



APPLICATION FOR GAS CLEARANCE

GENERAL INFORMATION	1. Clearance No.	2. Revision No. 0	2a. Revision Date / Time	3. Orig Date Sent
	4. Gas Control Center	5. District/Division		6. Job No.
	7. Clearance Supervisor	8a. Office Tel No.	8b. Cell No.	9a. System <input type="checkbox"/> New <input type="checkbox"/> Std

REFERENCE DRAWINGS	10a. Operating Maps with Change No.	
	10b. Operating Diagrams with Change No.	

SCHEDULE OF WORK	11a. Start Date	11b. Start Time	11c. Completion Date	11d. Completion Time	12. Facility Involved
	13. Equipment or Location		14. Service Interruptions <i>(See Page IV, Special Instructions)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No ___ Total No. of Customers		
	15. Description				
	17. Progress Report at Key Communication Steps (*) or not exceed 2 Hours Maximum			18. Special Instructions <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please go to Page V)</i> <i>All Valve Ops must be in the Sequence of Ops. Valve Ops are not to be included in the Special</i>	

AUTHORIZATION OF CLEARANCE			
	NAME	CONTACT NO	TODAY'S DATE
PREPARED BY:			
FIELD SUPERVISOR:			
APPROVED BY GAS CONTROL:			

CLEARANCE:	REVISION:
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Application for Gas Clearance

NOTIFICATIONS REQUIRED <i>(Check those completed by Gas Control)</i>	AGENCY	CONTACT NUMBER	<input checked="" type="checkbox"/> <i>(all that apply)</i>	PERSON NOTIFIED	TIME NOTIFIED	NOTIFIED BY WHOM	COMMENTS
	GAS CONTROL CTR	925-513-4859	<input type="checkbox"/>				
	FLYERS REQUIRED	NO	<input type="checkbox"/>				
	CALL CENTERS		<input type="checkbox"/>				
	AERIAL PATROL		<input type="checkbox"/>				
	AIRPORT		<input type="checkbox"/>				
	LAW ENFORCEMENT		<input type="checkbox"/>				
	FIRE DEPARTMENT		<input type="checkbox"/>				
	AIR QUALITY BOARD		<input type="checkbox"/>				
	PUBLIC RELATIONS		<input type="checkbox"/>				

DISTRIBUTION BY ORIGINATOR <i>(Checked "✓" items are mandatory)</i>	AGENCY	LAN ID	MANDATORY
	SYSTEM GAS CONTROL	GSO SF CLEARANCE	✓
	SYSTEM TRANSMISSION SUPERVISOR	KEITH SLIBSAGER (KAS5)	✓
	OPERATIONS SUPERVISOR	BRAD SPAINHOWER (BSS2)	✓
	BRENTWOOD GAS CONTROL	GSOBOPS1	✓
	CLEARANCE SUPERVISOR		✓
	GT M&C MAINTENANCE SUPERVISOR		
	GT M&C SUPERINTENDENT		
	GAS T & R SUPERVISORS		
	AREA M&C SUPERINTENDENT		
	GE PIPELINE/FACILITY ENGINEER		
	TRANSMISSION SYSTEM PLANNING		
	DIVISION ENGINEERING		
	PROJECT ENGINEER		
ENVIRONMENTAL ENGINEER			

CLEARANCE:	REVISION:
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RELEASED GAS VOLUME REQUIREMENTS

A. Estimated Total Volume of Gas To Be Released During Clearance _____ mcf	B. Was a drafting strategy performed if Box A. is over 250MCF? <input type="checkbox"/> YES <input type="checkbox"/> NO
C. If Box B is checked <u>NO</u> , please explain why.	

RELEASED GAS VOLUMES

D. Starting Pressure Drafting	E. Ending Pressure Drafting	F. Starting Pressure X-Comp	G. Ending Pressure X-Comp
H. Gas Volume Saved from Drafting	I. Gas Volume Saved from X-Comp	J. Gas Volume Blown to Atmosphere (MMCF Unit)	

PURPOSE FOR REVISION CHANGE(S)

Revision No.	Reason for Change				
Reported By	Date & Time	Reported To	Date & Time	Tel No.	Today's Date
Revision No.	Reason for Change				
Reported By	Date & Time	Reported By	Date & Time	Reported By	Date & Time
Revision No.	Reason for Change				
Reported By	Date & Time	Reported By	Date & Time	Reported By	Date & Time

CLEARANCE:

REVISION:



SPECIAL INSTRUCTIONS

Please list Special Instructions below

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
All Valve Operations <u>must be</u> in the "Sequence of Operations" Valve Operations <u>are not</u> to be included in the "Special Instructions"	

** Indicate Key Communication steps with an asterisk (*) for communication and logging between Clearance Supv and Gas Cntrl Ctr*

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A. Will Normal Function of the Facility be Maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain: 	B. Does Gas Control Centers Need to Change SCADA Alarms? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SCADA TAG	SCADA ALARM DESCRIPTION	NORMAL HI-HI SETTING	CLEARANCE HI-HI SETTING	NORMAL LO-LO SETTING	CLEARANCE LO-LO SETTING

Maximum Welding Pressure _____	Maximum Tapping Pressure _____
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(Note: For Welding on Pressurized Pipelines Gauge Designation, Pressure Limits, Frequency of Observation and a Designated Field Employee or Crew to Observe are Required.)

GAUGE DESTINATION <i>(Provided by CS)</i>	LIMITS		FREQUENCY OF OBSERVATIONS	OBSERVED BY <i>(Assigned by CS/Job Supv)</i>
	Low	High		

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SEQUENCE OF OPERATIONS

** Indicate Key Communication steps with an asterisk (*) for communication and logging between Clearance Supv and Gas Cntrl Ctr*

*	OPRN NO.	LOC	OPERATION	VALVE NO.	TAGGED	REMARKS	COMPLETE D BY	TIME/ DATE
*	→					Request Preliminary Clearance <i>(per Clearance Procedure Manual)</i>		
*	→					Request Final Clearance <i>(Day of Job)</i>		
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	3.							
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	23.							
	24.							
	25.							
*	NOTIFY GAS CONTROL CLEARANCE COMPLETE, EQUIPMENT IS RETURNED TO OPERATIONS							
*	SEND VIA FAX OR EMAIL TO GSO SF CLEARANCE AND GSM MAPPING DEPTS REDLINED CHANGES OF OM&D'S							

CLEARANCE: _____ **REVISION:** _____