

GAS

IV. GAS SERVICES

A. SOUTHERN CALIFORNIA GAS COMPANY

1. Table of General Requirements

	Completed Utility Order Request Form	Meter Numbers	Completed Request For Non-Residential Gas Facilities Form (Form 5)	Full-size Site Plan (2 Copies)	Property Parcel Numbers
Transfer billing name to LAUSD	√	√			√
Cancellations/Disconnects	√	√			√
New Service/Meter	√		√		
Service Planning Meeting	√		√	√	√

2. Requirements For Specific Requests

a. Change of Billing Name/Meter Removal/Line Abandonment:

The following needs to be submitted to the Energy Unit:

- Completed *Utility Order Request Form* with appropriate meter numbers and date of when the billing for service should be transferred to LAUSD and/or when disconnection needs to take place.
- Corresponding Property Parcel Numbers.

Procedure Notice: Once the utility order request form is submitted to the Energy Unit, a utility order is generated and submitted to The Gas Co. within five (5) business days. The Gas Co.'s Customer Service Representative then establishes the meter removal date and obtains the contact person's information (OAR), so they can be contacted regarding any technical questions that the Gas Co. might have and to schedule the abandonment of service.

b. Service Planning Meeting:

The following needs to be submitted to the Energy Unit:

- Completed *Utility Order Request Form*.
- Completed *Request for Non-residential Gas Facilities (Form-5)*, with preliminary needs/size, specifying the date of installation.
- Full-size plot plan (2 copies).

III. GAS SERVICES (continued)

A. SOUTHERN CALIFORNIA GAS COMPANY (continued)

c. New Service & Meter:

The following needs to be submitted to the Energy Unit:

- Completed *Utility Order Request Form*
- Completed *Request for Non-residential Gas Facilities (Form-5)* specifying the date of installation.
- If requesting gas pressure of 5 psi or higher, a letter stating the reason/justification for your request must be submitted with the above documents.

Procedure Notice: *Once the utility order request form is submitted to the Energy Unit, a utility order is generated and submitted to the Gas Co. within five (5) business days. Upon receipt of the utility order, the field planner from the Gas Co. will contact the DTM/DM/OAR requesting other supporting documentation (i.e. 2 full-size sets of plot plans), clarification, scheduling and/or technical questions related to the project.*

A completed Gas Installation Bid, fully executed Service Contract and payment is required before design/engineering services are rendered. The Gas Installation Bid provides two options for the DTM/DM/OAR:

Option A: *The Gas Company is selected as the installer of all required gas services.*

Option B: *The District's Contractor is selected as the installer of all required gas services.*

Once the DTM/DM/OAR selects Option A or B, the OAR must submit a copy of the plot plans that indicate that either the Gas Co. or the Contractor installs the service to the Energy Unit. If a plot plan is not found, then a copy of the Contractor's contract will be required.

*Upon Ken Davis' review of the supporting documentation for the selection of Option A or B, approval and signature, the signed Gas Installation Bid is sent to the Gas Co. for processing. As the Principal Energy Analyst, Kenneth J. Davis is the person who has the Power of Attorney to enter into contracts with the utility company's on behalf of LAUSD. He is the **only** person authorized to sign the Gas Co. Installation Bids and contracts.*

Upon receipt of the signed installation bid, The Gas Co. submits a Service Contract/Invoice to the Energy Unit. If the OAR receives the invoice/contract, he/she should immediately forward it to the Energy Unit for processing. Upon Ken Davis' approval and signature, the Energy Unit processes the invoice for payment.

Once the Energy Unit receives the check, the signed contract and check is mailed to the Gas Co. for processing. Upon receipt of payment, the Gas Co. schedules job for installation.

III. GAS SERVICES (continued)

A. SOUTHERN CALIFORNIA GAS COMPANY (continued)

The average time frame for service requests after the receipt of payment are as follows:*

<i>Removal of Meters:</i>	<i>10-15 business days</i>
<i>Abandonment and removal of lines and services:</i>	<i>30-60 days</i>
<i>Installation of new service:</i>	<i>60-90 days</i>

** Please note that these time frames are subject to change at any time according to the specific project and the Department's work load.*

3. Forms

- a. Attachment D - Request for Non-Residential Gas Facilities (Form 5)
- b. Attachment E - Guide to Completing Non-Residential Gas Facilities

(see attached)



REQUEST FOR NON-RESIDENTIAL GAS FACILITIES

Return Via Fax #:

For Gas Co. Use Only
 AE Acct. Contact Rep
 Yes No TP



ATTN:
 Mailing Address:

Phone #:
 CA

Project #:
 Application Received Date:

PROJECT INFORMATION

PROJECT LOCATION	CITY
COUNTY	CROSS STREET

APPLICANT INFORMATION

NAME (As it should appear on Contract) Los Angeles Unified School District	SOCIAL SECURITY # / TAX ID 95-600-1908	DAY PHONE # (w/area code)	
STREET ADDRESS (Include Apt/Suite, or Bldg Info – No P.O. Box) 333 S. Beaudry Avenue	CITY Los Angeles	STATE CA	ZIP CODE 90017
PARENT COMPANY NAME (if different)			
MAILING ADDRESS (If different than street address)	CITY	STATE	ZIP CODE
CONTACT NAME & TITLE Kenneth J. Davis	DAY PHONE # (w/area code) (213) 241-0334	FAX # (w/area code) (213) 241-5208	
EMAIL ADDRESS ken.davis@lausd.net	MOBILE # (w/area code)	PGR # (w/area code)	

CONSTRUCTION CONTACTS

NAME	TITLE	EMAIL ADDRESS	DAY # (w/AC)	FAX # (w/AC)

TYPE OF GAS INSTALLATION REQUESTED: Main Service(s) Meter(s) Stubs

PREFERRED METHOD OF INSTALLATION: Applicant Provided Joint Trench Gas Company Provided Gas Only Trench
 Applicant Provided Gas Only Trench

ESTIMATED GAS INSTALLATION START DATE: _____

TYPE OF CONSTRUCTION: New Existing, (account #: _____)

The following equipment information is **REQUIRED** to process your Application.

LOAD INFORMATION (Please indicate the gas equipment being installed and the associated load. Prepare a separate form for each meter):

List All Equip. (New and Existing)	N e w	E x i s t i n g	Q u a n t i t y	Equip Input per Unit (MBTU/hr.)	Operating Schedule			Type of Alternate Fuel (If applicable)	Equipment Function	
					(Hrs/Day)	(Days/Wk)	(Wks/Yr)			
Example	X		Boiler	1	2,500	8	5	34	Propane	Space Heating
Item 1										
Item 2										
Item 3										
Item 4										
Item 5										
Item 6										
Item 7										

*If additional space is needed, please add another copy of this page.

Gas Pressure Requested: 8" Water Column (Standard): 5 lbs. Other: _____

Please provide Gas Company Representative if known: _____

Please provide me with additional information on: Applicant Design Applicant Install

Application Submitted By:	Title:	Date:
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Guide to Completing the REQUEST FOR NON-RESIDENTIAL GAS FACILITIES

Note: Unless otherwise noted, all information is **REQUIRED** to process your request for new gas facilities.
If you have any questions, your Gas Company Representative will be glad to assist you.

PROJECT INFORMATION - Refers to the site where the new gas facility will be located.

Project Location: may be a street address or a property address.

City, County: of the above project location.

Cross Street: nearest to the above project location.

APPLICANT INFORMATION - Refers to the individual or business financially responsible for installation of new gas facilities.

Name: the legal name as it should appear on the contact (individual or business name).

Day Phone #: of the above individual or business.

Street Address, City, State, and Zip Code: of the above responsible party.

Mailing Address: if different than street address.

Contact Name and Title: the individual The Gas Company should contact regarding the project; does not have to be the person signing the contract.

Day Phone #, FAX #: for the above contact, if different from individual or business listed above.

Pager #, Mobile #, E-Mail Address: optional.

CONSTRUCTION CONTACTS (This section is optional.) - Refers to individuals other than the above contact who The Gas Company may need to contact during construction of gas facilities.

May include architects, mechanical engineers, construction supervisors, etc.

Name and Title: the individual The Gas Company should contact.

Day Phone #: the phone number where the construction contact may be reached during the day.

Please note if this number is a mobile phone or pager.

Fax Number: optional.

TYPE OF GAS INSTALLATION - Asks for additional information to plan the new gas facility

Preferred Method of Installation: indicate, as appropriate.

Estimated Gas Installation Start Date: the date by which gas must be available to the project.

Type of Business: please select one option only, based on primary SIC Code.

Commercial: SIC Codes 4000 and above

Food Service: SIC Codes 5811 or 5812

Industrial: SIC Codes 1000 - 3999

Type of Construction: New - if no meter currently serves the building

Existing - if new load is being added to an existing meter, include account #.

LOAD INFORMATION - Refers to the natural gas appliances that will be installed and the associated load.

Please enter all equipment whether new or in existing use. For each equipment type, indicate the

quantity of identical pieces and the equipment input per unit. The operating schedule should

apply to the specific type of equipment, not necessarily the operating schedule of the business. If

type of alternate fuel, such as propane, can be used to operate the equipment, indicate so.

Finally, please specify the equipment function.

Gas Pressure Requested: If equipment, load, or facilities demand gas pressure higher than standard (8" water column), please indicate the desired pressure. Pressure requests must be reviewed by Gas Company Engineering prior to approval.

Gas Company Rep.: if you have worked with a Gas Company Representative on this or a prior project, please provide his or her name.

Additional Information: Please check the appropriate box if you would like additional information on Applicant Design or Applicant Install.