

# City of Liberty

P.O. Box 127 • Liberty, KY 42539

RECEIVED

MAR 12 2018

PUBLIC SERVICE  
COMMISSION

March 7, 2018

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

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 eight (8) leaks found. Included in this letter, you will find four (4) more leakage repair reports and two (2) that have been monitored and are scheduled for repair from the Liberty Gas System as well as the Field Report from Heath Consultants.

The two (2) remaining leak repairs are on schedule to be repaired within the next 30 days. 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](mailto: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 77081

*Fixed*

Page No. 3  
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 \_\_\_\_\_

LIBERTY, AUTO. PARTS, ???, CAMPBELLSVILLE ST

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

PIPE DESIGNATION	
Distribution	<input 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 <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 <u>DPID</u>	<input checked="" type="checkbox"/>
Mobilo 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"/>

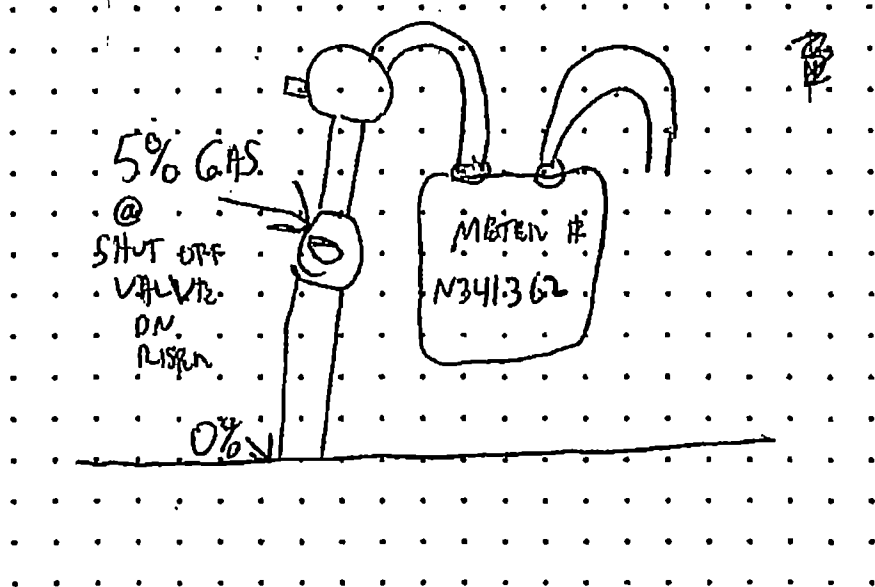
LEAK INDICATION APPEARS TO BE AT:	
Main	<input type="checkbox"/>
Service	<input type="checkbox"/>
Service Tap	<input type="checkbox"/>
Main At Tie In	<input type="checkbox"/>
Drip	<input type="checkbox"/>
Meter	<input checked="" type="checkbox"/>
Curb Valve	<input type="checkbox"/>
Main Valve	<input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

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



Remarks 5% GAS @ SHUT OFF VALVE ON RISER,  
NO OTHER INDICATION.

Client Representative \_\_\_\_\_ JONATHAN MBSANCK Health Consultant



# LEAK REPORT

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

Updating  
Copy/Work Order File/LOS

Date Discovered: 8-24-17 Resurvey Date(s): 2-23-18

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

Submitted By: \_\_\_\_\_

Leak Location: Value on meter

Map Sheet Number: \_\_\_\_\_ GPS Latitude: \_\_\_\_\_  
 VIP Pipeline Designation: \_\_\_\_\_ Longitude: \_\_\_\_\_

How Discovered:  Leak Survey  Patrol  Other - Explain: \_\_\_\_\_

Date Repaired: 3-6-18 Repaired By: Darren Jeff Chris Greg

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

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

<b>Natural Forces</b> <input type="checkbox"/> Earthquake <input type="checkbox"/> Earth/Rock Movement <input type="checkbox"/> Flood <input type="checkbox"/> Frost Heave <input type="checkbox"/> Landslide <input type="checkbox"/> Lightning <input type="checkbox"/> Subsidence <input type="checkbox"/> Tornado <input type="checkbox"/> Washout <input type="checkbox"/> Other	<b>Equipment</b> <input type="checkbox"/> Excess Flow Valve <input type="checkbox"/> Filter <input type="checkbox"/> Flow/Pressure Controller <input type="checkbox"/> Heater <input type="checkbox"/> Meter Casing <input type="checkbox"/> Odorizer <input type="checkbox"/> Regulator/Relief Valve <input type="checkbox"/> Thread <input type="checkbox"/> Valve <input type="checkbox"/> Other - Explain: _____	<b>Material and Welds</b> <input type="checkbox"/> Directional Fitting <input type="checkbox"/> Flange <input type="checkbox"/> Mechanical Fitting <input type="checkbox"/> Pipe <input type="checkbox"/> Plastic Fusion Coupling <input type="checkbox"/> Plastic to Plastic Compression Coupling <input type="checkbox"/> Plastic to Steel Transition <input type="checkbox"/> Screw Fitting <input type="checkbox"/> Tap-Tee <input type="checkbox"/> Workmanship Defect <input type="checkbox"/> Other - Explain: _____
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**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 \_\_\_\_\_ Pslg \_\_\_\_\_ Duration \_\_\_\_\_  
 (Reinstated Service Lines Only)

Approved By: Darren Peterson



Heath Consultants Incorporated  
9030 Monroe Road, Houston, TX 77061

Fixed removed meter

Page No. 4  
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 \_\_\_\_\_

22 HUSKINVILLE LIBERTY

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 <u>RMLB</u>	<input checked="" type="checkbox"/>
Underground Fuel Tank	<input type="checkbox"/>
Selected Test	<input type="checkbox"/>

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

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

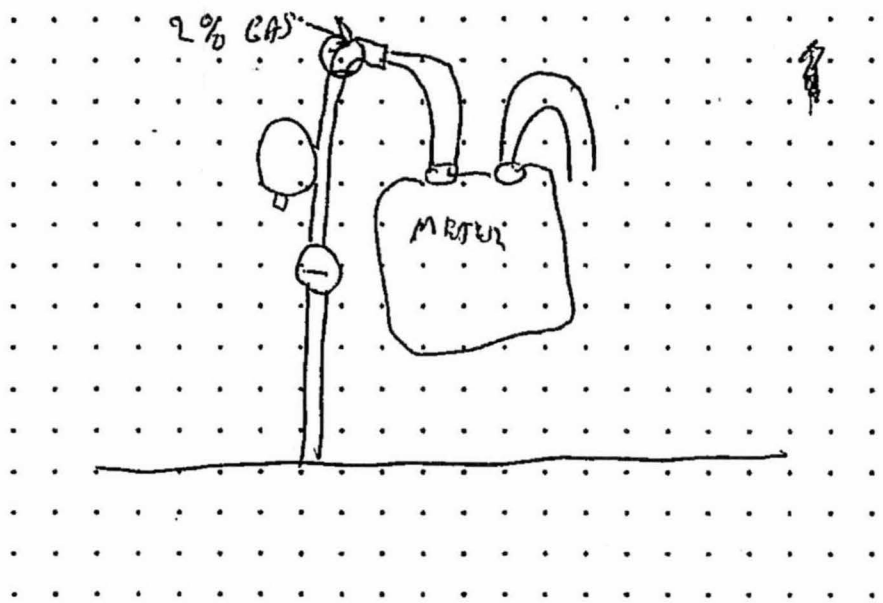
LEAK INDICATION APPEARS TO BE AT:	
Main	<input type="checkbox"/>
Service	<input type="checkbox"/>
Service Tap	<input type="checkbox"/>
Main At Tie In	<input type="checkbox"/>
Drip	<input type="checkbox"/>
Meter	<input checked="" type="checkbox"/>
Curb Valve	<input type="checkbox"/>
Main Valve	<input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



Remarks 2% GAS @ FIRST 90° ELBOW ON METER  
RMLB METER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

### LEAK REPORT

Updating  
Copy/Work Order File/LOS

Date Discovered: 8-24-17 Resurvey Date(s): 2-23-18

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

Submitted By: \_\_\_\_\_

Leak Location: on meter set

Map Sheet Number: \_\_\_\_\_ GPS Latitude: \_\_\_\_\_  
 VIP Pipeline Designation: \_\_\_\_\_ Longitude: \_\_\_\_\_

How Discovered:  Leak Survey  Patrol  Other - Explain: \_\_\_\_\_

Date Repaired: 3-6-18 Repaired By: Darren Greg

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

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

**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  
 Tomado  Thread  Plastic to Steel Transition  
 Washout  Valve  Screw Fitting  
 Other  Other - Explain: \_\_\_\_\_  Tap-Tee  
 Workmanship Defect

**Brittleness - Crack/Spilt**  **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: Don Atter



Heath Consultants Incorporated  
9030 Monroe Road, Houston, TX 77061

Page No. 5

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

33 HUSTONVILLE LIBERTY

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 <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 <u>+</u> <u>DAW</u>	<input checked="" type="checkbox"/>
Mobile F I	<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"/>

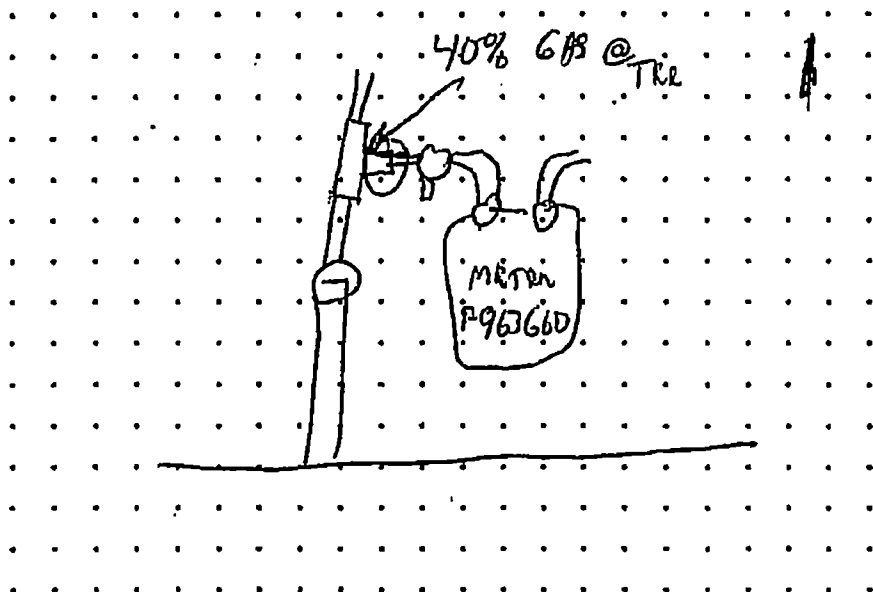
LEAK INDICATION APPEARS TO BE AT:	
Main	<input type="checkbox"/>
Service	<input type="checkbox"/>
Service Tap	<input type="checkbox"/>
Main At Tie In	<input type="checkbox"/>
Drip	<input type="checkbox"/>
Meter	<input checked="" type="checkbox"/>
Curb Valve	<input type="checkbox"/>
Main Valve	<input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

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



Remarks 40% GAS @ TER ON MAINLINE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client Representative

JONATHAN MASALEK  
Heath Consultant



# LEAK REPORT

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

Upgrading  
Copy/Work Order File/LOS

Date Discovered: 8-24-17 Resurvey Date(s): 2-23-18

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

Submitted By: \_\_\_\_\_

Leak Location: 33 Hustonville St

Map Sheet Number: \_\_\_\_\_ GPS Latitude: \_\_\_\_\_  
 VIP Pipeline Designation: \_\_\_\_\_ Longitude: \_\_\_\_\_

How Discovered:  Leak Survey  Patrol  Other - Explain: going to fix in next 30 days

Date Repaired: \_\_\_\_\_ Repaired By: checked by Darren Breg

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  Tomado  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: \_\_\_\_\_ 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: [Signature]



Health Consultants Incorporated  
9030 Monroe Road, Houston, TX 77061

Page No. 9  
Date 8-25-17

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 \_\_\_\_\_

521 W.H.L.P.P. AVE.

TYPE OF GAS	
Natural	<input checked="" type="checkbox"/>
Manuf.	<input type="checkbox"/>
LP.	<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		<input type="checkbox"/>
Underground Fuel Tank		<input type="checkbox"/>
Selected Test		<input type="checkbox"/>

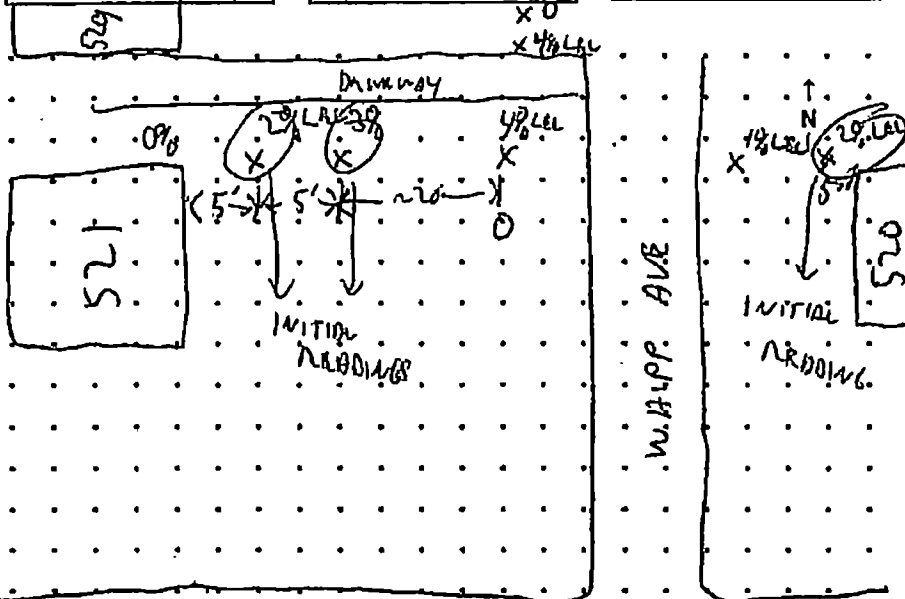
METHOD OF SURVEY	
Vegetation	<input type="checkbox"/>
Portable <del>FL</del> <u>CGI</u>	<input checked="" type="checkbox"/>
Mobile FI	<input type="checkbox"/>
Bar Hole	<input type="checkbox"/>
Other <u>RMLD</u>	<input checked="" type="checkbox"/>

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

PRESSURE	
High	<input type="checkbox"/>
Intermediate	<input checked="" type="checkbox"/>
Low	<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 4% LBL @ BAR HOLE AT DR. ACROSS MAIN, BY RUMBLE DRIVING, 2% LBL WITHIN 5' OF BUILDING WALL AND 3% LBL WITHIN 10' 2% LBL WITHIN 5' OF #520. AFTER LOCAL CREW DUG UP BY MAIN ONLY OBTAINED READING IN WATER RUMBLE DRIVING, AFTER 30 MINUTES OF WAITING, NO INDICATION WITHIN 10' OF BUILDING WALLS.

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"/>

JONATHAN MASAREK

Client Representative Health Consultant





# LEAK REPORT

White/System/LOS Yellow/Central/NR Pink/Pending/Until Repaired
<input type="checkbox"/> Uprating Copy/Work Order File/LOS

Date Discovered: 8-25-17 Resurvey Date(s): 3-6-18

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

Submitted By: \_\_\_\_\_

Leak Location: 521 Whipp Ave

Map Sheet Number: \_\_\_\_\_ GPS Latitude: \_\_\_\_\_  
 VIP Pipeline Designation: \_\_\_\_\_ Longitude: \_\_\_\_\_

How Discovered:  Leak Survey  Patrol  Other - Explain: going fixed Next 30 days

Date Repaired: \_\_\_\_\_ Repaired By: checked by Jeff Chris

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

<input type="checkbox"/> Atmospheric	<input type="checkbox"/> Human Error	<input type="checkbox"/> External Loading
<input type="checkbox"/> External	<input type="checkbox"/> Ineffective Procedures	<input type="checkbox"/> Fire/Explosion
<input type="checkbox"/> Internal		<input type="checkbox"/> Vandalism
(Send Pipe Sample to Director-Technical Services)		<input type="checkbox"/> Vehicle
		<input type="checkbox"/> Other - Explain: _____

<b>Natural Forces</b>	<b>Equipment</b>	<b>Material and Welds</b>
<input type="checkbox"/> Earthquake	<input type="checkbox"/> Excess Flow Valve	<input type="checkbox"/> Directional Fitting
<input type="checkbox"/> Earth/Rock Movement	<input type="checkbox"/> Fitter	<input type="checkbox"/> Flange
<input type="checkbox"/> Flood	<input type="checkbox"/> Flow/Pressure Controller	<input type="checkbox"/> Mechanical Fitting
<input type="checkbox"/> Frost Heave	<input type="checkbox"/> Heater	<input type="checkbox"/> Pipe
<input type="checkbox"/> Landslide	<input type="checkbox"/> Meter Casing	<input type="checkbox"/> Plastic Fusion Coupling
<input type="checkbox"/> Lightning	<input type="checkbox"/> Odorizer	<input type="checkbox"/> Plastic to Plastic Compression Coupling
<input type="checkbox"/> Subsidence	<input type="checkbox"/> Regulator/Relief Valve	<input type="checkbox"/> Plastic to Steel Transition
<input type="checkbox"/> Tornado	<input type="checkbox"/> Thread	<input type="checkbox"/> Screw Fitting
<input type="checkbox"/> Washout	<input type="checkbox"/> Valve	<input type="checkbox"/> Tap-Tee
<input type="checkbox"/> Other	<input type="checkbox"/> Other - Explain: _____	<input type="checkbox"/> Workmanship Defect
		<input type="checkbox"/> Other - Explain: _____

**Brittleness - Crack/Spilt**  **Excavation**

(Send Pipe Sample to Manager-Construction) Name of Excavator: \_\_\_\_\_

**Other - Explain:** \_\_\_\_\_ Result of Previous Damage:  Yes  No

Pipe Size: \_\_\_\_\_ Pipe Condition:  Good  Fair  Poor

Pipe Type: Plastic:  Aldyl A  Plexco  PE 2408  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 [Signature]



Heath Consultants Incorporated  
8030 Monroe Road, Houston, TX 77061

*NO leak found*

Page No. 10  
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 \_\_\_\_\_

280 FAIR ST

TYPE OF GAS	
Natural	<input checked="" type="checkbox"/>
Manuf.	<input type="checkbox"/>
LP.	<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"/>
PI (Reg. or Meter)		<input type="checkbox"/>
Valve Box		<input type="checkbox"/>
Main Valve		<input type="checkbox"/>
Curb Valve		<input type="checkbox"/>
Meter Box		<input type="checkbox"/>
Underground Fuel Tank		<input type="checkbox"/>
Selected Test		<input type="checkbox"/>

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

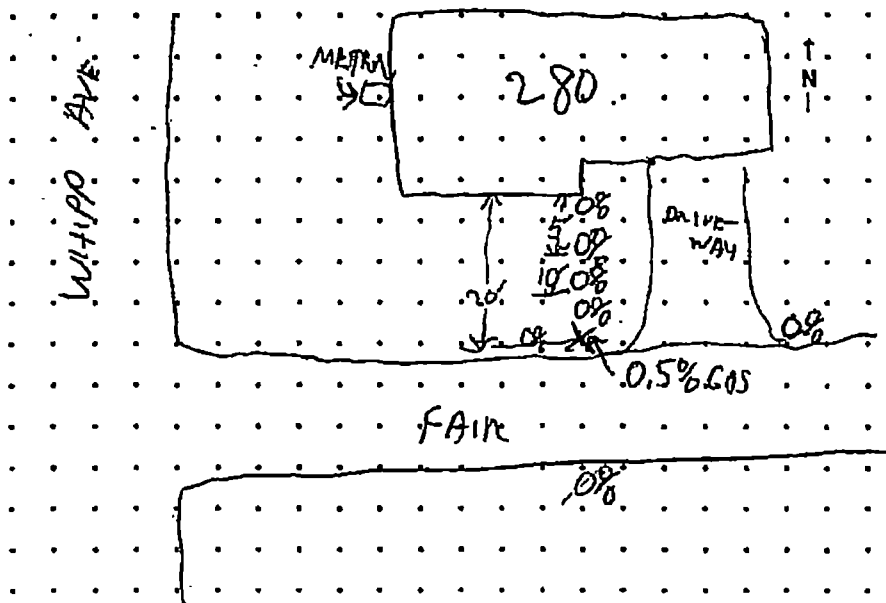
PRESSURE	
High	<input type="checkbox"/>
Intermediate	<input checked="" type="checkbox"/>
Low	<input type="checkbox"/>

LEAK INDICATION APPEARS TO BE AT:	
Main	<input checked="" type="checkbox"/>
Service	<input type="checkbox"/>
Service Tap	<input type="checkbox"/>
Main At Tie In	<input type="checkbox"/>
Drp	<input type="checkbox"/>
Meter	<input 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 0.5% GAS @ BATHOLE AT OR NEAR MAIN, N 20' FROM BLDG WALL. ZERO SPREAD @ LEFT EDGE OF DRIVEWAY

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 \_\_\_\_\_ Health Consultant JONATHAN MASANEK



# 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): 2-14-18

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

Submitted By: \_\_\_\_\_

Leak Location: 280 Fair St

Map Sheet Number: \_\_\_\_\_ GPS Latitude: \_\_\_\_\_  
 VIP Pipeline Designation: \_\_\_\_\_ Longitude: \_\_\_\_\_

How Discovered:  Leak Survey  Patrol  Other - Explain: no leak found

Date Repaired: \_\_\_\_\_ Repaired By: \_\_\_\_\_

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

Atmospheric  Human Error  External Loading  
 External  Ineffective Procedures  Fire/Explosion  
 Internal  Vehicle  Vandallism  
 (Send Pipe Sample to Director-Technical Services)  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/Spilt**  **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 2408  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] [Signature]



Heath Consultants Incorporated  
8030 Monroe Road, Houston, TX 77061

*Fixed*

Page No. 12  
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 \_\_\_\_\_

4111 TRAMMERS ST

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

LEAK INDICATION FIRST DETECTED (AT) (IN) (BY)	
Atmosphere	<u>RMLO</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>RMLO</u> <input checked="" type="checkbox"/>
Underground Fuel Tank	<input type="checkbox"/>
Selected Test	<input type="checkbox"/>

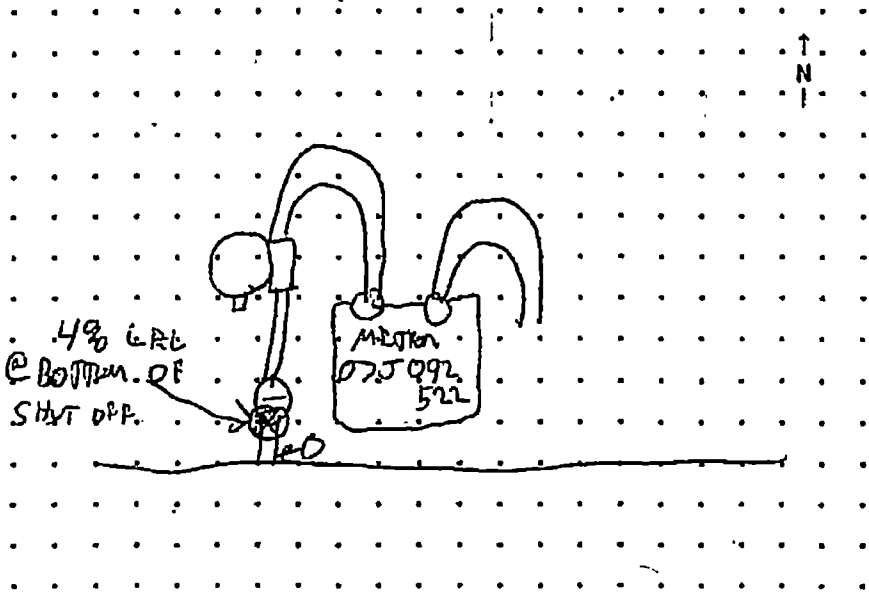
METHOD OF SURVEY	
Vegetation	<input type="checkbox"/>
Portable Gas - DPIN	<input checked="" type="checkbox"/>
Mobile FI	<input type="checkbox"/>
Bar Hole	<input type="checkbox"/>
Other	<u>RMLO</u> <input checked="" type="checkbox"/>

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

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

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



LEAK INDICATION (Vegetation Only)	
Trees	<input type="checkbox"/>
Bushes	<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 4% LEL @ BOTTOM OF SHUT OFF VALVE  
ON METER, NO OTHER INDICATION

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 Health Consultant  
123-LEAKAGE CONTROL



# LEAK REPORT

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

Updating  
Copy/Work Order File/LOS

Date Discovered: 8-29-17 Resurvey Date(s): 2-14-18

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

Submitted By: \_\_\_\_\_

Leak Location: 411 Trammel St

Map Sheet Number: \_\_\_\_\_ GPS Latitude: \_\_\_\_\_  
 VIP Pipeline Designation: \_\_\_\_\_ Longitude: \_\_\_\_\_

How Discovered:  Leak Survey  Patrol  Other - Explain: \_\_\_\_\_

Date Repaired: 3-6-18 Repaired By: Darren Greg

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)  Vandallism  
 Vehicle  Other - Explain: Fixed Valve

<b>Natural Forces</b> <input type="checkbox"/> Earthquake <input type="checkbox"/> Earth/Rock Movement <input type="checkbox"/> Flood <input type="checkbox"/> Frost Heave <input type="checkbox"/> Landslide <input type="checkbox"/> Lightning <input type="checkbox"/> Subsidence <input type="checkbox"/> Tornado <input type="checkbox"/> Washout <input type="checkbox"/> Other	<b>Equipment</b> <input type="checkbox"/> Excess Flow Valve <input type="checkbox"/> Filter <input type="checkbox"/> Flow/Pressure Controller <input type="checkbox"/> Heater <input type="checkbox"/> Meter Casing <input type="checkbox"/> Odorizer <input type="checkbox"/> Regulator/Relief Valve <input type="checkbox"/> Thread <input type="checkbox"/> Valve <input type="checkbox"/> Other - Explain: _____	<b>Material and Welds</b> <input type="checkbox"/> Directional Fitting <input type="checkbox"/> Flange <input type="checkbox"/> Mechanical Fitting <input type="checkbox"/> Pipe <input type="checkbox"/> Plastic Fusion Coupling <input type="checkbox"/> Plastic to Plastic Compression Coupling <input type="checkbox"/> Plastic to Steel Transition <input type="checkbox"/> Screw Fitting <input type="checkbox"/> Tap-Tee <input type="checkbox"/> Workmanship Defect <input type="checkbox"/> Other - Explain: _____
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Brittleness - Crack/Spilt (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 2408  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 \_\_\_\_\_ Pslg \_\_\_\_\_ Duration  
 (Reinstated Service Lines Only)

Approved By: [Signature]