



A NISource Company

Request For Service - Gas

Columbia Gas of PA Use Only
Date Request Received:
PSID#:

Instructions: Complete and hang on the meter setting with the DOT Certification Card
Service will be turned on with credit approval.

Development/Project Name: (Print)					
Customer Name:					
Street Address:					Lot Number
City:	State:	Zip Code:	Municipality:	County:	
Building Type: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mobile Home			Customer Phone Number:		
Customer Service Line (Curb to Meter)			Buried House Line (Below Ground – After Meter)		
<u>Material</u>	<u>Size</u>	Test Pressure Duration	<u>Material</u>	<u>Size</u>	Test Pressure Duration
<input type="checkbox"/> Plastic	<input type="checkbox"/> 1"	_____ PSIG	<input type="checkbox"/> Plastic	<input type="checkbox"/> 1"	_____ PSIG
<input type="checkbox"/> Steel	<input type="checkbox"/> 1 ¼"	_____ Mins.	<input type="checkbox"/> Steel	<input type="checkbox"/> 1 ¼"	_____ Mins.
<input type="checkbox"/> Direct Burial	<input type="checkbox"/> Other	_____ Feet	<input type="checkbox"/> Direct Burial	<input type="checkbox"/> Other	_____ Feet
<input type="checkbox"/> Insert	Length _____ Feet		<input type="checkbox"/> Insert	Length _____ Feet	
Installed & Tested by: (Signature)		Date:	Installed & Tested by: (Signature)		Date:
Qualified to Perform Fusion or Welding by: (Name)			Qualified to Perform Fusion or Welding by: (Name)		
<input type="checkbox"/> Plastic/Fusion			<input type="checkbox"/> Plastic/Fusion		
<input type="checkbox"/> Welder			<input type="checkbox"/> Welder		
House Line (Exposed – After Meter)			Installing Firm		
Test Pressure Duration			Installing Firm:(Print)		
_____ PSIG _____ Mins.			Address:		
Installed & Tested by:(Signature)		Date:	Contact Name:(Print)		Telephone Number:

Above Installer(s) warrants that all materials and installations comply with Columbia Gas of PA and National Fuel Gas Code (NFPA 54, ANSI z223.1) installation standards and the codes and standards listed therein.

Installation Site Checklist

- | | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No "Request for Service" on site. | <input type="checkbox"/> Yes <input type="checkbox"/> No House line sleeved through the wall above grade. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No "Request for Service" signed by installer. | <input type="checkbox"/> Yes <input type="checkbox"/> No Windows or electric meters located directly above the gas meter(s). |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Site sub graded and leveled. | <input type="checkbox"/> Yes <input type="checkbox"/> No House line installed to a valve and plugged or capped. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Service line piping exposed or unsupported. | <input type="checkbox"/> Yes <input type="checkbox"/> No Installed #12 insulated solid tracer wire. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Impediments in the tie-in hole (i.e., building materials such as bricks, stone, shingles, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No Installed caution tape. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Installed at proper depth. | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Meter bracket secure and level. | |

Remarks:
