

**KANSAS GAS SERVICE
ELEVATED GAS PRESSURE REQUEST**

FORM 12111 (5-00)

A. PROJECT DESCRIPTION	
NAME	PHONE
STREET	P.O. BOX
CITY/STATE	ZIP CODE
CONTACT	DATE SERVICE REQUESTED

B. PRESSURE REQUESTED	<input type="checkbox"/> 1/2 PSIG <input type="checkbox"/> 1 PSIG <input type="checkbox"/> 2 PSIG <input type="checkbox"/> 5 PSIG <input type="checkbox"/> 10 PSIG OTHER (SPECIFY)
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REASON FOR ELEVATED PRESSURE

C. GAS LOAD IN EXISTING BUILDING					D. PROPOSED GAS LOAD FOR NEW/EXISTING BUILDING				
EQUIPMENT	QTY	MCFH	STANDBY		EQUIPMENT	QTY	MCFH	STANDBY	
			YES	NO				YES	NO
TOTAL					TOTAL				
ESTIMATED MINIMUM LOAD					ESTIMATED MINIMUM LOAD				

E. INITIALS *(Please initial each line to certify that all of the following requirements will be met.)*

	House lines with elevated pressure will be clearly marked "ELEVATED PRESSURE."
	House lines with elevated pressure will be tested at a minimum pressure of _____ psig.
	Pressure regulators on elevated pressure lines will withstand a minimum of _____ psig.
	If over pressure protection devices are required, the devices will prevent pressure to gas appliances from exceeding the pressure rating of the equipment.
	Pressure relief valves on elevated pressure lines will be vented to the outside of the building with proper sized pipe.
	Attach manufacturer's specifications (or summary) showing operating pressure for each piece of equipment receiving elevated pressure.

SUBMITTED BY <i>(Please print.)</i>	REPRESENTING
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CUSTOMER'S SIGNATURE	DATE
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CUSTOMER'S TITLE

FOR COMPANY USE	APPROVED BY	DATE
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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	CUSTOMER-REQUIRED 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.