

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



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.

KNOX COOPERATIVE

MEMBERSHIP APPLICATION

NON PROFIT - MEMBER OWNED

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

PO Box 35519
Canton, Ohio 44735-5519

“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

☐ Residential Single Family

☐ Commercial / Industrial _____
Annual Usage

☐ RENTER / LESSEE

☐ Residential Multi – Family - # of units _____

☐ Vacant Lot (Not Eligible for membership)

CHECK ONE:

X _____
Date: _____ Billing Address: _____ Phone: _____
APPLICANTS SIGNATURE

X _____
City: _____ State: _____ Zip: _____
PLEASE PRINT CLEARLY

X _____
Date: _____ Service Address: _____
APPLICANTS SIGNATURE

X _____
City: _____ State: _____ Zip: _____
PLEASE PRINT CLEARLY

Referred By: _____

Cooperative Association (office use only): _____

Date: _____

Referral’s Account Number: _____



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 44735

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

House Line Pressure Test Form

Original Form 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

☐ Under 30 days Dial Test

☐ Over 30 days PSI Test

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:

A. Minster 10/28/24

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

METER PRE FAB

REGULATOR

BRACKET

METER

RISER

*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.

