

Type of Request

- ☐ New Meter
☐ Re-activate Meter
☐ Increase Volume

End User of Gas Production

- ☐ System Supply
☐ Transportation Pool
Pool Operator _____

CONTACT INFORMATION

Company Name _____

Contact _____

Contact Title _____

Address _____

Phone _____ E-mail _____

TAP LOCATION INFORMATION

Township _____ County _____

Site Name _____

GPS Coordinates: Lat _____ Long _____

Requested Turn on (Flow) Date _____

Map Attached ☐ Yes ☐ No

Additional Information

TAP VOLUME INFORMATION

Estimated Volume _____ (Mcf/d)

Gas Quality (BTUs) ☐ <1000 ☐ >1000Formation ☐ Conventional ☐ Marcellus ☐ Other _____

Well Permit No.(s) _____

CONTRACT INFORMATION

Have you previously executed the following agreement?

- ☐ Master Interconnect and Measurement Agreement (MIMA)

Are you a PIOGA member?

- ☐ Yes ☐ No

If an electronic submission is not possible, mail to:

Danica Popovich

375 North Shore Drive, Pittsburgh, PA 15212

Fax: 412-258-4567



Meter Tap Request Form

(Rev. 20160927)

AGENT INFORMATION

Identify Seller's Agent (or Payee)

Agency Name _____

Contact _____

Contact Title _____

Address _____

Phone _____ E-mail _____

Fax _____

WELL OPERATOR INFORMATION

Company Name _____

Contact _____

Contact Title _____

Address _____

Phone _____ E-mail _____

Fax _____

Note: Seller must identify a contact person with operator, along with his/her telephone number and fax numbers, who is available to receive communications from Peoples Natural Gas Company, LLC 24 hours/day 7 days/week.

REQUIRED DOCUMENTS

Copies of the documents listed below are **required** for submittal with the meter tap request for **each well**.

1. Conveying Instruments with recording information (i.e Assignment, Assumption, Bill of Sale, Farmout, Lease, etc.)
2. Well Platt
3. Well Record
4. Meter Site Right-of-Way
5. Gas Sample

By electronically submitting this form, Applicant acknowledges the information provided is truthful and accurate. Peoples Natural Gas Company, LLC reserves the right to terminate interconnects if information provided is incorrect.

Printed Name _____

Its _____

Date _____

If an electronic submission is not possible, mail to:

rDGabriellapovich

375 North Shore Drive, Pittsburgh, PA 15212

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