



2022

MANUAL ON - Leak Data - Report - Call / Reported Outage / Maintenance

Section 1 - Required Information Section for any Telephonic Report Received

Taken by: OK Date: 1/17/23 Time: 1:30 AM/PM (PM)

Info Source: Call/Work Order/Other- Specify: _____

Person reporting or requesting: Zippy Kingae Hansel Properties

Community: _____ City: Albany County: _____

Street: 1013 Cross St. Address #: _____ Apt #: _____ Zip Code: 40503

Phone Number: 606-346-1383 Cell Phone: 606-346-1383

Nearest Cross Street if no address: _____ @ _____

Location and description of Leak or Damage at above address: Smelling gas in main office of Hotel

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? NA 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? 2 hrs (spark of any kind and to leave any doors)

(used to depart (if inside) open.)

Who dispatched? Steve Solly Time of Dispatch: 1:37 AM/PM (PM)

Work Site Evaluation and Observations by Dispatched Technician

Dispatched Person Arrival Time: 2:30 AM/PM (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/PM (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:

Used CGI inside and outside. Did not detect anything.

I did smell sewer inside and outside.

Signature of Investigator Steve Solly

Date 1-17-23 Name of System Albany

2022

ENTERED 1/9/2023 OK

NAVITAS UTILITY CORPORATION
METER CHANGEOUT/PULLED METER FORM

Acct. # 50314A Acct. Name Charles Atkinson SYSTEM: KV
Route# 12 Sequence# ~~02670~~ 02670 Phone# 606/498 3760
Service Address: 376 Stratton Br. Stanville DATE: 1-4-23

NEW METER

OLD METER/PULLED METER

Meter# 20P295496 Temp. Comp. Y / N
Meter Make/Size AC 250 Proof Date _____
of Dials 4 Pressure: 4 Oz. / PSI
Pressure factor _____ READING 0

Meter# W9S3712
Meter Make/Size AC 250
READING 4552

Appliances on Gas (BTUs)

Hot water heater _____ Tankless water heater _____ Cook stove ✓
Central heat ✓ Ventless heater _____ Gas fireplace _____
Clothes dryer _____ Generator _____ Total BTUs _____

SERVICE CONNECTION CHECKLIST

- 1. Natural gas odor detected? Y / N
- 2. Appliances/vents free of combustible material? Y / N
- 3. Any alterations from manufactures specifications? Y / N
- 4. Open line found? Y / N
- 5. Proper ventilation in residence? Y / N
- 6. Vent pipes vented above roofs? Y / N
- 7. Was meter lockup checked for 10 minutes? Y / N

Service: Turned on: _____ Locked off: _____ Plugged: _____
Home entry denied: Customer signature: _____

Qty.	MATERIALS	Part#

LEAK TEST

Gas Detector: P / F Soap: P / F
Signature: _____

# Hours	EMPLOYEE NAME
# Hours	Truck #

PIPE CONDITION REPORT

Internal corrosion: Y / N Severity: _____
External corrosion: Y / N Severity: _____
Signature: Jimmy Lawson Date: 1-4-23

1/2/2020

FORM 5

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

Location of line: Stanville KY GPS: 37.565344, -82.642839 to 37.564358, -82.643300

Pipe information: 480' 2" SDR11 HDPE Tested @ 90 PSIG for 3 hours. Test Started @ 12:00 pm, Test Ended @ 3:00 pm

Size of pipe: 2 inches. Length of line: 480' Main 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: 1 inches. Length of line: 260' 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: 90 psig

Line loss: Yes () No

Remarks: _____

Signature: [Signature] Date: 3-17-23

2023

NUC / FCFA PIPELINE UPDATE WORK SHEET

SYSTEM: Betsy Layne KY DATE: 3-23-23

LOCATION: Betsy Layne KY (Stanville)

GPS COORDINATES: LAT: 37.565344 LON: -82.642839

Map update (Yes or 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: 1"

LENGTH OF LINE: 260'

CUSTOMER NAME IF SERVICE LINE: Stephanie Williams

WAS LINE PURGED WITH NATURAL GAS? (Y) / 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? (Y) / N % NG 0

WAS NEW LINE PURGED WITH NATURAL GAS? (Y) / N % NG 100

PIPE CONDITION REPORT

INTERNAL CORROSION: Y / (N) SEVERITY: _____

EXTERNAL CORROSION: Y / (N) SEVERITY: _____

SIGNATURE: [Signature]

1/2/2019

DATE: 3-23-23

FORM 4

