



**LEAKAGE CONTROL REPORT
FIELD SURVEY**

Page No. _____

Date 12-31-12

Status (Circle Status) Pos. Neg.

Leak Indication Classification (Circle Leak Indication)

1 2 3

TIME REPORTED 10:30 AM

1 LEAK ONLY

Company Martin Contracting

City Templeville

District _____

State Ky

Nearest Street Address _____

21029 Railroad Station Rd

TYPE OF GAS

Natural	<input type="checkbox"/>
Manuf.	<input type="checkbox"/>
L.P.	<input type="checkbox"/>
Other	<input type="checkbox"/>

LEAK INDICATION FIRST DETECTED (AT) (IN) (BY)

Atmosphere	<input type="checkbox"/>	<input type="checkbox"/>
Bar Hole Test	<input type="checkbox"/>	<input type="checkbox"/>
Man Hole	<input type="checkbox"/>	<input type="checkbox"/>
Pit (Reg. or Meter)	<input type="checkbox"/>	<input type="checkbox"/>
Valve Box	<input type="checkbox"/>	<input type="checkbox"/>
Main Valve	<input type="checkbox"/>	<input type="checkbox"/>
Curb Valve	<input type="checkbox"/>	<input type="checkbox"/>
Meter Box	<input type="checkbox"/>	<input type="checkbox"/>
Underground Fuel Tank	<input type="checkbox"/>	<input type="checkbox"/>
Selected Test	<input type="checkbox"/>	<input type="checkbox"/>

METHOD OF SURVEY

Vegetation	<input type="checkbox"/>
Portable F I	<input type="checkbox"/>
Mobile F I	<input type="checkbox"/>
Bar Hole	<input type="checkbox"/>
Other	<input checked="" 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"/>

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"/>
Drip	<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 type="checkbox"/>
Negative	<input type="checkbox"/>

LEAK INDICATION (Vegetation Only)

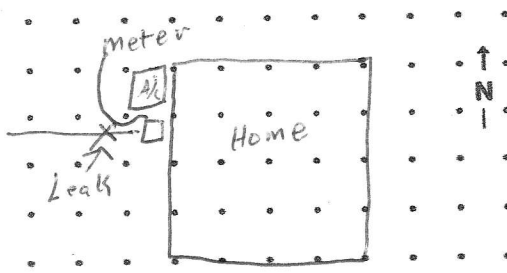
Trees	<input type="checkbox"/>
Shrubs	<input type="checkbox"/>
Grass	<input type="checkbox"/>
Lawn	<input type="checkbox"/>
Weeds	<input type="checkbox"/>
Odor	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

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 checked="" type="checkbox"/>
Other	<input type="checkbox"/>



Remarks Gas blowing in ground on compression fitting.
Repaired using socket fusion couplings to replace
the compression fittings. Leak was reported
by customer at 10:30 AM. Repair completed at
12:00 PM on the same day.

Jason Warner
Client Representative

Health Consultant