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
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  
☐ RENTER / LESSEE

☐ Residential Single Family  
☐ Residential Multi – Family - # of units ________  
☐ Commercial / Industrial ________  
☐ Vacant Lot (Not Eligible for membership)  

Annual Usage

CHECK ONE:

Date:  
Billing Address:  
Phone:  

APPLICANTS SIGNATURE  

X___________________________________  

PLEASE PRINT CLEARLY

X___________________________________  

Date:

City:  
State:  
Zip:  

Service Address:

X___________________________________  

APPLICANTS SIGNATURE  

X___________________________________  

PLEASE PRINT CLEARLY

X___________________________________  

Referred By: _________________________________________  
Cooperative Association (office use only):  
Referral’s Account Number: ____________________________  

Date:

City:  
State:  
Zip:  

City:  
State:  
Zip:
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: ___________
House Line Pressure Test Form

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

**PLEASE PRINT**

<table>
<thead>
<tr>
<th>Customer Information</th>
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<tbody>
<tr>
<td>Customer Name:</td>
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<tr>
<td>Address:</td>
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<tr>
<td>Municipality:</td>
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<table>
<thead>
<tr>
<th>Type of Building:</th>
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</thead>
<tbody>
<tr>
<td>☐ Residential Single</td>
</tr>
<tr>
<td>☐ Residential - Multi Family</td>
</tr>
<tr>
<td>☐ Commercial</td>
</tr>
<tr>
<td>☐ Mobile Home</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Number of Meters Required</th>
<th>Meter Size Required</th>
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<tbody>
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<thead>
<tr>
<th>Type of Installation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ New</td>
</tr>
<tr>
<td>☐ Renewed</td>
</tr>
<tr>
<td>☐ Repaired</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>House Line (Exposed - After Meter)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Pressure/Duration: ____________ PSIG ____________ Mins. (Min. 3 PSIG / 15 min)</td>
</tr>
<tr>
<td>Installed and Tested By: ____________ Date: ____________</td>
</tr>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Installing Firm: ________________</td>
</tr>
<tr>
<td>Contact Person: ________________</td>
</tr>
<tr>
<td>Address: ________________________</td>
</tr>
<tr>
<td>Phone Number: ________________</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>UPL Remarks:</th>
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Revised 2/22/12
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.

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

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

Must be a Perfection, Rigid or Flex Riser

NO LANDSCAPING IN FRONT OF THE METER
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.