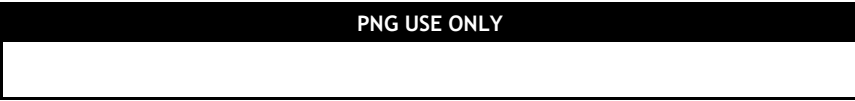


Instructions: Complete this form and fax to 1-888-846-3259 or email to OPS_Center_Fax@peoples-gas.com. If gas is required for the first time for this location, please call 1-888-280-2938 between 8:00 am and 4:30 pm Monday - Friday to determine if gas is available. **Forms not legibly completed in their entirety will be rejected.**

Service Installation Record



NOTE: For NEW service line installations, this form will not be accepted until AFTER an application has been submitted by the responsible party and received and approved by Peoples Natural Gas.

Development/Project Name (Type or Print)		Date Service Line Installed	
Customer Name		Contact Name for Tie In	Phone Number for Tie In
Street Address		Lot Number	
City	State	Zip	Municipality
		County	

Building Type <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mobile Home	Installation Type <input type="checkbox"/> New <input type="checkbox"/> Renewed <input type="checkbox"/> Repaired <input type="checkbox"/> Riser Replaced/Repaired	Inside Meter <input type="checkbox"/> Yes
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**** Misc Activity Manifold Repair Only Manifold Painted Other**

<p>For all installation types:</p> <input type="checkbox"/> 1. Has the service line been installed properly with a gauge on (Kuhlman or spring) and 90lbs of pressure? <input type="checkbox"/> 2. Has tracer wire been installed? <input type="checkbox"/> 3a. Has the house line been installed? <input type="checkbox"/> 3b. If so, are all open lines capped? <input type="checkbox"/> 4a. Is the tie-in hole dug to the standard 4x4 foot area required for the service tech to perform the connection? <input type="checkbox"/> 4b. If so, is the curb valve exposed with the customer's service disconnected and 18" of company service exposed to prevent any damage?	<p>In addition, for new installation types ONLY:</p> <input type="checkbox"/> 1. Is the riser secured and the spread set to 14" across x 16" down? <input type="checkbox"/> 2a. Is the house line installed through the wall sleeve? <input type="checkbox"/> 2b. If so, do all interior lines have valves installed and are they plugged or capped? <input type="checkbox"/> 3. If the line is CSST, has it been installed with proper grouting/bonding wire?
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Riser Manufacturer:	<input type="checkbox"/> Central Plastics Factory Fit	Riser Connection Type:	<input type="checkbox"/> Plastic	Riser Size:
<input type="checkbox"/> Honeywell/Elster Perf Fact. Fit	<input type="checkbox"/> Honeywell/Elster Perf Field Fit	<input type="checkbox"/> Perfection Stab Style	<input type="checkbox"/> 1" <input type="checkbox"/> 1 1/4" <input type="checkbox"/> 2" <input type="checkbox"/> 4"	
<input type="checkbox"/> Continental Factory Fit	<input type="checkbox"/> Energy Ctrl System Factory Fit	<input type="checkbox"/> Continental Stab Style	<input type="checkbox"/> Steel	<input type="checkbox"/> 1 1/8" <input type="checkbox"/> 1 1/2" <input type="checkbox"/> 3"

Customer Service Line (Curb to Meter) - Check All That Apply

Material: <input type="checkbox"/> Plastic <input type="checkbox"/> Performance Pipe Driscopex - All Standards <input type="checkbox"/> Bare Steel <input type="checkbox"/> US Poly Company (Uponor) - All Standards <input type="checkbox"/> Coated Steel <input type="checkbox"/> Duraline Polypipe - All Standards <input type="checkbox"/> Fusion Bonded Epoxy <input type="checkbox"/> WL Plastics - All Standards <input type="checkbox"/> Mill Wrap <input type="checkbox"/> Oil Creek Plastics - All standards <input type="checkbox"/> Wax Wrap <input type="checkbox"/> JM Eagle	Size <input type="checkbox"/> 1/2" <input type="checkbox"/> 1" <input type="checkbox"/> 1- 1/4" <input type="checkbox"/> 2" <input type="checkbox"/> Other	Minimum Test Pressure: Indicate the type of test performed by checking the appropriate box: <input type="checkbox"/> 90 psig for 10 mins <input type="checkbox"/> 188 psig for 10 mins <input type="checkbox"/> 90 psig 1 hour*** <input type="checkbox"/> 188 psig for 1 hour*** *** required for pipe diameter 2" and larger
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Plastic Manufacturer Lot/Serial # ASTM D2513	Manufacturer Date	<input type="checkbox"/> Low Pressure System (Ounces)
		<input type="checkbox"/> Regulated Pressure System

Buried Line Type: <input type="checkbox"/> Direct Burial <input type="checkbox"/> Insert	Tracer Wire: <input type="checkbox"/> Yes <input type="checkbox"/> No	Service Depth (In)	Service Length (Ft)
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Installing Firm

Firm Name			
Address		City	State
		Zip	

Contact Name (Type or Print)	Phone Number
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Note: By signing this form, the installer attests that they installed or repaired and tested the service line and/or meter in accordance with applicable codes and standards including, but not limited to:

INSTALLATION

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Material used in this installation meet Peoples Natural Gas' approved standards 2. A tracer wire that is of 8 gauge solid copper wire w/ a yellow thermoplastic coating was installed (All services) 3. Tracer wire was properly installed and checked for continuity across its entire length 4. Service line is installed at a minimum depth of 12 inches or encased 5. New service is not run under steps, porches or crawl spaces 6. Meter manifold installed does not block a fire escape 7. Meter manifold is properly supported | <ol style="list-style-type: none"> 8. Meter manifold is protected from vehicular damage 9. Meter manifold is not closer than 3 feet from an ignition source 10. Meter manifold service line is properly supported. 11. Meter is accessible and as perpendicular to the main as possible 12. New meter manifold valve installed 13. Service must be run to the street to which the structure is addressed, unless given permission by Peoples Natural Gas 14. All exposed piping must be suitably coated to prevent corrosion |
|---|---|

INSTALLER

1. He/She is Operator Qualified in accordance with the requirement set forth in 49 CFR 192, Subpart N. This means that the installer has been evaluated by a Peoples Natural Gas approved third party qualifier and has been deemed qualified to perform the various covered tasks associated with installation of natural gas service lines. (3 year re-qualification required)

2. He/She has been evaluated and qualified by a Peoples Natural Gas approved third party qualifier to join plastic pipe utilizing mechanical couplings. (1 year re-qualification required)

3. His/Her employer administers a Drug & Alcohol Testing Program that meets the requirements of 49 CFR 199, including random testing.

The installer understands and agrees that by performing the inspection herein and accepting this form and stated qualifications of the installer, Peoples Natural Gas is not assuming nor accepting any responsibility or liability for the installation or repair work performed by the installer and that the installer remains solely responsible for any work performed. Further, installer agrees to indemnify, hold harmless, and, if requested, defend Peoples Natural Gas, its officers, employees and agents from and against any and all liabilities, costs, claims, demands, fines, penalties, suits (including cost of defense), proceedings, actions, and causes of actions, including reasonable attorney's fees arising out of, or associated with, or related to the installation described herein.

I acknowledge that I have read and understand the Installation and Installer instructions.

Note: A fee may be incurred if the site is not ready to the specifications cited above upon site visit.

[Vist https://www.p.eoples-gas.com/plumbers for additional forms](https://www.p.eoples-gas.com/plumbers)

Installed and Tested by	Submitter Email	Date Submitted
Qualified by	OQ ID Number	

Form No. 700116 (Sept 2024)