

New Natural Gas Service Informational Packet



Important Documents Included

- ✓ Customer Letter
- ✓ Natural Gas Application
- ✓ Customer Load Profile
- ✓ House Line Pressure Test Form
- ✓ Meter Installation Specifications
- ✓ Customer Service Line - Installation Specifications

1-888-863-0032

Fax Completed Forms to: (330) 498-9137



UTILITY PIPELINE

4100 HOLIDAY STREET, N.W., SUITE 201 – CANTON, OHIO 44718-2589 – 330-498-9130 – 888-863-0032 – 330-498-9137 FAX

Dear Customer,

This packet contains the required forms and information to assist you in obtaining natural gas service.

The Natural Gas Cooperative/Utility is responsible for installing all natural gas main line. You are required to have a Utility Pipeline, Ltd. certified contractor/excavator install the customer service line (measured from property line to house) and main line tap. Please call 330-498-9130 ext. 317 for further instructions.

IMPORTANT DOCUMENTS

Natural Gas Application:

Please complete the enclosed application to start service line installation process.

Customer Load Profile:

Please complete the enclosed customer load profile questionnaire so we may better serve your natural gas requirements. Submit this form with your application.

House Line Pressure Test Form:

Please notify your plumbing contractor who is installing the internal house lines and natural gas appliance to complete the “House Line Pressure Test Form” after testing the internal gas piping. Our meter installer will pick up this form the day he/she is scheduled to set the meter, so this form needs to be left at the home in a visible place (such as taped to the furnace or in a bag taped outside to the meter prefab).

Meter Installation Specifications:

Please note all the specifications on the image enclosed. These regulations are enforced by Utility Pipeline, Ltd.

Customer Service Line –Installation Specifications:

The customer shall own and be fully responsible for the installation, ownership, maintenance, and repairs of the gas service line from the property line to the home (“customer service line”), at the customer’s expense. This line shall be subject to inspection and testing as provided herein, but the Company assumes no responsibility. (Please refer to the enclosed diagram.)

If you have any questions or need additional applications (packets), please contact our customer service center at 1-888-863-0032.

Sincerely,

UTILITY PIPELINE, LTD.

MADISON ENERGY COOPERATIVE

MEMBERSHIP APPLICATION

NON PROFIT - MEMBER OWNED

CALL TOLL FREE 1-888-863-0032 Fax (330) 498-9137

PO BOX 35519
CANTON, OHIO 44799-3510

“NATURAL GAS”

DOMESTIC ENERGY – MADE IN AMERICA

AMERICA’S BEST ENERGY VALUE!

Detach bottom portion and mail

MEMBERSHIP APPLICATION AND AGREEMENT

THIS AGREEMENT is entered into as of the date set forth below by and between the Cooperative, a nonprofit corporation (“Coop”) and applicant(s) whose signature & mailing address is set forth below (“Member”):

WHEREAS, Coop has been created for the purpose of obtaining and providing natural gas service to its members as a natural gas cooperative, and:

1. The undersigned desires to become a member / owner of the Coop. Membership shall be in accordance with the terms and conditions of the Articles of Incorporation, Code of Regulations and the Rules & Regulations, and other policies adopted from time to time by the Board of Trustees of the Coop.
2. Member understands that certain charges are required to provide natural gas service and member agrees to pay the following: (a) member agrees to pay a one-time tie-in fee at the published rate. (b) Member agrees to pay a one-time membership fee of \$ 25.00 (c) Member agrees to pay a monthly service charge and the rates for natural gas as established by the Board of Trustees from time to time. (d) **Monthly service charges shall begin when the meter is set or 12 months after member is tapped into main, whichever is sooner.**
 1. This Agreement shall not be binding upon either party until it is signed by an authorized representative of the Coop.

CHECK ONE:

- OWNER
 RENTER / LESSEE

- Residential Single Family
 Residential Multi – Family - # of units _____

CHECK ONE:

- Commercial / Industrial _____
Annual Usage
 Vacant Lot (Not Eligible for membership)

X _____ APPLICANTS SIGNATURE	Date: _____	Billing Address: _____	Phone: _____
X _____ PLEASE PRINT CLEARLY		City: _____	State: _____ Zip: _____
X _____ APPLICANTS SIGNATURE	Date: _____	Service Address: _____	
X _____ PLEASE PRINT CLEARLY		City: _____	State: _____ Zip: _____

Referred By: _____

Referral’s Account Number: _____

Cooperative Association (office use only): _____

Date: _____



CUSTOMER LOAD PROFILE

Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Service Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

(Attach to Application Card)

House

Furnace: _____ Hot Water: _____ Fireplace: _____

Fridge: _____ Lights: _____ Cook Stove: _____

Generator: _____ Grill: _____ Pool Heater: _____

Wall Heater: _____ Hot Plate: _____ Heating Stove: _____

Motor: _____ Other: _____

Shop

Motor: _____ Tube Heater: _____

Wall Heater: _____ Hot Water: _____

Cook Stove: _____ Lights: _____



P. O. Box 35519
Canton, Ohio 44799

Phone: 1-888-863-0032
Fax: 330-498-9137

House Line Pressure Test Form

Original From Must Be Completed and Returned Before Service Will Be Turned On.

PLEASE PRINT

Customer Information

Customer Name: _____

Address: _____

Municipality: _____

County: _____

Zip: _____

Type of Building: Residential Single Residential - Multi Family Commercial Mobile Home

Number of Meters Required

Meter Size Required

Type of Installation: New

Renewed

Repaired

House Line (Exposed - After Meter)

Test Pressure/Duration: _____ PSIG _____ Mins.
(Min. 3 PSIG / 15 min)

Installed and Tested By: _____ Date: _____
Signature

Installing Firm: _____ Contact Person: _____

Address: _____ Phone Number: _____

**Above installer(s) Warrants that All Materials and Installations
Comply with national Fuel Code Installation Standards**

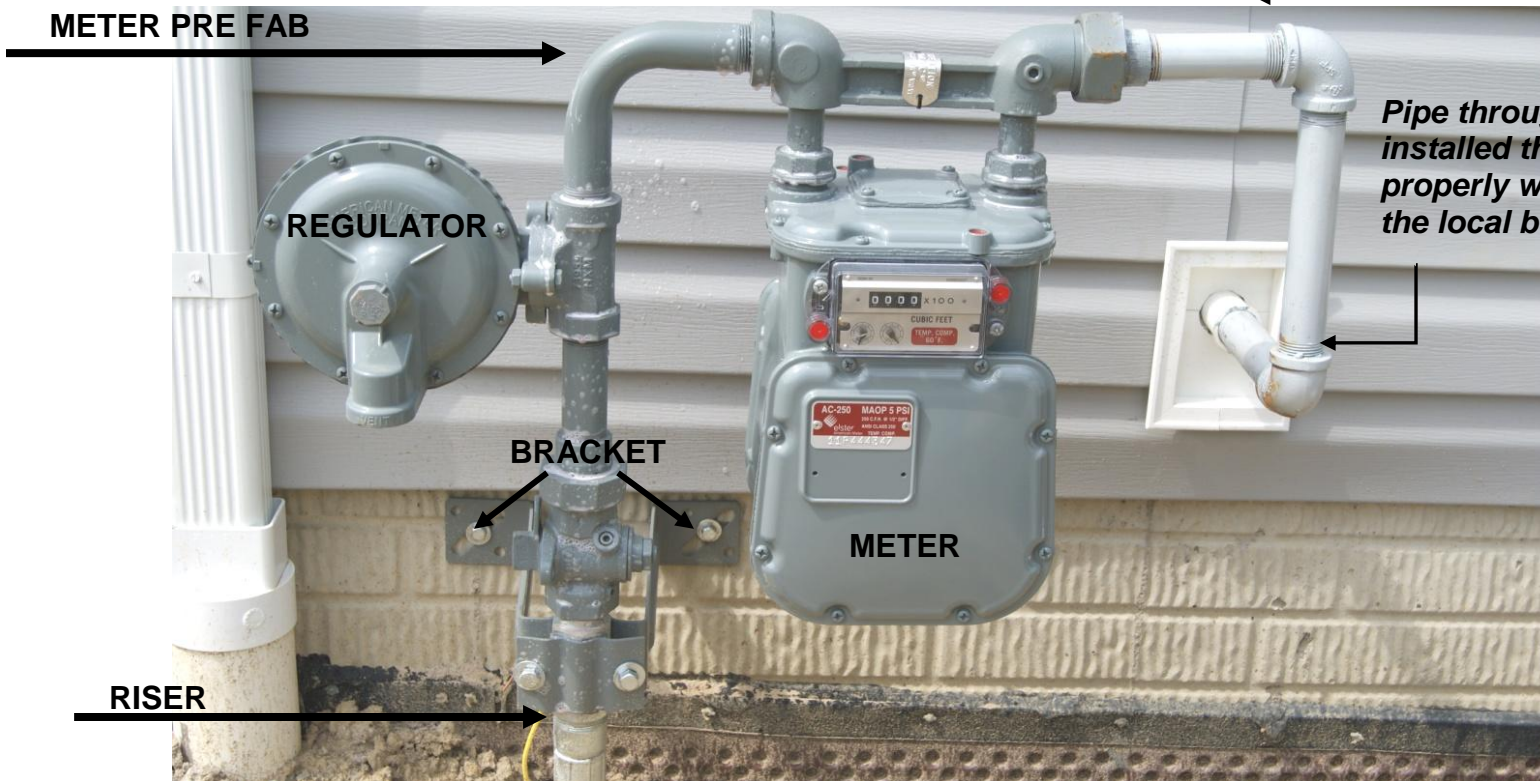
UPL Remarks:

Meter Installation Specifications

Meter should be straight as shown

Shut-Off Valves:
MUST BE A SHUT-OFF VALVE ON THE METER PRE FAB

MINIMUM DISTANCE from meter to a window, vent, electrical unit or air conditioner is:
36 INCHES



Pipe through the wall must be installed through plastic or be properly wrapped according to the local building code.

Bottom of meter must be at least 12 inches above ground level.

Must be a Perfection, Rigid or Flex Riser

NOTE: Installation of Riser is very important. **DO NOT** install with excess weight pulling down on riser or buried service line.

Tracer Wire must be easily found, Wrap it around the Bracket.



INSTRUCTIONS FOR ESTABLISHING NATURAL GAS SERVICE:

1. Fill out and send in your Application Card and Customer Load Profile with your one-time \$25.00 membership fee. You will be invoiced for the Tap Fee, if applicable.
2. Please call 330-498-9130 ext. 317 for further instructions. See service installation video at:

WWW.UTILITYPIPELINELTD.COM

3. Contact a certified HVAC Contractor to have all your internal house plumbing installed with a shut off valve to each natural gas appliance you would like to burn gas. **At least one appliance must be ready to burn gas prior to scheduling your meter set. The contractor must Pressure Test the internal plumbing and leave the "House Line Pressure Test Form" on site or fax into customer service office at 330-498-9137 before a meter can be requested.**
4. **Call UPL's Customer Service at 1-888-863-0032 after your customer service line has been installed and tap into the main line has been completed to schedule the meter installation.** *Note: someone over the age of 18 must be present at the time of meter installation.

