

7/2/2024 KC
ENTERED

Acct. # 401008400 Acct. Name Craig. Carl SYSTEM: Albany
Route# 33 Sequence# 991 Phone# _____
Service Address: 616 Dawson Street DATE: 05/24/2024

Meter# 9075806
Meter Make/Size R/250
READING 8063

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

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

Service: Turned on: X Locked off: _____ Plugged: _____

Home entry denied: Customer signature: _____

[illegible]

Gas Detector: P / F **Soap:** ~~P~~ / F

Signature: Robert Gohle

# Hours	EMPLOYEE NAME
# Hours	Truck #

Internal corrosion: Y / N Severity: _____
 External corrosion: Y / N Severity: _____
 Signature: Ruth Helle Date: 05/24/2024

1/2/2020

FORM 5

2024

2K
7/15/2024NAVITAS UTILITY CORPORATION
METER CHANGEOUT/PULLED METER FORM

Acct. # 401010010 Acct. Name Tim Albertson SYSTEM: Albany
 Route# 33 Sequence# 741 Phone# _____
 Service Address: 901 North Cross DATE: 7-11-24

NEW METER

Meter# 21P987290 Temp. Comp. Y / N
 Meter Make/Size AC/250 Proof Date 24
 # of Dials 4 Pressure: 4 02 / PSI
 Pressure factor 1 READING 0

OLD METER/PULLED METER

Meter# 18994422
 Meter Make/Size R/175
 READING 5090

Appliances on Gas (BTUs)

Hot water heater _____ Tankless water heater _____ Cook stove _____
 Central heat X 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: X Locked off: _____ Plugged: _____

Home entry denied: Customer signature: _____

Qty.	MATERIALS	Part#

LEAK TEST

Gas Detector: P / F Soap Y / FSignature: Patricia Galle

# Hours	EMPLOYEE NAME

PIPE CONDITION REPORT

Internal corrosion: Y / N Severity: _____
 External corrosion: Y / N Severity: _____
 Signature: Patricia Galle Date: 07-11-2024

1/2/2020

FORM 5

OK
7/15/2024

Acct. # 401007250 Acct. Name Hospice of Lake SYSTEM: Albany
Route# 33 Sequence# 321 Phone# _____
Service Address: 254 Burkesville Rd DATE: 7-11-24

OLD METER/PULLED METER

Meter# 1305498
Meter Make/Size AC/250
READING 1538

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

1. Natural gas odor detected?	Y / (N)
2. Appliances/vents free of combustibile 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: X Locked off: _____ Plugged: _____
Home entry denied: Customer signature: _____

[illegible]

Gas Detector: P / F Soap: P / F
Signature: Ratha Mable

# Hours	EMPLOYEE NAME
# Hours	Truck #

Internal corrosion: Y / (N) Severity: _____
 External corrosion: Y / (N) Severity: _____
 Signature: Nathan Gable Date: 07-11-2024

FORM 5

25
7/15/2024

METER CHANGEOUT/PULLED METER FORM

Acct. # 401015300 Acct. Name Mark Lee SYSTEM: Albany
Route# 33 Sequence# 1021 Phone# _____
Service Address: 403 Allen St. DATE: 07-11-2024

OLD METER/PULLED METER

Meter# 3680741
Meter Make/Size AC/250
READING 9680

Appliances on Gas (BTUs)

Hot water heater _____	Tankless water heater _____	Cook stove _____
Central heat <u>X</u>	Ventless heater _____	Gas fireplace _____
Clothes dryer _____	Generator _____	Total BTUs _____

SERVICE CONNECTION CHECKLIST

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

Service: Turned on: X Locked off: _____ Plugged: _____

Home entry denied: Customer signature:

[illegible]

LEAK TEST

Gas Detector: P / F Soap (P) / F

Signature: Nathan Galle

# Hours	EMPLOYEE NAME
# Hours	Truck #

PIPE CONDITION REPORT

Internal corrosion: Y / 10 Severity: _____
 External corrosion: Y / 10 Severity: _____
 Signature: Pat Soble Date: 07-11-2024

1/2/2020

FORM 5

Vacant Location

7/15/2024

FORM 5

2024

2/2
7/15/2024NAVITAS UTILITY CORPORATION
METER CHANGEOUT/PULLED METER FORM

Acct. # 401007400 Acct. Name The Medical Ctr. Albany SYSTEM: Albany
 Route# 33 Sequence# 551 Phone# _____
 Service Address: 723 Burkesville Rd. DATE: 07-11-2024

NEW METER

Meter# 20P295476 Temp. Comp. Y / N
 Meter Make/Size AC/250 Proof Date 24
 # of Dials 4 Pressure: 4 02 / PSI
 Pressure factor 1 READING 0

OLD METER/PULLED METER

Meter# 17098075
 Meter Make/Size _____
 READING 5253

Appliances on Gas (BTUs)

Hot water heater _____ Tankless water heater _____ Cook stove _____
 Central heat X 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: X Locked off: _____ Plugged: _____

Home entry denied: Customer signature: _____

Qty.	MATERIALS	Part#

LEAK TEST

Gas Detector: P / F Soap: P / FSignature: Patricia Yalle

# Hours	EMPLOYEE NAME

PIPE CONDITION REPORT

Internal corrosion: Y / N Severity: _____
 External corrosion: Y / N Severity: _____
 Signature: Patricia Yalle Date: 07-11-2024

1/2/2020

FORM 5

2024

NAVITAS UTILITY CORPORATION
 METER CHANGEOUT/PULLED METER FORM

215
 9/15/2024

Acct. # 401007600 Acct. Name The Medical Ctr. Albany SYSTEM: Albany
 Route# 33 Sequence# 531 Phone# _____
 Service Address: 723 Burkesville Rd. DATE: 07-11-2024

NEW METER

Meter# 20P295480 Temp. Comp. Y / N
 Meter Make/Size AC/250 Proof Date 24
 # of Dials 4 Pressure: 4 02 / PSI
 Pressure factor 1 READING 0

OLD METER/PULLED METER

Meter# 17098085
 Meter Make/Size _____
 READING 2130

Appliances on Gas (BTUs)

Hot water heater _____ Tankless water heater _____ Cook stove _____
 Central heat X 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: X Locked off: _____ Plugged: _____

Home entry denied: Customer signature: _____

Qty.	MATERIALS	Part#

LEAK TEST

Gas Detector: P / F Soap: P / F

Signature: Patricia Goble

# Hours	EMPLOYEE NAME
# Hours	Truck #

PIPE CONDITION REPORT

Internal corrosion: Y / N Severity: _____
 External corrosion: Y / N Severity: _____
 Signature: Patricia Goble Date: 07-11-2024

1/2/2020

FORM 5

2024

2K
6/15/2024NAVITAS UTILITY CORPORATION
(METER CHANGEOUT/PULLED METER FORM)

Acct. # 401006410 Acct. Name Albany Nails SYSTEM: Albany
 Route# 33 Sequence# 391 Phone# _____
 Service Address: 130 Westview Shopping Center DATE: 07-11-2024

NEW METER

Meter# 21P987327 Temp. Comp. Y/N
 Meter Make/Size AC/250 Proof Date 24
 # of Dials 4 Pressure: 4 02 / PSI
 Pressure factor 1 READING 0

OLD METER/PULLED METER

Meter# 18182827
 Meter Make/Size R/175
 READING 5178

Appliances on Gas (BTUs)

Hot water heater _____ Tankless water heater _____ Cook stove _____
 Central heat X 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: X Locked off: _____ Plugged: _____

Home entry denied: Customer signature: _____

Qty.	MATERIALS	Part#

LEAK TEST

Gas Detector: P / F Soap: P / FSignature: Nathan Gable

# Hours	EMPLOYEE NAME
# Hours	Truck #

PIPE CONDITION REPORT

Internal corrosion: Y / N Severity: _____
 External corrosion: Y / N Severity: _____
 Signature: Nathan Gable Date: 07-11-2024

1/2/2020

FORM 5

2/L
7/15/2024

NAVITAS UTILITY CORPORATION

Acct. # 401000118 Acct. Name Rita Powell SYSTEM: Albany
Route# 33 Sequence# 1031 Phone# _____
Service Address: 187 Logan Dr. DATE: 07-11-2024

OLD METER/PULLED METER

Meter# 20P295455-1 Temp. Comp. Y / N
Meter Make/Size AC/250 Proof Date 24
of Dials 4 Pressure: 4 02 / PSI
Pressure factor 1 READING 0

Appliances on Gas (BTUs)

Hot water heater _____	Tankless water heater _____	Cook stove _____
Central heat <u>X</u> _____	Ventless heater _____	Gas fireplace _____
Clothes dryer _____	Generator _____	Total BTUs _____

SERVICE CONNECTION CHECKLIST

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

Service: Turned on: X Locked off: _____ Plugged: _____

Home entry denied: Customer signature:

[illegible]

LEAK TEST

Gas Detector: P / F Soap: P / F

Signature: John Lable

# Hours	EMPLOYEE NAME
# Hours	Truck #

PIPE CONDITION REPORT

Internal corrosion: Y / ☒ N Severity: _____
External corrosion: Y / ☒ N Severity: _____
Signature: Nithi Sabale Date: 07-11-2024

1/2/2020

FORM 5

N. Goble

2024

JK
10/17/2024

NAVITAS UTILITY CORPORATION
METER CHANGEOUT/PULLED METER FORM

Acct. # 401019020 Acct. Name Ashley Moons McWhorter SYSTEM: Albany
Route# 33 Sequence# 1081 Phone# _____
Service Address: 103 NL Morgan St. DATE: 10-16-24

NEW METER

Meter# 01B234704 Temp. Comp. Y / N
Meter Make/Size AC/250 Proof Date 24
of Dials 4 Pressure: 4 02 / PSI
Pressure factor 1 READING 0

OLD METER/PULLED METER

Meter# 19471950
Meter Make/Size R/275
READING 2710

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: _____

Should
be locked
off

Still off
for Nathan
10/18/24

Qty.	MATERIALS	Part#

LEAK TEST

Gas Detector: P / F Soap: P / F

Signature: Nathan Goble

# Hours	EMPLOYEE NAME

# Hours	Truck #

PIPE CONDITION REPORT

Internal corrosion: Y / N Severity: _____

External corrosion: Y / N Severity: _____

Signature: Nathan Goble Date: 10-16-24

1/2/2020

FORM 5

N. Goble

2024

2K
10/17/2024

NAVITAS UTILITY CORPORATION
METER CHANGEOUT/PULLED METER FORM

Acct. # 401000350 Acct. Name Molly Hawes SYSTEM: Albany
Route# 33 Sequence# 1921 Phone# _____
Service Address: 207 NE Morgan St. DATE: 10-16-24

NEW METER

Meter# 085946781 Temp. Comp. Y / N
Meter Make/Size AC/250 Proof Date 24
of Dials 4 Pressure: 4 02 / PSI
Pressure factor 1 READING 0

OLD METER/PULLED METER

Meter# 18182835
Meter Make/Size R/275
READING 1419

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: _____

Should
be locked
off

Qty.	MATERIALS	Part#

LEAK TEST

Gas Detector: P / F Soap P / F

Signature: Ruth Gelle

# Hours	EMPLOYEE NAME

# Hours	Truck #

PIPE CONDITION REPORT

Internal corrosion: Y / N Severity: _____
External corrosion: Y / N Severity: _____
Signature: Ruth Gelle Date: 10-16-24

1/2/2020

FORM 5

Still off
Per Nathan
10/18/24

2024

10/22/24 JK

Acct. # 401013504 Acct. Name Amanda Mills SYSTEM: Albany
Route# 33 Sequence# 831 Phone# 606-306-4420
Service Address: 901 Rainbow Dr. DATE: 10-18-24

OLD METER/PULLED METER

Meter# 079991
Meter Make/Size AC/250
READING 1413

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

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

Home entry denied: Customer signature: _____

[illegible]

Gas Detector: P / F Soap: P / F

Signature: Ruth Gable

# Hours	EMPLOYEE NAME
# Hours	Truck #

Internal corrosion: Y / ☒ N Severity: _____
 External corrosion: Y / ☒ N Severity: _____
 Signature: *Nathan Nabile* Date: *10-18-24*

1/2/2020

FORM 5

N. Goble

2024

2K
10/17/2024

NAVITAS UTILITY CORPORATION
METER CHANGEOUT/PULLED METER FORM

Acct. # 401010305 Acct. Name Lyle Morgan SYSTEM: Albany
Route# 33 Sequence# 1111 Phone# _____
Service Address: 401 N Columbia St. DATE: 10-16-24

NEW METER

Meter# 075283068 Temp. Comp. Y / N
Meter Make/Size AC/250 Proof Date 24
of Dials 4 Pressure: 4 02 / PSI
Pressure factor 1 READING 0

OLD METER/PULLED METER

Meter# 7550662
Meter Make/Size R/275
READING 4995

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: Ruth Sahle

# Hours	EMPLOYEE NAME

# Hours	Truck #

PIPE CONDITION REPORT

Internal corrosion: Y / N Severity: _____
External corrosion: Y / N Severity: _____
Signature: Ruth Sahle Date: 10-16-24

1/2/2020

FORM 5

2024

NAVITAS UTILITY CORPORATION
METER CHANGEOUT/PULLED METER FORM

2K
10/17/2024

Acct. # 401010800 Acct. Name Ned McWhorter SYSTEM: Albany
Route# 33 Sequence# 41 Phone# _____
Service Address: 345 McWhorter Rd. DATE: 10-16-24

NEW METER

Meter# 13N02558 Temp. Comp. ①/ N
Meter Make/Size AC/250 Proof Date 24
of Dials 4 Pressure: 4 ②/ PSI
Pressure factor 1 READING 0

OLD METER/PULLED METER

Meter# 14034856
Meter Make/Size R/275
READING 7991

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 / <input checked="" type="radio"/> N |
| 2. Appliances/vents free of combustibile material? | <input checked="" type="radio"/> Y / N |
| 3. Any alterations from manufactures specifications? | Y / <input checked="" type="radio"/> N |
| 4. Open line found? | Y / <input checked="" type="radio"/> N |
| 5. Proper ventilation in residence? | <input checked="" type="radio"/> Y / N |
| 6. Vent pipes vented above roofs? | <input checked="" type="radio"/> Y / N |
| 7. Was meter lockup checked for 10 minutes? | <input checked="" type="radio"/> Y / N |

Service: Turned on: ☒ Locked off: ☐ Plugged: ☐

Home entry denied: Customer signature: _____

[illegible]

LEAK TEST

Gas Detector: P / F Soap: P / F

Signature: Barbara Gable

# Hours	EMPLOYEE NAME
# Hours	Truck #

PIPE CONDITION REPORT

Internal corrosion: Y / N Severity: _____
External corrosion: Y / N Severity: _____
Signature: Nath Schile Date: 10-16-24

1/2/2020

FORM 5

2K
10/15/2024

FORM 5

R 9

2023

NAVITAS UTILITY CORPORATION METER CHANGEOUT/PULLED METER FORM

10/15/24 OK

Acct. # 20310 Acct. Name Hall Jean SYSTEM: _____
 Route# 2901915 Sequence# _____ Phone# _____
 Service Address: 819 Conn Street DATE: 10-10-24

NEW METER

Meter# 13106493 Temp. Comp. Y / N
 Meter Make/Size AC250 Proof Date _____
 # of Dials 4 Pressure: 4 Oz. / PSI
 Pressure factor _____ READING 0

OLD METER/PULLED METER

Meter# 4953548
 Meter Make/Size PC250
 READING 1272

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: _____ Date: _____

1/2/2020

FORM 5

2023

NAVITAS UTILITY CORPORATION METER CHANGEOUT/PULLED METER FORM

Acct. # 50320 Acct. Name Marilyn Ratliff SYSTEM: B. Hwy Layne
Route# 12 Sequence# 1202690 Phone# _____
Service Address: 1821 mare Creek starville DATE: 11-22-24

NEW METER

Meter# 13N07349 Temp. Comp. Y / N
Meter Make/Size AC-250 Proof Date _____
of Dials 4 Pressure: 4 Oz. / PSI
Pressure factor _____ READING 0

OLD METER/PULLED METER

Meter# 20P295472
Meter Make/Size AC 250
READING 759

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#
1	meter	

LEAK TEST

Gas Detector: P / F Soap: P / F

Signature: Jimmy Law

# Hours	EMPLOYEE NAME
1	Jimmy Law
# Hours	Truck #
1	chevy

PIPE CONDITION REPORT

Internal corrosion: Y / N Severity: _____
External corrosion: Y / N Severity: _____
Signature: _____ Date: _____

1/2/2020

FORM 5

Work Order No: 000000010055

Work Order Code & Desc: DIS - DISCONNECT READOUT

Information Assigned by Office

Name: FRANK JOHNSON
Service Id: 30288
Account No: 30288
Route: 10 READ SEQ: 02110
Address: 9608 STANVILLE
Meter No: W953657
Sequence No: 02110

Phone No: _____
Issue Date: 11/21/2024 13:30
Process Date: 11/21/2024
Process Time: 02:00 PM
Requested By: _____
Assigned To: 02 By: TGK

Comments:

Can you read this out and lock it off please? I think they are selling the home.

Information From the Field

Old Meter Reading: _____ Old Meter No: W953657 Remote Meter No: _____
New Meter Reading: 404 New Meter No: _____ Seal No: _____

Comments:

LOCK off

Utility Notes: _____ Previous Read: 403.00000 Date: 11/06/2024
Work Done By: Jimmy Lawson Date Completed: 11-22-24

Labor Charges			
Name	Rate	Hours	Amount
Total Labor Charges			

Equipment Charges			
Name	Rate	Hours	Amount
Total Equipment Charges			

Material Charges				
Part #	Item	Qty.	Unit Price	Total
Total Material Charges				

Outside Vendor Charges			
Name	PO Number	Job Date	Amount
Total Vendor Charges			

Charge Summary	
Labor Charges	
Equipment Charges	
Material Charges	
Vendor Charges	
Total	



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

2024

Section 1 - Required Information Section for any Telephonic Report Received

Taken by: Quenda Date: 1/30/24 Time: 2:28 AM / PM
Info Source: Call/Work Order/Other- Specify: Call
Person reporting or requesting: Judy Newman
Community: Hager Hill City: Hager Hill County: Johnson
Street: Willow Drive Address #: 187 Apt #: Zip Code: 41222
Phone Number Cell Phone 606-339-0683
Nearest Cross Street if no address:
Location and description of Leak or Damage at above address: Smelling gas around the meter.

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? { spark of any kind and to leave any doors)
 { used to depart (If inside) open. }

Who dispatched? Jimmy Lawson Time of Dispatch: 2:33 AM / PM

Work Site Evaluation and Observations by Dispatched Technician

Dispatched Person Arrival Time: 4:00 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?

C If the leak is on Navitas' side use form 1 to record leak.

Work Conclusion

Dispatched person declares repair complete, site safe and departing @ 5:00 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:

Valve was leak fix the leak

Signature of Investigator Jimmy Lawson

Date 1-30-24

Name of System

Navitas KY NG, LLC

4/19/2024 KC
ENTERED

Work Order

Work Order No: 000000009761

Work Order Code & Desc: NEW - NEW METER

Information Assigned by Office

Name: MIKE SHORT^^
Service Id: 67290
Account No: 67290
Route: 06 READ SEQ: 01195
Address: 3800 KY RT. 40 EAST MEALLY
Meter No: 1487620
Sequence No: 01195

Phone No: (606)789-1693
Issue Date: 04/16/2024 07:46
Process Date: 04/16/2024
Process Time: 08:00 AM
Requested By: Dana (606)789-1693
Assigned To: 02 By: KBC

Comments:

Customer thinks bill is low, please check the meter to make sure it is working.

Thanks

Information From the Field

Old Meter Reading: 6335 Old Meter No: 1487620 Remote Meter No: _____
New Meter Reading: 0 New Meter No: 21P987550 Seal No: _____

Comments:

old meter Bad
change meter to new AC-250

Utility Notes: _____ Previous Read: 6335.00000 Date: 04/05/2024Work Done By: Jimmy Lawson Date Completed: 4-18-24

Labor Charges			
Name	Rate	Hours	Amount
Total Labor Charges			

Equipment Charges			
Name	Rate	Hours	Amount
Total Equipment Charges			

Material Charges				
Part #	Item	Qty.	Unit Price	Total
Total Material Charges				

Outside Vendor Charges			
Name	PO Number	Job Date	Amount
Total Vendor Charges			

Charge Summary	
Labor Charges	
Equipment Charges	
Material Charges	
Vendor Charges	
Total	

2023

000004BC
ENTERED

NAVITAS UTILITY CORPORATION METER CHANGEOUT/PULLED METER FORM

Acct. # 44125 Acct. Name Phyllis Blewins SYSTEM: _____
Route# 04 Sequence# 00517 Phone# 606-220-1061
Service Address: 88. sorghum hollow DATE: 10-25-24
van Lear

98101107679 NEW METER

Meter# 88101107679 Temp. Comp. Y / N
Meter Make/Size AC 250 Proof Date _____
of Dials 7 Pressure: 4 Oz. / PSI
Pressure factor _____ READING 0

OLD METER/PULLED METER

Meter# W953691
Meter Make/Size AR 250
READING 3929

Appliances on Gas (BTUs)

Hot water heater _____ Tankless water heater _____ Cook stove _____
Central heat 7 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 Date: 10-25-24

1/2/2020

FORM 5

R-1

2023

NAVITAS UTILITY CORPORATION METER CHANGEOUT/PULLED METER FORM

10/15/24 OK

Acct. # 10078 Acct. Name Gibson Carrie SYSTEM: _____Route# 0100040 Sequence# _____ Phone# _____Service Address: 285 Bayes ~~Branch~~ DATE: 10-10-24**NEW METER**

Meter# 12N06959 Temp. Comp. Y / N
 Meter Make/Size AC-250 Proof Date _____
 # of Dials 4 Pressure: 4 Oz. / PSI
 Pressure factor _____ READING 0

OLD METER/PULLED METER

Meter# HH477119
 Meter Make/Size AC-250
 READING 5344

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

PIPE CONDITION REPORT

Internal corrosion: Y / N Severity: _____
 External corrosion: Y / N Severity: _____
 Signature: _____ Date: _____

1/2/2020

FORM 5

2023

10/15/24 OK

NAVITAS UTILITY CORPORATION 10080 METER CHANGEOUT/PULLED METER FORM

Acct. # 10080 Acct. Name Gibson Carrie SYSTEM: _____

Route# 0100045 Sequence# _____ Phone# _____

Service Address: 285 Bayes Branch Rd DATE: 10-10-24

NEW METER

Meter# 3141542 Temp. Comp. Y / N
Meter Make/Size AC 250 Proof Date _____
of Dials 4 Pressure: 4 Oz. / PSI
Pressure factor _____ READING 0

OLD METER/PULLED METER

Meter# 51749668
Meter Make/Size AC-250
READING 1906

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: _____ Date: _____

1/2/2020

FORM 5

2023

10/22/2024 KC
ENTERED

NAVITAS UTILITY CORPORATION METER CHANGEOUT/PULLED METER FORM

Acct. # 21545 Acct. Name Jazmya Hall SYSTEM: East Point
Route# 02 Sequence# 00280 Phone# _____
Service Address: 521 Ky Rt 1750 DATE: 10-22-24

NEW METER

Meter# 064891952 Temp. Comp. Y / N
Meter Make/Size AC 250 Proof Date 24
of Dials 4 Pressure: 4 Oz. / PSI
Pressure factor _____ READING 0

OLD METER/PULLED METER

Meter# W953622
Meter Make/Size AC 250
READING 2190

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: Jan Zane Date: _____

1/2/2020

FORM 5

Work Order No: 000000010041

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

Information Assigned by Office

Name: EVAN BARRET SMITH
 Service Id: 10145
 Account No: 10145
 Route: 01 READ SEQ: 00065
 Address: 259 GEORGE BRANCH EAST POINT
 Meter No: C658383
 Sequence No: 00065

Phone No: (606)205-8753
 Issue Date: 11/13/2024 06:35
 Process Date: 11/13/2024
 Process Time: 07:00 AM
 Requested By: Evan (606)205-8753
 Assigned To: _____ By: TGK

Comments:

Could you re-read this meter please? He said they only use gas to heat the pool and they haven't been using for a while now. He just wants to make sure there isn't a leak. His number is 606-208-8753. Thanks!!!!

Information From the Field

Old Meter Reading: _____ Old Meter No: C658383 Remote Meter No: _____
 New Meter Reading: 9696 New Meter No: _____ Seal No: _____

Comments:

Re read meter is right
 Chang meter

Utility Notes: _____ Previous Read: 9696.00000 Date: 11/06/2024

Work Done By: Jimmy Lawson Date Completed: 11-13-24

Labor Charges			
Name	Rate	Hours	Amount
Total Labor Charges			

Equipment Charges			
Name	Rate	Hours	Amount
Total Equipment Charges			

Material Charges				
Part #	Item	Qty.	Unit Price	Total
Total Material Charges				

Outside Vendor Charges			
Name	PO Number	Job Date	Amount
Total Vendor Charges			

Charge Summary	
Labor Charges	
Equipment Charges	
Material Charges	
Vendor Charges	
Total	

2023

NAVITAS UTILITY CORPORATION METER CHANGEOUT/PULLED METER FORM

Acct. # 10145 Acct. Name Evan Barret Smith SYSTEM: _____
Route# 1 Sequence# 00065 Phone# 606-205-8753
Service Address: 259 George Branch East DATE: 11-13-24
Point

NEW METER

Meter# 10N10275 Temp. Comp. Y / N
Meter Make/Size AC250 Proof Date 24
of Dials 4 Pressure: 4 Oz. / PSI
Pressure factor _____ READING 0

OLD METER/PULLED METER

Meter# C658383
Meter Make/Size AC250
READING 9696

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: _____ Date: _____

1/2/2020

FORM 5

Work Order No: 000000010043

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

Information Assigned by Office

Name: JOHNNIE STRATTON
 Service Id: 10047A
 Account No: 10047A
 Route: 01 READ SEQ: 00025
 Address: 352 WOODLAND HEIGHTS EAST PT
 Meter No: M598769
 Sequence No: 00025

Phone No: (606)886-3574
 Issue Date: 11/13/2024 08:55
 Process Date: 11/13/2024
 Process Time: 09:00 AM
 Requested By: Ann (606)886-3574
 Assigned To: 02 By: KBC

Comments:

Customers bill went up, please re-read the meter.

Thanks

Information From the Field

Old Meter Reading: _____ Old Meter No: M598769 Remote Meter No: _____
 New Meter Reading: _____ New Meter No: _____ Seal No: _____

Comments:*Meter was Bad*Utility Notes: _____ Previous Read: 1989.00000 Date: 11/06/2024Work Done By: Jimmy LawsonDate Completed: 11-13-24

Labor Charges			
Name	Rate	Hours	Amount
Total Labor Charges			

Material Charges				
Part #	Item	Qty.	Unit Price	Total
Total Material Charges				

Equipment Charges			
Name	Rate	Hours	Amount
Total Equipment Charges			

Outside Vendor Charges			
Name	PO Number	Job Date	Amount
Total Vendor Charges			

Charge Summary	
Labor Charges	
Equipment Charges	
Material Charges	
Vendor Charges	
Total	

2023

NAVITAS UTILITY CORPORATION METER CHANGEOUT/PULLED METER FORM

Acct. # 10047A Acct. Name Johnnie Stratton SYSTEM: JOHNSON COUNTY

Route# 1 Sequence# 00025 Phone# _____

Service Address: 352 Woodland Heights East DATE: _____

NEW METER

Meter# 12N08682 Temp. Comp. Y / N
Meter Make/Size AC 250 Proof Date _____
of Dials 4 Pressure: 4 Oz. / PSI
Pressure factor _____ READING 0

OLD METER/PULLED METER

Meter# M598769
Meter Make/Size AC 250
READING _____

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: _____ Date: _____

1/2/2020

FORM 5

NAVITAS UTILITY CORPORATION
METER CHANGEOUT/PULLED METER FORM

FORM 5

2023

NAVITAS UTILITY CORPORATION METER CHANGEOUT/PULLED METER FORM

Acct. # 66880 Acct. Name Short wayne SYSTEM: _____
Route# 6 Sequence# 0601105 Phone# _____
Service Address: 3345 Rt 40 Meally DATE: 11-11-24

NEW METER

Meter# 10107830 Temp. Comp. Y / N
Meter Make/Size AC-250 Proof Date _____
of Dials 4 Pressure: 4 Oz. / PSI
Pressure factor _____ READING 0

OLD METER/PULLED METER

Meter# 1729310
Meter Make/Size AC 250
READING 555

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: 11-11-24

1/2/2020

FORM 5

Navitas KY NG, LLC

Work Order

Work Order No: 000000010054

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

Information Assigned by Office

Name: DOTTIE KING
Service Id: 77601
Account No: 77602
Route: 07 READ SEQ 01260
Address: 524 RIGHT FORK SHORT BRANCH
Meter No: L996561
Sequence No: 01260

Phone No: (606)963-7827
Issue Date: 11/21/2024 09:35
Process Date: 11/21/2024
Process Time: 10:00 AM
Requested By: Dottie (606)963-7827
Assigned To: 02 By: TGK

Comments:

She says she doesn't have any gas. Her stove won't light. Her number is 606-963-7827

Information From the Field

Old Meter Reading: _____ Old Meter No: L996561 Remote Meter No: _____
New Meter Reading: _____ New Meter No: _____ Seal No: _____

Comments:

*Bad regulate
new regulate on gas work*

Utility Notes: _____ Previous Read: 3361.00000 Date: 05/06/2024

Work Done By: Jimmy Lawson Date Completed: 11-21-24

Labor Charges			
Name	Rate	Hours	Amount
<i>Jimmy</i>		<i>1</i>	
Total Labor Charges			

Equipment Charges			
Name	Rate	Hours	Amount
Total Equipment Charges			

Material Charges				
Part #	Item	Qty.	Unit Price	Total
6006	regulate.	1		

Outside Vendor Charges			
Name	PO Number	Job Date	Amount
Total Vendor Charges			

Charge Summary	
Labor Charges	
Equipment Charges	
Material Charges	
Vendor Charges	
Total	



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

2024

Section 1 - Required Information Section for any Telephonic Report Received

Taken by: Jrenda Date: 12-5-24 Time: 8:48 AM/PM
Info Source: Call/Work Order/Other: Specify: Call
Person reporting or requesting: Carolyn Dalton
Community: Printeville City: Printeville County: Johnson
Street: Woodland Estates Address #: 214 Apt #: _____ Zip Code: _____
Phone Number: _____ Cell Phone: 606-793-1117
Nearest Cross Street if no address: _____
Location and description of Leak or Damage at above address: Smelling gas inside house and outside

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 (No use light switches or take any action that might create a)
How Long have you been smelling the leak or hearing the gas sound? today (spark of any kind and to leave any doors)
(used to depart (If Inside) open.)

Who dispatched? Jimmy Lawson Time of Dispatch: 8:51 AM/PM

Work Site Evaluation and Observations by Dispatched Technician

Dispatched Person Arrival Time: 9:15 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 2 to record leak.

Work Conclusion

Dispatched person declares repair complete, site safe and departing @ 9:45 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:

Signature of Investigator Jimmy Lawson
Date 12-5-24 Name of System Johnson Co.



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: N. Goble Date: 12/1/24 Time: 5:27 AM / ☒ PM
Info Source: ☒ Call / ☐ Work Order / Other- Specify: _____
Person reporting or requesting: Rebecca Hollyfield
Community: Van Lear City: Van Lear County: Johnson
Street: McKenzie Addition Address #: 12 Apt #: _____ Zip Code: 41265
Phone Number 937-779-9565 Cell Phone 937-779-9565
Nearest Cross Street if no address: _____ @ _____
Location and description of Leak or Damage at above address: Found leak on Customers
House line
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? 1 Day { spark of any kind and to leave any doors }
_____ { used to depart (if inside) open. }
Who dispatched? Cust. called phone Time of Dispatch: 5:27 AM / ☒ PM

Work Site Evaluation and Observations by Dispatched Technician

Dispatched Person Arrival Time: 5:35 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 use form 1)
Customers House line leaking

Work Conclusion

Dispatched person declares repair complete, site safe and departing @ 6:30 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:
Found leak on Customers House line, Turned off gas and
advised Customer on steps needed to repair line. Advised
Customer to call when repairs were made

Signature of Investigator Patricia Goble

Date 12-1-24



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: N. Goble Date: 12/1/24 Time: 3:42 AM / (PM)

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

Person reporting or requesting: Roger Hill

Community: Van Lear City: Van Lear County: Johnson

Street: Millers Creek Rd. Address #: 937 Apt #: _____ Zip Code: 41265

Phone Number 606-793-2198 Cell Phone 606-793-2198

Nearest Cross Street if no address: _____ @ _____

Location and description of Leak or Damage at above address: Customers House line
is leaking.

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? 1 Hour { spark of any kind and to leave any doors }

{ used to depart (if inside) open. }

Who dispatched? Cust. Called my phone Time of Dispatch: 3:42 AM / (PM)

Work Site Evaluation and Observations by Dispatched Technician

Dispatched Person Arrival Time: 4:15 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 use form 1)

House line leaking

Work Conclusion

Dispatched person declares repair complete, site safe and departing @ 5:27 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:

Found leak on customer's House line, Turned off gas
and advised customer on steps needed to repair line.
Advised customer to call when repairs were made.

Signature of Investigator Nathan Goble

Date 12-1-24