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PUBLIC SERVICE  
COMMISSION

2371 Irvine Road, Richmond, KY 40475

(TEL.) 859-623-0112 (FAX.) 859-626-0822

A MEASURE OF EXCELLENCE IN UTILITY PROFESSIONAL SERVICES

TO: Kentucky Public Service Commission

Attention: Joel Grugin

211 Sower Blvd

Frankfort, KY 40602

Case No. 2012-00362

March 31, 2015

The following documentation is being submitted by RussMar Utility Management, LLC. on behalf of the Tompkinsville Natural Gas System.

Documents Included:

1. PHMSA Annual Report for Calendar Year 2014
2. EIA-176 Annual Report of Natural and Supplemental Gas Supply & Disposition
3. Pressure Charts (Office) Jan-Mar (11 pages)
4. Odorometer Readings-February (1 page)
5. Patrolling-February (1 page)
6. Cathodic Readings-March (1 page)
5. Natural Gas Main & Service Installation Records – Jan-Mar (5 pages)
6. Visual Inspections of Mains & Service Pipelines – Jan-Mar (8 pages)
7. Main & Service Abandonment Records – Jan-Mar (3 pages)
8. Leak Repair- Jan-Mar (4 pages)
9. Dispatcher Call Reports – Jan-Mar (22 pages)



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A MEASURE OF EXCELLENCE IN UTILITY PROFESSIONAL SERVICES

\*A hard copy of the above mentioned documents were mailed to the Kentucky Public Service Commission, Attention Joel Grugin on May 4, 2015 by Zane Salyers of RussMar Utility Management, LLC.

Sincerely,

A handwritten signature in cursive script that reads "Zane Salyers".

Zane Salyers

606-305-6438

NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty not to exceed 100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed \$1,000,000 as provided in 49 USC 60122.

OMB NO: 2137-0522  
EXPIRATION DATE: 10/31/2016



U.S. Department of Transportation  
Pipeline and Hazardous Materials Safety Administration

Initial Date Submitted: 04/24/2015

Form Type: INITIAL

Date Submitted:

### ANNUAL REPORT FOR CALENDAR YEAR 2014 GAS DISTRIBUTION SYSTEM

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0522. Public reporting for this collection of information is estimated to be approximately 16 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

**PART A - OPERATOR INFORMATION** (DOT use only) **20154449-25354**

1. Name of Operator	TOMPKINSVILLE, CITY OF
2. LOCATION OF OFFICE (WHERE ADDITIONAL INFORMATION MAY BE OBTAINED)	
2a. Street Address	2371 IRVINE ROAD
2b. City and County	RICHMONDMADISON
2c. State	KY
2d. Zip Code	40475
3. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER	19530
4. HEADQUARTERS NAME & ADDRESS	
4a. Street Address	MAGNOLIA STREET
4b. City and County	TOMPKINSVILLE
4c. State	KY
4d. Zip Code	42167
5. STATE IN WHICH SYSTEM OPERATES	KY

**PART B - SYSTEM DESCRIPTION**

1.GENERAL	STEEL				PLASTIC	CAST/ WROUGHT IRON	DUCTILE IRON	COPPER	OTHER	SYSTEM TOTAL
	UNPROTECTED		CATHODICALLY PROTECTED							
	BARE	COATED	BARE	COATED						
MILES OF MAIN	0	0	0	47	36	0	0	0	0	83
NO. OF SERVICES	0	0	648	0	447	0	0	0	0	1095

2.MILES OF MAINS IN SYSTEM AT END OF YEAR											
MATERIAL	UNKNOWN	2" OR LESS	OVER 2" THRU 4"	OVER 4" THRU 8"	OVER 8" THRU 12"	OVER 12"	SYSTEM TOTALS				
STEEL	0	0	47	0	0	0	47.00				
DUCTILE IRON	0	0	0	0	0	0	0.00				
COPPER	0	0	0	0	0	0	0.00				
CAST/WROUGHT IRON	0	0	0	0	0	0	0.00				
PLASTIC PVC	0	0	0	0	0	0	0.00				
PLASTIC PE	0	0	36	0	0	0	36.00				
PLASTIC ABS	0	0	0	0	0	0	0.00				
PLASTIC OTHER	0	0	0	0	0	0	0.00				
OTHER	0	0	0	0	0	0	0.00				
TOTAL	0.00	0.00	83.00	0.00	0.00	0.00	83.00				
3.NUMBER OF SERVICES IN SYSTEM AT END OF YEAR				AVERAGE SERVICE LENGTH: 75							
MATERIAL	UNKNOWN	1" OR LESS	OVER 1" THRU 2"	OVER 2" THRU 4"	OVER 4" THRU 8"	OVER 8"	SYSTEM TOTALS				
STEEL	0	644	3	1	0	0	648				
DUCTILE IRON	0	0	0	0	0	0	0				
COPPER	0	0	0	0	0	0	0				
CAST/WROUGHT IRON	0	0	0	0	0	0	0				
PLASTIC PVC	0	0	0	0	0	0	0				
PLASTIC PE	0	440	7	0	0	0	447				
PLASTIC ABS	0	0	0	0	0	0	0				
PLASTIC OTHER	0	0	0	0	0	0	0				
OTHER	0	0	0	0	0	0	0				
TOTAL	0	1084	10	1	0	0	1095				
4.MILES OF MAIN AND NUMBER OF SERVICES BY DECADE OF INSTALLATION											
	UNKNOWN	PRE-1940	1940-1949	1950-1959	1960-1969	1970-1979	1980-1989	1990-1999	2000-2009	2010-2019	TOTAL
MILES OF MAIN	83	0	0	0	0	0	0	0	0	0	83
NUMBER OF SERVICES	1076	0	0	0	0	0	0	0	0	19	1095

**PART C - TOTAL LEAKS AND HAZARDOUS LEAKS ELIMINATED/REPAIRED DURING THE YEAR**

CAUSE OF LEAK	MAINS		SERVICES	
	TOTAL	HAZARDOUS	TOTAL	HAZARDOUS
CORROSION	1	0	2	0
NATURAL FORCES	0	0	2	0
EXCAVATION DAMAGE	4	4	7	7
OTHER OUTSIDE FORCE DAMAGE	0	0	0	0
MATERIAL OR WELDS	3	0	22	0
EQUIPMENT	0	0	1	0
INCORRECT OPERATIONS	0	0	0	0
OTHER	0	0	0	0

NUMBER OF KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR : 0

**PART D - EXCAVATION DAMAGE**      **PART E-EXCESS FLOW VALUE(EFV) DATA**

NUMBER OF EXCAVATION DAMAGES: <u>  11  </u>	NUMBER OF EFV'S INSTALLED THIS CALENDER YEAR ON SINGLE FAMILY RESIDENTIAL SERVICES: <u>  13  </u>
NUMBER OF EXCAVATION TICKETS : <u>  388  </u>	ESTIMATED NUMBER OF EFV'S IN SYSTEM AT THE END OF YEAR: <u>  17  </u>

**PART F - LEAKS ON FEDERAL LAND**      **PART G-PERCENT OF UNACCOUNTED FOR GAS**

TOTAL NUMBER OF LEAKS ON FEDERAL LAND REPAIRED OR SCHEDULED TO REPAIR: <u>  0  </u>	UNACCOUNTED FOR GAS AS A PERCENT OF TOTAL INPUT FOR THE 12 MONTHS ENDING JUNE 30 OF THE REPORTING YEAR.  INPUT FOR YEAR ENDING 6/30: <u>  8%  </u>
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**PART H - ADDITIONAL INFORMATION**

**PART I - PREPARER AND AUTHORIZED SIGNATURE**

<u>  Zane Salyers, Systems Compliance Manager  </u> (Preparer's Name and Title)	<u>  (606)305-6438  </u> (Area Code and Telephone Number)
<u>  zsalyers58@gmail.com  </u> (Preparer's email address)	<u>  (859) 626-0822  </u> (Area Code and Facsimile Number)



**ANNUAL REPORT OF NATURAL AND SUPPLEMENTAL GAS SUPPLY & DISPOSITION  
FORM EIA-176**

This report is **mandatory** under the Federal Energy Administration Act of 1974 (Public Law 93-275). Failure to comply may result in criminal fines, civil penalties and other sanctions as provided by law. For the sanctions and the provisions concerning the confidentiality of information submitted on this form, see instructions. **Title 18 USC 1001 makes it a criminal offense for any person knowingly and willingly to make to any Agency or Department of the United States any false, fictitious, or fraudulent statements as to any matter within its jurisdiction.**

**PART 1. RESPONDENT IDENTIFICATION DATA** | **PART 2. SUBMISSION INFORMATION**

**REPORT PERIOD:** Year:

**EIA ID NUMBER:**

If this is a resubmission, enter an "X" in the box:

If any Respondent Identification Data has changed since the last report, enter an "X" in the box:

Company Name: City of Tompkinsville

Operations in (State): Kentucky

Contact Name: Zane Salyers

Phone No.: (606) 305-6438 Ext: \_\_\_\_\_

Fax No.: (606) 626-0822

Address 1: 206 Magnolia St

Address 2: \_\_\_\_\_

City: Tompkinsville State: KY Zip: 42167 - 1675

Email address: \_\_\_\_\_

A completed form must be filed by March 1

Form may be submitted using one of the following methods:

**Mail to:** EIA-176  
U. S. Department of Energy  
Oil & Gas Survey  
Ben Franklin Station  
P.O. Box 279  
Washington, DC 20044-0279

**Email:** [OOG.SURVEYS@eia.gov](mailto:OOG.SURVEYS@eia.gov)

**Fax:** (202) 586-1076

**Secure File Transfer:**  
<https://signon.eia.doe.gov/upload/noticeoog.jsp>

**Questions? Call: (877) 800-5261**

**PART 3. COMPANY CHARACTERISTICS**

A. Type of Operations (check all that apply)

1.	Distribution company - investor owned	8.	Storage operator
2.	<input checked="" type="checkbox"/> Distribution company - municipally owned	9.	Synthetic natural gas (SNG) plant operator
3.	Distribution company - privately owned	10.	Producer
4.	Distribution company - cooperative	11.	Gatherer
5.	Distribution company - other ownership	12.	Liquefied natural gas (LNG) peak facility operator
6.	Interstate pipeline (FERC regulated)	13.	Liquefied natural gas (LNG) marine terminal
7.	Intrastate pipeline	14.	Other (specify)

B. Vehicles Powered by Natural Gas

1. Does your company's vehicle fleet include vehicles powered by natural gas? Yes  No

2. If yes, how many vehicles in your company's fleet are powered by natural gas?

3. If you sell natural gas directly to the public at a fueling facility, what was the natural gas pump price on December 31 of the report year, in cents per gasoline gallon equivalent?

C. Customer Choice Program

If there is a Customer Choice program available in your service territory, enter the number of customers currently eligible for and participating in the Customer Choice program at the end of the calendar year.

<b>Eligible</b>	<b>Participating</b>
<input type="text"/>	<input type="text"/>
Residential	Residential
<input type="text"/>	<input type="text"/>
Commercial	Commercial

D. Sales/Acquisitions

1. Did your distribution territory increase or decrease in size in the report state due to acquisition or sale this year? If Yes, please describe the sale or acquisition in the Comments box below. Yes  No

**Comments: (To separate one comment from another, press ALT+ENTER)**

\_\_\_\_\_



**ANNUAL REPORT OF NATURAL AND SUPPLEMENTAL GAS SUPPLY & DISPOSITION  
FORM EIA-176**

REPORT PERIOD: Year:	2 0 1 4	COMPANY NAME:	Resubmission
EIA ID NUMBER:	1 7 6 1 3 7 1 8 K Y	City of Tompkinsville	<input type="checkbox"/>

**PART 4. NATURAL AND SUPPLEMENTAL GAS SUPPLY FOR THE REPORT STATE**

ITEM DESCRIPTION	VOLUME (Mcf @ 14.73 psia and 60°)	COST	NOTES*	
			E	F
1.0 If you are a producer, report production within the report state of:				
1.1 Natural gas** (if reporting natural gas production, lease use data should also be reported on line 15.0) .....				
1.2 Synthetic natural gas (SNG) .....				
2.0 If you are a storage operator, report operations within the report state of:				
2.1 Underground storage withdrawals .....				
2.2 Liquefied natural gas (LNG) storage withdrawals (regasification).....				
3.0 If you are an interstate pipeline company or other company receiving physical custody at state lines or U.S. borders, report receipts.....				
From company <input type="text"/> In state or country <input type="text"/> Means of transport <input type="text"/>				
From company <input type="text"/> In state or country <input type="text"/> Means of transport <input type="text"/>				
From company <input type="text"/> In state or country <input type="text"/> Means of transport <input type="text"/>				
From company <input type="text"/> In state or country <input type="text"/> Means of transport <input type="text"/>				
4.0 If you are a distributor, report receipts at city gates within the report state ...				
4.1 Purchase gas received in distribution service area for delivery to your sales customers.....	122,099	721,270		
4.2 Receipts of gas in distribution service area for delivery to your transportation customers.....				
5.0 Report any other receipts of natural gas within the report state (excluding federal offshore)...				
6.0 Supplemental gaseous fuels supplies (specify type) <input type="text"/>				
<input type="text"/>				
7.0 Total supply within report state (sum of all items in lines 1.0 through 6.0).....	122,099			

**PART 5. LIQUEFIED NATURAL GAS (LNG) STORAGE INVENTORY**

ITEM DESCRIPTION	VOLUME (Mcf @ 14.73 psia and 60°)	CAPACITY (Mmcf per day)	NOTES*	
			E	F
8.0 If you operate a natural gas facility, report inventory as of December 31 of the report year				
8.1 Liquefied natural gas (LNG) facility.....				
8.2 Marine terminal facility .....				

\*Check **E** if data reported are an estimate; check **F** if you are providing a footnote in Part 7 for this data item.

\*\*If reporting Natural Gas Production (1.1), data should also be reported on lease use (15.0).



**ANNUAL REPORT OF NATURAL AND SUPPLEMENTAL GAS SUPPLY & DISPOSITION  
FORM EIA-176**

REPORT PERIOD: Year: **2 0 1 4** COMPANY NAME: \_\_\_\_\_ Resubmission   
 EIA ID NUMBER: **1 7 6 1 3 7 1 8 K Y** City of Tompkinsville

**PART 6. NATURAL AND SUPPLEMENTAL GAS DISPOSITION FOR THE REPORT STATE**

9.0 Heat content of gas delivered to consumers (Btu/cf) **1 0 8 0**

ITEM DESCRIPTION	NUMBER OF CUSTOMERS	VOLUME (Mcf @ 14.73 psia and 60° F)	REVENUE (including taxes) (whole dollars)	NOTES*	
				E	F
10.0 Deliveries of natural gas that you <b>do own</b> to end-use consumers within the report state (for assistance in determining proper categorization of customers, see page 3 of instructions)					
10.1 Residential .....	1,018	75,611	831,316		
10.2 Commercial .....	147	33,105	256,624		
10.3 Industrial .....	11	5,949	60,699		
10.4 Electric power .....					
10.5 Vehicle fuel .....					
10.6 Other (not included in above categories) _____ (Specify type)					
11.0 Deliveries of natural gas that you <b>do not own</b> to end-use consumers within the report state (for assistance in determining proper categorization of customers, see page 3 of instructions)					
11.1 Residential .....					
11.2 Commercial .....					
11.3 Industrial .....					
11.4 Electric power .....					
11.5 Vehicle fuel .....					
11.6 Other (not included in above categories) _____ (Specify type)					

\*Check **E** if data reported are an estimate; check **F** if you are providing a footnote in Part 7 for this data item.





**ANNUAL REPORT OF NATURAL AND SUPPLEMENTAL GAS SUPPLY & DISPOSITION**  
**FORM EIA-176**

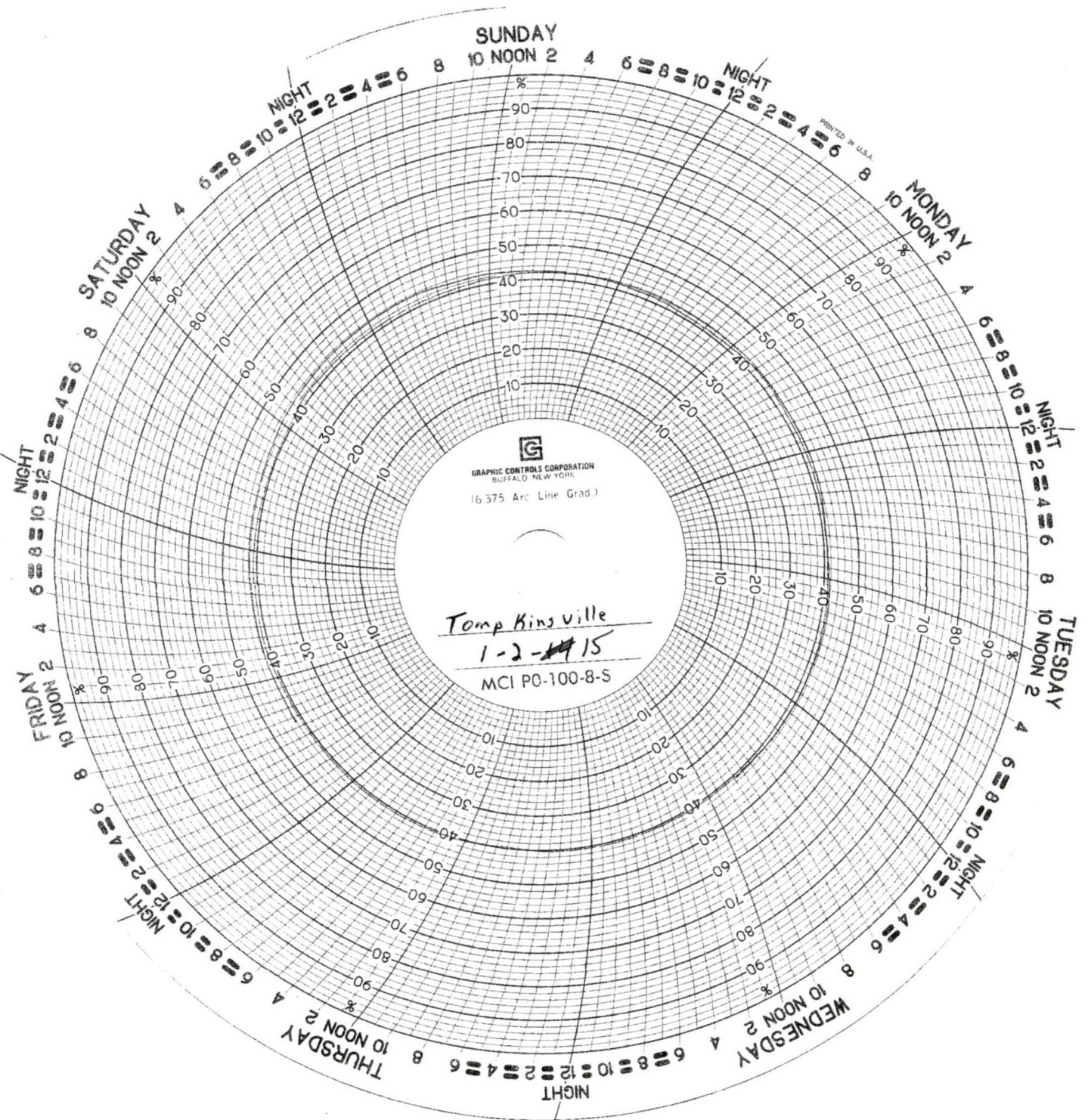
REPORT PERIOD: Year: **2 0 1 4** COMPANY NAME: Resubmission  
EIA ID NUMBER: **1 7 6 1 3 7 1 8 K Y** City of Tompkinsville

**PART 6. NATURAL AND SUPPLEMENTAL GAS DISPOSITION FOR THE REPORT STATE (continued)**

ITEM DESCRIPTION	VOLUME (Mcf @ 14.73 psia and 60°)	NOTES*	
		E	F
12.0 Natural gas consumed in your operations:			
12.1 Space heat of your facilities .....	793		
12.2 New pipeline fill .....			
12.3 Pipeline distribution or storage compressor use .....			
12.4 Other .....(specify type) <input type="text"/>			
13.0 If you are a storage operator, report operations within the report state of:			
13.1 Underground storage injections (including new fields).....			
13.2 Liquefied natural gas (LNG) storage injections.....			
14.0 If you are an interstate pipeline company or other company moving gas across or to state lines or U.S. borders, report volumes transported .....			
To company <input type="text"/> In state or country <input type="text"/> Means of transport <input type="text"/>			
To company <input type="text"/> In state or country <input type="text"/> Means of transport <input type="text"/>			
To company <input type="text"/> In state or country <input type="text"/> Means of transport <input type="text"/>			
To company <input type="text"/> In state or country <input type="text"/> Means of transport <input type="text"/>			
15.0 Lease use (reported by producers only) .....			
16.0 Returned to oil and/or gas reservoirs, used for repressuring, reinjection (reported by producers only)			
17.0 Losses from leaks, damage, accidents, migration and/or blow down within the report state: .....	1,000	X	
18.0 Other disposition within the report state (not included above):			
18.1 To distribution companies .....			
18.2 To other pipelines in the report state .....			
18.3 To storage operators in the report state .....			
18.4 To other ..... (specify type) <input type="text"/>			
18.4 To other ..... (specify type) <input type="text"/>			
19.0 Total disposition (sum of all items 10.1 through 18.4)	116,458		
20.0 Difference between gas supply (+) and disposition (-) (Part 4 line 7.0 minus Part 6 line 19.0) (this value may be a negative number)	5,641		

\*Check **E** if data reported are an estimate; check **F** if you are providing a footnote in Part 7 for this data item.





SUNDAY

10 NOON 2 4 6 8 10 12

NIGHT

PRINTED IN U.S.A.

MONDAY

10 NOON 2 4 6 8 10 12

NIGHT

TUESDAY

10 NOON 2 4 6 8 10 12

NIGHT

WEDNESDAY

10 NOON 2 4 6 8 10 12

NIGHT

THURSDAY

10 NOON 2 4 6 8 10 12

NIGHT

FRIDAY

10 NOON 2 4 6 8 10 12

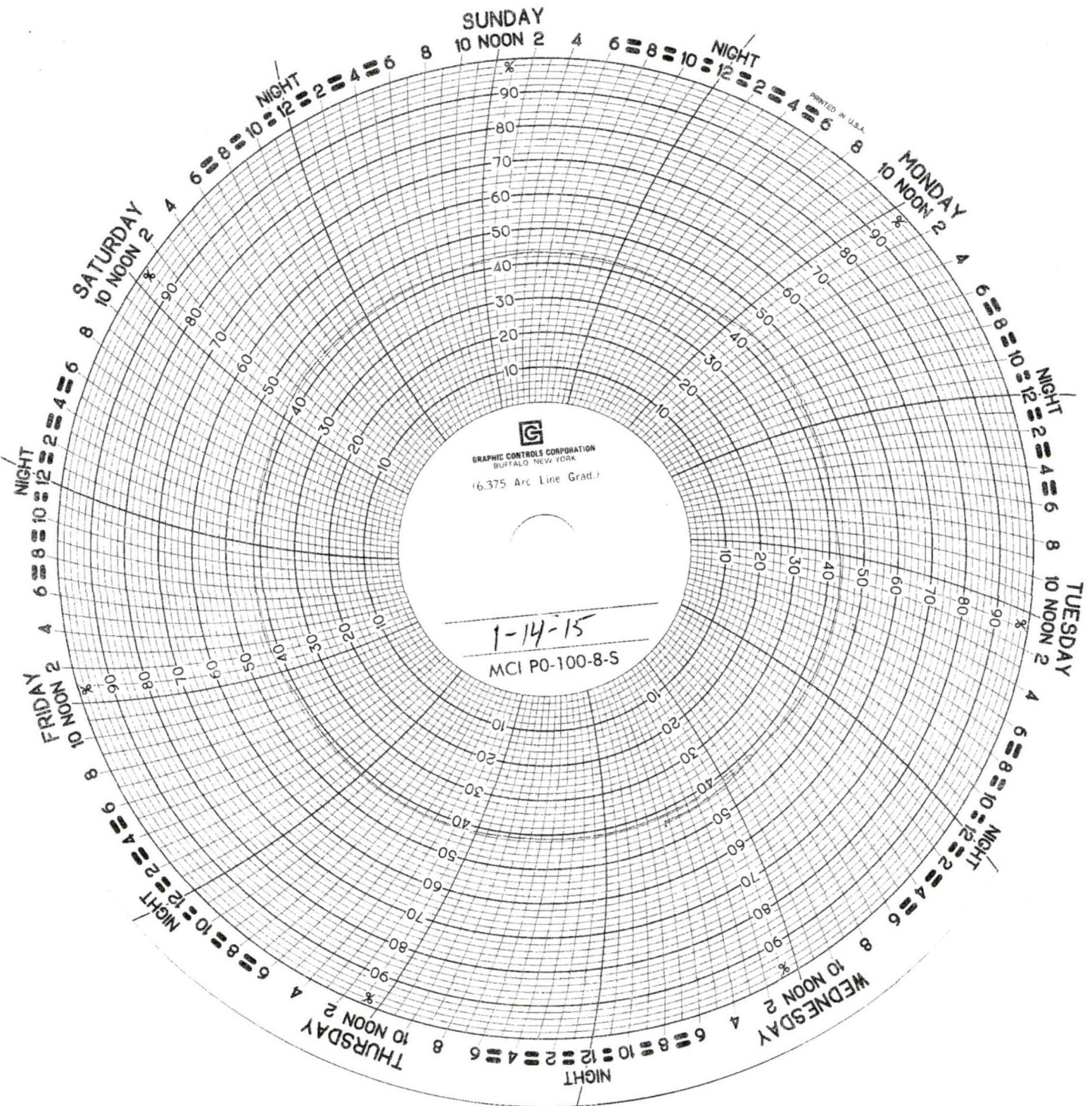
NIGHT

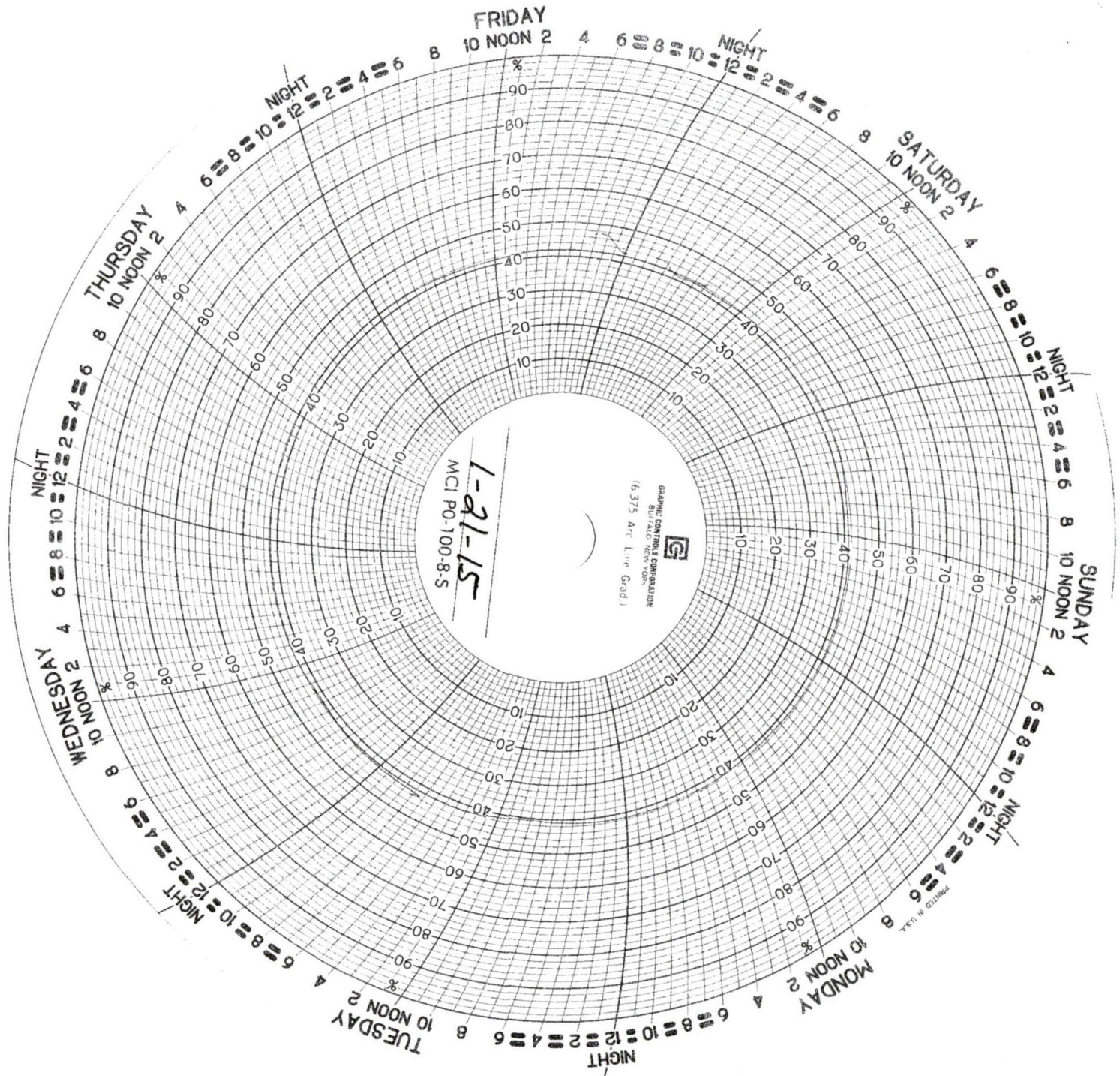
SATURDAY

10 NOON 2 4 6 8 10 12

GRAPHIC CONTROLS CORPORATION  
BUFFALO NEW YORK  
(6.375 Arc Line Grad.)

1-14-15  
MCI PO-100-8-S





1-21-15  
MCI PO. 100-8-5

Graphic Controls Corporation  
Burlington, Vermont  
(6375 Arc Line Grid)

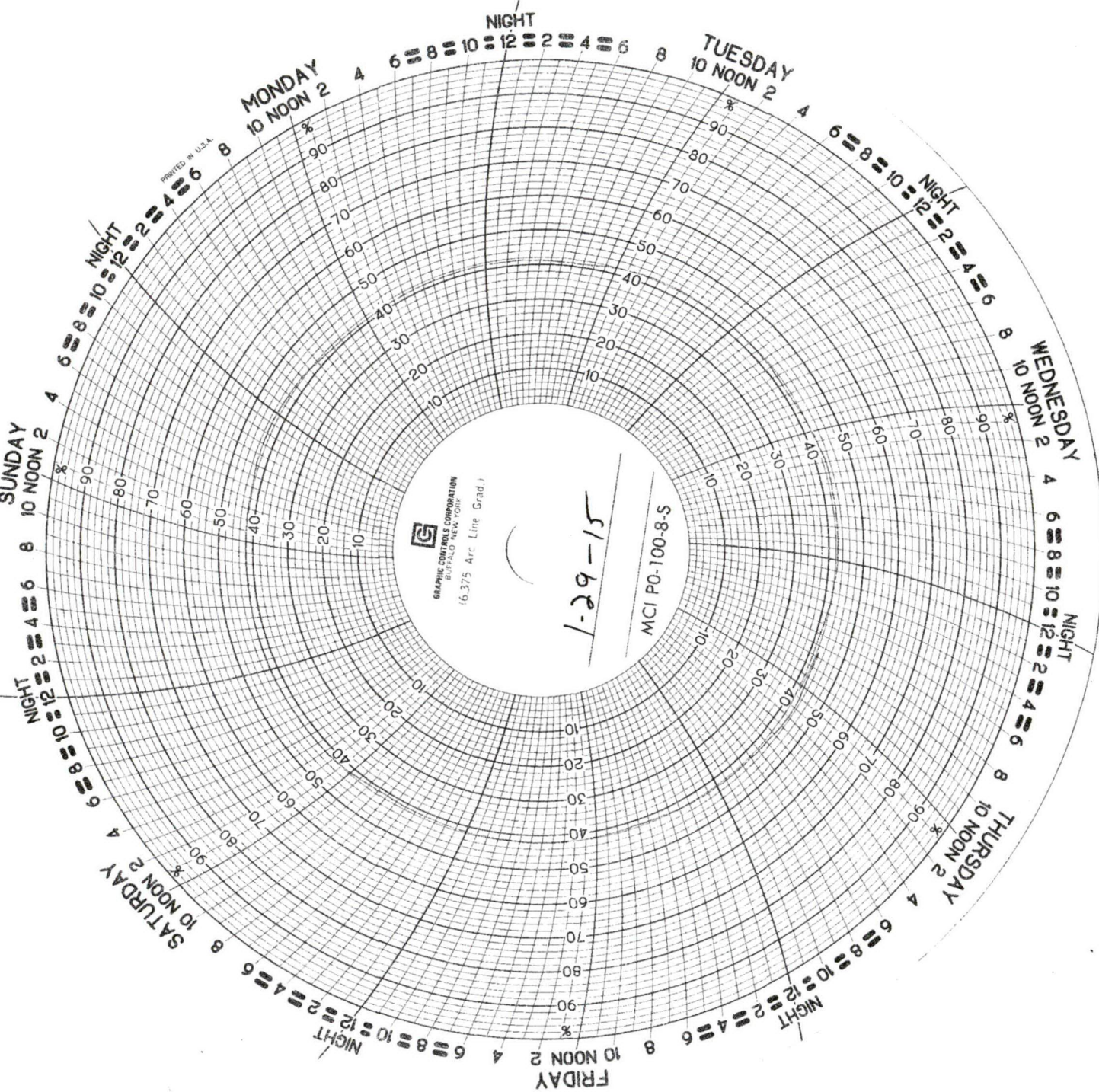


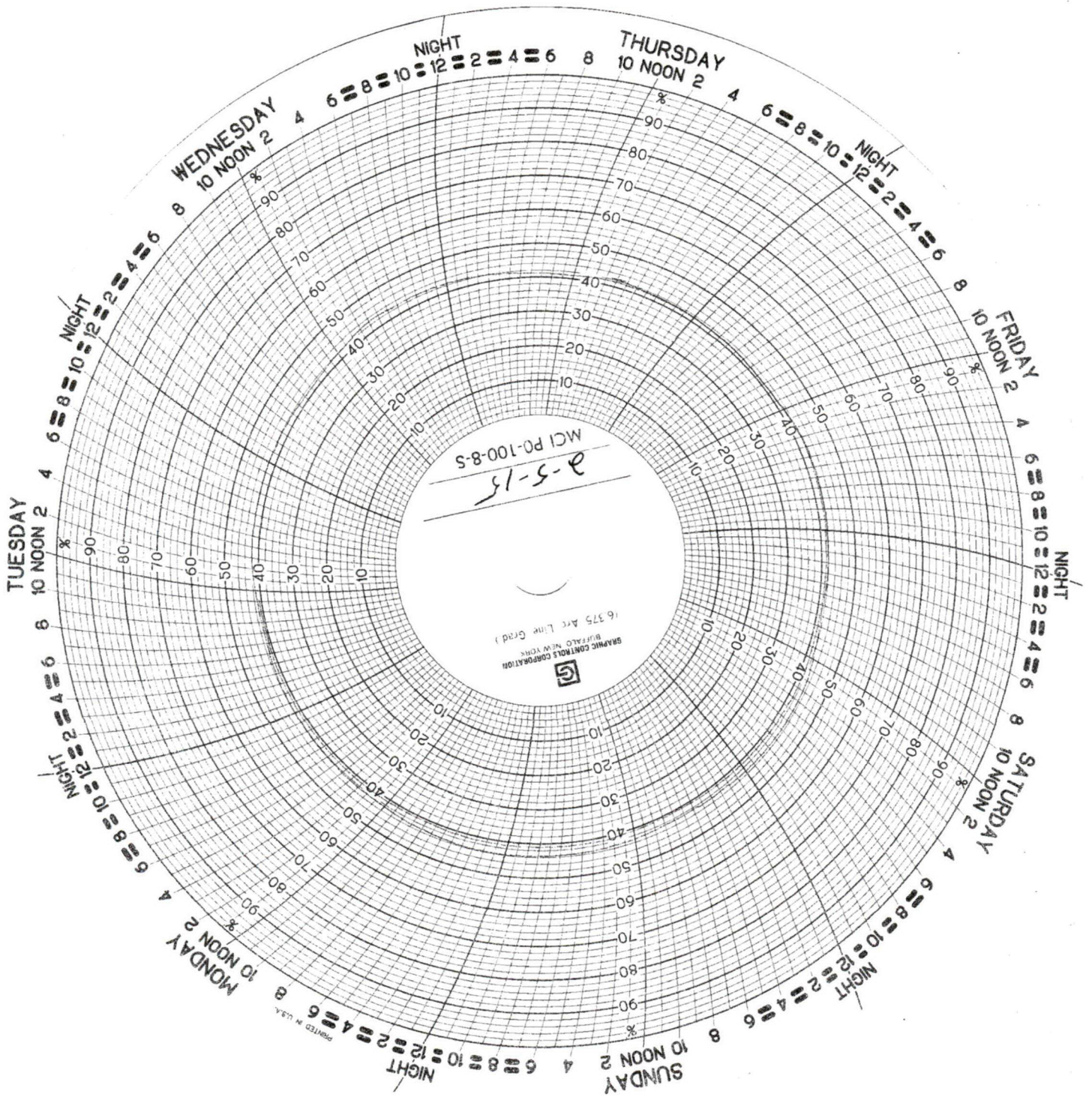
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**G**  
GRAPHIC CONTROLS CORPORATION  
BUFFALO, N.Y. 14201  
(6.375 Arc Lite Grad.)

1-29-15  
MCI P0-100-8-S

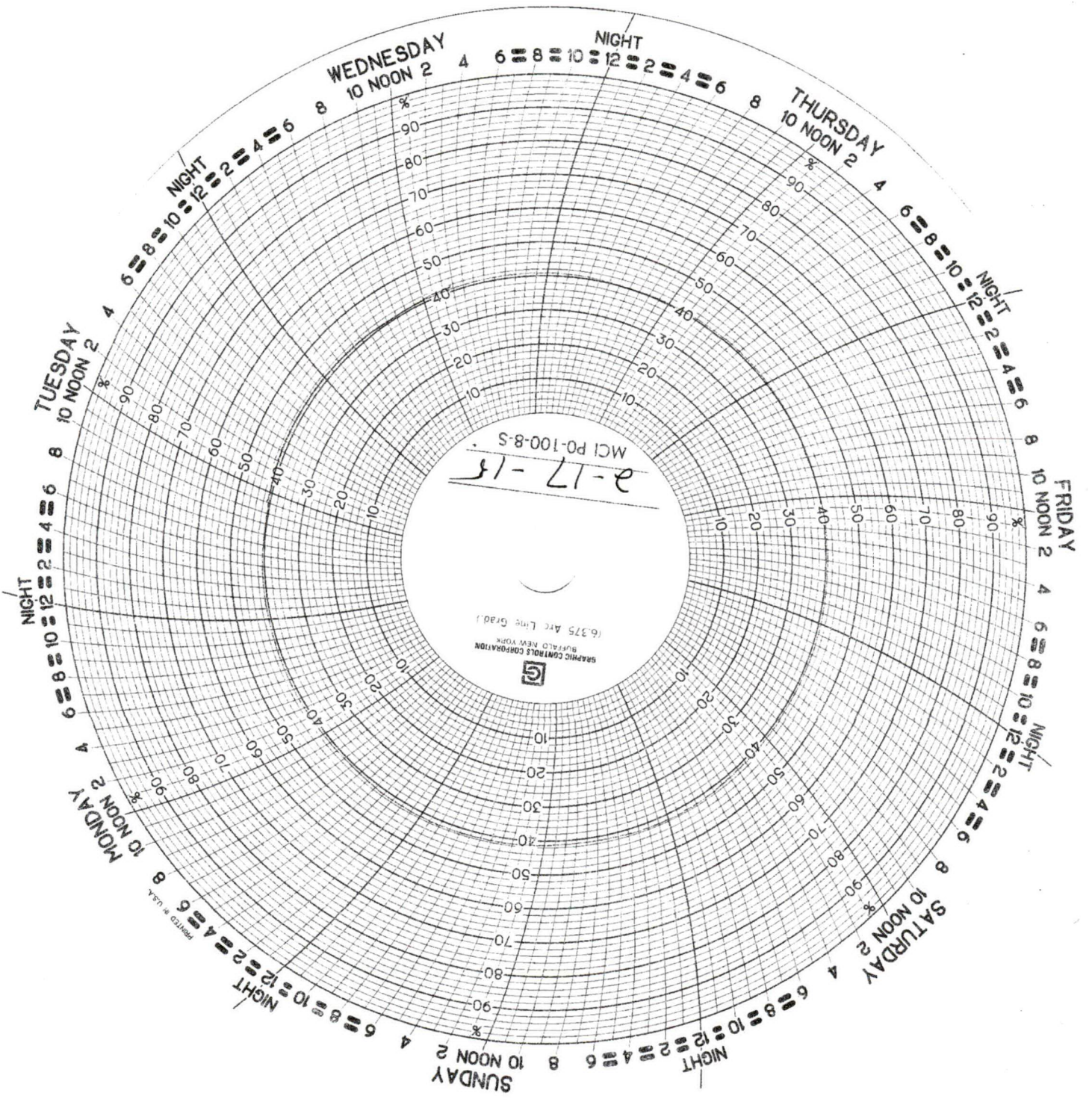




GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK  
16 375 Ave. Lime Grad.

MCI PD-100-8-S  
2-5-15

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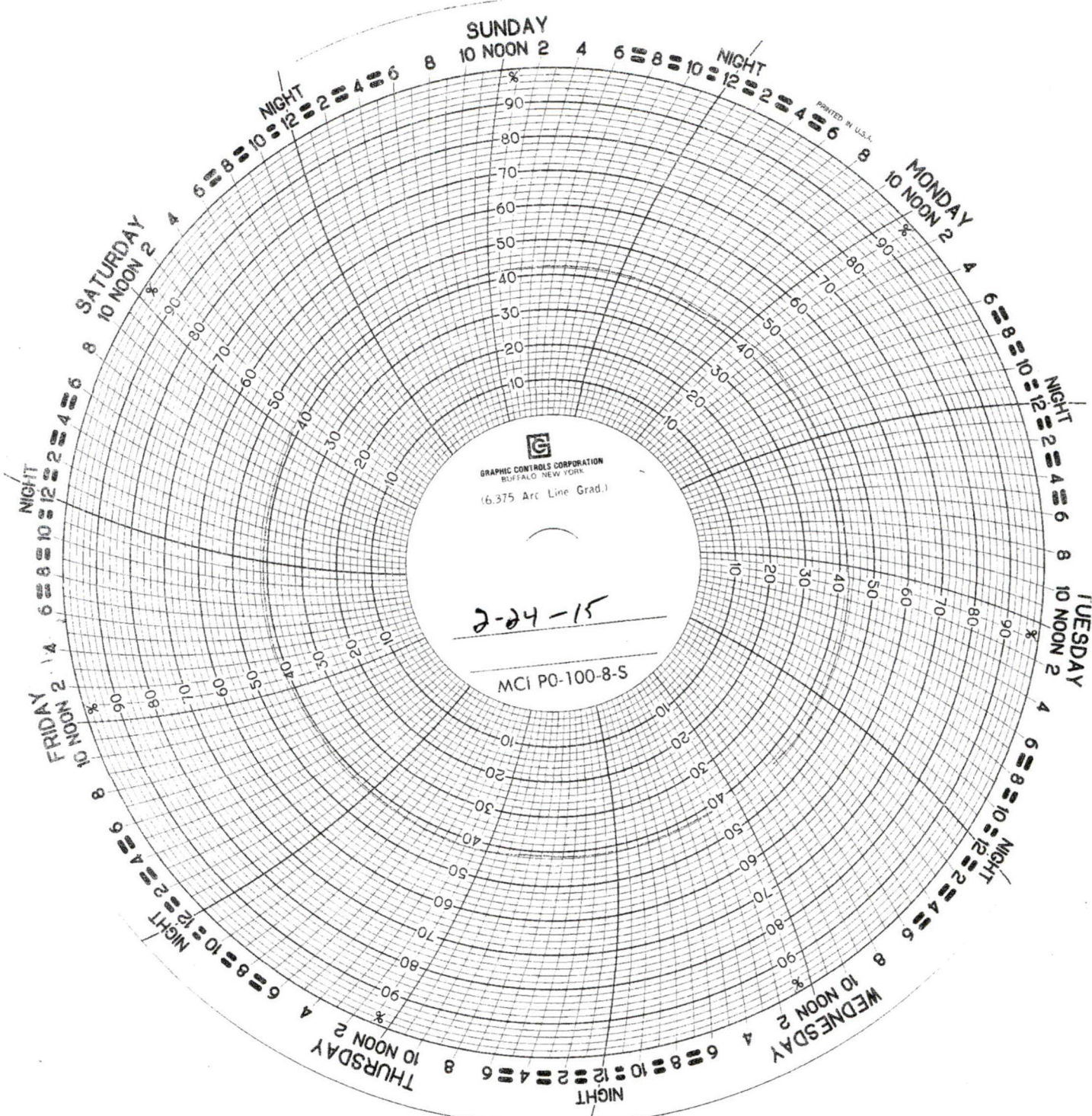


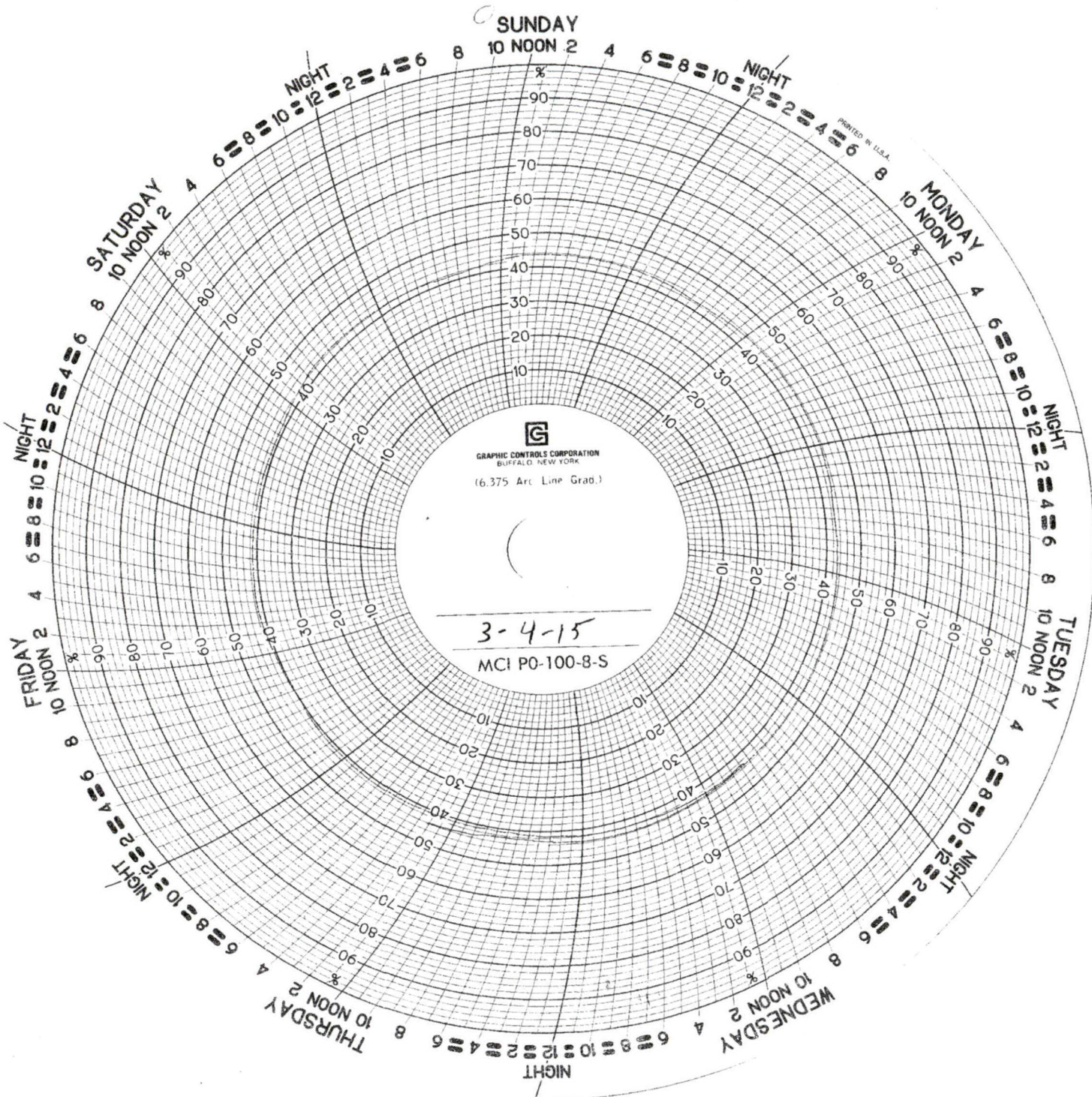
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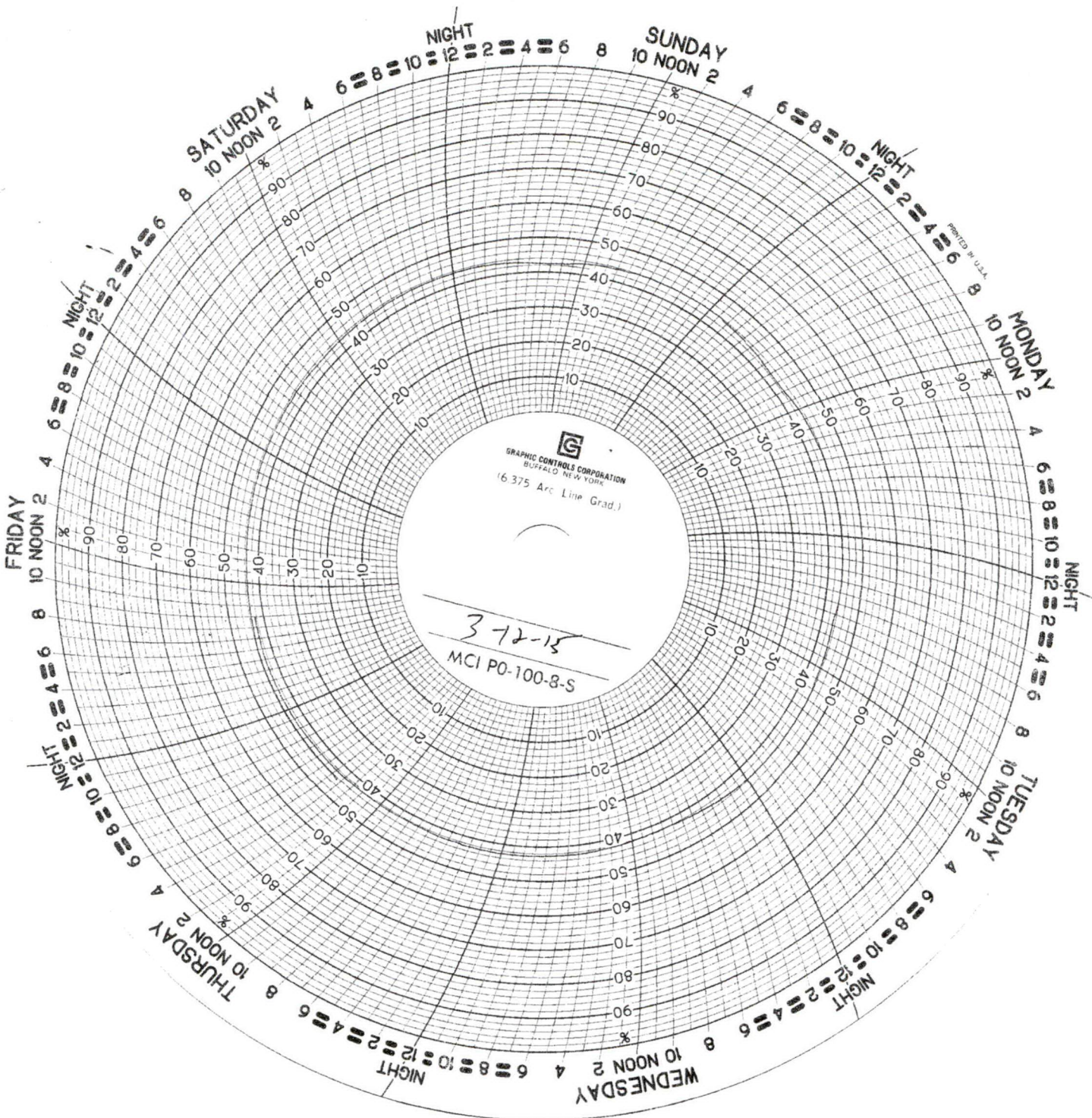
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BUFFALO NEW YORK  
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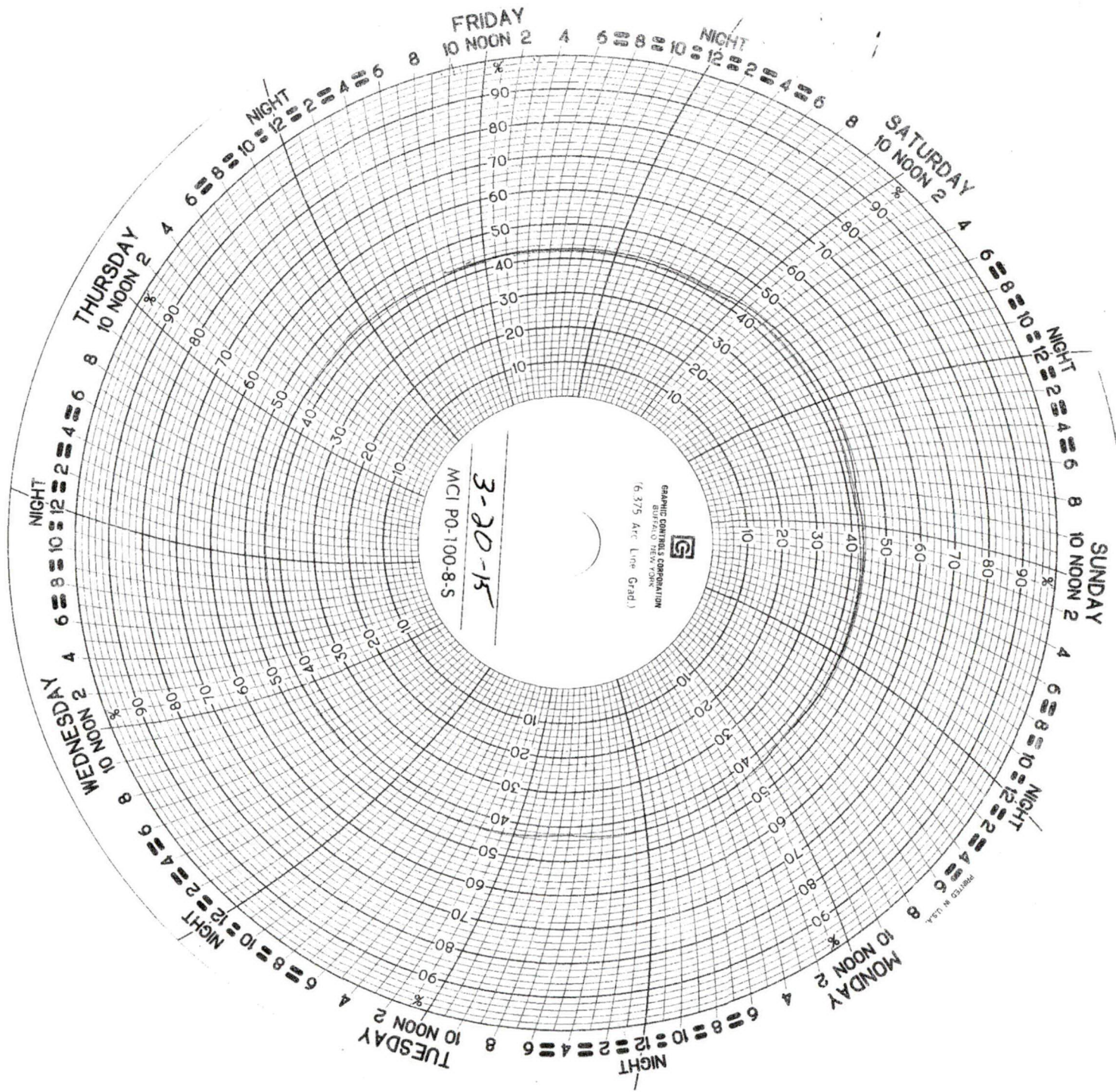




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(6375 Arc Line Grad.)

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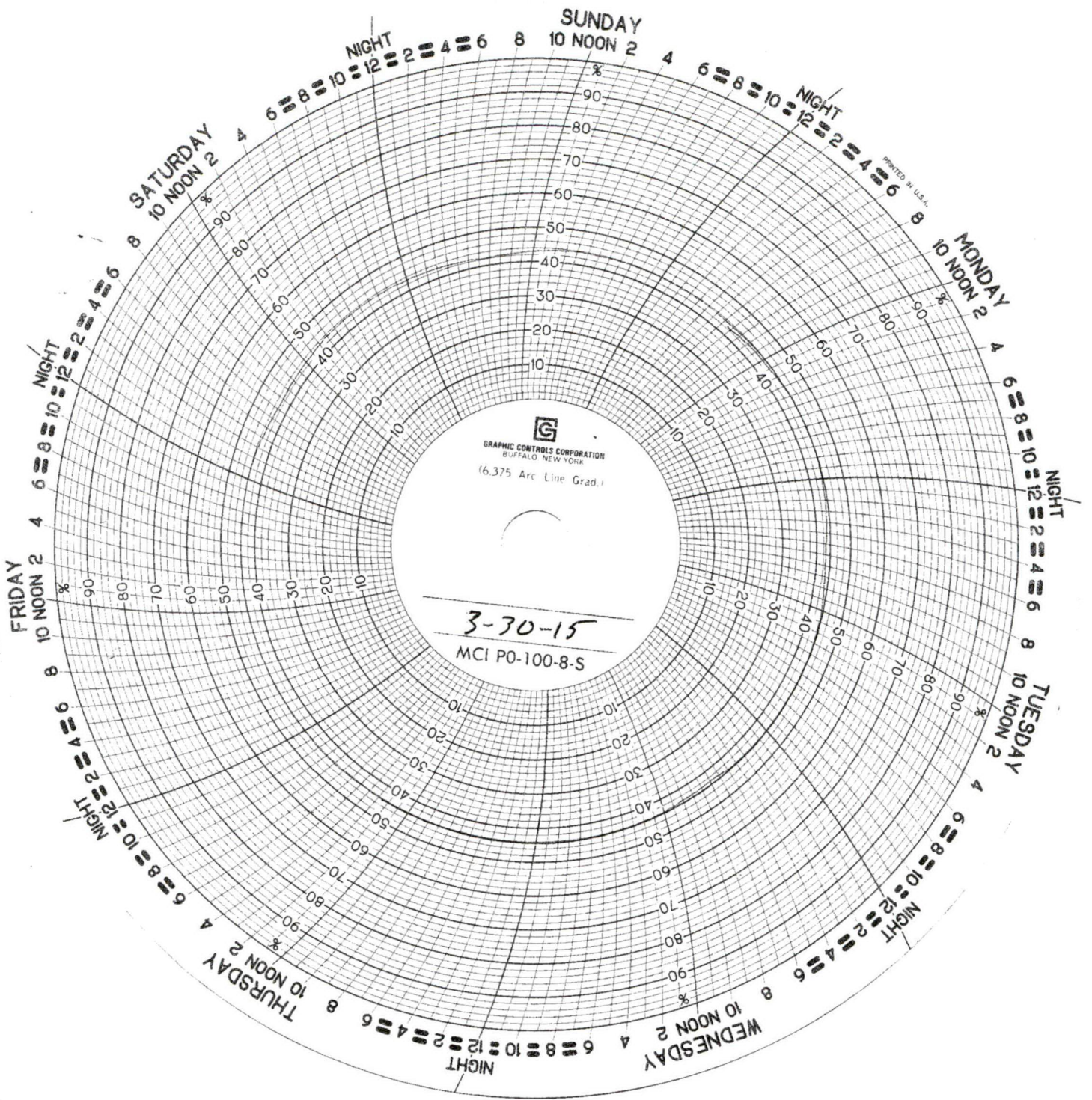
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3-20-15  
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GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK  
(6.375 Arc Line Grad.)

3-30-15  
MCI PO-100-8-S

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FRIDAY  
10 NOON 2 4 6 8 10 12 NIGHT

SATURDAY  
10 NOON 2 4 6 8 10 12 NIGHT

SUNDAY  
10 NOON 2 4 6 8 10 12 NIGHT

MONDAY  
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TUESDAY  
10 NOON 2 4 6 8 10 12 NIGHT

WEDNESDAY  
10 NOON 2 4 6 8 10 12 NIGHT

THURSDAY  
10 NOON 2 4 6 8 10 12 NIGHT

ODOROMET READINGS

City of Tompkinsville

Percent of Gas in Air (1% Scale)

LOCATION	Initial Reading	Actual Reading	Date
24 Exceutive Dr	.91	.88	2-24-15
158 Berea Church Rd.	.85	.80	2-24-15
8195 County House Rd	.93	.90	2-24-15
"Christ The King Church" Celina Rd	.67	.57	2-24-15
Remarks:			
Test By	Jason Warner		

City of Tompkinsville

PATROLLING DISTRIBUTION SYSTEM			
Patrol Starting Date	2-23-15	Patrol Ending Date	2-25-15
Mapping Section		Block Map Section	
VISUAL OBSERVATION INSPECTION			
Leakage Indicated (location and indication: vegetation, asphalt, concrete, excavation, erosion, tampering, damage)			
None Visual			
Condition at highway, major thoroughfare, secondary road, railroad crossings, right-of-ways.			
Other extenuating circumstances that may affect the present and continued safety and integrity of the pipeline facility.			
Heavy snow melt + excessive rainfall has caused creeks + streams to rise. Potential washouts on creek crossings possible.			
Follow-up maintenances, repairs, preventative measures, testing, and precautionary actions.			
Atmospheric corrosion survey, involving localized and general corrosion. Corrosion at the riser where it exits the ground. Checks for the effects of lightening and stray current as well chemical/bacteria electrolytes.			
Number of qualified employees patrolling ? (1-10)		2	
Signature Patrolling Personnel	<i>Jason Ware</i>	Date of This Report	2-25-15
Signature Patrolling Personnel	<i>Mari Wells</i>	Date of This Report	2-25-15
Signature Patrolling Personnel		Date of This Report	
Signature Patrolling Personnel		Date of This Report	

3-3-15

City of Tompkinsville

Cathodic Testing

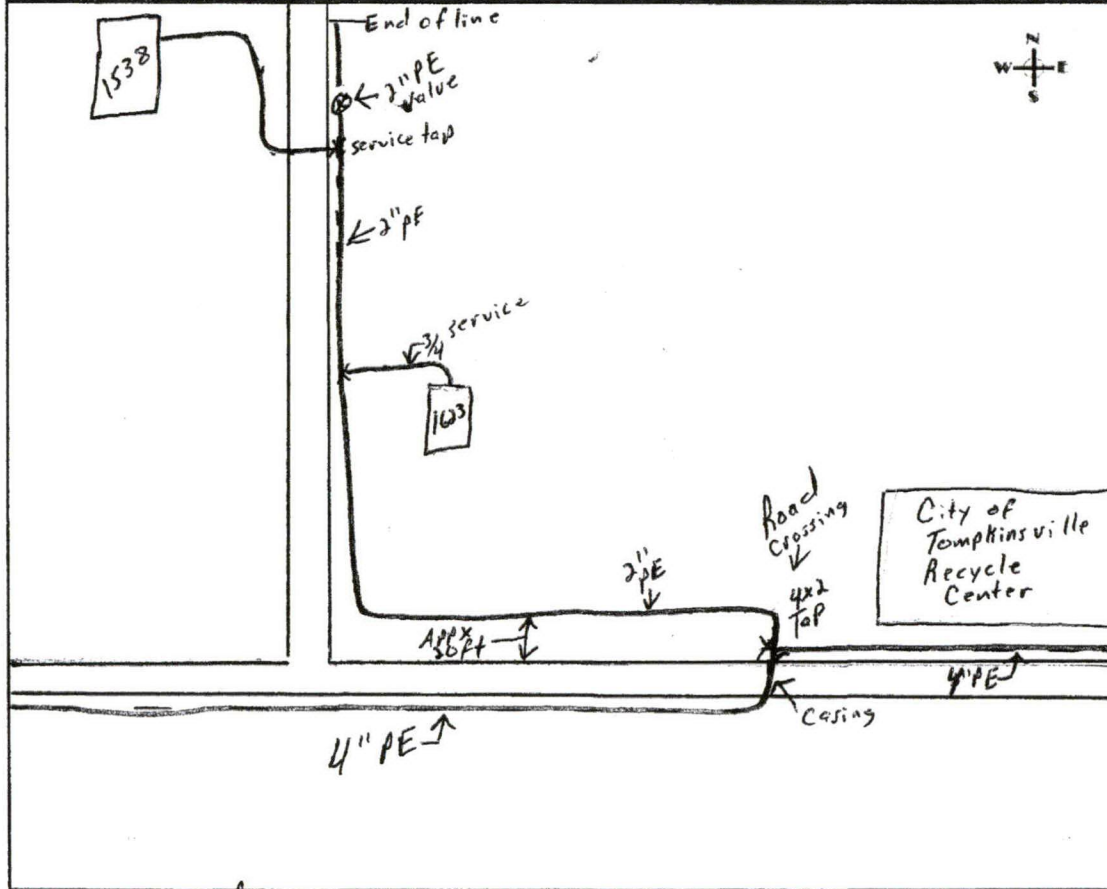
Station Test Points	January	February	March	April	May	June	July	August	September	October	November	December
2" Green Hills			-1.285									
3" Green Hills			-1.240									
2" Inlet Idru			-1.109									
3" Outlet Idru			-1.116									
2" Rocky Query			-1.116									
3" Rocky Query			-1.121									
Town Border												
3" East Inlet			-1.125									
Poplar Log Inlet			-1.340									
Poplar Log Outlet			-1.333									
Sandlick			-1.538									
Red Line												

Mari Cole



NATURAL GAS (MAIN) AND SERVICE INSTALLATION RECORDS

Address	Hwy 3144 + down Cave Springs Rd.	Apt#		City	Tompkinsville	Cty	Monroe	Time Received		Date Received	
Customer Name	City of Tompkinsville				Phone#		Customer Account#				
Installer Name	Martin Contracting				Date Received		Date Installed	2-11-15			
Date Tested	2-11-15		Test Pressure psig	100psi		Test Medium	Natural Gas	Properly Purged		Yes	<input checked="" type="checkbox"/> No
							Comp Air	<input checked="" type="checkbox"/>			
							Inert Gas				
Meter Set	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Meter Co#				Meter Mfg#			Index Reading	0000

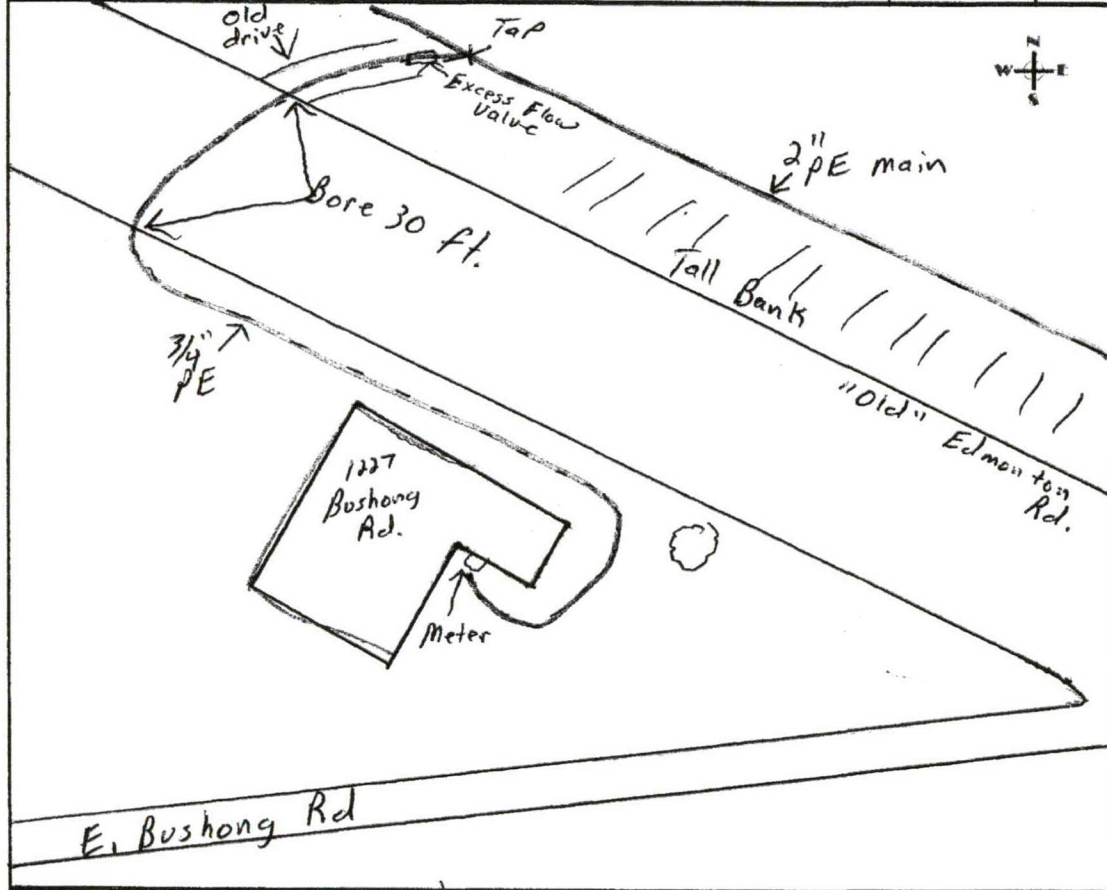


Meter Locked	Yes	No	Card Left	Yes	No
LOCATION					
Gas Main Location	Cave Springs Rd				
Mainline Valve Installed	Yes	<input checked="" type="checkbox"/>	No		
Service Location					
Service Valve	Tapping Tee		<input checked="" type="checkbox"/>		
REMARKS					
Martin Contracting laid 1120ft of 2" P.E. gas main from Hwy 3144 down Cave Springs Rd. They made a 2x4" tap on the line + installed a 2" valve at the end. The tied on a service that was existing + also ran a service to 1538.					

Signature	Jason Wane	Date	2-11-15
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NATURAL GAS MAIN AND SERVICE INSTALLATION RECORDS

Address	1227 Bushong Rd		Apt#		City	Tompkinsville	Cty	Monroe	Time Received		Date Received	
Customer Name	Kathren Walden					Phone#		Customer Account#				
Installer Name						Date Received		Date Installed	1-2-15			
Date Tested	1-2-14		Test Pressure psig	90psi		Test Medium	Natural Gas		Properly Purged	Yes	<input checked="" type="checkbox"/>	No
							Comp Air	<input checked="" type="checkbox"/>				
							Inert Gas					
Meter Set	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Meter Co#				Meter Mfg#				Index Reading	0000

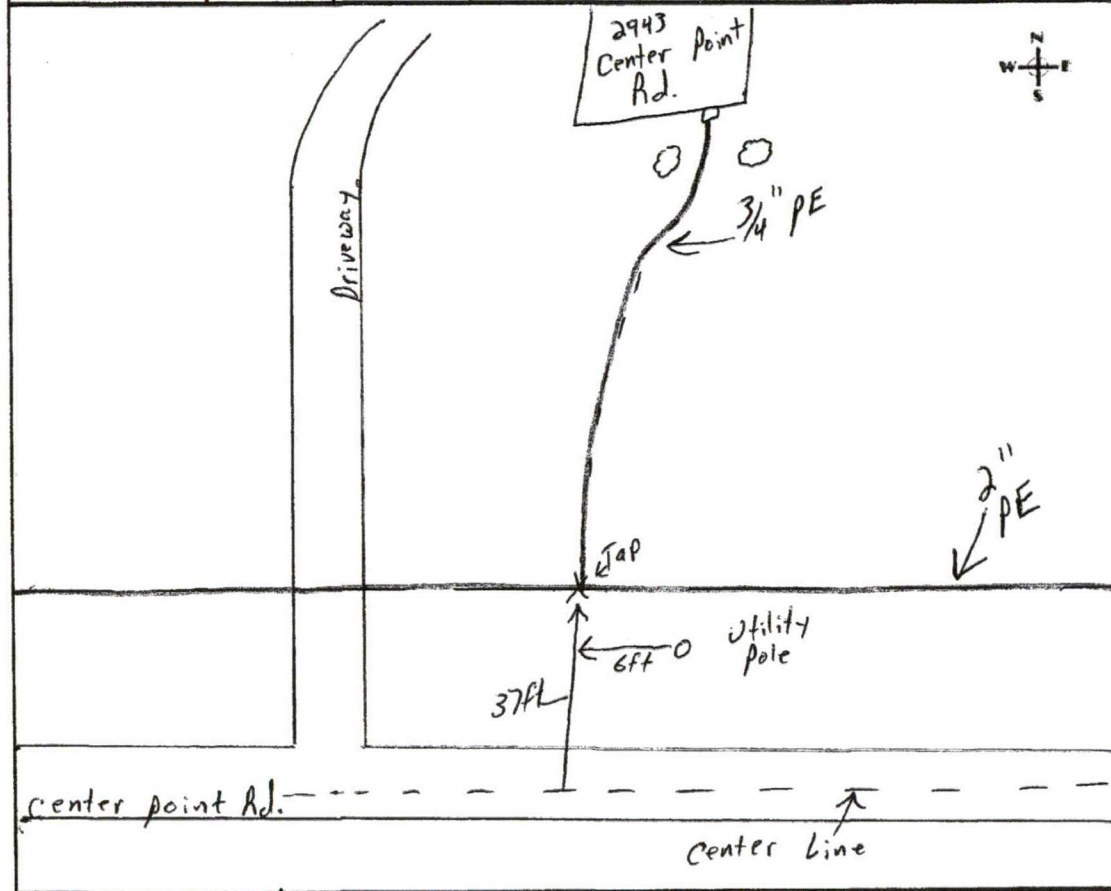


Meter Locked	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Card Left	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
LOCATION									
Gas Main Location	Old Edmonton Rd								
Mainline Valve Installed	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>					
Service Location									
Service Valve			Tapping Tee	<input checked="" type="checkbox"/>					
REMARKS									
Laid 280 ft of 3/4" PE. Done a 2x3/4 tap on PE line. Installed an excess flow valve + built the meter loop.									

Signature	Jason W.					Date	1-2-15				
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NATURAL GAS MAIN AND SERVICE INSTALLATION RECORDS

Address	2943 Center Point Rd.	Apt#		City	Tompkinsville	Cty	Monroe	Time Received		Date Received	
Customer Name	Mitchell Hagan			Phone#		Customer Account#					
Installer Name	Marvin Anderson / Eddie Bennett			Date Received		Date Installed	1-27-15				
Date Tested	1-22-15		Test Pressure psig	80psi		Test Medium	Natural Gas	Properly Purged	Yes	<input checked="" type="checkbox"/>	No
							Comp Air				
							Inert Gas				
Meter Set	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Meter Co#		Meter Mfg#	14C030405		Index Reading	9999		

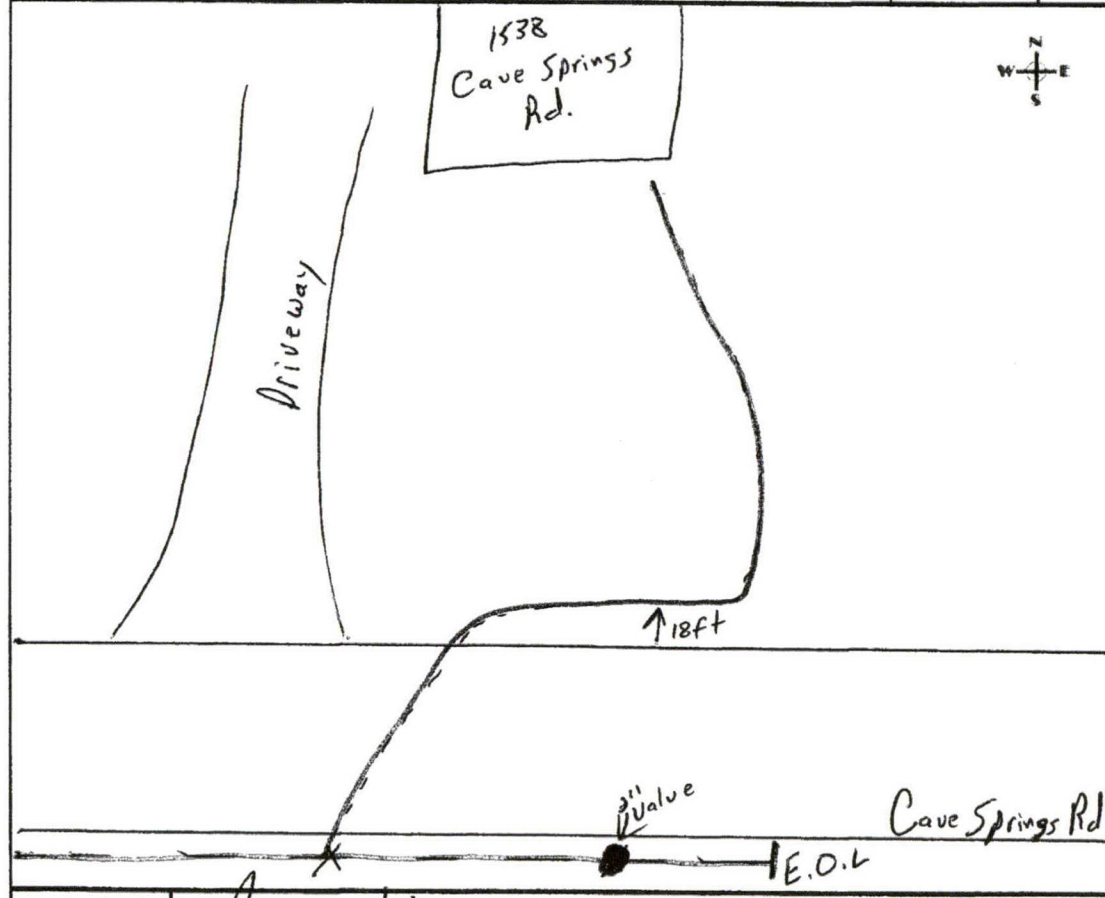


Meter Locked	Yes	<input checked="" type="checkbox"/>	No	Card Left	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
LOCATION								
Gas Main Location	Center Point Rd off edge 20'							
Mainline Valve Installed	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>				
Service Location								
Service Valve			Tapping Tee	<input checked="" type="checkbox"/>				
REMARKS								
We laid 197ft of 3/4" PE gas service line. We installed a 2x3/4 service tap, an excess flow valve, a riser, + lock valve. It was tested @80psi for 10 min. Test was good. We then tapped + purged the line.								

Signature	Jason W.				Date	1-27-15	
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NATURAL GAS MAIN AND SERVICE INSTALLATION RECORDS

Address	1538 Cave Springs Rd		Apt#		City	Tompkinsville	City	Monroe	Time Received		Date Received	
Customer Name	Johnny Travis					Phone#		Customer Account#				
Installer Name	Casey Chelf				Date Received		Date Installed	2-11-15				
Date Tested	2-11-15		Test Pressure psig	100 psi		Test Medium	Natural Gas	Properly Purged	Yes	<input checked="" type="checkbox"/> No		
						Comp Air						
						Inert Gas						
Meter Set	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Meter Co#				Meter Mfg#			Index Reading	0000	



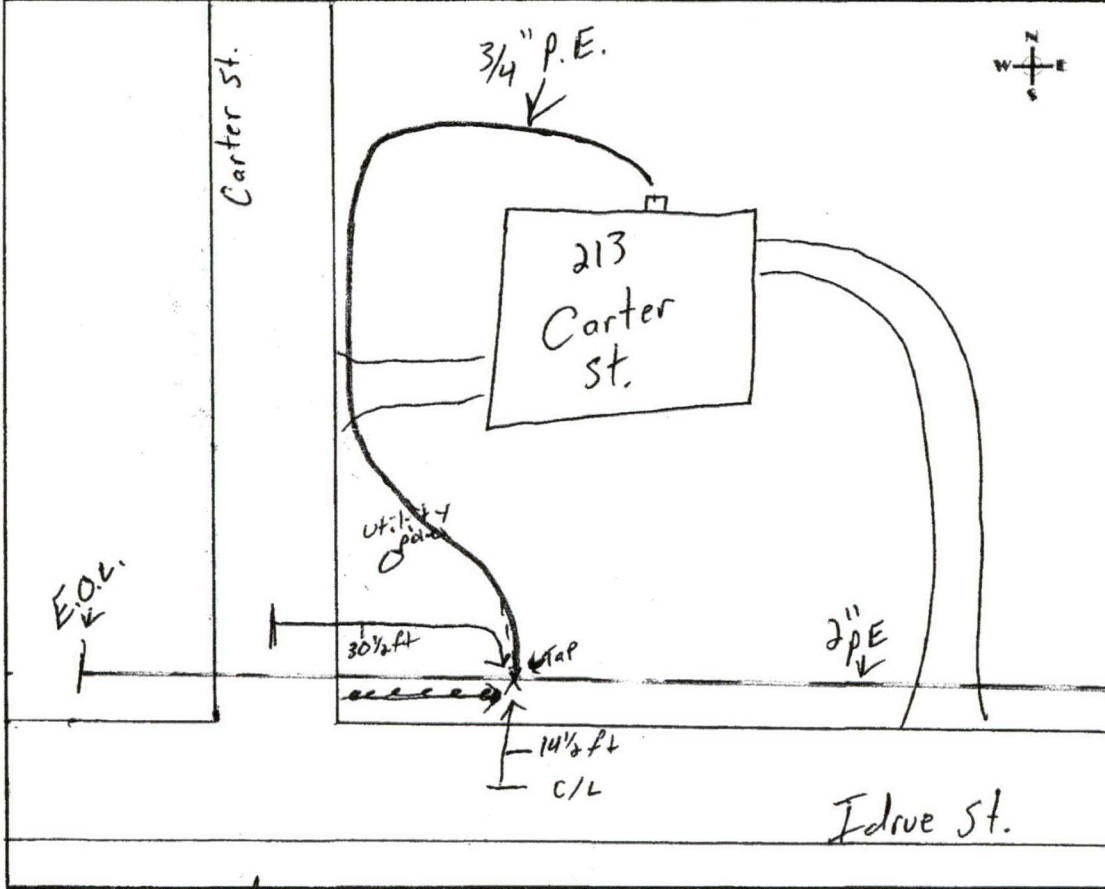
Meter Locked	Yes	<input checked="" type="checkbox"/> No	Card Left	Yes	No
LOCATION					
Gas Main Location	Cave Springs Rd				
Mainline Valve Installed	Yes	No	<input checked="" type="checkbox"/>		
Service Location	1538 Cave Springs Rd.				
Service Valve		Tapping Tee	<input checked="" type="checkbox"/>		
REMARKS					
Laid 358ft of 3/4" service tubing, tapped a 2" PE Line, set the riser & meter set. The service has an Excess Flow Valve installed. Service has been tested at 100psi.					

Signature	Jason Wane				Date	2-11-15
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NATURAL GAS MAIN AND SERVICE INSTALLATION RECORDS

Address	213 Carter St.		Apt#		City	Tompkinsville	City	Monroe	Time Received		Date Received		
Customer Name	David Crowe					Phone#		Customer Account#					
Installer Name	Jason Warren					Date Received		Date Installed	3-17-15				
Date Tested	3-17-15		Test Pressure psig	90psi		Test Medium	Natural Gas		Properly Purged	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
							Comp Air	<input checked="" type="checkbox"/>					
							Inert Gas						
Meter Set	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Meter Co#				Meter Mfg#	14C0303404		Index Reading	0000		



Meter Locked	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Card Left	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
LOCATION									
Gas Main Location	Idrue St.								
Mainline Valve Installed	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>					
Service Location	213 Carter St.								
Service Valve			Tapping Tee	<input checked="" type="checkbox"/>					
REMARKS									
We laid 149ft of 3/4" service tubing. We made a 2x3/4 electrofuse tap, installed an excess flow valve, riser, & lock valve. We tested the service for 10min @ 90psi. We then tapped the line & purged. Finally, we hung the meter & locked everything off until we hear from the customer to activate services.									

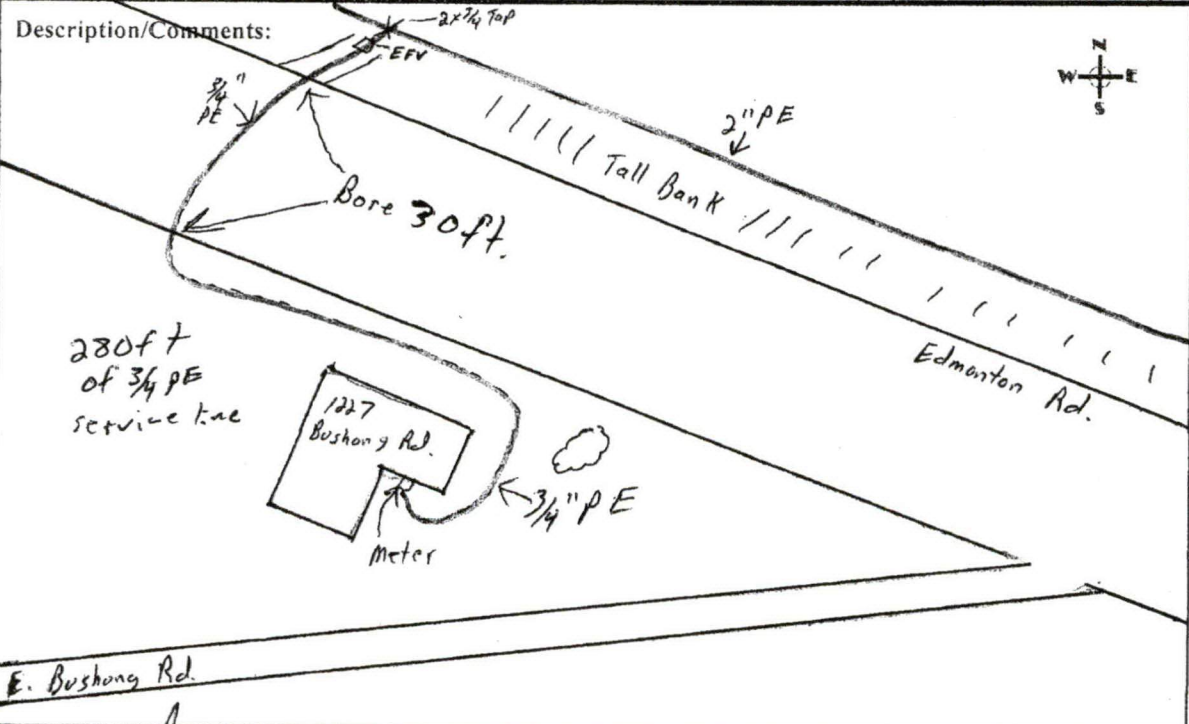
Signature	Jason Warren					Date	3-17-15	
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VISUAL INSPECTION OF MAINS AND SERVICE PIPELINES

Address 1227 Bushong Rd. Location Edmonton Rd / Bushong Rd.

TYPE	CONDITION	CORROSION	COATING TYPE
Steel	Excellent	Localized	Millwrap
PE	✓ Good	General	Enamel
Cast Iron	Slight Pitting	Other	Roskote
CSST	Extreme Pitting	Pitting Depth	Oxidemp
Main	Hole/Voids		Xtrucoat
Service	Graphitization		Mastic
Other	Bent		Cold Roll
	Broken		Hot Wrap
	Other		Heat Shrink

COATING CONDITION	SOIL TYPE	SOIL COMPOSITION	EXCAVATION
Good	✓ Rock	Dry	Main Extension
Poor	Cinder	Wet/Swampy	Service Tap
Damaged	Clay	✓ Normal	✓ Leak Repair
Other	Loam	Moister Range (3-5)	Re-routing
	Sand	Moister Range (5-8)	Third Party
	Alluvion		Abandonment
	Other		Deactivation
			Utility Theft
			Other

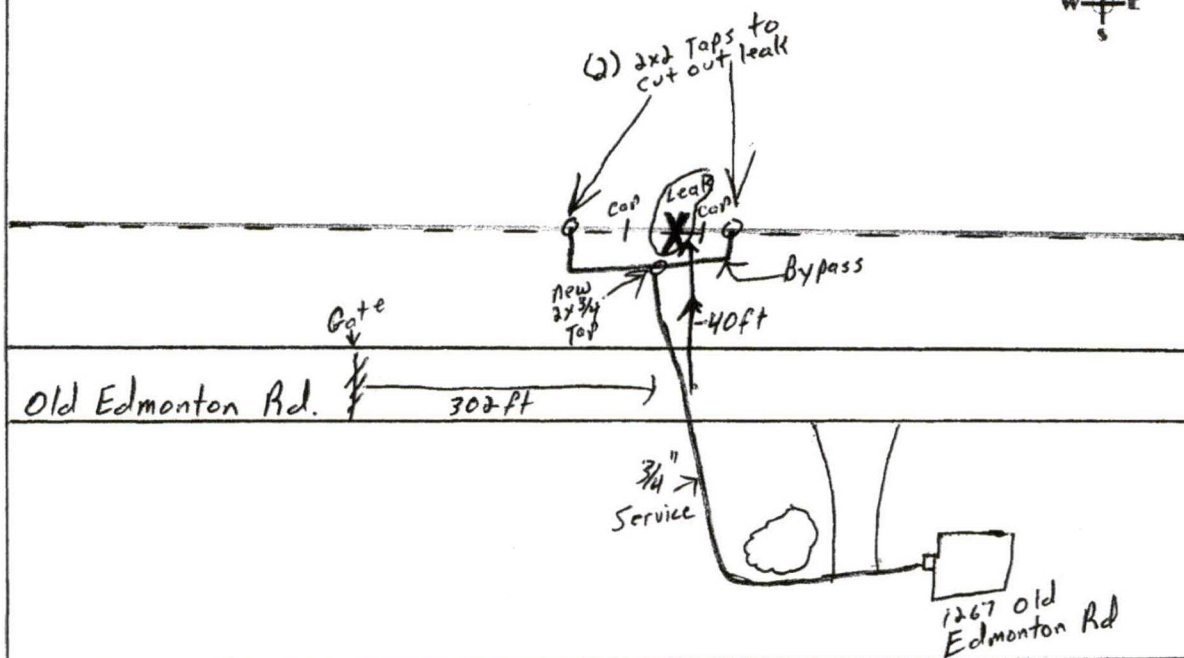


Name Jason W. Date 1-2-15

VISUAL INSPECTION OF MAINS AND SERVICE PIPELINES

Address	1267 Old Edmonton Rd		Location	Tompkinsville
TYPE		CONDITION	CORROSION	COATING TYPE
Steel		Excellent	✓ Localized	Millwrap
PE		✓ Good	General	Enamel
Cast Iron		Slight Pitting	Other	Roskote
CSST		Extreme Pitting	Pitting Depth	Oxidemp
Main		Hole/Voids	A/A	Xtrucoat
Service		Graphitization		Mastic
Other		Bent		Cold Roll
		Broken		Hot Wrap
		Other		Heat Shrink
COATING CONDITION		SOIL TYPE	SOIL COMPOSITION	EXCAVATION
Good		✓ Rock	Dry	Main Extension
Poor		Cinder	Wet/Swampy	Service Tap
Damaged		Clay	✓ Normal	✓ Leak Repair
Other		Loam	Moister Range (3-5)	Re-routing
		Sand	Moister Range (5-8)	Third Party
		Alluvion		Abandonment
		Other		Deactivation
				Utility Theft
				Other

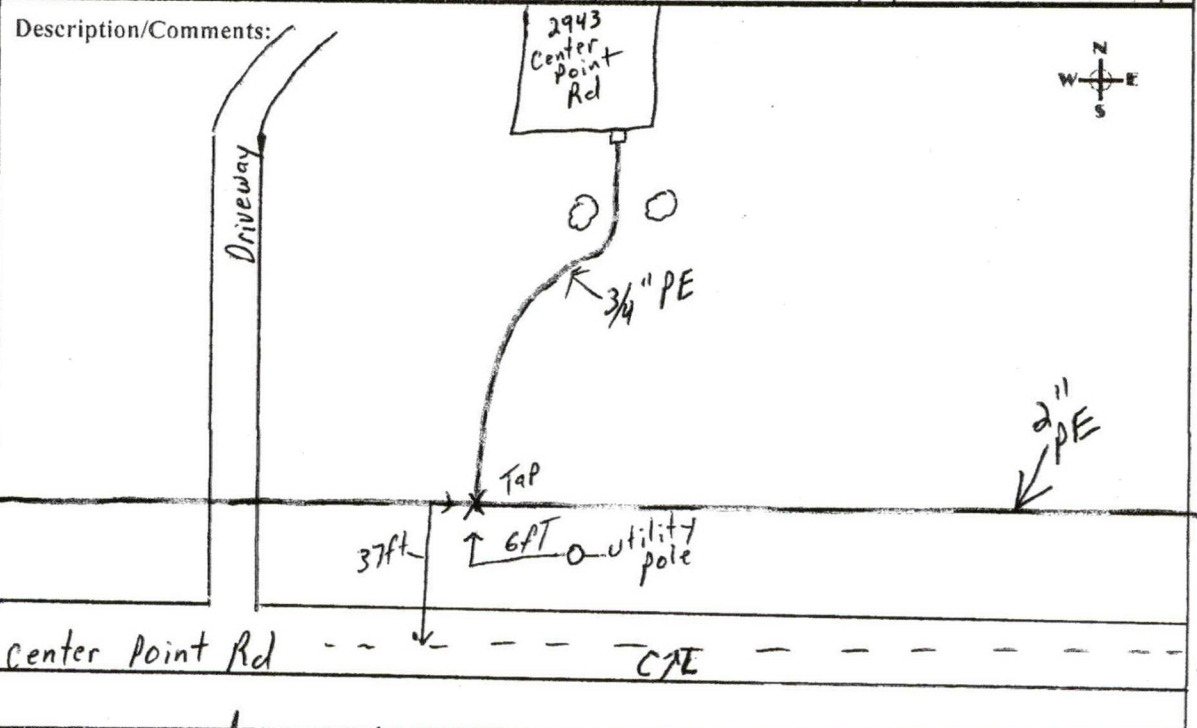
Description/Comments:



Name: *Jason Warner* Date: *1-15-15*

## VISUAL INSPECTION OF MAINS AND SERVICE PIPELINES

Address <b>2943 Center Point Rd</b>		Location	
TYPE	CONDITION	CORROSION	COATING TYPE
Steel	Excellent	<input checked="" type="checkbox"/> Localized	Millwrap
PE	<input checked="" type="checkbox"/> Good	General	Enamel
Cast Iron	Slight Pitting	Other	Roskote
CSST	Extreme Pitting	Pitting Depth	Oxidemp
Main	Hole/Voids		Xtrucoat
Service	Graphitization		Mastic
Other	Bent		Cold Roll
	Broken		Hot Wrap
	Other		Heat Shrink
COATING CONDITION	SOIL TYPE	SOIL COMPOSITION	EXCAVATION
Good	<input checked="" type="checkbox"/> Rock	Dry	Main Extension
Poor	Cinder	Wet/Swampy	<input checked="" type="checkbox"/> Service Tap
Damaged	Clay	<input checked="" type="checkbox"/> Normal	Leak Repair
Other	Loam	Moister Range (3-5)	Re-routing
	Sand	Moister Range (5-8)	Third Party
	Alluvion		Abandonment
	Other		Deactivation
			Utility Theft
			Other

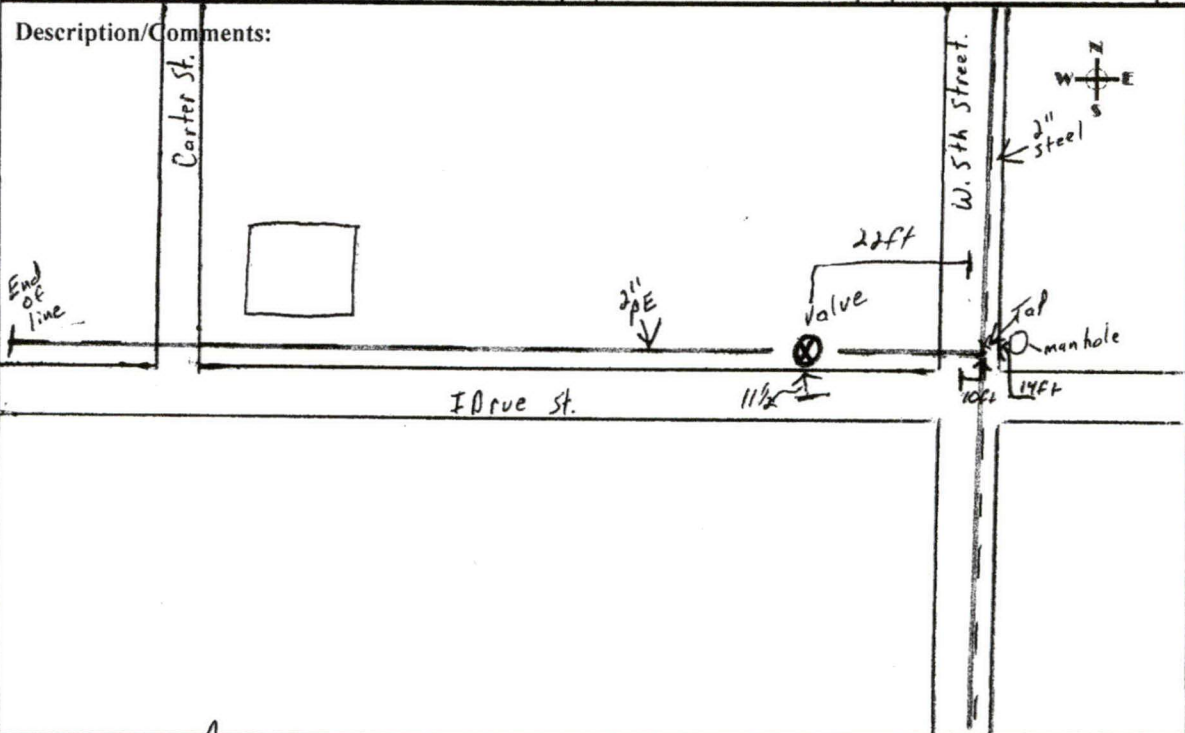


Name <b>Jason W.</b>	Date <b>1-22-15</b>
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VISUAL INSPECTION OF MAINS AND SERVICE PIPELINES

Address		Intersection of I Drive St. & 5th St.		Location		Tompkinsville, Ky	
TYPE		CONDITION		CORROSION		COATING TYPE	
Steel		✓ Excellent		Localized		Millwrap	
PE		Good		✓ General		Enamel	
Cast Iron		Slight Pitting		Other		Roskote	
CSST		Extreme Pitting		Pitting Depth		Oxidemp	
Main		Hole/Voids				Xtrucoat	
Service		Graphitization				Mastic	
Other		Bent				Cold Roll	
		Broken				Hot Wrap	
		Other				Heat Shrink	
COATING CONDITION		SOIL TYPE		SOIL COMPOSITION		EXCAVATION	
Good		✓ Rock		Dry		✓ Main Extension	
Poor		Cinder		Wet/Swampy		Service Tap	
Damaged		Clay		✓ Normal		Leak Repair	
Other		Loam		Moister Range (3-5)		Re-routing	
		Sand		Moister Range (5-8)		Third Party	
		Alluvion				Abandonment	
		Other				Deactivation	
						Utility Theft	
						Other	

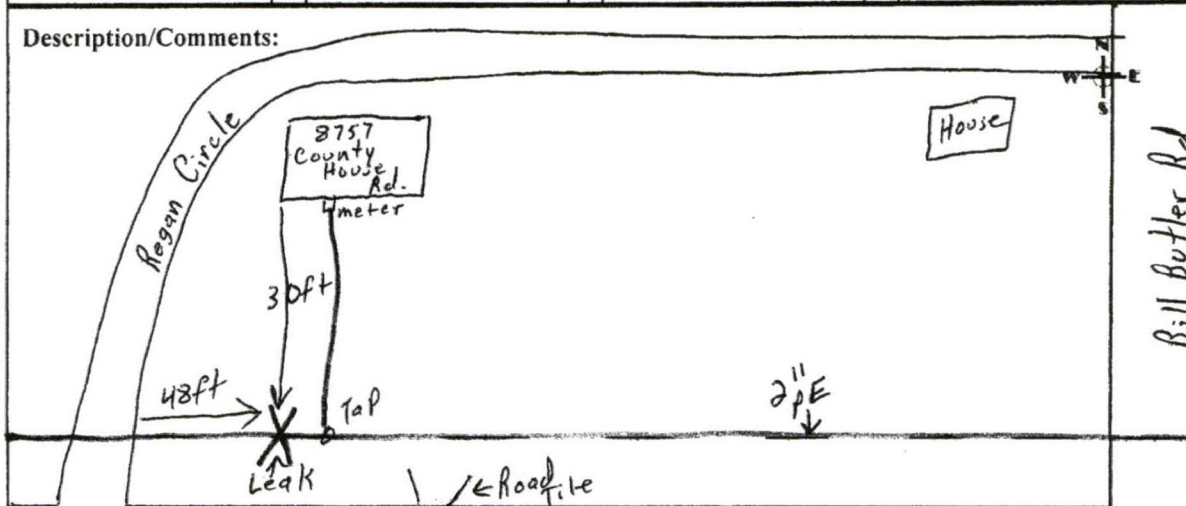


Name: *Jason Wane* Date: *2-10-15*

**VISUAL INSPECTION OF MAINS AND SERVICE PIPELINES**

Address <b>8757 County House Rd.</b>		Location <b>Tompkinsville</b>					
TYPE		CONDITION		CORROSION		COATING TYPE	
Steel		Excellent		Localized		Millwrap	
PE	✓	Good		General		Enamel	
Cast Iron		Slight Pitting		Other		Roskote	
CSST		Extreme Pitting		Pitting Depth		Oxidemp	
Main		Hole/Voids		N/A		Xtrucoat	N/A
Service		Graphitization			Mastic		
Other		Bent				Cold Roll	
		Broken				Hot Wrap	
		Other	✓			Heat Shrink	
COATING CONDITION		SOIL TYPE		SOIL COMPOSITION		EXCAVATION	
Good	✓	Rock		Dry		Main Extension	
Poor		Cinder		Wet/Swampy		Service Tap	
Damaged		Clay		✓ Normal		✓ Leak Repair	✓
Other		Loam		Moister Range (3-5)		Re-routing	
		Sand		Moister Range (5-8)		Third Party	
		Alluvion				Abandonment	
		Other				Deactivation	
						Utility Theft	
						Other	

Description/Comments:

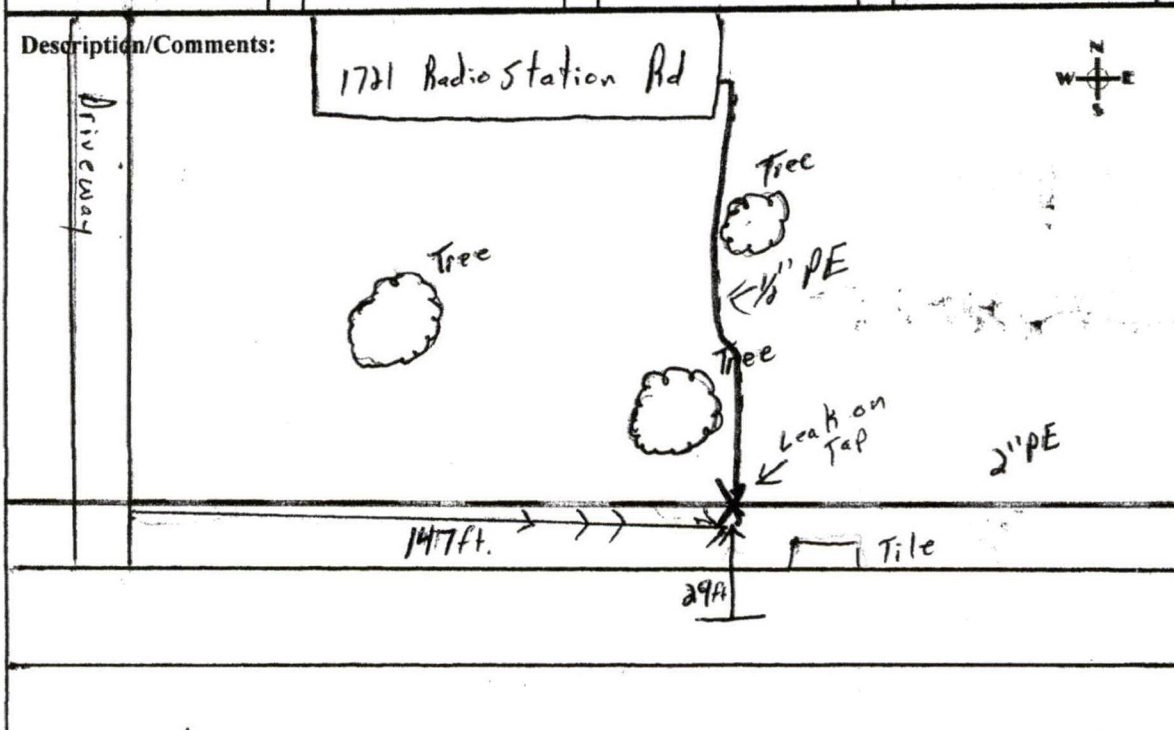


County House Rd.

Name <b>Jason Waver</b>	Date <b>2-21-15</b>
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VISUAL INSPECTION OF MAINS AND SERVICE PIPELINES

Address		1721 Radio Station Rd		Location		Tompkinsville, Ky	
TYPE		CONDITION		CORROSION		COATING TYPE	
Steel		Excellent		Localized		Millwrap	
PE		Good		General		Enamel	
Cast Iron		Slight Pitting		Other		Roskote	
CSST		Extreme Pitting		Pitting Depth		Oxidemp	
Main		Hole/Voids				Xtrucoat	
Service		Graphitization				Mastic	
Other		Bent				Cold Roll	
		Broken				Hot Wrap	
		Other				Heat Shrink	
COATING CONDITION		SOIL TYPE		SOIL COMPOSITION		EXCAVATION	
Good		Rock		Dry		Main Extension	
Poor		Cinder		Wet/Swampy		Service Tap	
Damaged		Clay		Normal		Leak Repair	
Other		Loam		Moister Range (3-5)		Re-routing	
		Sand		Moister Range (5-8)		Third Party	
		Alluvion				Abandonment	
		Other				Deactivation	
						Utility Theft	
						Other	



Name Jason Wane Date 3-11-15

**VISUAL INSPECTION OF MAINS AND SERVICE PIPELINES**

<b>Address</b>	213 Carter St.	<b>Location</b>	Tompkinsville, Ky
<b>TYPE</b>	<b>CONDITION</b>	<b>CORROSION</b>	<b>COATING TYPE</b>
Steel	Excellent	<input checked="" type="checkbox"/> Localized	Millwrap
PE	<input checked="" type="checkbox"/> Good	General	Enamel
Cast Iron	Slight Pitting	Other	Roskote
CSST	Extreme Pitting	Pitting Depth	Oxidemp
Main	Hole/Voids		Xtrucoat
Service	Graphitization		Mastic
Other	Bent		Cold Roll
	Broken		Hot Wrap
	Other		Heat Shrink
<b>COATING CONDITION</b>	<b>SOIL TYPE</b>	<b>SOIL COMPOSITION</b>	<b>EXCAVATION</b>
Good	<input checked="" type="checkbox"/> Rock	Dry	Main Extension
Poor	Cinder	Wet/Swampy	Service Tap
Damaged	Clay	<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/> Leak Repair
Other	Loam	Moister Range (3-5)	Re-routing
	Sand	Moister Range (5-8)	Third Party
	Alluvion		Abandonment
	Other		Deactivation
			Utility Theft
			Other

**Description/Comments:**

<b>Name</b>	Jason Wane	<b>Date</b>	3-17-15
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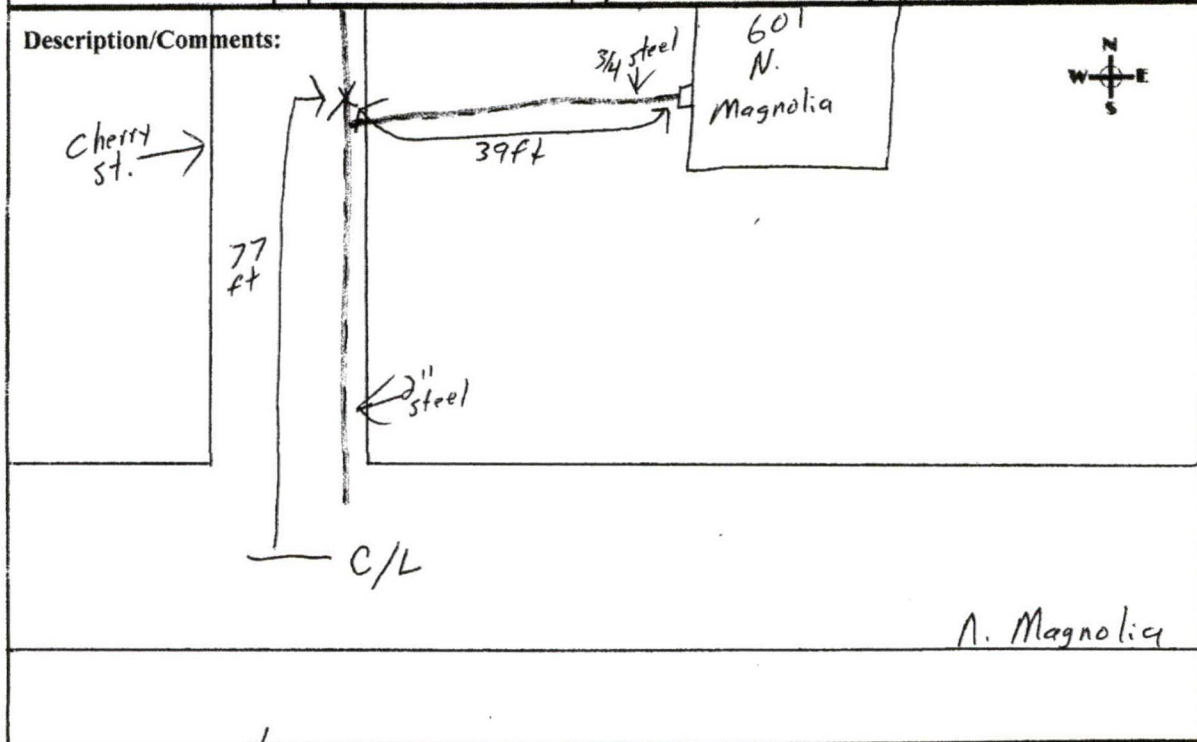
11

VISUAL INSPECTION OF MAINS AND SERVICE PIPELINES

Address 601 N. Magnolia Location Tompkinsville / Monroe, Ky

TYPE	CONDITION	CORROSION	COATING TYPE
Steel	✓ Excellent	Localized	Millwrap ✓
PE	Good	General	Enamel
Cast Iron	Slight Pitting	✓ Other	Roskote
CSST	Extreme Pitting	Pitting Depth	Oxidemp
Main	Hole/Voids		Xtrucoat
Service	Graphitization		Mastic
Other	Bent		Cold Roll
	Broken		Hot Wrap
	Other		Heat Shrink

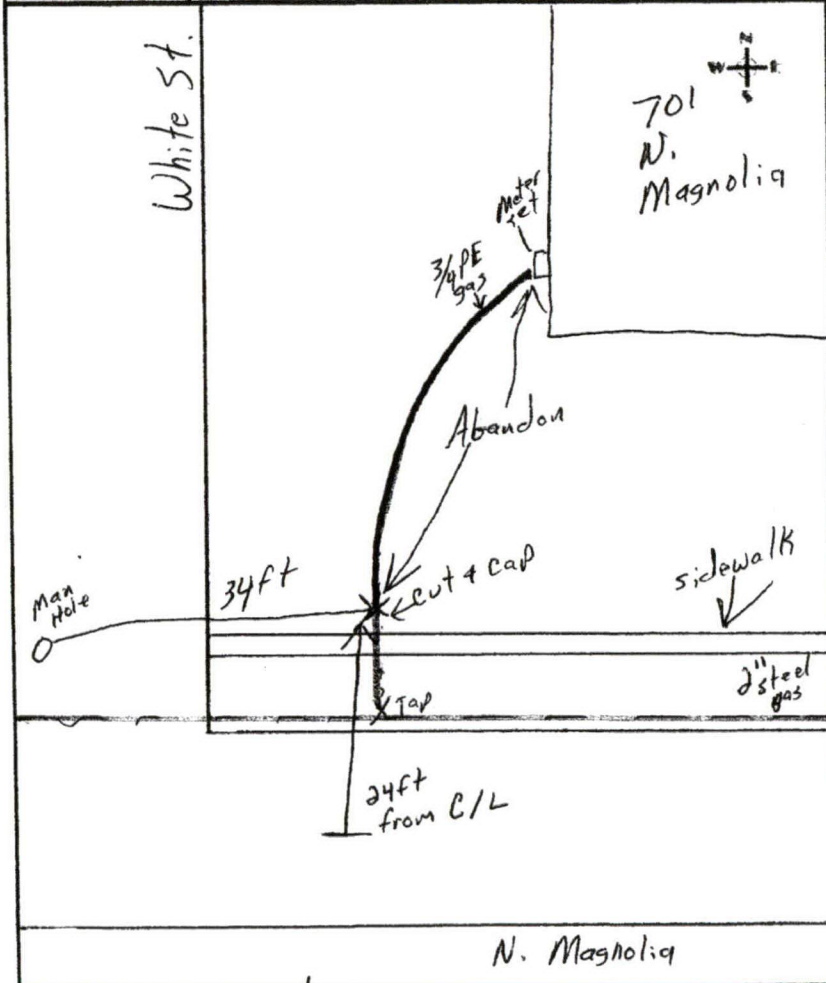
COATING CONDITION	SOIL TYPE	SOIL COMPOSITION	EXCAVATION
Good	✓ Rock	Dry	Main Extension
Poor	✓ Cinder	Wet/Swampy	Service Tap
Damaged	Clay	✓ Normal	✓ Leak Repair ✓
Other	Loam	Moister Range (3-5)	Re-routing
	Sand	Moister Range (5-8)	Third Party
	Alluvion		Abandonment
	Other		Deactivation
			Utility Theft
			Other



Name Joson W. Date 3-23-15

NATURAL GAS MAIN AND SERVICE ABANDONMENT RECORDS

Address	701 N. Magnolia	Apt#		City	Tompkinsville	City	Monroe	Time Received		Date Received	3-31-15
Customer Name	Ronnie Bartley				Phone#		Customer Account#				
Crewleader Name	Jason Warren				Date Received		Date Abandoned	4-13-14			
Date Purged	4-13-15	Purged Length	30 ft.		Purge Medium	Comp Air <input checked="" type="checkbox"/>	Inert Gas <input type="checkbox"/>	Properly Purged	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	



Riser Removed	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Riser Locked	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pipe Size	3/4	Pipe Type	PE
Seal Type/Material			
<b>LOCATION/TYPE TASK RENDERED</b>			
Gas Main Location	N. Magnolia		
Removed Valve box/Barricade	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Service Location	701 N. Main		
Piping Class Removed	Main Removed <input type="checkbox"/>	Service Removed <input checked="" type="checkbox"/>	
Drawing of streets relational to removed pipe			

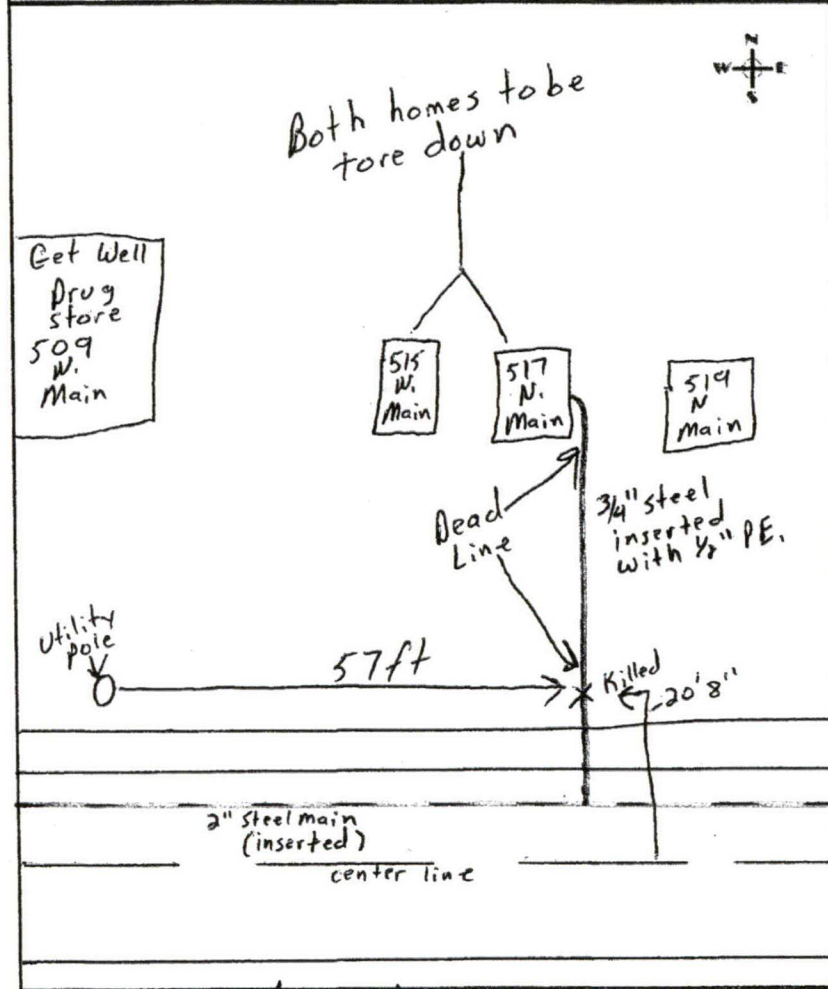
**REMARKS**

Home was being tore down. We cut the service & capped the line. We couldn't shut down the tap, because it was just welded on without a tap. We abandon appx. 30 ft of 3/4 PE gas service line.

Signature	Jason W.	Date	4-13-15
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NATURAL GAS MAIN AND SERVICE ABANDONMENT RECORDS

Address	517 N. Main St.	Apt#		City	Tompkinsville	Cty	Monroe	Time Received		Date Received	
Customer Name	Johnny Miller				Phone#		Customer Account#				
Crewleader Name	Jason Warren				Date Received			Date Abandoned	2-26-15		
Date Purged	2-26-15	Purged Length	20 ft		Purge Medium	Comp Air <input checked="" type="checkbox"/>	Inert Gas <input type="checkbox"/>	Properly Purged	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		



Riser Removed	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Riser Locked	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Pipe Size	1/2"	Pipe Type	PE
Seal Type/Material			

LOCATION/TYPE TASK RENDERED

Gas Main Location	Main Street
Removed Valve box/Barricade	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Service Location	517 N. Main
Piping Class Removed	Main Removed <input type="checkbox"/> Service Removed <input checked="" type="checkbox"/>

Drawing of streets relational to removed pipe

REMARKS

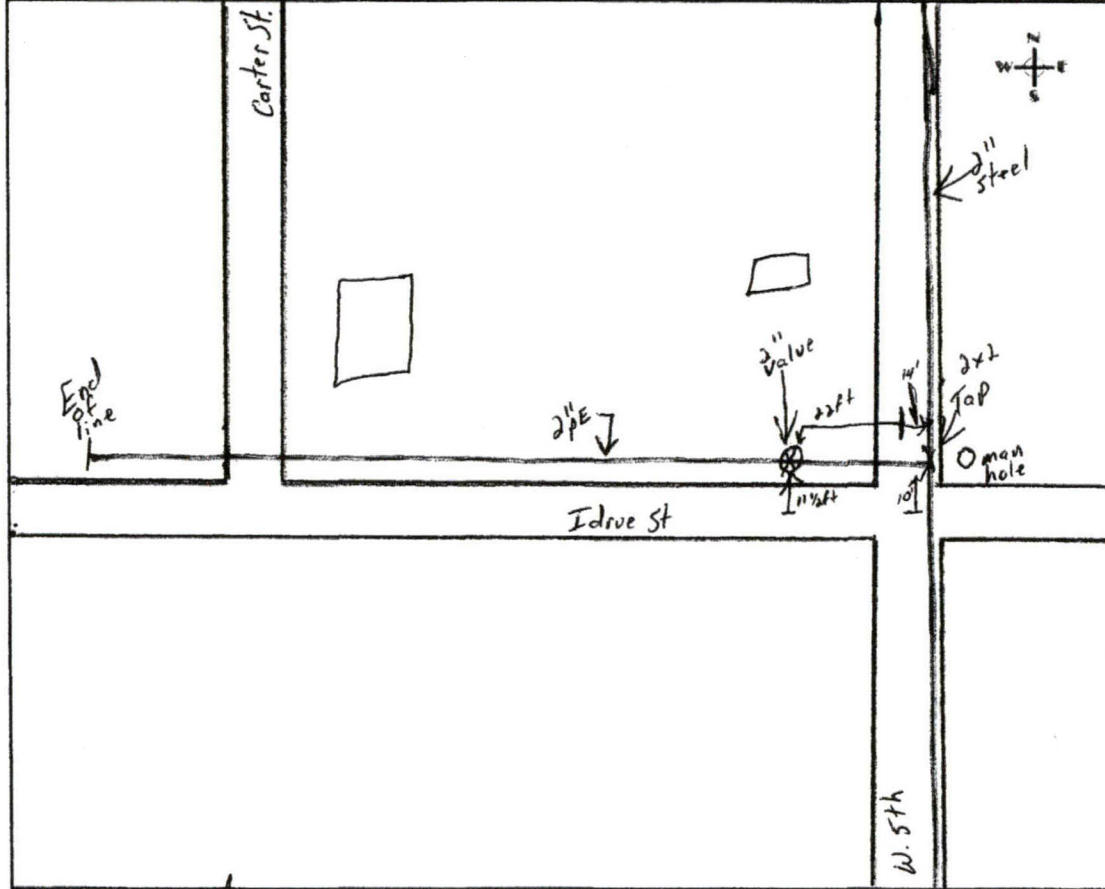
The service at 517 N. Main St had been inserted with 1/2" plastic line. We were able to cut the steel off of the plastic squeeze it off + cap it.

Signature	Jason W.	Date	2-26-15
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320  
33-ville

NATURAL GAS MAIN AND SERVICE INSTALLATION RECORDS

Address	Idrue St		Apt#		City	Monroe ←	City	Tompkinsville	Time Received		Date Received	
Customer Name							Phone#		Customer Account#			
Installer Name	Martin Contracting				Date Received				Date Installed			
Date Tested	2-25-15		Test Pressure psig	100 psi		Test Medium	Natural Gas		Properly Purged	Yes	<input checked="" type="checkbox"/>	No
							Comp Air	<input checked="" type="checkbox"/>				
							Inert Gas					
Meter Set	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Meter Co#				Meter Mfg#				Index Reading	<del>          </del>

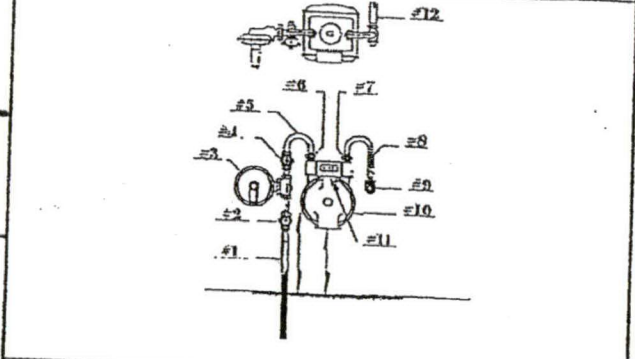
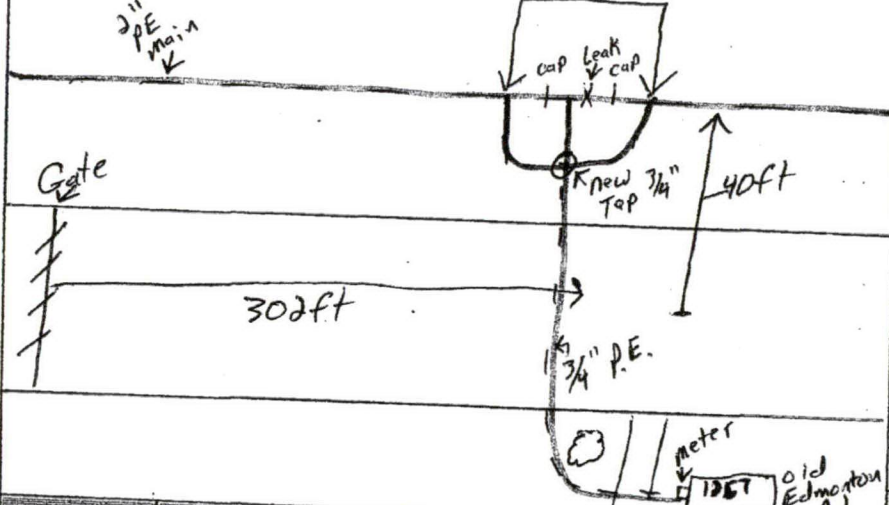


Meter Locked	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Card Left	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
LOCATION									
Gas Main Location	Idrue St.								
Mainline Valve Installed	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>					
Service Location									
Service Valve		Tapping Tee	<input checked="" type="checkbox"/>						
REMARKS									
Martin Contracting laid 380 ft of 2" PE down Idrue St to Carter St. A 2" main valve was installed at the corner of Idrue St + West 5th. A 2x2 steel tap was made and a two inch transition installed.									

Signature	Jason Warner						Date	2-10-15				
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Address: 1267 Old Edmonton Rd. City/County: Tompkinsville / Monroe State: KY  
 Case #: Date: 1-15-15  
 Classification: Grade 1, Grade 2, Grade 3  
 Meter: Inside, Outside  
 Manufacture:



#1 Riser	#2 HP Cock	#3 Regulator
#4 LP Cock	#5 Inlet Loop	#6 Inlet Cap/Swivel
#7 Out Cap/Swivel	#8 Outlet Loop	#9 Fuel Line Fitting
#10 Gas Meter	#11 Index	#12 Fuel Line

Detection	Location		Soil/Sub	CGI/EGD		Pressure	Surface		Pipe	Size	Weather
	Inside Bldg	Main		% Gas	(0-1)		Grass	Steel			
Mobile FI	<input checked="" type="checkbox"/>		Rock								
Flame Pack	<input checked="" type="checkbox"/>	Outside Bldg	Cinder	LEL	(1-30)		Dirt	PE	<input checked="" type="checkbox"/>	2.0-3.0	Clear
Visual		Manhole	Clay	UEL	(31-60)		Asphalt	Cast Iron		3.0-4.0	Wet
CGI/EGD	<input checked="" type="checkbox"/>	Undergrnd	Loam	PPM	(61-99.9)		Concrete	CSST		6.0-8.0	Hot (85-100)
Smell	<input checked="" type="checkbox"/>	Atmosphere	Sand		(100-399)		Sidewalk	PVCB		10.0-12.0	Cold (0-40)

Leak/Cause	Component/Explanation	Part of System		Type/Material	Location/Area	Repair Data	
		Transmission	Main			Residential	Rural
Corrosion	Pipe			Steel			
Outside Force	Valve			Cast Iron			1-5
Const/Defect	Fitting			Ductile Iron			5-Greater
Material Defect	Regulator			Copper			Date Repaired: 1-15-15
Other	Tap Connection			Plastic			Date Rechecked:

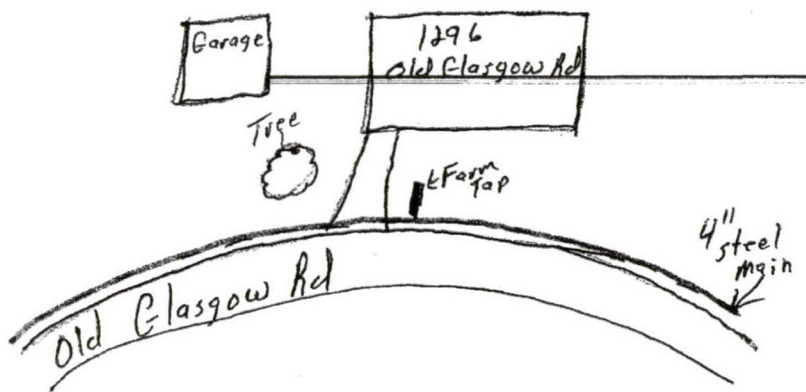
If you find a mechanical fitting failure, please fill out a mechanical fitting failure form.

Address 1296 Old Glasgow Rd.

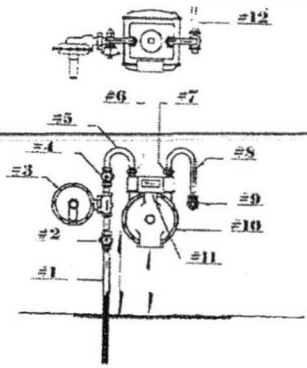
City/Township Tompkinsville / Monroec

State KY  
Date 2-1-15

Farm tap was brok off at the top of the ground due to a car hitting it. We stopped the gas flow + made temporary repairs. Four homes were evacuated until gas was stopped. We will run a new tap ASAP.



Case #		
Classification	Grade 1 <input checked="" type="checkbox"/>	Grade 2 <input type="checkbox"/>
Meter #		
Manufacture #		
	Inside	Outside <input checked="" type="checkbox"/>



#1 Riser	#2 HP Cock	#3 Regulator
#4 LP Cock	#5 Inlet Loop	#6 Inlet Cap/Swivel
#7 Out Cap/Swivel	#8 Outlet Loop	#9 Fuel Line Fitting
#10 Gas Meter	#11 Index	#12 Fuel Line

Detection	Location		Soil Sub	CGI/EGD	Pressure	Surface	Pipe	Size	Weather
Mobile FI	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	Steel	.5-2.0	Clear
Flame Pack	Outside Bldg	Service	Cinder	LEL	(1-30)	Dirt	PE	2.0-3.0	Wet
Visual	Manhole	Tap	Clay	UEL	(31-60)	Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CGI/EGD	Undergrnd	Valve	Loam	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	Atmosphere	Meter	Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	

Leak Cause	Component/Explanation	Part of System	Type Material	Location/Area	Repair Data
Corrosion	Pipe	Transmission	Steel	Residential	1-5 Bare
Outside Force	Valve	Main	Cast Iron	Rural	5-Greater Coated
Const/Defect	Fitting	Service	Ductile Iron	Commercial	Date Repaired: 2-1-15
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked: 2-2-15
Other	Tap Connection	Customer Pipe	Plastic		

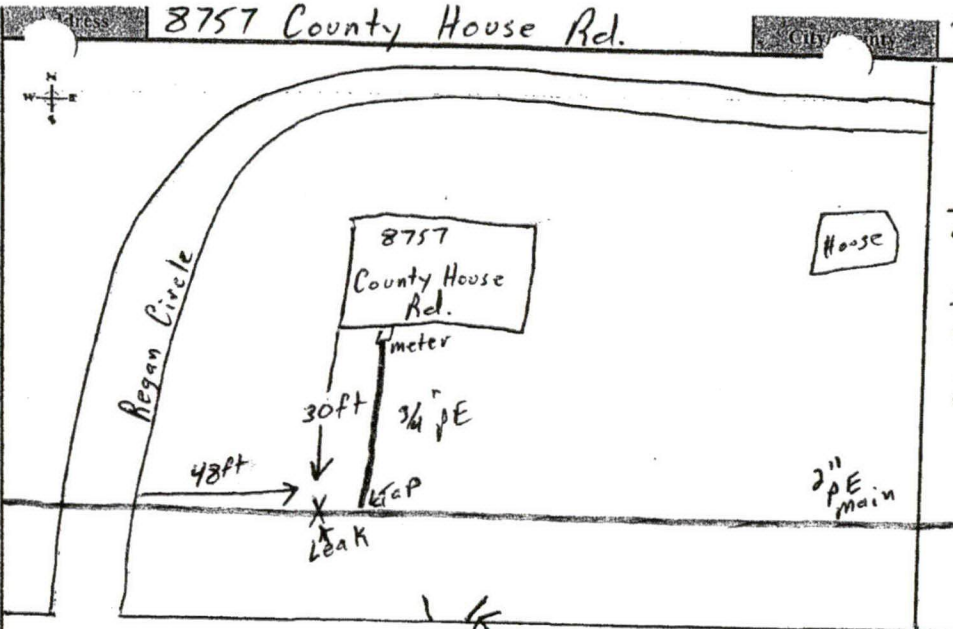
Address 8757 County House Rd.

City/Town

Tompkinsville / Monroe

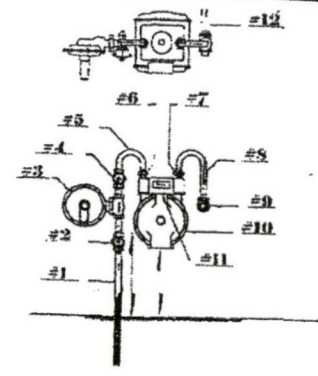
State Ky

Date 2-21-15



Bill Butler Rd.

Gas			State	Ky
Classification	Grade 1	<input checked="" type="checkbox"/> Grade 2	Date 2-21-15	
Meter			Inside	
Manufacturer			Outside	

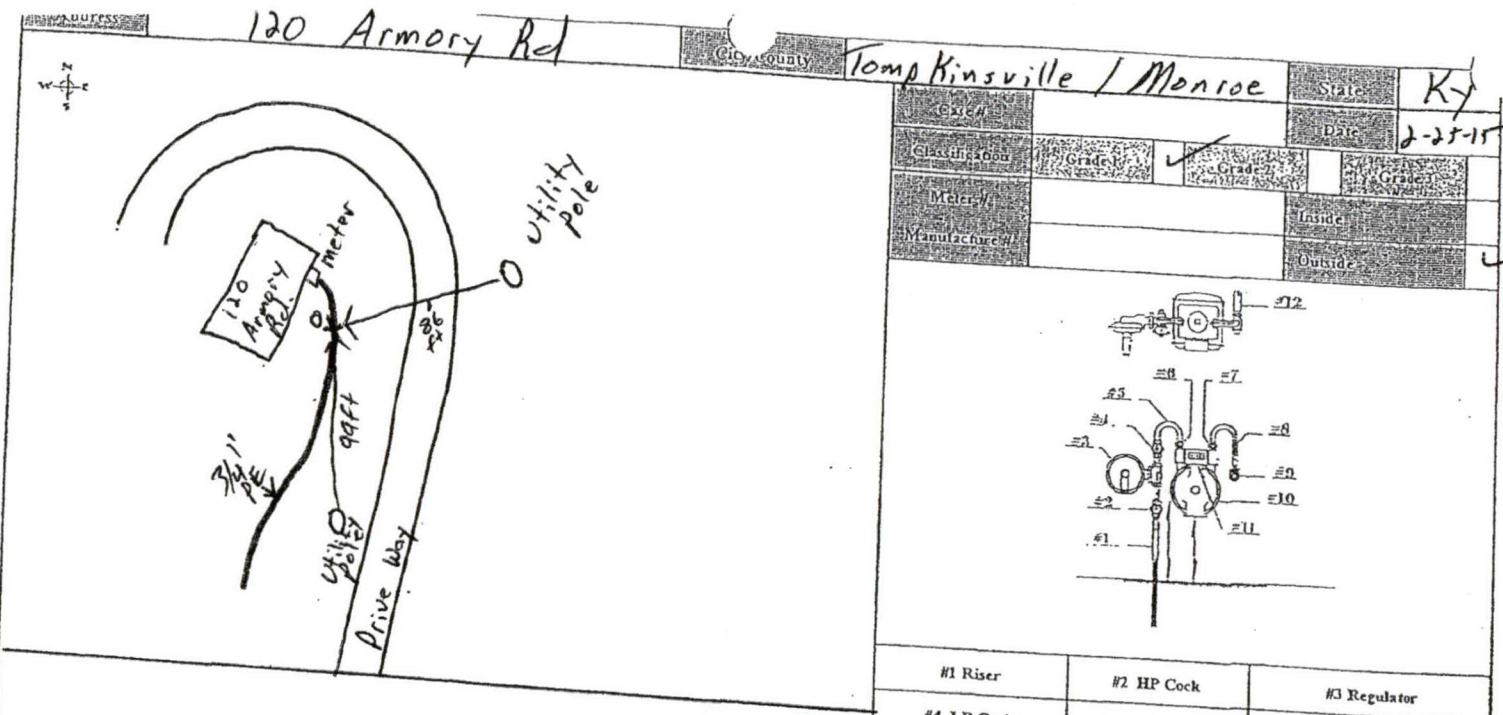


#1 Riser	#2 HP Cock	#3 Regulator
#4 LP Cock	#5 Inlet Loop	#6 Inlet Cap/Swivel
#7 Out Cap/Swivel	#8 Outlet Loop	#9 Fuel Line Fitting
#10 Gas Meter	#11 Index	#12 Fuel Line

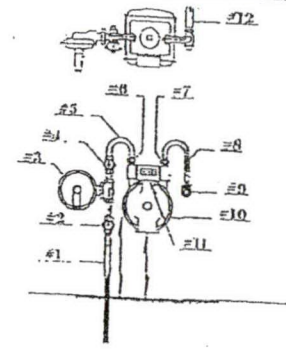
County House Rd

Detection	Location		Soil Sub	CGI/EGD	Pressure	Surface	Pipe	Size	Wall
Mobile FI	Inside Bldg	Main	<input checked="" type="checkbox"/> Rock	% Gas	(0-1)	Grass	<input checked="" type="checkbox"/> Steel	5-2.0	<input checked="" type="checkbox"/> Clear
Flame Pack	Outside Bldg	Service	Cinder	LEL	(1-30)	Dirt	PE	2.0-3.0	Wet
Visual	<input checked="" type="checkbox"/> Manhole	Tap	Clay	<input checked="" type="checkbox"/> UEL	(31-60)	<input checked="" type="checkbox"/> Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CGI/EGD	Undergrnd	<input checked="" type="checkbox"/> Valve	Loam	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	<input checked="" type="checkbox"/> Atmosphere	Meter	Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	

Defect Cause	Component/Explanation	Part of System	Type Material	Location Area	Repair Data
Corrosion	Pipe	Transmission	Steel	Residential	<input checked="" type="checkbox"/> 1-5
Outside Force	Valve	Main	<input checked="" type="checkbox"/> Cast Iron	Rural	5-Greater
Const/Defect	Fitting	<input checked="" type="checkbox"/> Service	Ductile Iron	Commercial	
Material Defect	<input checked="" type="checkbox"/> Regulator	Meter Set	Copper	Industrial	Date Repaired: 2-21-15
Other	Tap Connection	Customer Pipe	Plastic	<input checked="" type="checkbox"/>	Date Rechecked:



Classification	Grade	✓	Grade	Grade
Meter	Inside			
Manufacturer	Outside			



#1 Riser	#2 HP Cock	#3 Regulator
#4 LP Cock	#5 Inlet Loop	#6 Inlet Cap/Swivel
#7 Out Cap/Swivel	#8 Outlet Loop	#9 Fuel Line Fitting
#10 Gas Meter	#11 Index	#12 Fuel Line

Detection		Location		Soil/Sub	CG/EGD	Pressure	Surface	Pipe	Size	Weather
Mobile FI	Inside Bldg	Main	Rock	% Gas	(0-1)		Grass	✓ Steel	5-2.0	✓ Clear
Flame Pak	Outside Bldg	Service	✓ Cinder	LEL	(1-30)		Dirt	PE	✓ 2.0-3.0	Wet
Visual	✓ Manhole	Tap	Clay	✓ UEL	(31-60)	✓	Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CGI/EGD	Undergrnd	✓ Valve	Loam	PPM	(61-99.9)		Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	✓ Atmosphere	Meter	Sand		(100-399)		Sidewalk	PVCB	10.0-12.0	

Leak Cause	Component/Explanation	Part of System	IPC Material	Location Area	Repair Data
Corrosion	Pipe	✓ Transmission	Steel	Residential	1-5
Outside Force	✓ Valve	Main	Cast Iron	Rural	Bare
Const/Defect	Fitting	Service	✓ Ductile Iron	Commercial	5-Greater
Material Defect	Regulator	Meter Set	Copper	Industrial	Coated
Other	Tap Connection	Customer Pipe	Plastic		

Date Repaired: 2-25-15

Date Rechecked:

If you find a mechanical fitting failure, please fill out a mechanical fitting failure form.

DISPATCH SECTION

Address	1010 Emberton St			Apt#		City		County		Time Received	3:55	Date Received	1/14/15
Customer Name	William Bayfield				Phone #	(270) 407-3708			Customer Home?	Yes <input checked="" type="checkbox"/>	Customer Account #		
Received By	Amanda				Leak First Noticed		Date		Time Dispatched	AM <input type="checkbox"/>	PM <input type="checkbox"/>	Hear Gas Escaping?	Yes <input type="checkbox"/>
												No <input checked="" type="checkbox"/>	
Location of Leak	Leak Site/Property	Source of Call	Nature of Call			Specific Location			CUSTOMER REMARKS				
Inside	Residence <input checked="" type="checkbox"/>	School <input type="checkbox"/>	Customer <input checked="" type="checkbox"/>	Crew <input type="checkbox"/>	In	Out	Manhole	Strong gas odor outside home					
Outside	Public Bldg <input checked="" type="checkbox"/>	Comm/Bldg <input type="checkbox"/>	Employee <input type="checkbox"/>	Fire <input type="checkbox"/>	Meter	Street	Yard						
DISPATCHER REMARKS									Response Given	Yes <input checked="" type="checkbox"/>	Gas Supervisor Notified of Issued Response	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

If "YES" To Any Questions Below, Issue The Standard Response				STANDARD RESPONSE:									
NO	Is there a strong odor?	I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.											
NO	Do you hear gas blowing/leaking?												
NO	Are you aware of any damage to the gas line?												
NO	Are you feeling dizzy, faint, or ill?												

SERVICE PERSONNEL SECTION

Leak found	Yes <input type="checkbox"/>	Permanent Repair	Yes <input type="checkbox"/>	Customer Referred for Repair	Yes <input type="checkbox"/>	Temporary Repair Safe	Yes <input type="checkbox"/>	Caution Card Left	Yes <input type="checkbox"/>	Warning Card Left	Yes <input type="checkbox"/>	Gas Shut off-Time	AM <input type="checkbox"/>	Meter	
	No <input checked="" type="checkbox"/>		No <input checked="" type="checkbox"/>		No <input checked="" type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>		PM <input type="checkbox"/>	Equipment	
Time Received	3:55	AM <input type="checkbox"/>	Radio	Time Arrived on Site	4:05	AM <input type="checkbox"/>	Time Departed from Site	4:15	AM <input type="checkbox"/>	Meter Number:		Meter Locked	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		PM <input checked="" type="checkbox"/>	Telephone			PM <input checked="" type="checkbox"/>		PM <input checked="" type="checkbox"/>				Meter Red Sealed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification				
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cast	1-2"	Clear	Grade 1 (Immediately)				
Outside Force	Valve	Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)				
Const/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)				
Material/Defect	Regulator	Under/gd	Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold					

Number of Gas Utilization Equipment Worked On				SERVICEMAN REMARKS								Repair Data	
Stove/Range		Radiant Heater		No leak found								Leaks Total:	0
Hot Water Heater		Ceiling Heater											
Floor Furnace		Clothes Dryer											
Forced Air-Furnace		Boiler											
Service Representative Name				Marvin Anderson								Date	1-4-15

DISPATCHER'S SECTION

Address: 23 Theima Lane, Apt # [blank], City: Tompkinsville, County: Monroe

Customer Name: Cynthia Nalle, Phone #: [blank]

Received By: Dorothy

Leak First Noticed: [blank], Date: [blank]

Location of Leak: [blank]

Leak Site/Property: [blank], Source of Call: [blank], Name of Call: [blank], Specific Location: [blank]

Customer Remarks: [blank]

Dispatched: [blank], Time: [blank], AM/PM: [blank], Escaping? [blank]

Leak Status: [blank], Gas Shut off/Time: [blank], Meter: [blank]

Response Given: [blank], Response: [blank], Gas Supervisor Notified of Issued Response: [blank]

DISPATCHER REMARKS

Location of Leak: Inside, Outside

Leak Site/Property: [blank], Public Bldg: [blank], School: [checked], Crew: [checked], Fire: [blank], Meter: [blank], Street: [blank], Yard: [blank]

Customer Remarks: [blank]

Leak Status: [blank], Gas Shut off/Time: [blank], Meter: [blank]

Response Given: [blank], Response: [blank], Gas Supervisor Notified of Issued Response: [blank]

IF "YES" To Any Questions Below, Issue The Standard Response

Is there a strong odor? [checked]

Do you hear gas blowing/leaking? [checked]

Are you aware of any damage to the gas line? [blank]

Are you feeling dizzy, faint, or ill? [blank]

STANDARD RESPONSE

I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.

SERVICE PERSONNEL SECTION

Leak Found: [checked] Permanent Repair, [checked] Referred for Repair, [checked] Temporary Repair

Time Received: [blank] AM, [blank] Radio, [blank] Telephone, [blank] Site

Time Arrived on Site: [blank] AM, [blank] PM, [blank] Time Departed from Site: 2:45

Leak Classification: [checked] Meter Locked, [checked] Meter Red Sealed

Leak Cause	Component	Location Detected	Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification
Corrosion	Pipe	Inside	Main	Rock	Main	Grass	Cast	1-2"	Tear	Grade 1 (Immediately)
Outside Force	Valve	Outside	Service	Under	Service	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)
Construction Defect	Fitting	Mainhole	Valve	Clay	Meter	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)
Material/Defect	Regulator	Undergd	Meter	Sand	Cas/Type	Concrete	PVC	10-12"	Cold	

Number of Gas Utilization Equipment Worked On

Service Representative Name: Mrs. Baker

Service Range: Radiant Heater, Ceiling Heater, Floor Furnace, Forced Air-Furnace, Boiler

Leak Status: [checked] No Leaks Found

Leak Total: [blank]

Date: 1-8-15

can smell gas on outside  
hears blowing of gas unit close to  
meter goes constantly

4691

DISPATCH SECTION

Address	113 S Main St	Apt#		City	Tompkinsville	County		Time Received	10:00	Date Received	1/9/15
Customer Name	James Proffitt			Phone #	Eddie 487-6104 Proffitt			Customer Home?	Yes No <input checked="" type="checkbox"/>	Customer Account #	
Received By	Amanda			Leak First Noticed	Date		Time Dispatched	10:00 AM	Hear Gas Escaping?	Yes No <input checked="" type="checkbox"/>	

Location of Leak	Leak Site/Property	Source of Call	Nature of Call		Specific Location			CUSTOMER REMARKS			
Inside	<input checked="" type="checkbox"/> Residence	<input checked="" type="checkbox"/> School	Customer	Crew	In	Out	Manhole	Eddie Proffitt smells gas in home			
Outside	Public Bldg	Comm/Bldg	Employee	Fire	Meter	Street	Yard				
DISPATCHER REMARKS							Response Given	Yes No	Gas Supervisor Notified of Issued Response	Yes No	

If "YES" To Any Questions Below, Issue The Standard Response			STANDARD RESPONSE								
Yes	Is there a strong odor?		I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.								
No	Do you hear gas blowing/leaking?										
No	Are you aware of any damage to the gas line?										
No	Are you feeling dizzy, faint, or ill?										

SERVICE PERSONNEL SECTION

Leak found	Yes No	Permanent Repair	Yes No	Customer Referred for Repair	Yes No	Temporary Repair Safe	Yes No	Caution Card Left	Yes No	Warning Card Left	Yes No	Gas Shut off-Time	AM PM	Meter	Equipment
Time Received	AM PM	Radio Telephone	Time Arrived on Site	AM PM	Time Departed from Site	AM PM	Meter Number:	Meter Locked	Yes No	Meter Red Sealed	Yes No				
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification				
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cast	1-2"	Clear	Grade 1 (Immediately)				
Outside Force	Valve	Outside	Service	Cinder	Service	HP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)				
Const/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)				
Material/Defect	Regulator	Under/gd	Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold					

Number of Gas Utilization Equipment Worked On				SERVICEMAN REMARKS				Repair Data	
Stove/Range		Radiant Heater		No leak detected. using the CGI. The leak detecto pack <del>is</del> picked up something. We checked the interior + exterior of the home with the CGI + had 0% at all places we checked.				Leaks Total:	0
Hot Water Heater		Ceiling Heater							
Floor Furnace		Clothes Dryer							
Forced Air-Furnace		Boiler							
Service Representative Name				Jason Waver				Date	1-9-15

DISPATCHER SECTION

Address	55	Whack Rd.	Apt#		City		County	Monroe	Time Received	10:17	Date R	1/8/15			
Customer Name	Lawrence Scott			Phone #	487-8271			Customer Home?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Customer Account #				
Received By	Amanda			Leak First Noticed	1/7/15			Date		Time Dispatched	10:15 AM <input checked="" type="checkbox"/>	PM <input type="checkbox"/>	Hear Gas Escaping?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Location of Leak	Leak Site/Property	Source of Call	Nature of Call			Specific Location			CUSTOMER REMARKS						
Inside	Residence	School	Customer	Crew	In	Out	Manhole	Renters smell gas in home late last night. Left house. Reported to landlord this morning							
Outside	Public Bldg	Comm/Bldg	Employee	Fire	Meter	Street	Yard								
DISPATCHER REMARKS								Response Given	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Gas Supervisor Notified of Issued Response	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		

If "YES" To Any Questions Below, Issue The Standard Response		STANDARD RESPONSE	
Is there a strong odor? Do you hear gas blowing/leaking? Are you aware of any damage to the gas line? Are you feeling dizzy, faint, or ill?	I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.		

SERVICE PERSONNEL SECTION

Leak found	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Permanent Repair	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Customer Referred for Repair	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Temporary Repair Safe	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Caution Card Left	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Warning Card Left	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Gas Shut off-Time	AM	Meter
Time Received	10:20	AM	Radio		Time Arrived on Site	10:35	AM	Time Departed from Site	10:50	AM		Meter Number:		Meter Locked	Yes	No				
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification									
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cast	1-2"	Clear	Grade 1 (Immediately)									
Outside Force	Valve	Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)									
Const/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)									
Material/Defect	Regulator	Under/gd	Meter	Sand	Cast/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold										

Number of Gas Utilization Equipment Worked On				SERVICEMAN REMARKS				Repair Data	
Stove/Range		Radiant Heater		1-8-15 NO LEAKS FOUND BUT Regulator WAS Venting OFF will REPLACE Regulator ASAP 1-13-15 Replaced regulator + changed meter. Lit stove. Old Meter reading - 9011 New Meter # 14Y880169 Reading 0000				Leaks Total:	1
Hot Water Heater		Ceiling Heater							
Floor Furnace		Clothes Dryer							
Forced Air-Furnace		Boiler							
Service Representative Name				Marin & Eddie				Date	1-13-15



log house below mill

DISPATCHER SECTION

Address	1267 Old Edmonton Rd.		Apt#		City	Tomball, TX		Time Received	10:55	Date Received	1/9/15
Customer Name	AFP - Brad				Phone #	(270) 407-9229		Customer Home?	Yes <input checked="" type="checkbox"/>	Customer Account #	
Received By	Amanda				Leak First Noticed	Date	1/9/15	Time Dispatched	10:55 AM <input checked="" type="checkbox"/>	Hear Gas Escaping?	Yes <input type="checkbox"/>
									PM <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Location of Leak	Leak Site/Property	Source of Call	Nature of Call			Specific Location			CUSTOMER REMARKS		
Inside	Residence	School	Customer	Crew	In	Out	Manhole				
Outside	Public Bldg	Comma/Bldg	Employee	Fire	Meter	Street	Yard				
DISPATCHER REMARKS								Response Given	Yes <input type="checkbox"/>	Gas Supervisor Notified of Issued Response	Yes <input type="checkbox"/>
								No <input type="checkbox"/>		No <input type="checkbox"/>	

IF "YES" To Any Questions Below, Issue The Standard Response				STANDARD RESPONSE							
NO	Is there a strong odor?	I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.									
NO	Do you hear gas blowing/leaking?										
NO	Are you aware of any damage to the gas line?										
NO	Are you feeling dizzy, faint, or ill?										

SERVICE PERSONNEL SECTION

Leak found	Yes <input checked="" type="checkbox"/>	Permanent Repair	Yes <input type="checkbox"/>	Customer Referred for Repair	Yes <input checked="" type="checkbox"/>	Temporary Repair Safe	Yes <input type="checkbox"/>	Caution Card Left	Yes <input type="checkbox"/>	Warning Card Left	Yes <input type="checkbox"/>	Gas Shut off-Time	AM	Meter
	No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>		PM	Equipment
Time Received	10:55 AM <input checked="" type="checkbox"/>	Radio	Time Arrived on Site	11:10 AM <input checked="" type="checkbox"/>	Time Departed from Site	11:22 AM <input checked="" type="checkbox"/>	Meter Number:	Meter Locked	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Meter Red Sealed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	PM	Telephone		PM		PM								
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification			
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cast	1-2"	Clear	Grade 1 (Immediately)			
Outside Force	Valve	Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)			
Const/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)			
Material/Defect	Regulator	Under'gd	Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold				

Number of Gas Utilization Equipment Worked On				SERVICEMAN REMARKS				Repair Data	
Stove/Range		Radiant Heater		1-9-15 Discovered a small leak 100 ft. from the home, possibly at the tap. Will go back to make repairs. JW 1-15-15 Found leak on repair clamp. Put bypass on main & cut out bad section.				Leaks Total:	1
Hot Water Heater		Ceiling Heater							
Floor Furnace		Clothes Dryer							
Forced Air-Furnace		Boiler							
Service Representative Name							Date		1-15-15
Jason W.									

DISPATCHER SECTION

Address		1659 Old Glasgow Rd.		Apt#		City	Tombkinsville	County	Monroe	Time Received		Date Received	1-21-15			
Customer Name		Jimmy Grider				Phone #			Customer Home?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Customer Account #				
Received By		1659 Old Glasgow Rd				Leak First Noticed		Date	1-20-15	Time Dispatched	3:56	AM <input type="checkbox"/>	PM <input checked="" type="checkbox"/>	Hear Gas Escaping?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Location of Leak	Leak Site/Property	Source of Call	Nature of Call		Specific Location			CUSTOMER REMARKS								
Inside	Residence <input checked="" type="checkbox"/>	School <input type="checkbox"/>	Customer <input checked="" type="checkbox"/>	Crew <input checked="" type="checkbox"/>	In <input type="checkbox"/>	Out <input checked="" type="checkbox"/>	Manhole <input type="checkbox"/>									
Outside	Public Bldg <input checked="" type="checkbox"/>	Comm/Bldg <input type="checkbox"/>	Employee <input type="checkbox"/>	Fire <input type="checkbox"/>	Meter <input type="checkbox"/>	Street <input type="checkbox"/>	Yard <input checked="" type="checkbox"/>									
DISPATCHER REMARKS									Response Given	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Gas Supervisor Notified of Issued Response		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

If "YES" To Any Questions Below, Issue The Standard Response		STANDARD RESPONSE													
<input checked="" type="checkbox"/>	Is there a strong odor?	I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.													
<input type="checkbox"/>	Do you hear gas blowing/leaking?														
<input type="checkbox"/>	Are you aware of any damage to the gas line?														
<input type="checkbox"/>	Are you feeling dizzy, faint, or ill?														

SERVICE PERSONNEL SECTION

Leak found	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Permanent Repair	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Customer Referred for Repair	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Temporary Repair Safe	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Caution Card Left	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Warning Card Left	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Gas Shut off-Time	N/A	AM <input type="checkbox"/>	PM <input type="checkbox"/>	Meter	Equipment
Time Received	3:56	AM <input checked="" type="checkbox"/>	Radio		Telephone	Time Arrived on Site	4:15	AM <input checked="" type="checkbox"/>	PM <input type="checkbox"/>	Time Departed from Site	4:31	AM <input type="checkbox"/>	PM <input type="checkbox"/>	Meter Number:		Meter Locked	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Meter Red Sealed	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification												
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cast	1-2"	Clear	Grade 1 (Immediately)												
Outside Force	Valve	Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)												
Const/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hor	Grade 3 (12 Months)												
Material/Defect	Regulator	Undergrd	Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold													

Number of Gas Utilization Equipment Worked On By Plumber						SERVICEMAN REMARKS						Repair Data	
Stove/Range		Radiant Heater				LEAK Found Coming From VENT From GAS Heater ON THE OUTSIDE OF THE HOUSE, Plumber Arrived TO Fix issue						Leaks Total:	1
Hot Water Heater		Ceiling Heater											
Floor Furnace		Clothes Dryer											
Forced Air-Furnace		Boiler											
Service Representative Name						Date						1-21-15	

*Mani Osh*

DISPATCHER SECTION

Address		71 Berea Church Rd		Apt#		City		County		Time Received	4:16	Date Received	1/29/15	
Customer Name		Wanda Bridges				Phone #	(270) 407-0881		Customer Home?	Yes <input checked="" type="checkbox"/>	Customer Account #			
Received By		Amanda				Leak First Noticed	1/29/15		Date		Time Dispatched	AM <input type="checkbox"/>	Hear Gas Escaping?	Yes <input type="checkbox"/>
Location of Leak		Leak Site/Property	Source of Call	Nature of Call		Specific Location			CUSTOMER REMARKS					
Inside	<input checked="" type="checkbox"/>	Residence	<input checked="" type="checkbox"/>	School	Customer	<input checked="" type="checkbox"/>	Crew	In		Out		Manhole		Customer has strong gas odor in home. Heard it blow last night
Outside		Public Bldg		Comm/Bldg	Employee		Fire	Meter		Street		Yard		
DISPATCHER REMARKS		Told customer to raise windows and not light anything								Response Given	Yes <input type="checkbox"/>	Gas Supervisor Notified of Issued Response	Yes <input type="checkbox"/>	

If "YES" To Any Questions Below, Issue The Standard Response

STANDARD RESPONSE

Is there a strong odor?  
 Do you hear gas blowing/leaking?  
 Are you aware of any damage to the gas line?  
 Are you feeling dizzy, faint, or ill?

I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.

SERVICE PERSONNEL SECTION

Leak found	Yes <input type="checkbox"/>	Permanent Repair	Yes <input checked="" type="checkbox"/>	Customer Referred for Repair	Yes <input type="checkbox"/>	Temporary Repair Safe	Yes <input checked="" type="checkbox"/>	Caution Card Left	Yes <input type="checkbox"/>	Warning Card Left	Yes <input type="checkbox"/>	Gas Shut off-Time	5:00	AM <input type="checkbox"/>	Meter	<input checked="" type="checkbox"/>					
Time Received	4:17	AM <input type="checkbox"/>	Radio <input checked="" type="checkbox"/>	Telephone	Time Arrived on Site	4:45	AM <input type="checkbox"/>	Time Departed from Site	5:20	AM <input type="checkbox"/>	Meter Number:	Meter Locked	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Equipment						
Leak Cause	Corrosion	Component	Pipe	Location Detected	Inside	Soil Sub	Main	System	Main	Pressure	SP (0-1)	Ground Surface	Grass	Pipe	Cast	Pipe Size	1-2"	Weather	Clear	Leak Classification	Grade 1 (Immediately)
	Outside Force	Valve	Outside	Service	Cinder	Service	MP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)									
	Consul/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)									
	Material/Defect	Regulator	Undergnd	Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold										

Number of Gas Utilization Equipment Worked On

SERVICEMAN REMARKS

Stove/Range		Radiant Heater		
Hot Water Heater		Ceiling Heater		
Floor Furnace		Clothes Dryer		
Forced Air-Furnace		Boiler		
Service Representative Name	Eddie Bennett		Date	1-29-15

Customer called with a complaint of a gas smell in the home. Customer also stated she had a headache. Amanda instructed her to open windows & doors & not to operate lights, be on the phone etc. When Eddie arrived he went in the home & smell anything, but the windows & door had been open for a bit. The heater looked like it had been malfunctioning. It was discolored like it had been flaming up.

He shut off the gas, as ordered by me, until the customer could have it checked out. The customer was very irate. The meter was off & locked when Eddie left.

Reading: 4439. Jason W.

DISPATCHER SECTION

Address	1296 Old Glasgow Rd	Apt#		City	Tompkinsville	County	Monroe	Time Received	12:13 AM	Date Received	2-1-15
Customer Name	Bobby Hood			Phone #		Customer Home?	Yes <input checked="" type="checkbox"/>	Customer Account #			
Received By	Jason Warren			Leak First Noticed		Date	2-1-15	Time Dispatched	12:13 AM	Hear Gas Escaping?	Yes <input checked="" type="checkbox"/>

Location of Leak	Leak Site/Property	Source of Call	Nature of Call			Specific Location			CUSTOMER REMARKS		
Inside	Residence	<input checked="" type="checkbox"/> School	Customer	<input checked="" type="checkbox"/> Crew	In	Out	<input checked="" type="checkbox"/> Manhole				
Outside	<input checked="" type="checkbox"/> Public Bldg	Comm/Bldg	Employee	Fire	Meter	Street	Yard				
DISPATCHER REMARKS	T-Ville PD called me + notified me of a car hitting a farm tap at the above address						Response Given	Yes <input type="checkbox"/>	Gas Supervisor Notified of Issued Response	Yes <input type="checkbox"/>	

If "YES" To Any Questions Below, Issue The Standard Response		STANDARD RESPONSE									
<input checked="" type="checkbox"/>	Is there a strong odor?	I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.									
<input checked="" type="checkbox"/>	Do you hear gas blowing/leaking?										
<input checked="" type="checkbox"/>	Are you aware of any damage to the gas line?										
<input type="checkbox"/>	Are you feeling dizzy, faint, or ill?										

SERVICE PERSONNEL SECTION

Leak found	Yes <input checked="" type="checkbox"/>	Permanent Repair	Yes <input checked="" type="checkbox"/>	Customer Referred for Repair	Yes <input checked="" type="checkbox"/>	Temporary Repair Safe	Yes <input checked="" type="checkbox"/>	Caution Card Left	Yes <input checked="" type="checkbox"/>	Warning Card Left	Yes <input checked="" type="checkbox"/>	Gas Shut off-Time	1:27 AM	Meter	<input checked="" type="checkbox"/>
	No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>		PM	Equipment	<input type="checkbox"/>
Time Received	12:13 AM	Radio		Time Arrived on Site	12:30 AM	Time Departed from Site	4:30 AM	Meter Number:		Meter Locked	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>			
	PM	Telephone	<input checked="" type="checkbox"/>		PM		PM			Meter Red Sealed	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification				
Corrosion	Pipe	<input checked="" type="checkbox"/> Inside	Main	<input checked="" type="checkbox"/> Rock	Main	SP (0-1)	Grass	<input checked="" type="checkbox"/> Cast	1-2"	Clear	Grade 1 (Immediately) <input checked="" type="checkbox"/>				
Outside Force	<input checked="" type="checkbox"/> Valve	Outside	<input checked="" type="checkbox"/> Service	Cinder	Service	IP (1-30)	Dirt	Steel	<input checked="" type="checkbox"/> 3-4"	Wet	Grade 2 (5 Months)				
Const/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)				
Material/Defect	Regulator	Under/gd	Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold					

Number of Gas Utilization Equipment Worked On				SERVICEMAN REMARKS						Repair Data		
Stove/Range		Radiant Heater		Car ran off the road + hit a farm tap. We got it shut down, rebuilt a temporary tap, tested the customer's service + restored gas. Meter was left off that night + customer was relit the next day. We evacuated 4 homes until gas was stopped.						Leaks Total: 1		
Hot Water Heater		Ceiling Heater										
Floor Furnace		Clothes Dryer										
Forced Air-Furnace		Boiler										
Service Representative Name				Jason Warren						Date		2-1-15

DISPATCHER SECTION

Address	475 Mill Creek Rd		Apt#		City		County		Time Received	2:15	Date Received	2/4/15		
Customer Name	Linda Huff				Phone #	(970) 407-5806			Customer Home?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Customer Account #		
Received By	Amanda				Leak First Noticed		Date		Time Dispatched	AM <input type="checkbox"/>	PM <input type="checkbox"/>	Hear Gas Escaping?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Location of Leak	Leak Site/Property	Source of Call	Nature of Call			Specific Location			CUSTOMER REMARKS					
Inside	Residence <input checked="" type="checkbox"/>	School <input type="checkbox"/>	Customer <input checked="" type="checkbox"/>	Crew <input type="checkbox"/>	In	Out	Manhole	Can smell gas outside of home						
Outside	Public Bldg <input checked="" type="checkbox"/>	Comm/Bldg <input type="checkbox"/>	Employee <input type="checkbox"/>	Fire <input type="checkbox"/>	Meter	Street	Yard							
DISPATCHER REMARKS	Has been smelling gas for a month							Response Given	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Gas Supervisor Notified of Issued Response	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

If "YES" To Any Questions Below, Issue The Standard Response		STANDARD RESPONSE	
Yes <input checked="" type="checkbox"/>	Is there a strong odor?	I am required to issue this standard response, Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.	
No <input type="checkbox"/>	Do you hear gas blowing/leaking?		
No <input type="checkbox"/>	Are you aware of any damage to the gas line?		
No <input type="checkbox"/>	Are you feeling dizzy, faint, or ill?		

SERVICE PERSONNEL SECTION

Leak found	Yes <input checked="" type="checkbox"/>	Permanent Repair	Yes <input checked="" type="checkbox"/>	Customer Referred for Repair	Yes <input type="checkbox"/>	Temporary Repair Safe	Yes <input type="checkbox"/>	Caution Card Left	Yes <input type="checkbox"/>	Warning Card Left	Yes <input type="checkbox"/>	Gas Shut off-Time	AM <input type="checkbox"/>	Meter
	No <input type="checkbox"/>		No <input type="checkbox"/>		No <input checked="" type="checkbox"/>		No <input checked="" type="checkbox"/>		No <input checked="" type="checkbox"/>		No <input checked="" type="checkbox"/>		PM <input type="checkbox"/>	Equipment
Time Received	2:40	AM <input type="checkbox"/>	PM <input checked="" type="checkbox"/>	Radio Telephone	Time Arrived on Site	2:50	AM <input type="checkbox"/>	PM <input checked="" type="checkbox"/>	Time Departed from Site		Meter Number:	Meter Locked	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
												Meter Red Sealed	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification			
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cast	1-2"	Clear	Grade 1 (Immediately)			
Outside Force	Valve	Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)			
Const/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)			
Material/Defect	Regulator	Under/gd	Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold				

Number of Gas Utilization Equipment Worked On				SERVICEMAN REMARKS				Repair Data	
Stove/Range		Radiant Heater		CGI pick up LEAK ON SERVICE LINE, DUG UP SERVICE LINE- FOUND LEAK ON 3WAY COUPLING CUT COUPLING OUT AND REPLACE IT WITH 3/4 TEE SOCKET COUPLING				Leaks Total:	
Hot Water Heater		Ceiling Heater							
Floor Furnace		Clothes Dryer							
Forced Air-Furnace		Boiler							
Service Representative Name	Ma. [Signature]								

**DISPATCHER SECTION**

Address <b>8751 County House Rd</b>		Apt#	City <b>Tombinsville</b>	County <b>Monroe</b>	Time Received <b>8:54 PM</b>	Date Received <b>2-21-15</b>	
Customer Name	Phone #	Customer Home?	Yes	Customer Account #			
Received By <b>Jason Warren</b>	Leak First Noticed	Date <b>2-21-15</b>	Time Dispatched <b>8:54</b>	AM	Hear Gas Escaping?	Yes	
Location of Leak	Leak Site/Property	Source of Call	Nature of Call	Specific Location	CUSTOMER REMARKS		
Inside	Residence	School	Customer	Crew	In	Out	
Outside	Public Bldg	Comm/Bldg	Employee	Fire	Meter	Street	
DISPATCHER REMARKS	<b>In route to locate problem</b>				Response Given	Yes	Gas Supervisor Notified of Issued Response
					No		No

If "YES" To Any Questions Below, Issue The Standard Response	<b>STANDARD RESPONSE</b>
<input checked="" type="checkbox"/> Is there a strong odor?	I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.
<input type="checkbox"/> Do you hear gas blowing/leaking?	
<input type="checkbox"/> Are you aware of any damage to the gas line?	
<input type="checkbox"/> Are you feeling dizzy, faint, or ill?	

**SERVICE PERSONNEL SECTION**

Leak found	Yes	Permanent Repair	Yes	Customer Referred for Repair	Yes	Temporary Repair Safe	Yes	Cautions Card Left	Yes	Warning Card Left	Yes	Gas Shut off-Time	AM	Meter
	No		No		No		No		No		No		PM	Equipment
Time Received	AM	Radio	Time Arrived on Site	AM	Time Departed from Site	PM	Meter Number:	Meter Locked	Yes	No	Meter Red Sealed	Yes	No	
<b>8:54</b>	PM	Telephone	<b>9:15</b>	PM	<del>10:30</del>	PM								
Leak Cause	Component	Location Detected	Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification				
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cast	1-2"	Clear	Grade 1 (Immediately)			
Outside Force	Valve	Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)			
Const/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)			
Material/Defect	Regulator	Under/gd	Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold				

Number of Gas Utilization Equipment Worked On				SERVICEMAN REMARKS				Repair Data	
Stove/Range		Radiant Heater		Recieved a call from Scotty Turner. Someone contacted him on Facebook smelling gas near the water tower on County House Rd. Eddie arrived on site & stated he could hear gas blowing in the ground at a residence. We dug it out & found a clamp leaking. We were able to tighten it up & stop the leak. Permanent repairs will be made in fair weather. We currently have a lot of snow on the ground & freezing temps.				Leaks Total:	1
Hot Water Heater		Ceiling Heater							
Floor Furnace		Clothes Dryer							
Forced Air-Furnace		Boiler							
Service Representative Name		<b>Jason Ware</b>		Date		<b>2-21-15</b>			

DISPATCHER SECTION

Address	120 Amory Rd		Apt#		City	Tampkinsville		County	Monroe	Time Received		Date Received	2/25/15		
Customer Name	Crispy Scott				Phone #	(270) 991-8173		Customer Home?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Customer Account #				
Received By	Amanda				Leak First Noticed		Date	2/25/15		Time Dispatched	AM <input type="checkbox"/>	PM <input type="checkbox"/>	Hear Gas Escaping?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Location of Leak	Leak Site/Property	Source of Call	Nature of Call			Specific Location			CUSTOMER REMARKS						
Inside	Residence <input checked="" type="checkbox"/>	School <input type="checkbox"/>	Customer <input checked="" type="checkbox"/>	Crew <input type="checkbox"/>	In	Out	Manhole	City workers cut gas line by accident							
Outside <input checked="" type="checkbox"/>	Public Bldg <input type="checkbox"/>	Comm/Bldg <input type="checkbox"/>	Employee <input type="checkbox"/>	Fire <input type="checkbox"/>	Meter	Street	Yard								
DISPATCHER REMARKS									Response Given	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Gas Supervisor Notified of Issued Response	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

If "YES" To Any Questions Below, Issue The Standard Response		STANDARD RESPONSE	
Yes <input checked="" type="checkbox"/>	Is there a strong odor?	I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.	
No <input type="checkbox"/>	Do you hear gas blowing/leaking?		
Yes <input checked="" type="checkbox"/>	Are you aware of any damage to the gas line?		
No <input type="checkbox"/>	Are you feeling dizzy, faint, or ill?		

SERVICE PERSONNEL SECTION

Leak found	Yes <input checked="" type="checkbox"/>	Permanent Repair	Yes <input checked="" type="checkbox"/>	Customer Referred for Repair	Yes <input checked="" type="checkbox"/>	Temporary Repair Safe	Yes <input type="checkbox"/>	Caution Card Left	Yes <input type="checkbox"/>	Warning Card Left	Yes <input type="checkbox"/>	Gas Shut off-Time	AM <input type="checkbox"/>	Meter	Equipment	
Time Received	1:00	AM <input checked="" type="checkbox"/>	Radio Telephone <input checked="" type="checkbox"/>	Time Arrived on Site	1:10	AM <input checked="" type="checkbox"/>	Time Departed from Site	3:15	AM <input checked="" type="checkbox"/>	Meter Number:	Meter Locked	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Meter Red Sealed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Leak Cause	Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cast	3/4"	Clear	Grade 1 (Immediately)				
Outside Force	Valve	Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)					
Const/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)					
Material/Defect	Regulator	Undergd	Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold						

Number of Gas Utilization Equipment Worked On				SERVICEMAN REMARKS				Repair Data	
Stove/Range		Radiant Heater		3/4" service line hit by the water crew making a repair on a water meter.				Leaks Total:	1
Hot Water Heater		Ceiling Heater							
Floor Furnace		Clothes Dryer							
Forced Air-Furnace		Boiler							
Service Representative Name	Jason Wane						Date	2-25-15	

## DISPATCHER SECTION

Address		475 Mill Creek Rd		Apt#		City	Tombkinsville		County	Monroe		Time Received	1:56 PM		Date Received	3-2-15				
Customer Name		Linda Huff				Phone #			Customer Home?	Yes	<input checked="" type="checkbox"/>	Customer Account #								
Received By		Dorothy				Leak First Noticed		Date		Time Dispatched		AM		Hear Gas Escaping?	Yes					
Location of Leak		Leak Site/Property		Source of Call		Nature of Call		Specific Location			CUSTOMER REMARKS									
Inside	<input checked="" type="checkbox"/>	Residence	<input checked="" type="checkbox"/>	School		Customer	<input checked="" type="checkbox"/>	Crew		In		Out		Manhole						
Outside		Public Bldg		Comm/Bldg		Employee		Fire		Meter		Street		Yard						
DISPATCHER REMARKS		Smell GAS in THE HOUSE										Response Given	Yes		Gas Supervisor Notified of Issued Response	Yes				
If "YES" To Any Questions Below, Issue The Standard Response		STANDARD RESPONSE																		
<input checked="" type="checkbox"/> Is there a strong odor?		I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.																		
Do you hear gas blowing/leaking?																				
Are you aware of any damage to the gas line?																				
Are you feeling dizzy, faint, or ill?																				
SERVICE PERSONNEL SECTION																				
Leak found	Yes	<input checked="" type="checkbox"/>	Permanent Repair	N/A	Customer Referred for Repair	Yes	<input checked="" type="checkbox"/>	Temporary Repair Safe	N/A	Caution Card Left	Yes	<input checked="" type="checkbox"/>	Warning Card Left	Yes	<input checked="" type="checkbox"/>	Gas Shut off-Time	N/A	AM	Meter	
	No	<input checked="" type="checkbox"/>				No	<input checked="" type="checkbox"/>				No	<input checked="" type="checkbox"/>		No	<input checked="" type="checkbox"/>			PM	Equipment	
Time Received		AM	Radio		Time Arrived on Site		AM	Time Departed from Site		AM	Meter Number:		Meter Locked		Yes		No	<input checked="" type="checkbox"/>		
	1:57	PM	Telephone	<input checked="" type="checkbox"/>	2:00	PM	2:15	PM					Meter Red Sealed		Yes		No	<input checked="" type="checkbox"/>		
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification									
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cast	1-2"	Clear	Grade 1 (Immediately)									
Outside Force	Valve	Outside	Service	Cinder	Service	IP (1-30)	Dir	Steel	3-4"	Wet	Grade 2 (5 Months)									
Const/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)									
Material/Defect	Regulator	Under/gd	Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold										
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS						Repair Data				
Stove/Range		Radiant Heater				ARRIVED AT THE HOUSE AND CHECK OUT SIDE OF THE AREA NOTHING FOUND WENT TO THE INSIDE OF HOUSE MADE CHECKS WITH FLAME PAK AND CGI NOTHING FOUND						Leaks Total:								
Hot Water Heater		Ceiling Heater																		
Floor Furnace		Clothes Dryer																		
Forced Air-Furnace		Boiler																		
Service Representative Name		M. J. Baker										Date	3-2-15							



DISPATCH SECTION

Address	204 Carter Street	Apt#		City	Tompkinsville	County	Monroe	Time Received		Date Received	
Customer Name	Chassidy Elmore			Phone #		Customer Home?	Yes		Customer Account #		
Received By	Dorothy			Leak First Noticed		Date		Time Dispatched	AM	Hear Gas Escaping?	Yes
									PM		No
Location of Leak	Leak Site/Property	Source of Call	Nature of Call			Specific Location			CUSTOMER REMARKS		
Inside	Residence	School	Customer	Crew	In	Out	Manhole				
Outside	Public Bldg	Comm/Bldg	Employee	Fire	Meter	Street	Yard				
DISPATCHER REMARKS	Nothing says there is a leak but customer is concerned there is because of usage						Response Given	Yes	Gas Supervisor Notified of Issued Response	Yes	
							No		No		

If "YES" To Any Questions Below, Issue The Standard Response		STANDARD RESPONSE									
Is there a strong odor?	I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.										
Do you hear gas blowing/leaking?											
Are you aware of any damage to the gas line?											
Are you feeling dizzy, faint, or ill?											

SERVICE PERSONNEL SECTION

Leak found	Yes	Permanent Repair	Yes	Customer Referred for Repair	Yes	Temporary Repair Safe	Yes	Caution Card Left	Yes	Warning Card Left	Yes	Gas Shut off-Time	Yes	Meter
	No	✓	N/A	✓	✓	N/A	✓	✓	✓	✓	✓	N/A	PM	Equipment
Time Received	AM	Radio	Time Arrived on Site	AM	Time Departed from Site	AM	Meter Number:	Meter Locked	Yes	No				
	1:00 PM	Telephone	✓	1:20 PM	1:20 PM			Meter Red Sealed	Yes	No				
Leak Cause	Component	Location Detected	Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification				
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cust	1-2"	Clear	Grade 1 (Immediately)			
Outside Force	Valve	Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)			
Cons/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)			
Material/Defect	Regulator	Under/gd	Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold				

Number of Gas Utilization Equipment Worked On				SERVICEMAN REMARKS						Repair Data	
Stove/Range		Radiant Heater		NO LEAK'S FOUND ON OUTSIDE OF HOME 3136						Leaks Total:	
Hot Water Heater		Ceiling Heater									
Floor Furnace		Clothes Dryer									
Forced Air-Furnace		Boiler									
Service Representative Name				Maie Adair						Date	3-3-15

DISPATCH SECTION

Address **330 Rock Crusher Rd** Apt# \_\_\_\_\_ City **Fompherville** County \_\_\_\_\_ Time Received **1:25** Date Received **3/6/15**

Customer Name **Deborah York** Phone # **(270) 261-1409** Customer Home?  Yes  No Customer Account # \_\_\_\_\_

Received By **Amanda** Leak First Noticed \_\_\_\_\_ Date **3/6/15** Time Dispatched \_\_\_\_\_ AM  PM  Hear Gas Escaping? Yes  No

Location of Leak  Inside  Outside Leak Site/Property  Residence  Public Bldg Source of Call  School  Comm/Bldg Nature of Call  Customer  Employee Specific Location  In  Out  Manhole  Meter  Street  Yard

CUSTOMER REMARKS **Smells gas in bedroom causing headaches**

DISPATCHER REMARKS \_\_\_\_\_ Response Given Yes  No  Gas Supervisor Notified of Issued Response Yes  No

If "YES" To Any Questions Below, Issue The Standard Response.

**YES** Is there a strong odor?  **NO** Do you hear gas blowing/leaking?  **NO** Are you aware of any damage to the gas line?  **YES** Are you feeling dizzy, faint, or ill?

STANDARD RESPONSE: I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.

SERVICE PERSONNEL SECTION

Leak found Yes  No  Permanent Repair Yes  No  Customer Referred for Repair Yes  No  Temporary Repair Safe Yes  No  Caution Card Left Yes  No  Warning Card Left Yes  No  Gas Shut off-Time Yes  No  AM  PM  Meter \_\_\_\_\_ Equipment \_\_\_\_\_

Time Received **1:27** AM  PM  Radio Telephone  Time Arrived on Site \_\_\_\_\_ AM  PM  Time Departed from Site **2:31** AM  PM  Meter Number: \_\_\_\_\_ Meter Locked Yes  No  Meter Red Sealed Yes  No

Leak Cause	Component	Location Detected	Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification	
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cast	1-2"	Clear	Grade 1 (Immediately)
Outside Force	Valve	Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)
Const/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)
Material/Defect	Regulator	Undergd	Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold	

Number of Gas Utilization Equipment Worked On \_\_\_\_\_

Service Representative Name **Jason Warner** Date **3-6-15**

SERVICEMAN REMARKS **Found a dresser fitting leaking. Tightened it up for a temporary fix. Will return next week for a permanent repair. 3-17-14 Repaired leak**

Repair Data Leaks Total: **1**

permanently by removing the old riser & dresser fitting. We put in a new riser, regulator, lock valve & meter bar. We then done a lock out test, gassed the new plumbing & relit the customer. Jason W.

DISPATCHER'S SECTION

Address	501 White St.		Apt#		City	Tombkinsville	County	Monroe	Time Received	9:09 PM	Date Received	3-10-15
Customer Name	Donald Gerolds				Phone #		Customer Home?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Customer Account #		
Received By					Leak First Noticed		Date	3-10-15	Time Dispatched	9:09 PM	Hear Gas Escaping?	Yes <input type="checkbox"/>
											No <input checked="" type="checkbox"/>	
Location of Leak	Leak Site/Property	Source of Call	Nature of Call			Specific Location			CUSTOMER REMARKS			
Inside	<input checked="" type="checkbox"/> Residence	<input checked="" type="checkbox"/> School	<input type="checkbox"/> Customer	<input checked="" type="checkbox"/> Crew	In	<input checked="" type="checkbox"/> Out	Manhole	Smell of gas + headache.				
Outside	Public Bldg	Comm/Bldg	Employee	Fire	Meter	Street	Yard					
DISPATCHER REMARKS								Response Given	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Gas Supervisor Notified of Issued Response	Yes <input checked="" type="checkbox"/>
											No <input type="checkbox"/>	

If "YES" To Any Questions Below, Issue The Standard Response		STANDARD RESPONSE	
<input checked="" type="checkbox"/> Is there a strong odor?	I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.		
<input type="checkbox"/> Do you hear gas blowing/leaking?			
<input type="checkbox"/> Are you aware of any damage to the gas line?			
<input checked="" type="checkbox"/> Are you feeling dizzy, faint, or ill?			

SERVICE PERSONNEL SECTION

Leak found	Yes <input checked="" type="checkbox"/>	Permanent Repair	Yes <input type="checkbox"/>	Customer Referred for Repair	Yes <input checked="" type="checkbox"/>	Temporary Repair Safe	Yes <input type="checkbox"/>	Caution Card Left	Yes <input checked="" type="checkbox"/>	Warning Card Left	Yes <input type="checkbox"/>	Gas Shut off-Time	9:30 PM	AM	Meter	Equipment
	No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>					
Time Received	9:10 AM	Radio		Time Arrived on Site	9:15 AM	Time Departed from Site	9:51 AM	Meter Number:		Meter Locked	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>				
	9:10 PM	Telephone	<input checked="" type="checkbox"/>							Meter Red Sealed	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification					
Corrosion	Pipe	Inside	<input checked="" type="checkbox"/> Main	Rock	Main	SP (0-1)	<input checked="" type="checkbox"/> Grass	Cast	1-2" <sup>3/4"</sup>	Clear	<input checked="" type="checkbox"/>	Grade 1 (Immediately)				
Outside Force	Valve	Outside	<input checked="" type="checkbox"/> Service	Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet		Grade 2 (5 Months)				
Cons/Defect	Fitting	Manhole	<input checked="" type="checkbox"/> Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot		Grade 3 (12 Months)				
Material/Defect	Regulator	Underg#	<input checked="" type="checkbox"/> Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	18-12"	Cold						

Number of Gas Utilization Equipment Worked On				SERVICEMAN REMARKS				Repair Data	
Stove/Range		Radiant Heater		Gas smell inside the house. Plumber was there when Eddie arrived. Eddie shut down the gas at the meter. Plumber done a pressure test it failed. Meter locked until repairs are made.				Leak Total:	1
Hot Water Heater		Ceiling Heater							
Floor Furnace		Clothes Dryer							
Forced Air-Furnace		Boiler							
Service Representative Name				Jason Warner				Date	3-10-15

DISPATCHER SECTION

Address 1721 Rodia Station Rd Apt City Tompkinsville County Monroe

Customer Name Cass Thomas Fodge Phone # 270-487-5643

Received By Neva Lu Regan

Leak First Noted Date Dispatched Time AM/PM Escaping? Yes/No

Location of Leak Leak Site/Property Source of Call Nature of Call Specific Location

CUSTOMER REMARKS

Inside Residence School Customer Crew In Manhole

Outside Public Bldg Cannon/Bldg Employee Fire Meter Street Yard

Water Company told customer they smelled gas at the water meter.

DISPATCHER REMARKS

Response Given Yes/No Gas Supervisor Satisfied of Issued Response Yes/No

STANDARD RESPONSE

If "YES" To Any Questions Below, Issue The Standard Response

Is there a strong odor?  Yes  No

Do you hear gas blowing/leaking?  Yes  No

Are you aware of any damage to the gas line?  Yes  No

Are you feeling dizzy, faint, or ill?  Yes  No

I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.

SERVICE PERSONNEL SECTION

Leak Found Yes/No

Leak Pertinent Repair Yes/No

Customer Referred for Repair Yes/No

Temporary Repair Safe Yes/No

Caution Card Left Yes/No

Warning Card Left Yes/No

Gas Shut off-time Yes/No

AMI Meter Yes/No

AMI Meter Locked Yes/No

AMI Meter Number

AMI Meter Red Sealed Yes/No

Time Received AM/PM

Time Arrived on Site AM/PM

Time Departed from Site AM/PM

AMI Meter Number

AMI Meter Locked Yes/No

AMI Meter Red Sealed Yes/No

Leak Cause Component Location Detected

Corrosion Pipe Inside Main Rock Main SP (0-1) Cast 1-2 1/2 Clear (Grade 1 (Immediately))

Outside Force Valve Outside Service Under Service IP (1-30) Dirt Steel 3-4 Wet (Grade 2 (5 Months))

Cons/Detect Fitting Manhole Valve Clay Meter MP (31-60) Asphalt PE 6-8 Hot (Grade 3 (12 Months))

Material/Detect Regulator Under Meter Sand Cast/Pipe HP (61-99) Concrete PVC 10-12 Cohl

Number of Gas Utilization Equipment Worked On

SERVICE MAN REMARKS

Repair Data

Service Representative Name John Wanner

Date 3-11-15

Stove/Range Radiant Heater

Hot Water Heater Ceiling Heater

Floor Furnace (Indies) Dryer

Forced Air Furnace Boiler

Leak found at service tap. Line had pulled out from service partially. We shut down the tap, extended the line & placed the line back in service. Relit furnace. Auto light.

Leaks Total 1

## DISPATCHER SECTION

Address	701 Columbia Ave		Apt#		City	Tompkinsville		County	Monroe		Time Received	12:30 PM		Date Received	3-11-15					
Customer Name	Edith Jones				Phone #				Customer Home?	Yes		Customer Account #								
Received By					Leak First Noticed				Date				Time Dispatched	AM		Hear Gas Escaping?	Yes			
													PM			No				
Location of Leak	Leak Site/Property	Source of Call		Nature of Call		Specific Location			CUSTOMER REMARKS											
Inside	Residence	School	Customer	Crew	In	Out	Manhole													
Outside	Public Bldg	Comm/Bldg	Employee	Fire	Meter	Street	Yard													
DISPATCHER REMARKS									Response Given	Yes		Gas Supervisor Notified of Issued Response	Yes							
									No			No								
If "YES" To Any Questions Below, Issue The Standard Response:					STANDARD RESPONSE															
<input checked="" type="checkbox"/>	Is there a strong odor?				I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.															
<input type="checkbox"/>	Do you hear gas blowing/leaking?																			
<input type="checkbox"/>	Are you aware of any damage to the gas line?																			
<input type="checkbox"/>	Are you feeling dizzy, faint, or ill?																			
SERVICE PERSONNEL SECTION																				
Leak found	Yes		Permanent Repair	Yes		Customer Referred for Repair	Yes		Temporary Repair Safe	Yes		Caution Card Left	Yes		Warning Card Left	Yes		Gas Shut off-Time	AM	Meter
	No	<input checked="" type="checkbox"/>		No			No	<input checked="" type="checkbox"/>		No			No			No			PM	Equipment
Time Received	AM	Radio		Time Arrived on Site	AM	Time Departed from Site	AM	Meter Number:	Meter Locked	Yes	No								PM	Equipment
	PM	Telephone			PM				Meter Red Sealed	Yes	No									
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification									
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cast	1-2"	Clear	Grade 1 (Immediately)									
Outside Force	Valve	Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)									
Const/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)									
Material/Defect	Regulator	Under/pt	Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold										
Number of Gas Utilization Equipment Worked On								SERVICEMAN REMARKS								Repair Data				
Stove/Range				Radiant Heater				No leak detected. Customer <del>said</del> said furnace was making noise when it shut off. No gas present.								Leak Total:	0			
Hot Water Heater				Ceiling Heater																
Floor Furnace				Clothes Dryer																
Forced Air-Furnace				Boiler																
Service Representative Name								Eddie Bennett.								Date	3-11-15			

DISPATCHER SECTION																													
Address		3844 Radio Station Rd				Apt#		City		County		Time Received		Date Received															
Customer Name		Brett Crowe				Phone #		Customer Home?		Yes		Customer Account #		No															
Received By		Dorothy				Leak First Noticed		Date		Time Dispatched		AM		Hear Gas Escaping?		Yes		No											
Location of Leak		Leak Site/Property		Source of Call		Nature of Call		Specific Location		CUSTOMER REMARKS																			
Inside		<input checked="" type="checkbox"/> Residence		<input type="checkbox"/> School		<input type="checkbox"/> Customer		<input type="checkbox"/> Crew		<input type="checkbox"/> In		<input type="checkbox"/> Out		<input type="checkbox"/> Manhole															
Outside		<input checked="" type="checkbox"/> Public Bldg		<input type="checkbox"/> Comm/Bldg		<input type="checkbox"/> Employee		<input type="checkbox"/> Fire		<input type="checkbox"/> Meter		<input type="checkbox"/> Street		<input type="checkbox"/> Yard															
DISPATCHER REMARKS												Response Given		Yes		Gas Supervisor Notified of Issued Response		Yes		No									
If "YES" To Any Questions Below, Issue The Standard Response										STANDARD RESPONSE																			
<input checked="" type="checkbox"/> Is there a strong odor?										I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.																			
Do you hear gas blowing/leaking?																													
Are you aware of any damage to the gas line?																													
Are you feeling dizzy, faint, or ill?																													
SERVICE PERSONNEL SECTION																													
Leak found		Yes		<input checked="" type="checkbox"/> Permanent Repair		Yes		Customer Referred for Repair		Yes		Temporary Repair Safe		Yes		Caution Card Left		Yes		Warning Card Left		Yes		Gas Shut off-Time		AM		Meter	
		No		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		PM		Equipment	
Time Received		AM		Radio		Time Arrived on Site		9:00		AM		Time Departed from Site		9:20		AM		Meter Number:		Meter Locked		Yes		No					
		PM		Telephone		<input checked="" type="checkbox"/>				PM				PM						Meter Red Sealed		Yes		No					
Leak Cause		Component		Location Detected		Soil Sub		System		Pressure		Ground Surface		Pipe		Pipe Size		Weather		Leak Classification									
Corrosion		Pipe		Inside		Main		<input checked="" type="checkbox"/> Rock		Main		<input checked="" type="checkbox"/> SP (0-1)		Grass		Cast		1-2"		Clear		<input checked="" type="checkbox"/> Grade 1 (Immediately)							
Outside Force		Valve		Outside		Service		Cinder		Service		IP (1-30)		Dirt		Steel		3-4"		<input checked="" type="checkbox"/> Wet		<input checked="" type="checkbox"/> Grade 2 (5 Months)							
Const/Defect		<input checked="" type="checkbox"/> Fitting		<input checked="" type="checkbox"/> Manhole		Valve		Clay		<input checked="" type="checkbox"/> Meter		MP (31-60)		<input checked="" type="checkbox"/> Asphalt		<input checked="" type="checkbox"/> PE		6-8"		Hot		<input checked="" type="checkbox"/> Grade 3 (12 Months)							
Material/Defect		<input checked="" type="checkbox"/> Regulator		<input checked="" type="checkbox"/> Under/gd		<input checked="" type="checkbox"/> Meter		Sand		Cust/Pipe		HP (61-99.9)		Concrete		PVC		10-12"		Cold									
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS																			
Stove/Range				Radiant Heater																		Repair Data							
Hot Water Heater				Ceiling Heater																		Leaka Total: 1							
Floor Furnace				Clothes Dryer																									
Forced Air-Furnace				Boiler																									
Service Representative Name										Date																			
Jesse Wane										3-17-15																			

Do on a Wednesday! Wife has beauty shop. This is her day off.

DISPATCHER SECTION

Address	52 Adams Boyles Rd. Apt. 1	Apt#		City	Tampkinsville	County	Monroe	Time Received	10:10AM	Date Received	3-23-15
Customer Name	Kathy York			Phone #	255-1237			Customer Home?	Yes	Customer Account #	
Received By	Dorothy			Leak First Noticed	Date		Time Dispatched	AM	Hear Gas Escaping?	Yes	No
Location of Leak	Leak Site/Property	Source of Call	Nature of Call			Specific Location			CUSTOMER REMARKS		
Inside	Residence	School	Customer	Crew	In	Out	Manhole				
Outside	Public Bldg	Comm/Bldg	Employee	Fire	Meter	Street	Yard				
DISPATCHER REMARKS	Smells gas still / especially @ night Customer can not get pilot light to stay lit						Response Given	Yes	Gas Supervisor Notified of Issued Response	Yes	No

If "YES" To Any Questions Below, Issue The Standard Response		STANDARD RESPONSE									
<input checked="" type="checkbox"/>	Is there a strong odor?	I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.									
<input type="checkbox"/>	Do you hear gas blowing/leaking?										
<input type="checkbox"/>	Are you aware of any damage to the gas line?										
<input type="checkbox"/>	Are you feeling dizzy, faint, or ill?										

SERVICE PERSONNEL SECTION

Leak found	Yes	<input checked="" type="checkbox"/>	Permanent Repair	Yes	<input checked="" type="checkbox"/>	Customer Referred for Repair	Yes	<input checked="" type="checkbox"/>	Temporary Repair Safe	Yes	<input checked="" type="checkbox"/>	Caution Card Left	Yes	<input checked="" type="checkbox"/>	Warning Card Left	Yes	<input checked="" type="checkbox"/>	Gas Shut off-Time	AM	Meter	
	No			No			No			No			No			No			PM	Equipment	
Time Received	10:10	AM	Radio		Time Arrived on Site	10:25	AM	Time Departed from Site	10:35	AM	Meter Number:		Meter Locked	Yes	No						
		PM	Telephone	<input checked="" type="checkbox"/>			PM			PM			Meter Red Sealed	Yes	No						
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification										
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cast	1-2"	Clear	Grade 1 (Immediately)										
Outside Force	Valve	Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)										
Const/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)										
Material/Defect	Regulator	Undergd	Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold											

Number of Gas Utilization Equipment Worked On				SERVICEMAN REMARKS								Repair Data	
Stove/Range		Radiant Heater		Regulator was venting off. Replaced regulator at 3:15pm on 3-23-15. Customer had a wall heater that wouldn't light. Left valve at the appliance off. Customer was having the heater fixed. Lock up test was done. Departed at 3:30pm.								Leaks Total:	1
Hot Water Heater		Ceiling Heater											
Floor Furnace		Clothes Dryer											
Forced Air-Furnace		Boiler											
Service Representative Name				Jason Wane								Date	3-23-15

DISPATCHER SECTION

Address	601 N. Magnolia		Ap#		City	Tompkinsville	County	Monroe	Time Received	9:00 AM	Date Received	3-23-15
Customer Name	April Hull				Phone #		Customer Home?	Yes		Customer Account #		
Received By	Jason				Leak First Noticed		Date	3-23-15	Time Dispatched	9:00 AM	Hear Gas Escaping?	Yes
												No
Location of Leak	Leak Site/Property	Source of Call	Nature of Call		Specific Location			CUSTOMER REMARKS				
Inside	Residence	School	Customer	Crew	In	Out	Manhole	smell of gas				
Outside	Public Bldg	Comm/Bldg	Employee	Fire	Meter	Street	Yard					
DISPATCHER REMARKS							Response Given	Yes	Gas Supervisor Notified of Issued Response	Yes		
								No		No		

If "YES" To Any Questions Below, Issue The Standard Response		STANDARD RESPONSE
Yes	Is there a strong odor?	I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.
	Do you hear gas blowing/leaking?	
	Are you aware of any damage to the gas line?	
	Are you feeling dizzy, faint, or ill?	

SERVICE PERSONNEL SECTION

Leak found	Yes	Permanent Repair	Yes	Customer Referred for Repair	Yes	Temporary Repair Safe	Yes	Caution Card Left	Yes	Warning Card Left	Yes	Gas Shut off Time	N/A	AM	Meter
	No		No		No		No		No		No			PM	Equipment
Time Received	9:00 AM	Radio		Time Arrived on Site	10:00 AM	Time Departed from Site	3:00 PM	Meter Number:		Meter Locked	Yes	No			
		PM Telephone								Meter Red Sealed	Yes	No			
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification				
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cast	1-2"	Clear	Grade 1 (Immediately)				
Outside Force	Valve	Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)				
Const/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)				
Material/Defect	Regulator	Undergd	Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold					

Number of Gas Utilization Equipment Worked On				SERVICEMAN REMARKS				Repair Data	
Stove/Range		Radiant Heater		We dug out the leak area & found a repair clamp leaking. The bolts on the clamp were very loose & we were able to tighten them to stop the leak.				Leak Total:	1
Hot Water Heater		Ceiling Heater							
Floor Furnace		Clothes Dryer							
Forced Air-Furnace		Boiler							
Service Representative Name				Jason W.				Date	3-23-15



DISPATCHER SECTION

Address	420 Elementary Rd.	Apt#		City		County		Time Received	11:30	Date Received	3/31/15	
Customer Name	TES			Phone #		Customer Home?	Yes		Customer Account #			
Received By	Amanda			Leak First Noticed		Date		Time Dispatched	AM	Hear Gas Escaping?	Yes	
									PM		No	
Location of Leak	Leak Site/Property	Source of Call	Nature of Call		Specific Location			CUSTOMER REMARKS				
Inside	<input checked="" type="checkbox"/> Residence	<input type="checkbox"/> School	<input type="checkbox"/> Customer	<input checked="" type="checkbox"/> Crew	<input type="checkbox"/> In	<input type="checkbox"/> Out	<input checked="" type="checkbox"/> Manhole	Leaking outside @ regulator				
Outside	<input checked="" type="checkbox"/> Public Bldg	<input checked="" type="checkbox"/> Comm/Bldg	<input type="checkbox"/> Employee	<input type="checkbox"/> Fire	<input type="checkbox"/> Meter	<input type="checkbox"/> Street	<input type="checkbox"/> Yard					
DISPATCHER REMARKS							Response Given	Yes	Gas Supervisor Notified of Issued Response	Yes		
								No		No		

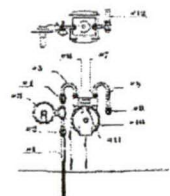
IF "YES" To Any Questions Below, Issue The Standard Response	STANDARD RESPONSE
<p>Is there a strong odor?</p> <p>Do you hear gas blowing/leaking?</p> <p>Are you aware of any damage to the gas line?</p> <p>Are you feeling dizzy, faint, or ill?</p>	<p>I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.</p>

SERVICE PERSONNEL SECTION

Leak found	Yes	<input checked="" type="checkbox"/> Permanent Repair	Yes	<input checked="" type="checkbox"/> Customer Referred for Repair	Yes	<input checked="" type="checkbox"/> Temporary Repair Safe	Yes	<input checked="" type="checkbox"/> Caution Card Left	Yes	<input checked="" type="checkbox"/> Warning Card Left	Yes	Gas Shut off Time	N/A	AM	Meter
	No		No		No		No		No		No			PM	Equipment
Time Received	11:30	AM	Radio	Time Arrived on Site	11:48	AM	Time Departed from Site	12:15	AM	Meter Number:		Meter Locked	Yes	No	
		PM	Telephone			PM		12:15	PM			Meter Red Sealed	Yes	No	
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification				
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cast	1-2"	Clear	Grade 1 (Immediately)				
Outside Force	Valve	Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)				
Const/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)				
Material Defect	<input checked="" type="checkbox"/> Regulator	Undergd	Meter	<input checked="" type="checkbox"/> Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold					

Number of Gas Utilization Equipment Worked On				SERVICEMAN REMARKS				Repair Data	
Stove/Range		Radiant Heater		Leak found at meter spud. Tightened spud to stop leak.				Leak Total:	1
Hot Water Heater		Ceiling Heater							
Floor Furnace		Clothes Dryer							
Forced Air-Furnace		Boiler							
Service Representative Name				Jason Wane				Date	3-31-15

SERVICE REQUEST

Date	1-29-15	S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input checked="" type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/>	Received	8:00 (AM) (PM)	Arrived	(AM) (PM)	Departed	(AM) (PM)
Request Taken By	Dorethy			Date Service Requested				
Customers Name	Francis Bar-B-Que			Date Scheduled For				
Mailing Address				Inspection Needed				
Phone Number				Date Inspected				
Service Location	418 E. 4th Street			Route Number				
Customer Number				Stop Number				
Electric		Water		<b>Gas</b>	Sewer		N.P.	Recheck
Traffic Light		Bound Lane		N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	Number of Lanes	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>		
Street Light		Install		Yes <input type="checkbox"/> No <input type="checkbox"/>	Repair	Yes <input type="checkbox"/> No <input type="checkbox"/>	Demand	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yard Light		Install		Yes <input type="checkbox"/> No <input type="checkbox"/>	Repair	Yes <input type="checkbox"/> No <input type="checkbox"/>	Multiple Installation	
Installed Service		Install		Yes <input type="checkbox"/> No <input type="checkbox"/>	Repair	Yes <input type="checkbox"/> No <input type="checkbox"/>	Size M	
Disconnect Service		Permanent		Yes <input type="checkbox"/> No <input type="checkbox"/>	Temporary	Yes <input type="checkbox"/> No <input type="checkbox"/>	Size S	
Set Meter	Gas <input type="checkbox"/>	Water <input type="checkbox"/>	Electric <input type="checkbox"/>	Permanent	Yes <input type="checkbox"/> No <input type="checkbox"/>	Temporary	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire Hydrant
Check Meter		Set Meter		Yes <input type="checkbox"/> No <input type="checkbox"/>	Read	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gallons	
Check Leak		Remove Meter		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yard	Yes <input type="checkbox"/> No <input type="checkbox"/>	CFH	
Make Tap		Main		Yes <input type="checkbox"/> No <input type="checkbox"/>	Service	Yes <input type="checkbox"/> No <input type="checkbox"/>	Service Type	Steel <input type="checkbox"/> PE <input type="checkbox"/>
Sketch Location:	Turned off due to fire.			Meter #	PT Leaking		Test Type	
				Inside <input type="checkbox"/> Outside <input type="checkbox"/>	Pipe <input type="checkbox"/>	Line Tap <input type="checkbox"/>	CGI <input type="checkbox"/>	Soap <input type="checkbox"/>
					Valve <input type="checkbox"/>	Meter <input type="checkbox"/>	Odor <input type="checkbox"/>	Decay <input type="checkbox"/>
					Fitting <input type="checkbox"/>	Regulator <input type="checkbox"/>	Clock <input type="checkbox"/>	Locked <input type="checkbox"/>
					Location		Cause	
					MN. LN		Corrosion	
					SER. LN		Damage	
					CUST. LN		PT. DF	
COMMENT	Received a call at 5:44 AM from J-Ville Police Department to shut off gas service to Francis BBQ at 418 East 4th Street. I immediately called Eddie Bennett to go to the call. He arrived within 5min. and turned off the gas. We went back + locked the meter off later that morning. Reading - 4195							
Date	1-29-15	Crew Member	Jason Wane			Worked Performed By		