334  City of Overland Park | | | | | | | | | | | | PHONE  (913) 895-6027 | | | | | | |
| STREET  8500 Santa Fe Drive | | | | | | | | | | | | P.O. BOX | | | | | | |
| CITY/STATE  Overland Park, KS | | | | | | | | | | | | ZIP CODE  66212 | | | | | | |
| CONTACT  Bruce L. Wacker | | | | | | | | | | | | DATE SERVICE REQUESTED  7/15/14 | | | | | | |
| **B. PRESSURE REQUESTED** | | | | | 1/2    PSIG | | 1    PSIG | | | | 2    PSIG | 5    PSIG | 10    PSIG | | | OTHER (*SPECIFY*) | | |
| REASON FOR ELEVATED PRESSURE  Compressed natural gas generator for traffic signal backup power | | | | | | | | | | | | | | | | | | |
| **C. GAS LOAD IN EXISTING BUILDING** | | | | | | | | | | **D. PROPOSED GAS LOAD FOR NEW/EXISTING BUILDING** | | | | | | | | |
| **EQUIPMENT** | | | **QTY** | **MCFH** | | **STANDBY** | | | | **EQUIPMENT** | | | **QTY** | | **CFH** | | **STANDBY** | |
| **YES** | | **NO** | | **YES** | **NO** |
|  | | |  |  | |  | |  | | CNG Generator | | | 1 | | 80 ft3/hr | | X |  |
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| **TOTAL** | | | |  | |  | | | | **TOTAL** | | | | | 80 ft3/hr | |  | |
| **ESTIMATED MIMINUM LOAD** | | | |  | |  | | | | **ESTIMATED MIMINUM LOAD** | | | | |  | |  | |
| **E. INITIALS *(Please initial each line to certify that all of the following requirements will be met.)*** | | | | | | | | | | | | | | | | | | |
| BLW | House lines with elevated pressure will be clearly marked “ELEVATED PRESSURE.” | | | | | | | | | | | | | | | | | |
| BLW | House lines with elevated pressure will be tested at a minimum pressure of \_\_\_\_15\_\_\_\_\_psig.  (Fitting is rated for at least 15 psig.) | | | | | | | | | | | | | | | | | |
| BLW | Pressure regulators on elevated pressure lines will withstand a minimum of \_\_\_\_10\_\_\_\_\_psig. | | | | | | | | | | | | | | | | | |
| BLW | If over pressure protection devices are required, the devices will prevent pressure to gas appliances from exceeding the pressure rating of the equipment. | | | | | | | | | | | | | | | | | |
| BLW | Pressure relief valves on elevated pressure lines will be vented to the outside of the building with proper sized pipe. | | | | | | | | | | | | | | | | | |
| BLW | Attach manufacturer’s specifications (or summary) showing operating pressure for each piece of equipment receiving elevated pressure. | | | | | | | | | | | | | | | | | |
| SUBMITTED BY *(Please print)*  Bruce L. Wacker | | | | | | | | | REPRESENTING  City of Overland Park | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | | | | DATE | | | | |
| TITLE  Assistant City Traffic Engineer | | | | | | | | | | | | | | | | | | |
| FOR COMPANY USE | | APPROVED BY | | | | | | | | | | | | DATE | | | | |

**GUIDELINES FOR ELEVATED PRESSURE**

1. Elevated pressure delivery is based on customer need, but adequate pressure must be available in Company's lines before a request can be granted. Note minimum system pressure at peak time.
2. Customer piping, regulators, and relief valves must be designed to meet the requirements of the application.
3. Customer piping must be tested at the MINIMUM REQUIRED TEST pressure listed below.
4. All information and certifications listed on the ELEVATED GAS PRESSURE REQUEST must be supplied before a request can be granted.

|  |  |  |  |
| --- | --- | --- | --- |
| **PRESSURE AVAILABLE TO CUSTOMER** | **MINIMUM**  **SYSTEM PRESSURE** | **CUSTOMERREQUIRED MAOP\*** | **MINIMUM REQUIRED TEST PRESSURE** |
| 14" W.C | 2 PSIG | 2 PSIG | **1.5 X Customer's MAOP**  **(Customer House Line),**  **but not less than 3 PSIG**  **or local code requirements,**  **whichever is higher.** |
| 1 PSIG | 5 PSIG | 10 PSIG |
| 2 PSIG | 10 PSIG | 10 PSIG |
| 5 PSIG | 15 PSIG | 60 PSIG |
| 10 PSIG | 25 PSIG | 60 PSIG |
| Over 10 PSIG | Delivery Pressure Plus 20 PSIG | 60 PSIG |

\*Customer-required MAOP refers to the portion of the customer's house line

that is subjected to the initial delivery pressure from the Company.

\*Company may require Customer's house line MAOP greater than shown if

over-pressure protection or future Company system requirements dictates.

This minimum test pressure is subject to local code requirements or design

requirements which may require higher test pressures.