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 PNG USE ONLY

Form No. 700116 (Feb 2019)

NOTE: For NEW service line installations, this form will not be accepted until	il AFTER an	application has been sub	mitted by the res	ponsible party	and received and approve	
Peoples Natural Gas.						
Development/Project Name (Type or Print)				Dat	e Service	
Customer Name Contact Name for Tie In					noer for Tie In	
Street Address				Lot	Number	
City State	Zip	.merpality		Cou	mhy	
City State	Z-IP	могранцу		Cou	inty	
Building Type Installation	/PE				Inside Meter	
Residential Commercial Mobile Home New  ** Miso Activity Manifold Repair Only Manifold Painted Other	Rene	wed Repaired	Riser Replace	d/Repaired		
	Riser Conne	otion Towns	INDEE WEI	niel. Dies	er Size:	
		ion Stab Style Butt f			1"	
	_	. –	_	_	1 1/8	
Customer Service Line (Curb to Meter) - Check All That Apply	Contine	ental Stab Style	Steel	. 10	11/8   11/2	
			Minimum Test Pr			
Material: Plastio		Size	I			
Performance Pipe Drscoplex - All Standards Bare Steel		☐ 1/2 <sup>-</sup>	Indicate the typ		ea by checking the	
US Poly Company (Uponor) - All Standards Coated Steel		O1 —	appropriate box	:		
Duraline Polypipe - All Standards Fusion Bonded Epo	оку	☐ 1- 1/4F	90 psig for 1	0 mins	150 psig for 10 mins	
Charter Plastic - All Standards Mill Wrap		□ 2 <sup>-</sup>	90 psig 1 hou	ur***	150 psig for 1 hour"	
Oil Creek Plastios - 1 1/4" CTS & below Wax Wrap		Other	"" required for	pipe diameter	2" and larger	
☐ JM Eagle			•			
Plastic M anufacturer Lot/Serial #		Manufacture	er Date		(Ounces)	
ASTM D2513				Regulateu		
Buried Line Type: Direct Burial Insert Tracer Wire: Yes	□ No	Service Depth (In)	Se	rvice Length (	Ft)	
Installing Firm						
Firm Name						
Address		City		Stat	te Zip	
Address		city			c Lip	
Contact Name (Type or Print)				Pho	ne Num	
Note: By signing this form, the installer attests that they installed or repaire		d sha anning line and/an			inchia coder code	
including, but not limited to:			meter in accord	ance with appr	icable codes and standard	
	INSTAI	LLATION				
<ol> <li>Material used in this installation meet Peoples Natural Gas' approved stan</li> </ol>			anifold is protecte		-	
2. A tracer wire that is of 8 gauge solid copper wire w/ a yellow thermoplastic coating was installed (All services)  9. Meter manifold is not closer than 3 feet from an ignition : was installed (All services)					-	
was installed (All services)  10. Meter manifold service line is prop 3. Tracer wire was properly installed and checked for continuity acros sits entire length  11. Meter is accessible and as perpend					• •	
Iracer wire was properly installed and oneoked for continuity across its entire length     II. Meter is accessible and as perpend     Service line is installed at a minimum depth of 12 inches or encased					ir to the main as possible	
5. New service is not run under steps, porches or crawl spaces 13. Service must be run to the street					ioh the struoture is	
			addressed, unles s given permission by Peoples Natural Gas			
7. Meter manifold is properly supported	INICT	14. All expo	sed piping must b	e suitably coa	ted to prevent corrosion	
<ol> <li>He/She is Operator Qualified in accordance with the requirement set fort Gas approved third party qualifier and has been deemed qualified to perfore</li> </ol>						
qualification required)					-1:	
<ol><li>He/She has been evaluated and qualified by a Peoples Natural Gas approv (1 year re-qualification required)</li></ol>	ea thira pa	rty qualifier to join plasti	to pipe utilizing m	rechanical cou	pungs.	
3. His/Her employer administers a Drug & Aloohol Testing Program that mee						
The installer understands and agrees that by performing the inspection here						
Gas is not assuming nor accepting any responsibility or liability for the instal any work performed. Further, installer agrees to indemnify, hold harmless,						
and agents from and against any and all liabilities, costs, claims, demands,	fines, penal	ties, suits (including cost	of defense), pro	oeedings, actio		
of actions , including reas onable attornev's fees arising out of, or associated			des oribed herein			
I acknowledge that I have read and understand the Installation and Ir						
Note: A fee may be incurred if the site is not ready to the specification:	s cited abov	e upon site visit.				
Installed and Tested by	eoptes-gas .	Sur Empil	mai forms		Date Submitted	
		- Lillan			Julia Juliani	
Qualified by		OQ ID Number				

This refers to a riser where the carrier pipe must be inserted through the riser shield and attached to the riser head. Elster Perfection is the ONLY PNG approved field fit riser.

If the riser is factory fit, the connection to the carrier pipe will be one of the listed 3. Please note: Perfection and Continental stab fittings require different chamfering and installation processes! Butt fusion requires additional qualifications which must be renewed annually.

Other refers to pipe larger than 2".

high density which requires a minimum 10 minute 150 PSIG pressure test.

The piping must be one of the 6 approved manufacturers and be no older than 3 years from the date stamped on the pipe. High Density is 10 years

Backfilling the ditch or trench is an OQ covered task and must be performed or overseen by a qualified individual.

At this time, PNG only accepts 3rd party qualifications through P.U.R or U.T.I.

Be sure to include your unique OQ number. This will be used by PNG for verification purposes

Please review the installation guide at https://www.peoplesgas.com/plumbers/files/Installation\_Guide.pdf