



GAS PIPING STATEMENT

Customer Name	Owner of Premises <input type="checkbox"/> Same as above	Tax District	Work Request No.
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LOCATION OF PREMISES			
County	Town	Range	Section
Address	City	State	Zip

Contractor Name	Gas Piping Installer's Name	Phone No. (        )
Contractor Address	City	State        Zip

TYPE OF SERVICE: (check appropriate boxes)						
<input type="checkbox"/> Residence	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> New Piping	<input type="checkbox"/> Existing Piping	<input type="checkbox"/> Manufactured Home	<input type="checkbox"/> Converted Piping

DELIVERY PRESSURE	
<input type="checkbox"/> 7" W.C.	<input type="checkbox"/> 2 psig        _____ Other

APPLIANCES CONNECTED & BTU / HR					
<input type="checkbox"/> Furnace	BTU/HR _____	<input type="checkbox"/> Water Heater	BTU/HR _____	<input type="checkbox"/> Tankless Water Heater	BTU/HR _____
<input type="checkbox"/> Range	BTU/HR _____	<input type="checkbox"/> Dryer	BTU/HR _____	<input type="checkbox"/> Fireplace	BTU/HR _____
<input type="checkbox"/> Other	BTU/HR _____				

The undersigned states the above piping was completed or converted for natural gas service and was inspected and pressure tested on the premises described above according to applicable codes and that the gas piping complies with the provisions of all applicable codes and Alliant Energy service rules.

PRESSURE TEST DATE (Required) ____ / ____ / ____ Month        Day        Year	Signature
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ADDITIONAL REQUIREMENTS: <i>These requirements MUST be completed prior to permanent gas turn-on.</i>
<p><b>This is not a complete list, consult the Alliant Energy Gas Service Manual and NFPA® 54 for complete requirements. We are calling out the items in the list below because they are frequently missed.</b></p> <ol style="list-style-type: none"> <li>1. Installation of a significant portion of internal customer piping, including required valves (inside and out) must be completed prior to Alliant Energy accepting a Gas Piping Statement and providing permanent gas turn-on.</li> <li>2. Customer piping must be connected to the gas meter outlet with all valves in closed position and pipe ends capped before Alliant Energy will provide permanent gas turn-on.</li> <li>3. Through-wall piping MUST be protected against corrosion by coating or wrapping with an inert material approved for such applications.</li> <li>4. All exterior piping, other than galvanized piping, MUST be painted with exterior grade paint (color optional).</li> <li>5. Mark the piping on multiple meters set installations with permanent metal tags designating which unit will be served by each meter.</li> <li>6. Pressure test customer piping at a minimum of 3psi for a minimum of 10 minutes. <ul style="list-style-type: none"> <li>• This testing criterion applies only to piping being served by Standard Pressure of 7 inches of water column. If any other pressure is being requested, consult our Gas Service Manual (available online at <a href="http://www.alliantenergy.com">www.alliantenergy.com</a>) for minimum pressure testing requirements.</li> </ul> </li> </ol> <p>• <b>Caution: Do not pressurize equipment control valves at this pressure.</b></p> <p>Submit this completed Gas Piping Statement to your local Service Department only after ALL of the above work is completed. This completed form must be received for the customer to be provided permanent gas service.</p>