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|--|---------------|--|------------------------|
| <b>A. COMMERCIAL SERVICE REQUEST</b>   |               |  |                        |
| *SITE ADDRESS: S 25th Avenue   |               | * Contact Person: Oscar R. Villarreal  |                        |
| *SITE Business Name: CDBG-CV HC Health Facility Improvements   |               | *Contact Phone: (956)457-9388  |                        |
| *Customer/Company Name: County of Hidalgo  |               | *Contact E-mail: oscar.villarreal@co.hidalgo.tx.us   |                        |
| *Mailing / Billing Address: 100 East Cano, 2nd Floor   |               | Alt. Contact:  |                        |
| *CITY: Edinburg  | *STATE: Texas | *ZIP: 78539  | *PHONE: (956) 318-2626 |
| *CONTRACT REQUIRED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____  |               |  |                        |
| *B. PLANS SUBMITTED: <input type="checkbox"/> Utility <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Site <input type="checkbox"/> Other _____ |               |  |                        |
| *C. PRESSURE REQUESTED: <input type="checkbox"/> 4 oz / 7" wc <input type="checkbox"/> 5 PSIG <input type="checkbox"/> 15 PSIG** <input checked="" type="checkbox"/> LINE PRESSURE** 2 PSIG    |               |  |                        |
| * D. YARDLINE NEEDED BY: (See Note #1 below)   |               | ** REASON IF ELEVATED LINE PRESSURE IS NEEDED:<br>Equipment operating fuel pressure - standard PSI 2.0 - 5.0 |                        |

| EXISTING BUILDING                      |             |         |       |   | NEW BUILDING           |                        |             |         |       |   |   |
|--|-------------|---------|-------|---|------------------------|------------------------|-------------|---------|-------|---|---|
| E. GAS LOAD (For meter upgrade only) * |             |         |       |   | F. PROPOSED GAS LOAD * |                        |             |         |       |   |   |
| EQUIPMENT                              | Q<br>T<br>Y | BTU/CFH | STDBY |   |                        | EQUIPMENT              | Q<br>T<br>Y | BTU/CFH | STDBY |   |   |
|  |             |         | Y     | N | N                      |                        |             |         | Y     | N | N |
|  |             |         |       |   | x                      | Natural Gas Generator  | 1           | 5,353   | X     |   |   |
|  |             |         |       |   | x                      |                        |             |         |       |   |   |
|  |             |         |       |   | x                      |                        |             |         |       |   |   |
|  |             |         |       |   | x                      |                        |             |         |       |   |   |
|  |             |         |       |   | x                      |                        |             |         |       |   |   |
|  |             |         |       |   | x                      |                        |             |         |       |   |   |
| TOTAL                                  |             |         |       |   |                        | TOTAL                  |             | 5,353   |       |   |   |
| ESTIMATED MINIMUM LOAD                 |             |         |       |   |                        | ESTIMATED MINIMUM LOAD |             |         |       |   |   |

I, the undersigned certify the following: **(Initial beside each note indicating you acknowledge)**

- \_\_\_ 1. Customer is to allow **6-8 weeks for yardline scheduling and installation** from date of acceptance of application see below (+).
- \_\_\_ 2. **Customer is to have stub-out installed, site leveled to final grade, and building walls and roof built, prior to yardline installation.** In addition, customer piping must pass local plumbing inspection and pressure tests, prior to meter installation, as well as be installed at a location that will allow meter to meet safety clearances from other structures as provided in TGS Meter Clearance Detail.
- \_\_\_ 3. If the gas appliances on the customer's piping will not withstand the elevated pressure supplies, the customer shall install properly sized pressure regulation upstream of the appliances.
- \_\_\_ 4. An existing elevated-pressure customer requiring a higher delivery pressure must have the fuel line facilities tested and certified to meet the new MAOP required.
- \_\_\_ 5. All elevated-pressure requests will be reviewed and approved by local Engineering Department prior to yardline and meter installation based on rules and regulations of Texas Gas Service. (\*\*)
- \_\_\_ 6. If a customer uses equipment such as a compressor to increase pressure in fuel line piping, properly designed control equipment shall be installed to protect the Company's gas distribution system (e.g. back-pressure regulator, check valves).
- \_\_\_ 7. Loads greater than 2.7 million BTU require a measurement meter fabricated to individual applications. Installation time is dependent upon material availability.

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|--|--|---|-------------------------|
| Submitted by (print): <b>Oscar Rene Villarreal</b> |  | Representing: <b>Hidalgo County _ Facilities Management</b> |                         |
| Signature:   |  | Title: <b>Director for Facilities Management</b>            | Date: <b>04/12/2022</b> |
| Received by (print):                               |  | Representing: <b>Texas Gas Service</b>                      |                         |
| Signature:   |  | Title: <b>Customer Development</b>                          | Date (+): <b>/ /</b>    |



Please read the Standard Elevated Delivery Pressure REQUIREMENT below:

| Table 1: Standard Elevated Delivery Pressure Guidelines for Systems with Customer Regulators  |   |   |   |
|---|---|---|---|
| Delivery Pressure   | Minimum System Pressure                 | Customer -Required Maximum Design Operating Pressure *  | Minimum Required Test Pressure  |
| 14 inches w.c.  | 2 psig                                  | 2 psig  | 1.5 x customer's Maximum Design Operating Pressure (customer's house line) but not less than 3 psig or local code requirements, whichever is higher |
| 1 psig  | 5 psig                                  | 5 psig  |   |
| 2 psig  | 10 psig                                 | 5 psig  |   |
| 5 psig  | 15 psig                                 | 10 psig over delivery pressure                          |   |
| 10 psig   | 25 psig                                 | 10 psig over delivery pressure                          |   |
| Over 10 psig (in 5 psig increments)   | Coordinate with Asset Capacity Planning | Coordinate with Engineering and Asset Capacity Planning |   |
| Line pressure   | Coordinate with Asset Capacity Planning | Coordinate with Engineering and Asset Capacity Planning |   |
| <p>* Customer-required Maximum Design Operating Pressure refers to the portion of the customer's line that is subjected to the initial delivery pressure from the Company. If overpressure protection or future Company system requirements dictate, the Company may require the customer's line Maximum Design Operating Pressure to be greater than shown in the table.</p> <p><b>NOTE:</b> The minimum test pressure is subject to local code requirements or design requirements, which may require higher test pressures. See International Fuel Gas Code (IFGC).</p> <p><b>NOTE:</b> Where a fixed elevated pressure above 10 psig is supplied, the customer piping design pressure (Maximum Design Operating Pressure) shall be high enough above the delivery pressure to allow for proper operation of regulators and relief valves, including buildup.</p> <p><b>NOTE:</b> When a delivery pressure exceeds 5 psig, the piping must be constructed of all welded steel pipe and fittings without threaded or mechanical fittings.</p> |   |   |   |

|   |  |
|---|--|
| <b>E. PLEASE INDICATE RELATIONSHIP:</b>   |  |
| <input type="checkbox"/> ENGINEER <input type="checkbox"/> DEVELOPER <input type="checkbox"/> PLUMBER <input type="checkbox"/> MECH CONTRACTOR <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> OCCUPANT <input type="checkbox"/> BUILDER <input type="checkbox"/> OTHER: |  |
| <b>IF CITY INSPECTION HAS BEEN PERFORMED:</b>   |  |
| CITY:   |  |
| PERMIT #:   |  |
| <b>IF CITY INPSECTION HAS NOT BEEN PERFORMED:</b>   |  |
| <i>PLEASE INITIAL EACH LINE TO CERTIFY THAT ALL OF THE FOLLOWING REQUIREMENTS WILL BE MET.</i>  |  |
|   | Internal lines with elevated pressure will be clearly marked "ELEVATED PRESSURE".  |
|   | If over pressure protection devices are required, the devices will prevent pressure to gas appliances from exceeding the pressure rating of the equipment.       |
|   | Unless installed with a vent limiting device, every regulator and relief device installed inside shall be vented outside with proper sized pipe.                 |
|   | If non-residential service, attach manufacturer's specifications (or summary) showing operating pressure for each piece of equipment receiving elevated pressure |
| <b>By Signing, you confirm your understanding and acceptance of required terms, Maximum Design Operating Pressure, and Minimum Required Test Pressures, as shown in Table 1.</b>  |  |
| PRINTED NAME: <b>Oscar R. Villarreal</b>  | DATE: <b>04-01-2022</b>  |
| SIGNATURE:  |  |