



MAOP OF GAS SYSTEMS

TD 402P-01-P03

Attachment 3

DIVISION _____
DISTRICT _____

SYSTEM IDENTIFICATION (LIST ALL 504-HIGH PRESSURE AND HIGH PRESSURE SYSTEMS, AND DISTRIBUTION FEEDER MAINS)		MAOP	DISTRICT REGULATOR STATIONS WHICH FEED THIS SYSTEM	LIST STATIONS BY GASPM NUMBER	TYPE OF DOCUMENTATION (SEE KEY 1)	IS MAOP PROPERLY ESTABLISHED? IF NOT DOCUMENTED CORRECT HIGH PRESSURE ACTION TO BE TAKEN (SEE KEY 1)	PROPOSED COMPLETION DATE
SYSTEM	LOCATION						

KEY 1 TYPE OF DOCUMENTATION

- A. Pressure chart or some other written record during five years ending 7/1/70 (enter pressure record date).
- B. Tested per 49 CFR Paragraph 192.619 (a) (2) (enter test date and job #).
- C. Record of pressure at the time of the oldest leak survey records available. (indicate type of record and date).
- D. Upgrade by incremental pressure increase(s) per 49 CFR 192, Paragraph 192.557 (enter date and job #).

KEY 1 TYPE OF DOCUMENTATION (Cont.)

- E. Statement by operating personnel that the pressure during last leak survey is the same as pressure of record (MAOP must be verified by recording pressure during next leak survey -indicate date(s) of survey in "Proposed Completion Date" column).

KEY 1B MAOP CORRECTIVE ACTION

- F. Document MAOP by recording pressure during next leak survey.
- G. Upgrade by incremental pressure increase(s) (per 49 CFR 192, Paragraph 192.557).

Signatures: (Print and Sign)

Date of system revision _____
 Completed by _____ Title _____ Date _____
 Approved by _____ Title _____ Date _____

Revised: 3/31/2010