	TOTAL TOTAL SHIPS
2022 Section 1 - Regulred Information Section for any Telephonic Report Received	d
Taken by:	
Info Source: Call/Work Order/Other-Specify:	
Person reporting or requesting: Zippy Kinnack Hansel Respecties	
Community: City: Albany County:	
Street: 1013 C. ross 5+. Address #: Apt #: Zhp Code: 10	603
Phone Number (000-300-1383 Cell Phone (000-310-1383	
Nearest Cross Street If no address:	5
Location and description of Leak or Damage at above address: SMelling QAS in main office of	4
Hatel	winters*
to leak: Inside / Dutside / Both (NOTES: In the event of any reported gas leak, instruct the cal	lers to)
114	
Does any sound accompany smell? Hissing / Whistling / Roaring (to use light switches or take any action that might cr	
How Long have you been smelling the teak or hearing the gas sound? 2105 (spark of any kind and to leave any doc	ors)
(used to depart (If inside) open.)	
Who dispatched? Steve Solly Time of Dispatch: 1:37 AMAPM	
Work Site Evaluation and Observations by Dispatched Technician	
Dispatched Person Arrival Time: 2:30 AM (PM.) Are any AOC's noted? No) / Yes: Specify:	
is reporting party (if leak or damage call) on the scene? Yes) No	
Leak or Damage found: Yes (No) If Yes, Navitas side or customer side?	
If the leak is on Navitas' side use form 1 to record leak.	
Work Conclusion	
Dispatched person declares repair complete, site safe and departing @ 3:15 AM IPM	
Actions, Notes, comments or other details of activity on site if needed, including if follow up is needed and the type of fo	llow up.
Used CGI inside and notside. Aid not detect anything. I did smell sewer inside and notside.	
91 191	
Signature of Investigator Stree Jolley	
Date 1-17-23 Name of System Albany	
1-2-2020	Form 8

1/9/2023 K

NAVITAS UTILITY CORPORATION METER CHANGEOUT/PULLED METER FORM

Acct. # 20314A	Acct. Name Charle	s HtKin	SON SYSTEM:	971
Route#		100		1006 1478 3760
Service Address:3 7	16 Stratton	Br. Stan	VilloATE:_	1-4-23
1 1	NEW METER		X-12	PULLED METER
Meter# 20 P295	-496 Temp. Comp. Y /	N	Meter# W	9537/2
Meter Make/Size AC				ize AC 250
# of Dials	Pressure: #		READING 4	
Pressure factor	READING 🕥			
	Appliances on G	as (BTUs)		
Hot water heater	Tankless water	heater	Cool	k stove
Central heat	Ventless heater		Gas	fireplace
Clothes dryer	Generator		Tota	al BTUs
	SERVICE CONNECTION CH	HECKLIST		
 Natural gas odo 			/ / N	
2. Appliances/ven	ts free of combustible mate	rial?	Y / N	
5742 00.000	from manufactures specifica		Y / N	
4. Open line found			Y / N	
5. Proper ventilati			Y / N	
			2.0	
6. Vent pipes vent			Y / N	
7. Was meter lock	sup checked for 10 minutes?		Y / N	
7. Was meter lock Service: Turned	up checked for 10 minutes?	Plugged:	Y / N	
7. Was meter lock Service: Turned	sup checked for 10 minutes?	Plugged:	Y / N	
7. Was meter lock Service: Turned	up checked for 10 minutes?	Plugged:	Y / N	LEAK TEST
7. Was meter lock Service: Turned Home entry der	cup checked for 10 minutes? on: Locked off: nied: Customer signature:	Plugged:	Y / N	200
7. Was meter lock Service: Turned Home entry der	cup checked for 10 minutes? on: Locked off: nied: Customer signature:	Plugged:	Y / N	or: P/F Soap: P/F
7. Was meter lock Service: Turned Home entry der	cup checked for 10 minutes? on: Locked off: nied: Customer signature:	Plugged:	Y / N	200
7. Was meter lock Service: Turned Home entry der	cup checked for 10 minutes? on: Locked off: nied: Customer signature:	Plugged:	Y / N	or: P/F Soap: P/F
7. Was meter lock Service: Turned Home entry der	cup checked for 10 minutes? on: Locked off: nied: Customer signature:	Plugged:	Y / N	or: P/F Soap: P/F
7. Was meter lock Service: Turned Home entry der	cup checked for 10 minutes? on: Locked off: nied: Customer signature:	Plugged:	Gas Detector Signature:	EMPLOYEE NAME
7. Was meter lock Service: Turned Home entry der	cup checked for 10 minutes? on: Locked off: nied: Customer signature:	Plugged:	Y / N Gas Detector Signature:	or: P/F Soap: P/F
7. Was meter lock Service: Turned Home entry der	cup checked for 10 minutes? on: Locked off: nied: Customer signature:	Plugged:	Gas Detector Signature:	EMPLOYEE NAME
7. Was meter lock Service: Turned Home entry der	cup checked for 10 minutes? on: Locked off: nied: Customer signature:	Plugged:	Gas Detector Signature:	EMPLOYEE NAME
7. Was meter lock Service: Turned Home entry der	cup checked for 10 minutes? on: Locked off: nied: Customer signature: _ MATERIALS PIPE CONDITION REPORT	Plugged:	Gas Detector Signature:	EMPLOYEE NAME
7. Was meter lock Service: Turned Home entry der	PIPE CONDITION REPORT No:Locked off: MATERIALS PIPE CONDITION REPORT N Severity:	Plugged:	Gas Detector Signature:	EMPLOYEE NAME Truck#
7. Was meter lock Service: Turned Home entry der Oty. Internal corrosion: Y / External corrosion: Y /	PIPE CONDITION REPORT N Severity: N Severity:	Plugged:	Gas Detector Signature: # Hours # Hours	EMPLOYEE NAME
7. Was meter lock Service: Turned Home entry der Oty. Internal corrosion: Y / External corrosion: Y /	PIPE CONDITION REPORT No:Locked off: MATERIALS PIPE CONDITION REPORT N Severity:	Plugged:	Gas Detector Signature:	EMPLOYEE NAME Truck#

				2023			Nam	e of Syster	n
NAVI	TAS UT	TLITY/ FOR	RT COBB F	UEL AUTHO	ORITY JOB I	NVOICE	Betsy L	ayne	KY_
START DATE	DATE: 3-17-23 FINISH DATE: 3-23-6				23	NEW (CONSTRÚCTIC		1 N
	ON: Betsy Laure KY AT: 37.565344 LON: -82,6428				Was this	a leak repair	?	y /(N)	
GPS: LAT:	37.56	5344	LON: - 8	12.6428	39		JOB DESCRIP	NOIT	
JOB NAME:						Reloca	tion of	Mai	η
QTY.		MATE	RIALS		PART#	1	_		
	20	2" 5D	Q 11 P.1.		3020	i			
	, ,	1 20	((0	Tac M	4 2 -		_		
1101 2	XI	E IECTI	04026	Tap Saddle	3018	10	B PERFORM	ANCE	
260' P: 740' Lo	pe	Poly	,		2955	EMPLOYEE	FUSION	GLUE	pass/fail
3 31	cate	wire	· -	- 10	2717	}		dioi:	(5 / F
2 2	XX	Clectr	of me la	rg Saddle	3303	Nother Glable		11/	(B) F
3	E.1e	ctrotise	Coupli	~9	3200-3	Jimmy Laven		$ V/ _{\Lambda}$	p / F
1 1	LYCO	o Erv			3070			1/1	p / F
						h	TYPE OF LEAD	/ TEST	1 1 7 7
					- 0.1				I DATE
							DATE	DATE	DATE
	-					METHOD	3-23-23	444	3-23-23
						Gas detector	p / F	0/1/9	p / F
						SOAP	(B) / F	9 ALL	(b) / F
						SIGNATURE	Plate 4	ahle	
						EFD INFO.	New or	Replace	nent
					4				
QTY.	PRE-TES	TED MATE	RIALS	TEST#	PART#	-1			
					į.	1			
						i –			-
								-	
						•			
			ΙΔ5	ROR & FOLLIE	MENT HOUF	ıs			
Employee,	trucks,	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
& equipme						i	i		i
		3-17-23	13 hours						
		3-17-23							
7		W-1 LES.							
						1			T
								-	1
						1			7
	(1			
						1			
						1	 		
						1			
SIGNATUR	RE: /L	红点	20	DATE: 3-	17.27	1	1/2/2020	FOR	RM3
	/ 0	10-0	_	ین عادی	11 0/2		1 1/2/2020	1 191	., ., .

PIPELINE FIELD TEST REPORT 2023

NAVITAS UTILITY CORP. SYSTEM: Betsy Layne KY

This form must be completed for each section of newly installed section of main or service line.

TEST	DATA

ocation of line: Stanuille KY GPS: 37.565344, -82.642839 to
37,564358, -82.643300
Pipe information: 480' 2" SDRII HOPE Tested @ 90 PSIG for
3 hours. Test Started @ 12:00 pm, Test Ended @ 3:00 pm
Size of pipe: inches. Length of line: Main N Service ()
Pipe information: 260' 1" HDPE Tested @ 90 PSIG for
10 min. Test Started @ 3:00 pm, Test Ended @ 3:10 pm
Size of pipe: inches. Length of line: Main () Service ()
Pipe information:
Size of pipe: inches. Length of line: Main () Service ()
Pipe information:
Size of pipe: inches. Length of line: Main () Service ()
Tested with: Air (Natural Gas () Gauge #: BAC 200-25
Time started: 12:00 a.m./p.m. Time ended: 3:10 a.m./p.m.
Test pressure start: 90 psig
Test pressure stop:psig
Line loss: Yes() No (
Remarks:
Signature: Path Julie Date: 3-17.23

1/2/2020

FORM 3c

NUC FCFA PIPELINE UPDATE WORK SHEET	
SYSTEM: Retsy Layne Ky DATE: 3-23-2:	3
LOCATION: Retsy Laune Ky (Stanville)	
GPS COORDINATES: LAT: 37.563399 LON: 382.6	42839
Map update (Yesor No)	
() PIPELINE RETIREMENT MAIN () SERVICE ()	
TYPE OF PIPE:	
SIZE OF PIPE:	
LENGTH OF LINE:	
REASON FOR RETIREMENT:	
WAS LINE PURGED WITH AIR? Y/N %NG	
() NEW PIPELINE INSTALLATION MAIN () SERVICE (
TYPE OF PIPE: HDPE	
SIZE OF PIPE:	
LENGTH OF LINE: 260'	
customer name if service line; Stephanie Willia	im <u>s</u>
WAS LINE PURGED WITH NATURAL GAS? (V) N % NG 100	
() PIPELINE REPLACEMENT MAIN () SERVICE ()	
TYPE OF EXISTING PIPE: HDPE	
SIZE OF EXISTING PIPE: 3"	
TYPE OF NEW PIPE:_HDPE	
SIZE OF NEW PIPE: 2"	
LENGTH OF LINE BEING REPLACED: 480'	
WAS OLD LINE PURGED WITH AIR? (9) N % NG	
WAS NEW LINE PURGED WITH NATURAL GAS? (Y) N % NG	00
PIPE CONDITION REPORT	
INTERNAL CORROSION: Y /(N) SEVERITY:	
EXTERNAL CORROSION: Y / SEVERITY:	
SIGNATURE: Lather Halle	1/2/2019
DATE: 3-23-23	FORM 4

Navitas KY NG, LLC



Work Order

Work Order No: 000000009248

Work Order Code & Desc: RER - RE-READ METER

			J	nformatio	on Assigned	by Office				
Name:	DAV	DAVID SPRADLIN				Phone No:	(606)478-3231			
Service Id:	5010	50107				Issue Date:	04/18/2023 10:05			
Account No:	5010	7				Process Date:	04/18/2023			
Route:	12		REA	D SEQ:0247	70	Process Time:	10:30 AM			
Address:	7941	MARE CI	REEK STAN	VILLE		Requested By:	(606)478-3231			
Meter No:	W95	3655		11.00000 (0.000)		Assigned To:	By: TGK			
Comments:						Osable	40.58	ant fun		
Please re-r	ead th	is guy	's meter	Thar	nk you!!					
		10			tion From t					
Old Meter Readin						7953655 Remot				
New Meter Readin Comments:	g: 36	10 2	> Ne	w Meter No:	21798	7322	Seal No: _			
got a		1_		- 11	- 0					
The state of		6		.ea/1	er					
1119 6	ne	- 9	hange	net	ec	ASSESSMENT OF THE PROPERTY OF				
Utility Notes:					Previous	Read:389		Date: 04/06/2	2023	
Work Done By:	Tim	ma	Laws	501	Date Con	pleted: 4-1	9-23			
							,,			
Vame Li	abor Cha Rate	Hours	Amount	Part #	Item	Material (Otv.	Unit Price	Total	
vanic	Kute		7							
Total 1	Labor Ch	arges								
	pment C									
Name	Rate	Hours	Amount							
									Manage State	
					To an annual section of the section					
	-100 000 No - 3 - 500									
							Total Mate	rial Charges		
Total Equi	pment C	harges						rial Charges		
Total Equi			r Charges				Charge Su			
			r Charges PO Number	Job Date	Amount	Labor Charge	Charge Su			
			r Charges PO Number	Job Date	Amount	Equipment C	Charge Suss			
Total Equi			r Charges PO Number	Job Date	Amount		Charge Suss			
			r Charges PO Number	Job Date	Amount	Equipment C	Charge Sussinarges			
			r Charges PO Number	Job Date	Amount	Equipment C Material Char	Charge Sussinarges			

2023 Name of System Betsy Layne (NAVITAS UTILITY) FORT COBB FUEL AUTHORITY JOB INVOICE START DATE: 6-5-23 FINISH DATE: 6-5-23 **NEW CONSTRUCTION** LOCATION: KY Oil Office / Stanville KY Was this a leak repair? JOB DESCRIPTION GPS: LAT: JOBNAME: KY OIL Office Vehicle backed over QTY. MATERIALS PART# meter and left. Replaced Regulator 1" Ounce (Non-T) 6006 regulator and riser. Retested pipe, no leaks found. Riser 1" anodeless 3030 JOB PERFORMANCE EMPLOYEE FUSION **GLUE** pass/fail p / F p / F p / F TYPE OF LEAK TEST DATE DATE DATE METHOD 6-5-23 Gas detector p / F p / F 1 F SOAP SIGNATURE Tenny Lausan EFD INFO. New or Replacement QTY. PRE-TESTED MATERIALS TEST# PART# **LABOR & EQUIPMENT HOURS** Employee,trucks, DATE DATE DATE DATE DATE DATE DATE DATE & equipment. Jimmy Lawson 6-5-23 12:30 to 4:00 pm SIGNATURE: James James DATE: 6-5-23 1/2/2020 FORM3

AOC_V_LINE PATROL 3 YEAR SURVEY !	5 YEAR SUREVY
NOTES Vehicle backed over meter	_
Date: 6-5-23 Inspector: Jimmy Lawson A	rea Marked: YES NO
Location: 156 KY O: 1 Village	
Above Ground: [Under Ground: [] Leak Statu	s: Hazardous: Von-hazardous:
Nearest Building: 20 ft. Leak Class: 1	
Was Bar Hole Test Performed? Yes No	
Cause of leak: Vehicle backed over met	
Natural forces() Excavation 1st Party: () Excavation 3 rd Party: (Outside f	
Incorrect operation() Internal Corrosion: () External Corrosion; ()	Atmospheric Corrosion: () Other; ()
REPAIR REPORT	North
Type & size of pipe: Steel PVC PE	
Year pipe installed:	
Navitas locate request: Yes No	
CGI reading in ditch	
Pipe condition:	
External: smooth badly pitted fl	aking deteriorated bubble
Internal: smooth badly pitted fla	aking deteriorated bubble
Existing pipe info.	Photo: Yes No
Repair crew: Juny Lausen	
Report filed by: T. Lawson Date: 6-5-23	FORM 1

STATE TARREST STATE OF THE STAT	Leak Data Reprint Louis Gall / Reported Dambig (AMaintendades)
2023 Section 1 - Re	guired Information Section for any Telephonic Report Received
Taken by: ()L	Date: \$ 15/23 Time: 11:40 AM/PM
Info Source: Call/Work Order/Oth	er-Specify:
Person reporting or requesting:	Chris Tomlinson
Community:	City:County:
Street: 150 Ky 0:1	Address #: Apt #: Zip Code:
Phone Number	Cell Phone (alle 767 1385
Nearest Cross Street If no address	@
Location and description of Leak of	r Damage at above address: A Side of Office & KY Oil
09.ce	
Is leak: Inside / Outside / Both	(NOTES: in the event of any reported gas leak, instruct the callers to)
Is odor: Strong / Mild / Random /	No Odor (evacuate the area to a safe distance immediately – tell them not)
Does any sound accompany smell	Hissing / Whistling / Roaring (to use light switches or take any action that might create a)
How Long have you been smelling	the leak or hearing the gas sound? 5 m:n (spark of any kind and to leave any doors)
	[used to depart (if inside) open.)
~	
Who dispatched?	Time of Dispatch: 11:42 AM PM
Work Sit	e Evaluation and Observations by Dispatched Technician
Dispatched Person Arrival Time:	2:37 AM / PM. Are any AOC's noted? No / Yes: Specify: 4:00
Is reporting party (If leak or dama	ge call) on the scener Yes / No
Leak or Damage found: Yes / No	If Yes, Navitas side or customer side?
	If the leak is on Navitas' side use form 1 to record leak.
	Work Conclusion
Dispatched person declares repai	r complete, site safe and departing @ 4 100 AM (PM)
1	er details of activity on site if needed, including if follow up is needed and the type of follow up:
Change	regalator
	MISNEL Was Bent
Change	Mishel was bent
Clamabura of Investor	the state of the s
Signature of Investi	
Date 6-5-23	Name of System

Form 8

Navitas KY NG, LLC



Work Order

Work Order No: 000000009241

Work Order Code & Desc: RER - RE-READ METER

			Informati	on Assigned	by Office				
Name:	LAKYN STA	MBAUGH		-	Phone No:	(606)793-02	280		
Service Id:	55650				Issue Date:	04/17/2023	08:15		
Account No:	55650A				Process Date:	04/17/2023			
Route:	05	RE/	D SEQ:007	25	Process Time:	08:30 AM			
Address:	972 KY RT 1	107 VAN LI	EAR		Requested By:	Lakyn (606)793-0280			
Meter No:	2165518				Assigned To:		By: TGK		
Sequence No Comments:	2: 00725								
Could you re-	read meter	please?	Her usag	e more than	n doubled this	last bil	ling. Thanks	111	
<u> </u>			Informa	ition From t	he Field			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Old Meter Reading:	1943	0	ld Meter No	:	2165518 Remote	Meter No:			
New Meter Reading: Comments:				21498	37549				
Change	me	ter							
l u	neter	on							
Utility Notes:				Previou	Read: 202	3.00000	Date: 04/06/2	2023	
		Lawso	^	Date Con	ipleted: 4-1	8-23			
	or Charges				Material C				
Name F	Rate Hours	Amount	Part #	Item		Oty.	Unit Price	Total	
						_			
1									
	bor Charges								
	nent Charges	Amount							
Name F	Rate Hours	Amount							
TrailEdia	101					Total Mater	rial Charges		
i otai Equipn	nent Charges					Cl C.			
NT	Outside Vend		Tak Da	A	Labor Charre	Charge Su	mmary		
Name		PO Number	Job Date	Amount	Labor Charges Equipment Ch				
					Material Char				
					Vendor Charg	es			
		Total Vendor	Charges			Total			

Very tal Gas Leak Bata Bengio Pank Cally Reparted Damage Maimenage
2022 Section 1 – Required Information Section for any Telephonic Report Received
Taken by: Menda Date 6 1/4/23 Time: 9: 05 AM/PM 2nd Call 7/11/2023)
Info Source: Call/Work Order/Other- Specify:
Person reporting or requesting; Ruly Bull Bull Bull Bull Bull Bull Bull B
Community: 1000 Ox las City: 1000 Skean County: 1000000
Street: 1 CK NYUL WAS TON Address #: 47 Apt #: Zip Code: 4/265
Phone NumberCell Phone 606 - 789 - 4206
Nearest Cross Street If no address:
Location and description of Leak or Damage at above address: Ameling and in its
meightron's your -he is not an gas server.
Is leak: Inside / Outside / Both (NOTES; In the event of any reported gas leak, instruct the callers to)
Is odor: Strong / Mild / Random / No Odor { evacuate the area to a safe distance immediately - tell them not }
Does any sound accompany smell? Hissing / Whistling / Roaring (to use light switches or take any action that might create a)
How Long have you been smelling the leak or hearing the gas sound? <u>2wks</u> { spark of any kind and to leave any doors }
Who dispatched? Work Site Evaluation and Observations by Dispatched Technician
Dispatched Person Arrival Time: 10:00 AM / PM. Are any AOC's noted No Yes: Specify:
is reporting party (if leak or damage call) on the scene? Yes /No
Leak or Damage found: Yes / No If Yes, Navitas side or customer side?
if the leak is on Navitas' side use <u>form 1</u> to record leak.
Work Conclusion
Dispatched person declares repair complete, site safe and departing @ 10 750 / PM
·
Actions, Notes, comments or other details of activity on site if needed, including if follow up is needed and the type of follow up:
10 leak
Signature of Investigator June Laure
Date 7-12-23 Namé of System Nautas

1-2-2020

Form 8

AOC_V_LINE PATROL 3 YEAR SURVEY 5 YEAR SUREVY
NOTES
Date: 7-19-23 Inspector: Jenny Lausen Area Marked: YES NO_
Location: 78 Millers Cr.
Above Ground: [\(\sum \) Under Ground: [] Leak Status: Hazardous: \(\sum \) Non-hazardous:
Nearest Building: 30 ft. Leak Class: Service: Main: Ma
Cause of leak: Unknown - Meter damaged and Smelling gas Natural forces() Excavation 1st Party: () Excavation 3rd Party: (Outside force: () Mat. or weld: (Equipment: ()
Incorrect operation() Internal Corrosion: () External Corrosion; () Atmospheric Corrosion: () Other; ()
North REPAIR REPORT
Type & size of pipe: Steel PVC PE
Year pipe installed:
Navitas locate request: Yes No
CGI reading in ditch
Pipe condition:
External: smooth badly pitted flaking deteriorated bubble Internal: smooth badly pitted flaking deteriorated bubble
Existing pipe info Photo: Yes No
Repair crew: Jimy Lauson
Report filed by: Jeine June Date: 7-19-23 FORM 1

NAVITAS UTILITY CORPORATION METER CHANGEOUT/PULLED METER FORM

Acct. # 44313 Acct. Name Van Lear Hist. Socie Route# Sequence#	Phone#_ DATE: OLD METER/ Meter#_350	7-20-23 PULLED METER 02369 Gize AC/250
Appliances on Gas (BTUs)		
Tankless water heater Central heat Clothes dryer SERVICE CONNECTION CHECKLIST 1. Natural gas odor detected? 2. Appliances/vents free of combustible material? 3. Any alterations from manufactures specifications?	Gas Tota Y / (N) (Y / (N) Y / (N) Y / (N)	k stove fireplaceal BTUs
 Open line found? Proper ventilation in residence? Vent pipes vented above roofs? Was meter lockup checked for 10 minutes? Service: Turned on: Locked off: Plugged: Home entry denied: Customer signature: 		
Qty. MATERIALS Part# 1 Regulator I" ounce (Non-T) 6006 1 AC/250 Meter	Gas Detector: P / F Soap(P) F Signature: Jumy Lause	
	# Hours	EMPLOYEE NAME
	# Hours	Truck#
PIPE CONDITION REPORT Internal corrosion: Y / N Severity: External corrosion: Y / N Severity: Signature: Jimy Laws Date: 7-	20-23	1/2/2020 FORM 5



Your 1st Priority - Protect Life and then Property EVERY TIME

Natural Gas - Leak Data Report - Leak Call / Reported Damage) Maintenance

Section 1 – Required Information Section for any Telephonic Report Received

Taken by: () Date: 7 /19/23 Time: 4:45 AM (PM)
Info Source (Call/Work Order/Other- Specify:
Person reporting or requesting: Debote Button - Van Lear Historical Society
Community: city: Van Lear county: Johnson Co.
Street: 78 Milkers Cr. Address #: Apt #: Zip Code: 41212
Phone Number 66 - 411 - 5577 Cell Phone
Nearest Cross Street if no address:@
Location and description of Leak or Damage at above address: Meter looks damaged and smelling gas-
Is leak: Inside Outside Both NOTES: In the event of any reported gas leak, instruct the callers to
Is odor: Strong Mild Random / No Odor evacuate-the area to a safe distance immediately – tell them not
Does any sound accompany smell? Hissing / Whistling / Roaring use light switches or take any action that might create a
How Long have you been smelling the leak or hearing the gas sound? 36 m.o. spark of any kind and to leave any doors
used to depart (if inside) open.
Who dispatched? Jimmy Lawson Time of Dispatch: 450 AM PM
Work Site Evaluation and Observations by Dispatched Technician
Dispatched Person Arrival Time: 6:00AM / PM. Are any AOC's noted? No / Yes: Specify:
Is reporting party (if leak or damage call) on the scene? Yes / No
Leak or Damage found: (es/ No (If Yes use form 1)
Work Conclusion
Dispatched person declares repair complete, site safe and departing @
Actions, Notes, comments or other details of activity on site if needed, including if follow up is needed and the type of follow up:
regulater beak
Signature of Investigator Juny Laure
Date 7-19-23

Natural Gas—Leak Gata Report Cleak Call / Reported Damage / Maintenance
2023 Section 1 – Required Information Section for any Telephonic Report Received
Taken by:
Info Source: Call/Work Order/Other- Specify:
Person reporting or requesting: Chrones Houtland
Community: An Sea City: An Sea County: AMMSON
Street: 2336 H1/Lt 302 Address #: Apt #: Zip Code: 41265
Phone Number Cell Phone 606-189-9090
Nearest Cross Street If no address:
Location and description of Leak or Damage at above address:
Is leak: Inside / Outside / Both (NOTES: In the event of any reported gas leak, Instruct the callers to)
is odor: Strong / Mild / Random / No Odor { evacuate the area to a safe distance immediately – tell them not }
Does any sound accompany smell? Hissing / Whistling / Roaring {to use light switches or take any action that might create a }
How Long have you been smelling the leak or hearing the gas sound? ZUKS (spark of any kind and to leave any doors)
{ used to depart (if Inside) open. }
Who dispatched? <u>ALM MUY</u> Time of Dispatch: 1204 AM / PM)
Work Site Evaluation and Observations by Dispatched Technician
Dispatched Person Arrival Time AM (PM.) are any AOC's noted? No / Yes: Specify:
Is reporting party (If leak or damage call) on the scene? Yes / No
Leak or Damage found: Yes / No If Yes, Navitas side or customer side?
If the leak is on Navitas' side use form 1 to record leak.
Work Conclusion
Dispatched person declares repair complete, site safe and departing @ 2115 AM PM
Actions, Notes, comments or other details of activity on site if needed, including if follow up is needed and the type of follow up:
No leak outside of Home Turn neter off
Legk in the FOR Home
Signature of Investigator

1-2-2020

Form 8