

1964 122ND ST-HELEN TWSHP (PLATO)
 PLATO SUBSTATION/KOCH PIPELINE

KOCH PIPELINE IS REQUESTING OVERHEAD 3
 PH INSTALLED TO THEIR SITE. WILL BE A
 PRIMARY METERING CUSTOMER.

NEW OVERHEAD FEEDER WILL BE LABELED
 PLA023

NEW 3 PH FEEDER TO ATTACH TO TOP ARMS
 OF TRANSMISSION TOWERS AND FROM EAST
 SIDE OF CR 9, STRING IN 2-336 26/7
 CONDUCTOR.

TROY @ 612-710-7951

MAPPING NOTES:
 IN ORDER TO SHOW CONNECTIVITY,
 DESIGNER HAD TO ADD POLES SINCE
 THE TRANSMISSION POLES ARE NOT
 EDITABLE OBJECTS. ALL NEW 3 PH
 WIRE EXCEPT FOR THE 4 NEW POLES
 OUT OF THE SUB ARE EXISTING
 TRANSMISSION STRUCTURES.

INSTALL NEW 40-3 DOUBLE
 DEADEND POLE. NOTE THIS
 POLE HAS TO BE A 40' POLE
 PER TRANSMISSION.
 JUMPER UP TO EAST TAKE
 OFF.

ATTACH TO EXISTING TOP ARM
 ON EXISTING TRANSMISSION
 POLES.

INSTALL NEW
 45-3, TANGENT
 SWITCH POLE.

SPAN 80' 336
 ACSR 26/7

SPAN 195' 336
 ACSR 26/7

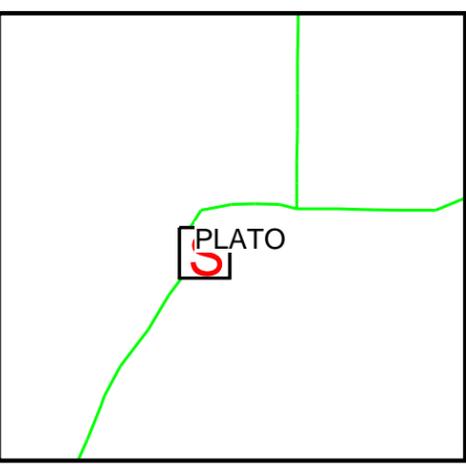
SPAN 77' 336
 ACSR 26/7

INSTALL NEW
 40-3 DOUBLE
 DEADEND POLE
 IN LINE WITH
 EXISTING
 FEEDER.
 JUMPER DOWN

INSTALL NEW 40-3 DOUBLE
 DEADEND POLE IN LINE WITH
 EXISTING FEEDER. EXIT
 SUBSTATION ON BOTTOM
 ARM, JUMPER TO TOP ARM
 TAKING OFF TO THE EAST.

SPAN 82' 336
 ACSR 26/7

NOTE: FUSE BYPASS
 30T WHEN IN USE



SKETCH 1 OF 3

Work Order Information	
Service Request #	: 01318288
Design Number	: 0000541359 2
Designer/Planner ID	: 209179
Designer/Planner Name	: Miller, Troy
Designer/Planner Ph #	: (952) 470-3358
Manager Approval	: _____

Joint Utility	
E:	G:
T:	C:

Design Location	
Division	: Minnetonka
County	: MCLEOD
City	: HELEN TWSHP
Address	: PLATO SUBSTATION
T: 115N R: 27W S: 2	
Map # : D59018	Permit : _____

Electric	
Feeder: PLA023	Voltage: 12470/7200
Phase: ABC	Bkup Dev ID: _____

Gas	
System :	Pressure :
Size :	Material :
Dead End :	

Work Order # : _____

Date: 11/08/2016
 Sketch: 1 Of 3 Sketch Data
 Scale: 1" equals 91'



CONSTRUCTION USE ONLY

- NO CHANGES (BUILT AS DESIGNED)
- CHANGES MADE AS INDICATED
 (ALL URD MUST HAVE ACTUAL
 MEASUREMENTS FROM THE FIELD SITE)

RFO _____
 FOREMAN _____ DATE _____
 TEAM LEADER _____

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