GAS EQUIPMENT USAGE AND PRESSURE DATA SHEET

(To be completed for all new and increased commercial loads and for all medium pressure requests)

Customer's Name _____ Phone _____
Service Address _____ Date _____
Legal Description _____ Grid _____
Account # _____ Marketing Representative: _____
Architect/Heating Engineer: _____
Contact Person: _____ Phone _____
Temporary _____ Permanent _____ Approximate Date Needed _____

Total Load Breakdown

Quantity	Equipment Type	Individual Equipment Load		Equipment Total Load		Manifold Inlet Operating Pressure
			CFH		CFH	
			CFH		CFH	
			CFH		CFH	
			CFH		CFH	
			CFH		CFH	
			CFH		CFH	
			CFH		CFH	
			CFH		CFH	
			CFH		CFH	

Total Load on Meter _____ CFH

Customer represents that the above information is an accurate listing of all gas-fired equipment intended to be used by the Customer. This information will be used by the Company to determine the size and type of service line and meter needed to serve the Customer. The Customer shall notify the Company of any future load changes. Load changes may require the Company to change the equipment needed to meet the Customer's load demand. It is critical that the Customer inform ENSTAR's Marketing Department before any additional gas-fired equipment is added to the service line. **The Customer will be responsible for any and all costs and damages associated with failure to notify the Company of any load change.**

Load information shown above confirmed accurate by the Customer

Customer's Printed Name_____

Customer Signature_____Date Signed _____

Request for Medium Pressure

Delivery Pressure Requested: _____ 2 PSIG _____ 5 PSIG
Building Use and Occupancy: _____
Reason Medium Pressure is Needed: _____

Approvals

Engineering Approval of Distribution System: _____ Date _____
Medium Pressure Approved: ____ 2 PSIG ____ 5 PSIG _____ Customer Supplies 14" W.C.Regulator Required
Marketing Manager Approval: _____ Date _____
Measurement Supervisor Review: _____ Date _____
Measurement Equipment Required: