

City of Liberty

P.O. Box 127 • Liberty, KY 42539

February 15, 2018

Kentucky Public Service Commission
211 Sower Boulevard
P.O. Box 615
Frankfort, KY 40602

RECEIVED

FEB 20 2018

Public Service
Commission

Re: Case No. 2017-00053

Dear Commission,

The leakage survey for the Liberty Gas System was completed by Heath Consultants in August 2017. During the survey, fourteen (14) grade 2 leaks were discovered in Liberty's gas system. Liberty Gas System has previously submitted a leakage repair report for one (1) leak found. Included in this letter, you will find five (5) more leakage repair reports from the Liberty Gas System as well as the Field Report from Heath Consultants.

The remaining leakage repairs are on schedule to be repaired within the 6 month time frame. Repair reports will be sent to the Commission as soon as they are repaired.

Please contact me at 606-787-9973 or libertybb@windstream.net for any questions or concerns.

Sincerely,



Bridgett Blake, City Clerk
City of Liberty, Kentucky



City Hall
(606) 787-9973

Utilities
(606) 787-6691

Fax (606) 787-7992

TDD # 1-800-247-2510





Heath Consultants Incorporated
9030 Monroe Road, Houston, TX 77061

Fixed

Page No. 1

Date 8-21-17

Status (Circle Status) Pos Neg.

Leak Indication Classification (Circle Leak Indication)
1 2 3

TIME REPORTED

1 LEAK ONLY

**LEAKAGE CONTROL REPORT
FIELD SURVEY**

Company CITY OF LIBERTY District _____

City LIBERTY State KY

Nearest Street Address

5917 KY 49

TYPE OF GAS	
Natural	<input checked="" type="checkbox"/>
Manuf.	
L.P.	
Other	

PIPE DESIGNATION	
Distribution	<input checked="" type="checkbox"/>
Transmission	
Gathering	
Other	

LEAK INDICATION FIRST DETECTED (AT) (IN) (BY)	
Atmosphere	<u>RMLD</u> <input checked="" type="checkbox"/>
Bar Hole Test	
Man Hole	
Pit (Reg. or Meter)	
Valve Box	
Main Valve	
Curb Valve	
Meter Box	<u>RMLD</u> <input checked="" type="checkbox"/>
Underground Fuel Tank	
Selected Test	

METHOD OF SURVEY	
Vegetation	
Portable FI DPID	<input checked="" type="checkbox"/>
Mobile FI	
Bar Hole	
Other	<u>RMLD</u> <input checked="" type="checkbox"/>

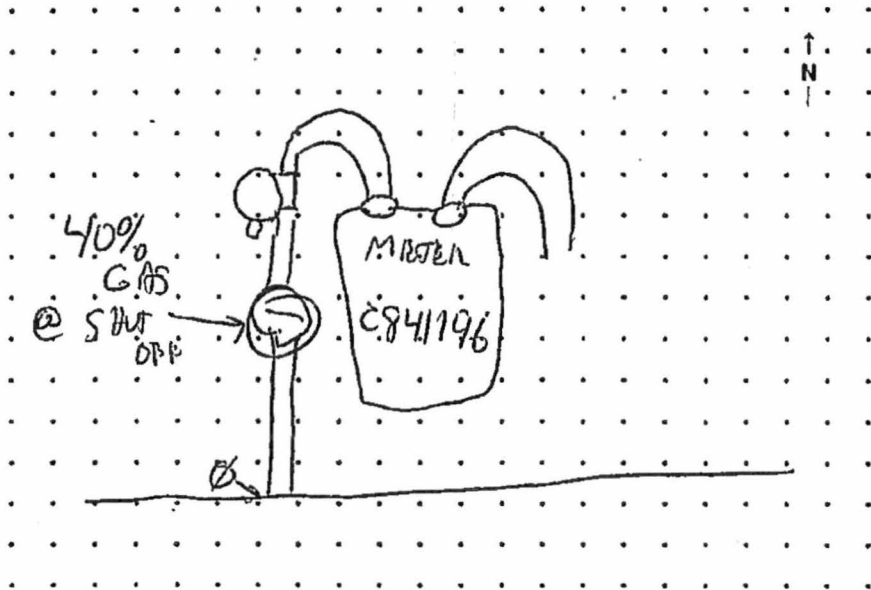
PRESSURE	
High	
Intermediate	<input checked="" type="checkbox"/>
Low	

LEAK INDICATION APPEARS TO BE AT:	
Main	
Service	<input checked="" type="checkbox"/>
Service Tap	
Main At Tie In	
Drip	
Meter	
Curb Valve	
Main Valve	
Other	

CGI TEST	
Positive	<input checked="" type="checkbox"/>
Negative	

LEAK INDICATION (Vegetation Only)	
Trees	
Shrubs	
Grass	
Lawn	
Weeds	
Odor	
Other	

LOCATION OF PIPE	
Street	
Between St. & Sidewalk	
Under Sidewalk	
Lawn	<input checked="" type="checkbox"/>
Easement	
R.O.W.	
Other	



Remarks 40% GAS AT SHUT OFF VALVE ON ALBA.

COVER	
Concrete	
Asphalt	
Brick	
Gravel	
Soil	
Other	

Client Representative _____ JONATHAN MORGAN Heath Consultant



LEAK REPORT

White/System/LOS
Yellow/Central/NR
Pink/Pending/Until Repaired

Upgrading
Copy/Work Order File/LOS

Date Discovered: 8-21-17 Resurvey Date(s): _____

Leak Class: 1 2 3 Facility Classification: Distribution Main Gathering Line
 Service Line Transmission Line
 Meter Installation Regulator Station

Submitted By: _____

Leak Location: 5917 Ky 49

Map Sheet Number: _____ GPS Latitude: _____
 VIP Pipeline Designation: _____ Longitude: _____

How Discovered: Leak Survey Patrol Other - Explain: _____

Date Repaired: 2-9-18 Repaired By: Darren Atwood

Cause of Leak: **Corrosion** **Incorrect Operations** **Other Outside Force**

Atmospheric Human Error External Loading
 External Ineffective Procedures Fire/Explosion
 Internal (Send Pipe Sample to Director-Technical Services) Vandalism
 Vehicle
 Other - Explain: _____

Natural Forces **Equipment** **Material and Welds**

Earthquake Excess Flow Valve Directional Fitting
 Earth/Rock Movement Filter Flange
 Flood Flow/Pressure Controller Mechanical Fitting
 Frost Heave Heater Pipe
 Landslide Meter Casing Plastic Fusion Coupling
 Lightning Odorizer Plastic to Plastic
 Subsidence Regulator/Relief Valve Compression Coupling
 Tornado Thread Plastic to Steel Transition
 Washout Valve Screw Fitting
 Other Other - Explain: _____ Tap-Tee
 Workmanship Defect
 Other - Explain: _____

Brittleness - Crack/Split (Send Pipe Sample to Manager-Construction) Excavation
 Name of Excavator: _____
 Result of Previous Damage: Yes No

Other - Explain: _____

Pipe Size: _____ Pipe Condition: Good Fair Poor

Pipe Type: Plastic: Aldyl A Plexco PE 2406 Other Steel: Threaded Welded

Cathodically Protected: Yes No Cathodic Protection P/S Reading: _____

Type of Coating: Bare Millwrap Plastic X-Tru Coat Thin Film
 (Steel Only) Other - Explain: _____

Coating Condition: Satisfactory Unsatisfactory Year Pipe Installed: _____

Steel Pipe Condition Report Number: _____ Original Work Order Number: _____

Repair Method: Replaced Leak Clamp Other - Explain: _____

Test Method: Leak (Fittings) Pressure _____ Psig _____ Duration
 (Reinstated Service Lines Only)

Approved By: Darren Atwood



Heath Consultants Incorporated
8030 Monroe Road, Houston, TX 77061

Fixed

Page No. 6
Date 8-24-17
Status (Circle Status) Pos. Neg.
Leak Indication Classification (Circle Leak Indication)
1 2 3
TIME REPORTED
1 LEAK ONLY

LEAKAGE CONTROL REPORT
FIELD SURVEY

Company CITY OF LIBERTY District _____
City LIBERTY State KY
Nearest Street Address _____

163 HUSTONVILLE ST

TYPE OF GAS	
Natural	<input checked="" type="checkbox"/>
Manuf.	
L.P.	
Other	

PIPE DESIGNATION	
Distribution	<input checked="" type="checkbox"/>
Transmission	
Gathering	
Other	

LEAK INDICATION FIRST DETECTED (AT) (IN) (BY)		
Atmosphere	<u>RMLD</u>	<input checked="" type="checkbox"/>
Bar Hole Test		
Man Hole	<u>RMLD</u>	<input checked="" type="checkbox"/>
Pit (Reg. or Meter)		
Valve Box		
Main Valve		
Curb Valve		
Meter Box		
Underground Fuel Tank		
Selected Test		

METHOD OF SURVEY	
Vegetation	
Portable FT	<u>DP/A</u> <input checked="" type="checkbox"/>
Mobile F.I.	
Bar Hole	
Other	<u>RMLD</u> <input checked="" type="checkbox"/>

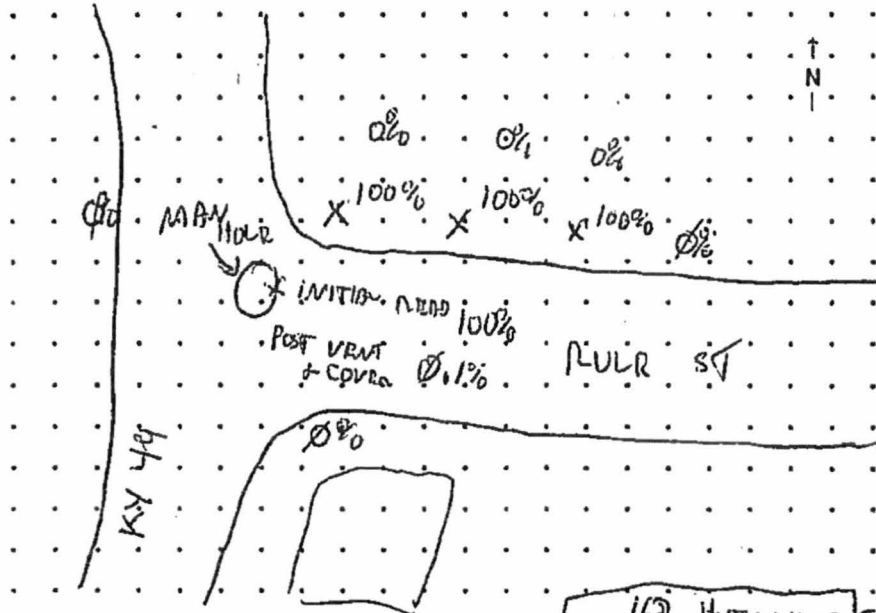
PRESSURE	
High	
Intermediate	<input checked="" type="checkbox"/>
Low	

LEAK INDICATION APPEARS TO BE AT:	
Main	<input checked="" type="checkbox"/>
Service	
Service Tap	
Main At Tie In	
Drip	
Meter	
Curb Valve	
Main Valve	
Other	

CGI TEST	
Positive	<input checked="" type="checkbox"/>
Negative	

LEAK INDICATION (Vegetation Only)	
Trees	
Shrubs	
Grass	
Lawn	
Weeds	
Odor	
Other	

LOCATION OF PIPE	
Street	<input checked="" type="checkbox"/>
Between St. & Sidewalk	
Under Sidewalk	
Lawn	<input checked="" type="checkbox"/>
Easement	
R.O.W.	
Other	



Remarks _____

INITIALLY FOUND 100% GAS IN MANHOLE. AFTER LOCAL CROW VENTED MANHOLE AND DUE UP SOIL AT EDGE OF ROAD @ OTHER INDICATIONS, WAITED 20 MINUTES, THEN RECOVERED MANHOLE FOR 40 MINUTES, THEN TOOK SAMPLE READING SHOWING 0.1% GAS.

COVER	
Concrete	
Asphalt	<input checked="" type="checkbox"/>
Brick	
Gravel	<input checked="" type="checkbox"/>
Soil	<input checked="" type="checkbox"/>
Other	

JONATHAN MASAREK
Heath Consultant

Client Representative _____



LEAK REPORT

White/System/LOS
Yellow/Central/NR
Pink/Pending/Until Repaired

Uprating
Copy/Work Order File/LOS

Date Discovered: 8-24-17 Resurvey Date(s): _____

Leak Class: 1 2 3 Facility Classification: Distribution Main Gathering Line
 Service Line Transmission Line
 Meter Installation Regulator Station

Submitted By: _____

Leak Location: 163 Hustonville St

Map Sheet Number: _____ GPS Latitude: _____
 VIP Pipeline Designation: _____ Longitude: _____

How Discovered: Leak Survey Patrol Other - Explain: _____

Date Repaired: 2-9-18 Repaired By: Darren Atwood Greg Rodgers

Cause of Leak: **Corrosion** Atmospheric
 External
 Internal
 (Send Pipe Sample to Director-Technical Services)

Incorrect Operations
 Human Error
 Ineffective Procedures

Other Outside Force
 External Loading
 Fire/Explosion
 Vandalism
 Vehicle
 Other - Explain: _____

Natural Forces
 Earthquake
 Earth/Rock Movement
 Flood
 Frost Heave
 Landslide
 Lightning
 Subsidence
 Tornado
 Washout
 Other _____

Equipment
 Excess Flow Valve
 Filter
 Flow/Pressure Controller
 Heater
 Meter Casing
 Odorizer
 Regulator/Relief Valve
 Thread
 Valve
 Other - Explain: _____

Material and Welds
 Directional Fitting
 Flange
 Mechanical Fitting
 Pipe
 Plastic Fusion Coupling
 Plastic to Plastic Compression Coupling
 Plastic to Steel Transition
 Screw Fitting
 Tap Tee
 Workmanship Defect
 Other - Explain: _____

Brittleness - Crack/Split
 (Send Pipe Sample to Manager-Construction)

Excavation
 Name of Excavator: _____
 Result of Previous Damage: Yes No

Other - Explain: _____

Pipe Size: 11" Pipe Condition: Good Fair Poor

Pipe Type: Plastic: Atdyl A Plexco PE 2406 Other Steel: Threaded Welded

Cathodically Protected: Yes No Cathodic Protection P/S Reading: _____

Type of Coating: Bare Millwrap Plastic X-Tru Coat Thin Film
 (Steel Only) Other - Explain: _____

Coating Condition: Satisfactory Unsatisfactory Year Pipe Installed: _____

Steel Pipe Condition Report Number: _____ Original Work Order Number: _____

Repair Method: Replaced Leak Clamp Other - Explain: _____

Test Method: Leak (Fittings) Pressure _____ Psig _____ Duration _____
 (Reinstated Service Lines Only)

Approved By: [Signature]



Heath Consultants Incorporated
9030 Monroe Road, Houston, TX 77061

Fixed

Page No. 8
Date 8-25-12
Status (Circle Status) Pos. Neg.
Leak Indication Classification (Circle Leak Indication)
1 2 3
TIME REPORTED
1 LEAK ONLY

**LEAKAGE CONTROL REPORT
FIELD SURVEY**

Company CITY OF LIBERTY District _____
City LIBERTY State KY
Nearest Street Address _____

1.677 MAIL ST

TYPE OF GAS	
Natural	<input checked="" type="checkbox"/>
Manuf.	<input type="checkbox"/>
L.P.	<input type="checkbox"/>
Other	<input type="checkbox"/>

PIPE DESIGNATION	
Distribution	<input checked="" type="checkbox"/>
Transmission	<input type="checkbox"/>
Gathering	<input type="checkbox"/>
Other	<input type="checkbox"/>

LEAK INDICATION FIRST DETECTED (AT) (IN) (BY)	
Atmosphere	<input type="checkbox"/>
Bar Hole Test	<input type="checkbox"/>
Man Hole	<input type="checkbox"/>
Pit (Reg. or Meter)	<input type="checkbox"/>
Valve Box	<input type="checkbox"/>
Main Valve	<input type="checkbox"/>
Curb Valve	<input type="checkbox"/>
Meter Box <i>RMLD</i>	<input checked="" type="checkbox"/>
Underground Fuel Tank	<input type="checkbox"/>
Selected Test	<input type="checkbox"/>

METHOD OF SURVEY	
Vegetation	<input type="checkbox"/>
Portable FT <i>CGI</i>	<input checked="" type="checkbox"/>
Mobile FI	<input type="checkbox"/>
Bar Hole	<input type="checkbox"/>
Other <i>RMLD</i>	<input checked="" type="checkbox"/>

PRESSURE	
High	<input type="checkbox"/>
Intermediate	<input checked="" type="checkbox"/>
Low	<input type="checkbox"/>

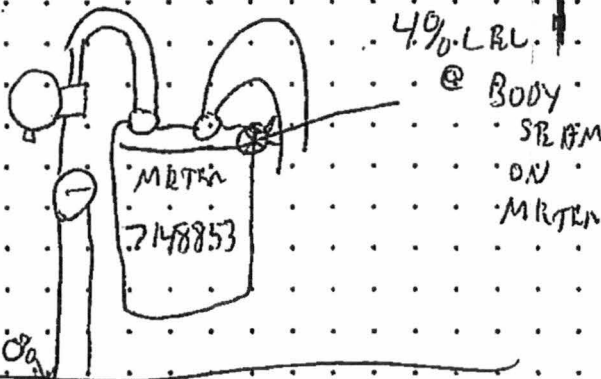
LEAK INDICATION APPEARS TO BE AT:	
Main	<input type="checkbox"/>
Service	<input type="checkbox"/>
Service Tap	<input type="checkbox"/>
Main At Tie In	<input type="checkbox"/>
Drip	<input type="checkbox"/>
Meter	<input checked="" type="checkbox"/>
Curb Valve	<input type="checkbox"/>
Main Valve	<input type="checkbox"/>
Other	<input type="checkbox"/>

CGI TEST	
Positive	<input checked="" type="checkbox"/>
Negative	<input type="checkbox"/>

LEAK INDICATION (Vegetation Only)	
Trees	<input type="checkbox"/>
Shrubs	<input type="checkbox"/>
Grass	<input type="checkbox"/>
Lawn	<input type="checkbox"/>
Weeds	<input type="checkbox"/>
Odor	<input type="checkbox"/>
Other	<input type="checkbox"/>

LOCATION OF PIPE	
Street	<input type="checkbox"/>
Between St. & Sidewalk	<input type="checkbox"/>
Under Sidewalk	<input type="checkbox"/>
Lawn	<input checked="" type="checkbox"/>
Easement	<input type="checkbox"/>
R.O.W.	<input type="checkbox"/>
Other	<input type="checkbox"/>

COVER	
Concrete	<input type="checkbox"/>
Asphalt	<input type="checkbox"/>
Brick	<input type="checkbox"/>
Gravel	<input type="checkbox"/>
Soil	<input type="checkbox"/>
Other	<input type="checkbox"/>



Remarks 4% LRL ON BODY SEAM ON METER
(ON SIDE TOP EDGE, RIGHT SIDE)
NO OTHER INDICATION

JONATHAN MASARUK
Heath Consultant

Client Representative



LEAK REPORT

White/System/LOS
Yellow/Central/NR
Pink/Pending/Until Repaired

Upgrading
Copy/Work Order File/LOS

Date Discovered: 8-25-17 Resurvey Date(s): _____

Leak Class: 1 2 3 Facility Classification: Distribution Main Gathering Line
 Service Line Transmission Line
 Meter Installation Regulator Station

Submitted By: _____

Leak Location: 167 Wall St

Map Sheet Number: _____ GPS Latitude: _____
 VIP Pipeline Designation: _____ Longitude: _____

How Discovered: Leak Survey Patrol Other - Explain: _____

Date Repaired: 2-9-18 Repaired By: Darren Atwood

Cause of Leak: **Corrosion** **Incorrect Operations** **Other Outside Force**

Atmospheric Human Error External Loading
 External Ineffective Procedures Fire/Explosion
 Internal (Send Pipe Sample to Director-Technical Services) Vandalism
 Vehicle
 Other - Explain: _____

Natural Forces **Equipment** **Material and Welds**

Earthquake Excess Flow Valve Directional Fitting
 Earth/Rock Movement Filter Flange
 Flood Flow/Pressure Controller Mechanical Fitting
 Frost Heave Heater Pipe
 Landslide Meter Casing Plastic Fusion Coupling
 Lightning Odorizer Plastic to Plastic
 Subsidence Regulator/Relief Valve Compression Coupling
 Tornado Thread Plastic to Steel Transition
 Washout Valve Screw Fitting
 Other Other - Explain: Bad meter Tap-Tee
 Workmanship Defect
 Other - Explain: _____

Brittleness - Crack/Split (Send Pipe Sample to Manager-Construction) Excavation
 Name of Excavator: _____
 Result of Previous Damage: Yes No

Other - Explain: _____

Pipe Size: _____ Pipe Condition: Good Fair Poor

Pipe Type: Plastic: Aldyl A Plexco PE 2406 Other Steel: Threaded Welded

Cathodically Protected: Yes No Cathodic Protection P/S Reading: _____

Type of Coating: Bare Millwrap Plastic X-Tru Coat Thin Film
 (Steel Only) Other - Explain: _____

Coating Condition: Satisfactory Unsatisfactory Year Pipe Installed: _____

Steel Pipe Condition Report Number: _____ Original Work Order Number: _____

Repair Method: Replaced Leak Clamp Other - Explain: _____

Test Method: Leak (Fittings) Pressure _____ Psig _____ Duration
 (Reinstated Service Lines Only)

Approved By: Dan Atwood



Heath Consultants Incorporated
9030 Monroe Road, Houston, TX 77061

Fixed

Page No. 11
Date 8-29-27
Status (Circle Status) Pos Neg.
Leak Indication Classification (Circle Leak Indication)
1 2 3

**LEAKAGE CONTROL REPORT
FIELD SURVEY**

TIME REPORTED
1 LEAK ONLY

Company CITY OF LIBERTY District _____
City LIBERTY State KY
Nearest Street Address _____

2277 ADAMS ST

TYPE OF GAS	
Natural	<input checked="" type="checkbox"/>
Manuf.	<input type="checkbox"/>
L.P.	<input type="checkbox"/>
Other	<input type="checkbox"/>

PIPE DESIGNATION	
Distribution	<input checked="" type="checkbox"/>
Transmission	<input type="checkbox"/>
Gathering	<input type="checkbox"/>
Other	<input type="checkbox"/>

LEAK INDICATION FIRST DETECTED (AT) (IN) (BY)		
Atmosphere	<u>RMLD</u>	<input checked="" type="checkbox"/>
Bar Hole Test		<input type="checkbox"/>
Man Hole		<input type="checkbox"/>
Pit (Reg. or Meter)		<input type="checkbox"/>
Valve Box		<input type="checkbox"/>
Main Valve		<input type="checkbox"/>
Curb Valve		<input type="checkbox"/>
Meter Box	<u>RMLD</u>	<input checked="" type="checkbox"/>
Underground Fuel Tank		<input type="checkbox"/>
Selected Test		<input type="checkbox"/>

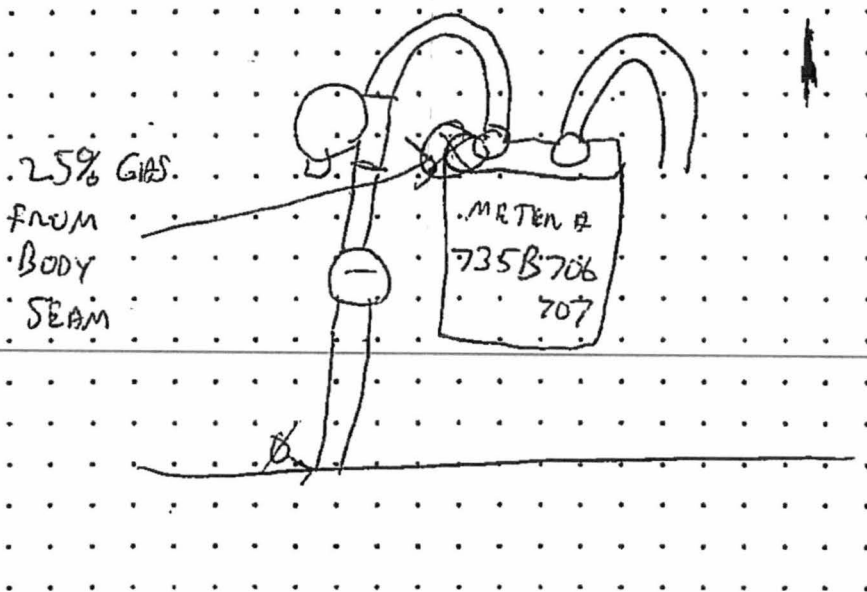
METHOD OF SURVEY	
Vegetation	<input type="checkbox"/>
Portable Gas <u>NOIA</u>	<input checked="" type="checkbox"/>
Mobile FI	<input type="checkbox"/>
Bar Hole	<input type="checkbox"/>
Other <u>RMLD</u>	<input checked="" type="checkbox"/>

PRESSURE	
High	<input type="checkbox"/>
Intermediate	<input checked="" type="checkbox"/>
Low	<input type="checkbox"/>

LEAK INDICATION APPEARS TO BE AT:	
Main	<input type="checkbox"/>
Service	<input type="checkbox"/>
Service Tap	<input type="checkbox"/>
Main At Tie In	<input type="checkbox"/>
Drip	<input type="checkbox"/>
Meter	<input checked="" type="checkbox"/>
Curb Valve	<input type="checkbox"/>
Main Valve	<input type="checkbox"/>
Other	<input type="checkbox"/>

CGI TEST	
Positive	<input checked="" type="checkbox"/>
Negative	<input type="checkbox"/>

LEAK INDICATION (Vegetation Only)	
Trees	<input type="checkbox"/>
Shrubs	<input type="checkbox"/>
Grass	<input type="checkbox"/>
Lawn	<input type="checkbox"/>
Weeds	<input type="checkbox"/>
Odor	<input type="checkbox"/>
Other	<input type="checkbox"/>



LOCATION OF PIPE	
Street	<input type="checkbox"/>
Between St. & Sidewalk	<input type="checkbox"/>
Under Sidewalk	<input type="checkbox"/>
Lawn	<input checked="" type="checkbox"/>
Easement	<input type="checkbox"/>
R.O.W.	<input type="checkbox"/>
Other	<input type="checkbox"/>

Remarks 25% GAS FROM LEFT SIDE OF SEAM ON BODY OF METER

COVER	
Concrete	<input type="checkbox"/>
Asphalt	<input type="checkbox"/>
Brick	<input type="checkbox"/>
Gravel	<input type="checkbox"/>
Soil	<input type="checkbox"/>
Other	<input type="checkbox"/>

Client Representative

JONATHAN MASAREK
Heath Consultant



LEAK REPORT

White/System/LOS
Yellow/Central/NR
Pink/Pending/Until Repaired

Uprating
Copy/Work Order File/LOS

Date Discovered: 8-29-17 Resurvey Date(s): _____

Leak Class: 1 2 3 Facility Classification: Distribution Main Gathering Line
 Service Line Transmission Line
 Meter Installation Regulator Station

Submitted By: _____

Leak Location: 227 Adams St

Map Sheet Number: _____ GPS Latitude: _____
 VIP Pipeline Designation: _____ Longitude: _____

How Discovered: Leak Survey Patrol Other - Explain: _____

Date Repaired: 2-9-18 Repaired By: Darren Ahwood

Cause of Leak: **Corrosion** **Incorrect Operations** **Other Outside Force**

Atmospheric Human Error External Loading
 External Ineffective Procedures Fire/Explosion
 Internal (Send Pipe Sample to Director-Technical Services) Vandalism
 Vehicle
 Other - Explain: _____

Natural Forces **Equipment** **Material and Welds**

Earthquake Excess Flow Valve Directional Fitting
 Earth/Rock Movement Filter Flange
 Flood Flow/Pressure Controller Mechanical Fitting
 Frost Heave Heater Pipe
 Landslide Meter Casing Plastic Fusion Coupling
 Lightning Odorizer Plastic to Plastic
 Subsidence Regulator/Relief Valve Compression Coupling
 Tornado Thread Plastic to Steel Transition
 Washout Valve Screw Fitting
 Other Other - Explain: Bad meter Tap Tee
 Workmanship Defect
 Other - Explain: _____

Brittleness - Crack/Split **Excavation**
 (Send Pipe Sample to Manager-Construction) Name of Excavator: _____
 Result of Previous Damage: Yes No

Other - Explain: _____

Pipe Size: _____ Pipe Condition: Good Fair Poor

Pipe Type: Plastic: Aldyl A Plexco PE 2406 Other Steel: Threaded Welded

Cathodically Protected: Yes No Cathodic Protection P/S Reading: _____

Type of Coating: Bare Millwrap Plastic X-Tru Coat Thin Film
 (Steel Only) Other - Explain: _____

Coating Condition: Satisfactory Unsatisfactory Year Pipe Installed: _____

Steel Pipe Condition Report Number: _____ Original Work Order Number: _____

Repair Method: Replaced Leak Clamp Other - Explain: _____

Test Method: Leak (Fittings) Pressure _____ Psig _____ Duration
 (Reinstated Service Lines Only)

Approved By: Darren Ahwood



Heath Consultants Incorporated
9030 Monroe Road, Houston, TX 77061

Fixed

Page No. 13
Date 8-29-17
Status (Circle Status) Pos. Neg.
Leak Indication Classification (Circle Leak Indication)
1 2 3
TIME REPORTED _____
1 LEAK ONLY

**LEAKAGE CONTROL REPORT
FIELD SURVEY**

Company CITY OF LIBERTY District _____
City LIBERTY State KY
Nearest Street Address _____

578 WHIPP AVE

TYPE OF GAS	
Natural	<input checked="" type="checkbox"/>
Manuf.	<input type="checkbox"/>
L.P.	<input type="checkbox"/>
Other	<input type="checkbox"/>

PIPE DESIGNATION	
Distribution	<input checked="" type="checkbox"/>
Transmission	<input type="checkbox"/>
Gathering	<input type="checkbox"/>
Other	<input type="checkbox"/>

LEAK INDICATION FIRST DETECTED (AT) (IN) (BY)	
Atmosphere	<u>RMD</u> <input checked="" type="checkbox"/>
Bar Hole Test	<input type="checkbox"/>
Man Hole	<input type="checkbox"/>
Pit (Reg. or Meter)	<input type="checkbox"/>
Valve Box	<input type="checkbox"/>
Main Valve	<input type="checkbox"/>
Curb Valve	<input type="checkbox"/>
Meter Box	<u>RMD</u> <input checked="" type="checkbox"/>
Underground Fuel Tank	<input type="checkbox"/>
Selected Test	<input type="checkbox"/>

METHOD OF SURVEY	
Vegetation	<input type="checkbox"/>
Portable Est <u>DPM</u>	<input checked="" type="checkbox"/>
Mobile F I	<input type="checkbox"/>
Bar Hole	<input type="checkbox"/>
Other	<u>RMD</u> <input checked="" type="checkbox"/>

PRESSURE	
High	<input type="checkbox"/>
Intermediate	<input checked="" type="checkbox"/>
Low	<input type="checkbox"/>

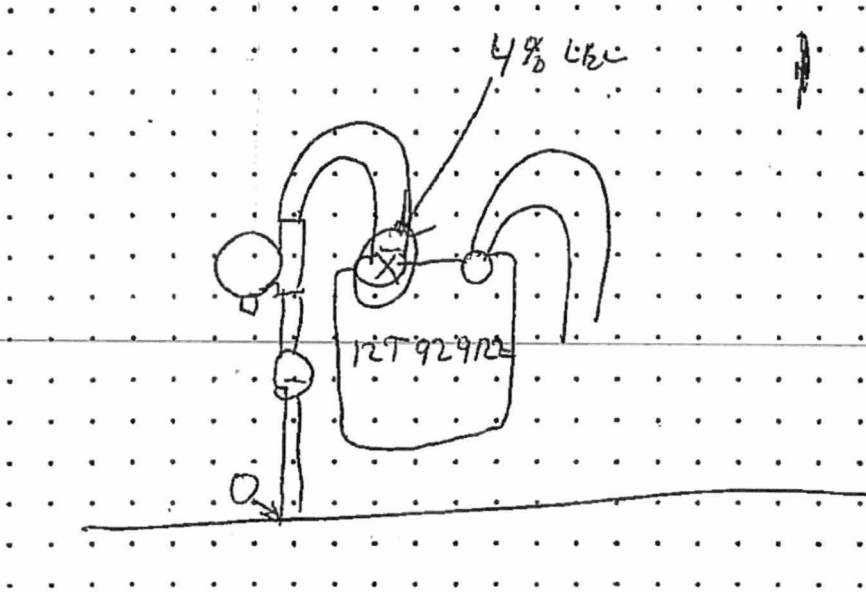
LEAK INDICATION APPEARS TO BE AT:	
Main	<input type="checkbox"/>
Service	<input type="checkbox"/>
Service Tap	<input type="checkbox"/>
Main At Tie In	<input type="checkbox"/>
Drip	<input type="checkbox"/>
Meter	<input checked="" type="checkbox"/>
Curb Valve	<input type="checkbox"/>
Main Valve	<input type="checkbox"/>
Other	<input type="checkbox"/>

CGI TEST	
Positive	<input checked="" type="checkbox"/>
Negative	<input type="checkbox"/>

LEAK INDICATION (Vegetation Only)	
Trees	<input type="checkbox"/>
Shrubs	<input type="checkbox"/>
Grass	<input type="checkbox"/>
Lawn	<input type="checkbox"/>
Weeds	<input type="checkbox"/>
Odor	<input type="checkbox"/>
Other	<input type="checkbox"/>

LOCATION OF PIPE	
Street	<input type="checkbox"/>
Between St. & Sidewalk	<input type="checkbox"/>
Under Sidewalk	<input type="checkbox"/>
Lawn	<input type="checkbox"/>
Easement	<input type="checkbox"/>
R.O.W.	<input type="checkbox"/>
Other	<input type="checkbox"/>

COVER	
Concrete	<input type="checkbox"/>
Asphalt	<input type="checkbox"/>
Brick	<input type="checkbox"/>
Gravel	<input type="checkbox"/>
Soil	<input type="checkbox"/>
Other	<input type="checkbox"/>



Remarks 4% LEL @ INLET SWIRL ON METRA. NO OTHER INDICATION

Client Representative _____ JONATHAN MASARAH Health Consultant



LEAK REPORT

White/System/LOS
Yellow/Central/NR
Pink/Pending/Until Repaired

Upgrading
Copy/Work Order File/LOS

Date Discovered: 8-29-17 Resurvey Date(s): _____

Leak Class: 1 2 3 Facility Classification: Distribution Main Gathering Line
 Service Line Transmission Line
 Meter Installation Regulator Station

Submitted By: _____

Leak Location: 578 Whipp Ave

Map Sheet Number: _____ GPS Latitude: _____
 VIP Pipeline Designation: _____ Longitude: _____

How Discovered: Leak Survey Patrol Other - Explain: _____

Date Repaired: 2-9-18 Repaired By: Darren Atwood

Cause of Leak: **Corrosion** Atmospheric External Internal
 (Send Pipe Sample to Director-Technical Services)

Incorrect Operations Human Error Ineffective Procedures

Other Outside Force External Loading Fire/Explosion Vandalism Vehicle Other - Explain: _____

Natural Forces Earthquake Earth/Rock Movement Flood Frost Heave Landslide Lightning Subsidence Tornado Washout Other

Equipment Excess Flow Valve Filter Flow/Pressure Controller Heater Meter Casing Odorizer Regulator/Relief Valve Thread Valve Other - Explain: Meter nut

Material and Welds Directional Fitting Flange Mechanical Fitting Pipe Plastic Fusion Coupling Plastic to Plastic Compression Coupling Plastic to Steel Transition Screw Fitting Tap-Tee Workmanship Defect Other - Explain: _____

Brittleness - Crack/Split (Send Pipe Sample to Manager-Construction) **Excavation** Name of Excavator: _____
 Result of Previous Damage: Yes No

Other - Explain: _____

Pipe Size: _____ Pipe Condition: Good Fair Poor

Pipe Type: Plastic: Aldyl A Plexco PE 2406 Other Steel: Threaded Welded

Cathodically Protected: Yes No Cathodic Protection P/S Reading: _____

Type of Coating: Bare Millwrap Plastic X-Tru Coat Thin Film
 (Steel Only) Other - Explain: _____

Coating Condition: Satisfactory Unsatisfactory Year Pipe Installed: _____

Steel Pipe Condition Report Number: _____ Original Work Order Number: _____

Repair Method: Replaced Leak Clamp Other - Explain: _____

Test Method: Leak (Fittings) Pressure _____ Psig _____ Duration _____
 (Reinstated Service Lines Only)

Approved By: Darren Atwood