

2025

# NAVITAS UTILITY CORPORATION

## METER CHANGEOUT/PULLED METER FORM

Acct. # 401000123 Acct. Name Michael Warinner SYSTEM: Albany  
 Route# 34 Sequence# 00001 Phone# 606-688-4294  
 Service Address: 368 KY 90, Snow KY 42602 DATE: 2-17-25

**NEW METER****OLD METER/PULLED METER**

Meter# \_\_\_\_\_ Temp. Comp. Y / N  
 Meter Make/Size \_\_\_\_\_ Proof Date \_\_\_\_\_  
 # of Dials \_\_\_\_\_ Pressure: \_\_\_\_\_ Oz. / PSI  
 Pressure factor \_\_\_\_\_ READING \_\_\_\_\_

Meter# 16369209  
 Meter Make/Size 250  
 READING 5704

**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	1" plug	used

**LEAK TEST**

Gas Detector: P / F Soap: P / F  
 Signature: Nathan Seale

# Hours	EMPLOYEE NAME
# Hours	Truck #

**PIPE CONDITION REPORT**

Internal corrosion: Y / N Severity: \_\_\_\_\_  
 External corrosion: Y / N Severity: \_\_\_\_\_  
 Signature: Nathan Seale Date: 2-17-25

1/2/2020

FORM 5

2025

# NAVITAS UTILITY CORPORATION

## METER CHANGEOUT/PULLED METER FORM

Acct. # 401000122 Acct. Name Michael Warinner SYSTEM: Albany  
 Route# 34 Sequence# 00002 Phone# 606-688-4294  
 Service Address: 368 KY 90, Snow KY 42602 DATE: 2-17-25

NEW METEROLD METER/PULLED METER

Meter# \_\_\_\_\_ Temp. Comp. Y / N  
 Meter Make/Size \_\_\_\_\_ Proof Date \_\_\_\_\_  
 # of Dials \_\_\_\_\_ Pressure: \_\_\_\_\_ Oz. / PSI  
 Pressure factor \_\_\_\_\_ READING \_\_\_\_\_

Meter# T6341900  
 Meter Make/Size 1000  
 READING 10422

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	1" plug	used

LEAK TEST

Gas Detector: (P) / F Soap: P / F  
 Signature: Patte Galle

# Hours	EMPLOYEE NAME

PIPE CONDITION REPORT

Internal corrosion: Y / (N) Severity: \_\_\_\_\_  
 External corrosion: Y / (N) Severity: \_\_\_\_\_  
 Signature: Patte Galle Date: 2-17-25

1/2/2020

FORM 5



# 2025

## NAVITAS UTILITY CORPORATION

### METER CHANGEOUT/PULLED METER FORM

Acct. # 401100306 Acct. Name Regina Baugh SYSTEM: Albany  
 Route# 33 Sequence# 1651 Phone# \_\_\_\_\_  
 Service Address: 886 Spring Creek Rd. DATE: 3-3-25

#### NEW METER

Meter# 13N00112 Temp. Comp. Y / N  
 Meter Make/Size AC/250 Proof Date 25  
 # of Dials 4 Pressure: 4 62 / PSI  
 Pressure factor 1 READING 0

#### OLD METER/PULLED METER

Meter# 8160080  
 Meter Make/Size 250  
 READING 9041

#### 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 Soaps P / F  
 Signature: Rathan Halile

# 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

# 2025

## NAVITAS UTILITY CORPORATION

### METER CHANGEOUT/PULLED METER FORM

Acct. # 401015800 Acct. Name Michael Ferguson SYSTEM: Albany  
Route# 33 Sequence# 1461 Phone# \_\_\_\_\_  
Service Address: 254 Gremlin Dr. DATE: 3-3-25

#### NEW METER

Meter# 13N16189 Temp. Comp. Y / N  
Meter Make/Size AC/250 Proof Date 25  
# of Dials 4 Pressure: 4 02 / PSI  
Pressure factor 1 READING 0

#### OLD METER/PULLED METER

Meter# 5873368  
Meter Make/Size 250  
READING 683

#### 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: Nathaniel Noble

# 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

Work Order Code & Desc: .

### Information Assigned by Office

Station	VACANT	
Service No.		
Account No.		
Time	03	READ SEQ: 00395
Address	140 WEST MEW SHOPPING	
Mobile No.	17J287286	
Serial No.		

Phone No: \_\_\_\_\_  
 Issue Date: \_\_\_\_\_  
 Process Date: \_\_\_\_\_  
 Process Time: \_\_\_\_\_  
 Requested By: PER THOMAS  
 Assigned To: NATHAN By: \_\_\_\_\_  
 System: ALBANY

## Comment

PULL ME OUT. I'LL FILL OUT FORM 5 ALONG WITH THIS FORM. SEND BOTH FORMS BACK TO TREND AND

### Information From the Field

Old Meter No: 5 Old Meter No: 175287286 Remote Meter No: \_\_\_\_\_  
New Meter No: \_\_\_\_\_ New Meter No: \_\_\_\_\_ Seal No: \_\_\_\_\_

## Comments

Puller nater 3 Secured set

Unit 5  
Week 10

Previous Read: 5 Date: 3-3-25  
Date Completed: 3-3-25

[illegible]

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

[illegible]

Charge Summary	
Labor Charges	
Equipment Charges	
Material Charges	
Vendor Charges	
Total	

Work Order No: \_\_\_\_\_

Work Order Code &amp; Desc: \_\_\_\_\_

## Information Assigned by Office

Name: VACANT  
 Service Id: \_\_\_\_\_  
 Account No: \_\_\_\_\_  
 Router: 33 READ SEQ: 01611  
 Address: 2155 CHURCHTOP ROAD  
 Meter No: 17J37373  
 Sequence No: \_\_\_\_\_

Phone No: \_\_\_\_\_  
 Issue Date: \_\_\_\_\_  
 Process Date: \_\_\_\_\_  
 Process Time: \_\_\_\_\_  
 Requested By: PER THOMAS  
 Assigned To: NATHAN By: \_\_\_\_\_

System: ALBANY

## Comments:

PULL METER AND FILL OUT THIS FORM AND FORM 5. SEND BOTH FORMS TO TRENDIA AND JOHNNY.

## Information From the Field

Old Meter Reading: 1296 Old Meter No: 175287279 Remote Meter No: \_\_\_\_\_  
 New Meter Reading: \_\_\_\_\_ New Meter No: \_\_\_\_\_ Seal No: \_\_\_\_\_

## Comments:

Pulled meter & secured set.

Utility Notes: \_\_\_\_\_

Previous Read: 1296Date: 3-3-25Work Done By: Nathan WhiteDate Completed: 3-3-25

Labor Charges			
Name	Rate	Hours	Amount
N. Goble		3 min	
Total Labor Charges			

Equipment Charges			
Name	Rate	Hours	Amount
Total Equipment Charges			

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

Material Charges				
Part #	Item	Qty.	Unit Price	Total
	20 LT. Meter Nut Plugs	2		
Total Material Charges				

Charge Summary	
Labor Charges	
Equipment Charges	
Material Charges	
Vendor Charges	
Total	

## Work Order

**Work Order No:**

**Work Order Code & Desc:** \*

### Information Assigned by Office

Name:	VACANT	
Service Id:		
Account No:		
Room:	33	READ SEQ: 00421
Address:	180 WESTVIEW SHOPPING	
Mail Stop:	K155828	
Service Tag:		

Phone No: \_\_\_\_\_  
 Issue Date: \_\_\_\_\_  
 Process Date: \_\_\_\_\_  
 Process Time: \_\_\_\_\_  
 Requested By: PER THOMAS  
 Assigned To: NATHAN By: \_\_\_\_\_  
 System: ALBANY

**Comment :**

PULL OUT FORM 5 ALONG WITH THIS FORM. SEND BOTH FORMS BACK TO TREND AND JOHN.

### Information From the Field

Information From the Field

Old Meter Reading: 1882 Old Meter No: K155828 Remote Meter No: \_\_\_\_\_

New Meter Reading: \_\_\_\_\_ New Meter No: \_\_\_\_\_ Seal No: \_\_\_\_\_

## Comme

Pulle Meter 3 Secured set

Utility No. 445 file Previous Read: 1882 Date: 3-3-25  
Work Date: \_\_\_\_\_ Date Completed: 3-3-25

[illegible]

Material Charges				
Part #	Item	Qty.	Unit Price	Total
	20 LT. Meter Nut Plugs	2		
Total Material Charges				

Name	Purchase Vendor	Charges	Job Date	Amount
Total Vendor Charges				

Charge Summary	
Labor Charges	
Equipment Charges	
Material Charges	
Vendor Charges	
Total	



**Work Order Code & Desc:** -

Name: VACANT  
 Service No: 00183  
 Account No: \_\_\_\_\_  
 Rating: 23 READ SEQ: 00121  
 Address: 79 SOMA LANE  
 Meter No: \_\_\_\_\_  
 Sequence No: \_\_\_\_\_

Phone No: \_\_\_\_\_  
 Issue Date: \_\_\_\_\_  
 Process Date: \_\_\_\_\_  
 Process Time: \_\_\_\_\_  
 Requested By: PER THOMAS  
 Assigned To: NATHAN By: \_\_\_\_\_

System: Albany

CHECK TO SEE IF METER IS THERE. IF METER IS THERE PULL METER AND FILL OUT THE FORM BELOW. IF METER IS NOT THERE GO AHEAD AND FILL FORM OUT BELOW LIKE YOU DID PULL IT. SEND FORM BACK TO TENDY AND JOHNNY.

Old Meter Reading: 0 Old Meter No: 0 Remote Meter No: \_\_\_\_\_  
New Meter Reading: \_\_\_\_\_ New Meter No: \_\_\_\_\_ Seal No: \_\_\_\_\_

Meter was Removed 8-8-2017

Previous Read: 0 Date: 3-3-23

Date Completed: 3.3.25

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

[illegible]

Charge Summary	
Labor Charges	
Equipment Charges	
Material Charges	
Vendor Charges	
Total	

Work Order No:

Work Order Code &amp; Desc: -

**Information Assigned by Office**

Name: VACANT Phone No: \_\_\_\_\_  
 Service Id: \_\_\_\_\_ Issue Date: \_\_\_\_\_  
 Account No: \_\_\_\_\_ Process Date: \_\_\_\_\_  
 Route: 33 READ SEQ: 01505 Process Time: \_\_\_\_\_  
 Address: 104 BRATY LANE Requested By: PER THOMAS  
 Meter No: 6775661 Assigned To: NATHAN By: \_\_\_\_\_  
 Sequence No: \_\_\_\_\_ System: ALBANY

**Comments:**

PULL METER AND FILL OUT THIS FORM AND FORM 5. SEND BOTH FORMS TO TRENDIA AND JOHNNY.

**Information From the Field**

Old Meter Reading: 716 Old Meter No: 6775661 Remote Meter No: \_\_\_\_\_  
 New Meter Reading: \_\_\_\_\_ New Meter No: \_\_\_\_\_ Seal No: \_\_\_\_\_

**Comments:**

Meter was removed 10-30-24

Utility Notes:

Previous Read:

716

Date:

3-3-25

Work Done By:

Patrick Galle

Date Completed:

3-3-25

Labor Charges			
Name	Rate	Hours	Amount
N. Goble		2 min	
Total Labor Charges			

Equipment Charges			
Name	Rate	Hours	Amount
Total Equipment Charges			

Material Charges				
Part #	Item	Qty.	Unit Price	Total
	20 LT. Meter Nut Plugs	2		
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	

Work Order Code & Desc: -

VACANT

Phone No: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Process Date: \_\_\_\_\_

Process Time: \_\_\_\_\_

Assigned To: NATHAN By: \_\_\_\_\_

System:ALBANY

CHECK THE BOX IF METER IS HERE. IF IT IS PULL METER, FILL OUT THIS FORM AND FORM 5 AND SEND BACK TO B. LINDA AND JOHNNY WHETHER IT IS OR NOT THERE SO WE CAN GET THIS OFF THE PAGE.

Old Meter: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 46

Old Meter No: 0 Remote Meter No: \_\_\_\_\_

New Meter No: \_\_\_\_\_ Seal No: \_\_\_\_\_

Meter already removed

### Utility Notes

Previous Read: 0 Date: 3-3-25

Work Done By: John R. Rife

Date Completed: 3-3-25

[illegible]

Charge Summary	
Labor Charges	
Equipment Charges	
Material Charges	
Vendor Charges	
Total	



Work Order No: 000000010166

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

**Information Assigned by Office**

Name: TINA GARRETT Phone No: 10863688-8066  
 Service Id: 000000000000132 Issue Date: 02/17/2025 10:52  
 Account No: 401000665 Process Date: 02/17/2025  
 Route: 22 READ SEQ 01290 Process Time: 11:00 AM  
 Address: 124 CLINTON STREET Requested By: Gary (270)459-1982  
 Meter No: 17J287259 Assigned To: \_\_\_\_\_ By: KBC  
 Sequence No: 01290 System: \_\_\_\_\_

**Comments:**

Customer would like to have the meter re-read, he said there is only a small wall heater in the house. He would also like to have you give him a call at the number above.

**Information From the Field**

Old Meter Reading: 234 Old Meter No: 17J287259 Remote Meter No: \_\_\_\_\_  
 New Meter Reading: \_\_\_\_\_ New Meter No: \_\_\_\_\_ Seal No: \_\_\_\_\_

**Comments:**

Meter reads 234 which is in line with previous reading

Utility Notes: \_\_\_\_\_ Previous Read: 214.00000 Date: 02/06/2025

Work Done By: Patricia Seale Date Completed: 3-3-25

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	

Work Order No: 000000010176

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

## Information Assigned by Office

Name: KING OF KINGS PIZZA Phone No: \_\_\_\_\_  
 Service Id: 000000000000194 Issue Date: 02/24/2025 13:31  
 Account No: 401000115 Process Date: 02/24/2025  
 Route: 33 READ SEQ00221 Process Time: 02:00 PM  
 Address: 1318 US 127 Requested By: Trenda (606)387-9188  
 Meter No: S2519915762 Assigned To: 01 By: TGK  
 Sequence No: 00221 System: \_\_\_\_\_

## Comments:

Can you get us a final read for the pizza place and leave the meter on for the new owners please? They sold the building and did not contact us. Thanks!!

## Information From the Field

Old Meter Reading: 6388 Old Meter No: S2519915762 Remote Meter No: \_\_\_\_\_  
 New Meter Reading: \_\_\_\_\_ New Meter No: \_\_\_\_\_ Seal No: \_\_\_\_\_

## Comments:

Previous reading of 6388 was final Read for King of Kings Pizza.

Utility Notes: MTR PRESET 5# Previous Read: 6830.00000 Date: 02/06/2025  
 Work Done By: Patrick Gable Date Completed: 3-3-25

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	

## NAVITAS UTILITY CORPORATION

METER CHANGEOUT) PULLED METER FORM

Acct. # 401017600 Acct. Name Albany Elementary SYSTEM: Albany  
Route# 33 Sequence# 371 Phone# \_\_\_\_\_  
Service Address: 819 Third St. DATE: 3-6-25

## NEW METER

Meter# 1390282  
Meter Make/Size Roots/3m  
# of Dials 8  
Pressure factor 3.5

Temp. Comp. Y / N  
Proof Date 25  
Pressure: 5 Oz. / (PSI)  
READING 0

OLD METER/PULLED METER

Meter# 9531749  
Meter Make/Size Roots/3m  
READING 99850235

**Appliances on Gas (BTUs)**

Hot water heater X Tankless water heater \_\_\_\_\_ Cook stove \_\_\_\_\_  
Central heat \_\_\_\_\_ Ventless heater \_\_\_\_\_ Gas fireplace \_\_\_\_\_  
Clothes dryer \_\_\_\_\_ Generator \_\_\_\_\_ Total BTUs \_\_\_\_\_  
SERVICE CONNECTION CHECKLIST Boiler x 2

## 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 Gable

# Hours	EMPLOYEE NAME
2	Nathan G.
# Hours	Truck #
2	Ram 1500

### PIPE CONDITION REPORT

Internal corrosion: Y / N    Severity: N/A

External corrosion Y / (N) Severity: \_\_\_\_\_

Signature: [Signature] Date: 3-6-25

1/2/2020

FORM 5





Work Order No: 000000010233

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

## Information Assigned by Office

Name: ALBANY FIRST BAPTIST CHURCH  
 Service Id: 000000000000100  
 Account No: 401009700  
 Route: 33 READ SEQ: 01121  
 Address: 110 WEST CUMBERLAND  
 Meter No: T6341901  
 Sequence No: 01121

Phone No: (606)387-5909  
 Issue Date: 03/18/2025 07:05  
 Process Date: 03/18/2025  
 Process Time: 07:30 AM  
 Requested By: kathy (606)306-3034  
 Assigned To: 01 By: KBC  
 System:

## Comments:

Customer would like to have the meter re-read, please call Kathy when you re-read it.

Thanks

## Information From the Field

Old Meter Reading: \_\_\_\_\_ Old Meter No: T6341901 Remote Meter No: \_\_\_\_\_  
 New Meter Reading: \_\_\_\_\_ New Meter No: \_\_\_\_\_ Seal No: \_\_\_\_\_

## Comments:

15379

Utility Notes: 110 W CUMBERLAND Previous Read: 15370.00000 Date: 03/03/2025  
 Work Done By: Steve Jolley Date Completed: 3-18-25

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	

Work Order No: 000000010280

Work Order Code &amp; Desc: DIS - DISCONNECT READOUT

**Information Assigned by Office**

Name: DUSTIN MOLES  
 Service Id: 000000000000163  
 Account No: 401000250  
 Route: 33 READ SEQ: 00981  
 Address: 661 DAWSON ST  
 Meter No: 18182830  
 Sequence No: 00981

Phone No: (606)306-1402  
 Issue Date: 04/15/2025 09:39  
 Process Date: 04/15/2025  
 Process Time: 10:00 AM  
 Requested By: Dustin (606)688-2784  
 Assigned To: \_\_\_\_\_ By: TGK  
 System: Albany

**Comments:**

Please read out and lock off. He is selling the home. Thanks!!!

**Information From the Field**

Old Meter Reading: 5083 Old Meter No: 18182830 Remote Meter No: \_\_\_\_\_  
 New Meter Reading: \_\_\_\_\_ New Meter No: \_\_\_\_\_ Seal No: \_\_\_\_\_

**Comments:**

Locked meter per customers request

Utility Notes: \_\_\_\_\_ Previous Read: 5082.00000 Date: 04/06/2025

Work Done By: Nathan Seale Date Completed: 5-5-25

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	



NUC Contact:

Nathan Goble

Date: 5-22-25

NAVITAS UTILITY CORPORATION

SERVICE CHECK

NEW SERVICE / RECONNECT / RELIGHT

Phone # \_\_\_\_\_

2025

Acct. # \_\_\_\_\_ Acct. Name Bradley Bell SYSTEM: Albany

Service I.D.# \_\_\_\_\_ Route# 33 Sequence# 592

Service Address: 804 W. Wood St. DATE: 5-22-25

911 Address: 804 W. Wood St.

METER INFORMATION

Meter# 22W385471 Pressure setting: 4 02 / PSI Proof date 24

Meter Make/Size AL/425 Pressure factor 1 READING 0

Number of Dials 4 Temp. Comp. Y / N

SERVICE CONNECTION CHECKLIST

Natural gas odor detected? Y / N  
Appliances/vents free of combustible material? Y / N  
Any alterations from manufactures specifications? Y / N  
Open line found? Y / N  
Proper ventilation in residence? Y / N  
Vent pipes vented above roofs? Y / N  
Was meter lockup performed for 10 Minutes? Y / N

PIPE CONDITION REPORT

INTERNAL: Y / N  
SEVERITY: \_\_\_\_\_  
EXTERNAL: Y / N  
SEVERITY: \_\_\_\_\_  
NAME: Nathan Goble  
DATE: 5-22-25

Appliances on Gas (BTUs)

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

Customer service line responsibility sheet: Customer Initials: BB

Service: Turned on: X Locked off: \_\_\_\_\_ Plugged: \_\_\_\_\_

Home entry denied: Customer signature: \_\_\_\_\_

SERVICEMAN SIGNATURE: Nathan Goble DATE of completion: 5-22-25

CUSTOMER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPLETE FOR NEW CONSTRUCTION & SERVICES NOT USED FOR TWO YEARS OR LONGER.

Was a pressure test run for 4 hours at a minimum of 10 PSIG? Signature: Nathan Goble

## NAVITAS UTILITY CORPORATION

## (METER CHANGEOUT/PULLED METER FORM)

Acct. # 40100501 Acct. Name American Health Mgmt SYSTEM: Albany  
Route# 33 Sequence# 441 Phone# \_\_\_\_\_  
Service Address: 98 Grider Rd. DATE: 6-11-25

## NEW METER

Meter# Q1 B871587 Temp. Comp. ① / N  
Meter Make/Size AC/250 Proof Date 25  
# of Dials 4 Pressure: 4 ② / PSI  
Pressure factor 1 READING 0

### OLD METER/PULLED METER

Meter# 5081579  
Meter Make/Size R-275  
READING 131

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

Service: Turned on: X Locked off: \_\_\_\_\_ Plugged: \_\_\_\_\_

Home entry denied: Customer signature: \_\_\_\_\_

[illegible]

## LEAK TEST

Gas Detector; P / F      Soap (P) / F

Signature: Ruth Hubble

# Hours	EMPLOYEE NAME
1	N. Goble
# Hours	Truck #

## PIPE CONDITION REPORT

Internal corrosion: Y / ☒ N Severity: \_\_\_\_\_  
 External corrosion: Y / ☒ N Severity: \_\_\_\_\_  
 Signature: *Nath Salibi* Date: *6-11-25*

1/2/2020

FORM 5

# 2025

## NAVITAS UTILITY CORPORATION (METER CHANGEOUT/PULLED METER FORM)

Acct. # 401000104 Acct. Name Dean Craig SYSTEM: Albany  
 Route# 33 Sequence# 1191 Phone# \_\_\_\_\_  
 Service Address: 702 E Cumberland DATE: 6-11-25

### NEW METER

Meter# Q9N01841 Temp. Comp. Y / N  
 Meter Make/Size AC/250 Proof Date 25  
 # of Dials 4 Pressure: 4 02 / PSI  
 Pressure factor 1 READING 0

### OLD METER/PULLED METER

Meter# 3622444  
 Meter Make/Size R-275  
 READING 6354

### 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: Nath Goble

# Hours	EMPLOYEE NAME
<u>1</u>	<u>N. Goble</u>
# Hours	Truck #

### PIPE CONDITION REPORT

Internal corrosion: Y / N Severity: \_\_\_\_\_  
 External corrosion: Y / N Severity: \_\_\_\_\_  
 Signature: Nath Goble Date: 6-11-25

1/2/2020

FORM 5

# 2025

## NAVITAS UTILITY CORPORATION METER CHANGEOUT PULLED METER FORM

Acct. # \_\_\_\_\_ Acct. Name Vacant SYSTEM: Albany  
Route# 33 Sequence# 631 Phone# \_\_\_\_\_  
Service Address: 409 Central St. DATE: 6-11-25

### NEW METER

Meter# \_\_\_\_\_ Temp. Comp. Y / N  
Meter Make/Size \_\_\_\_\_ Proof Date \_\_\_\_\_  
# of Dials \_\_\_\_\_ Pressure: \_\_\_\_\_ Oz. / PSI  
Pressure factor \_\_\_\_\_ READING \_\_\_\_\_

### OLD METER/PULLED METER

Meter# 7550731  
Meter Make/Size R-275  
READING 7163

### 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#
2	20LT Nut Plugs	

### LEAK TEST

Gas Detector: P / F Soap: ☒ P / F

Signature: Nathan Goble

# Hours	EMPLOYEE NAME
30 min	Nathan Goble
# Hours	Truck #

### PIPE CONDITION REPORT

Internal corrosion: Y / ☒ N Severity: \_\_\_\_\_  
External corrosion: Y / ☒ N Severity: \_\_\_\_\_  
Signature: Nathan Goble Date: 6-11-25

1/2/2020

FORM 5



Work Order No: 000000010338

Work Order Code &amp; Desc: DNP - DISC NON-PAYMENT

**Information Assigned by Office**

Name: BARRY MATTHEWS  
 Service Id: 000000000000028  
 Account No: 401100102  
 Route: 33 READ SEQ 01241  
 Address: 315 LOVELACE STREET  
 Meter No: 1149553  
 Sequence No: 01241

Phone No: (606)688-1512  
 Issue Date: 06/03/2025 13:18  
 Process Date: 06/03/2025  
 Process Time: 01:30 PM  
 Requested By: (606)688-1512  
 Assigned To: 01 By: VK  
 System: Albany

**Comments:**

Please lock off for nonpay. Past due \$180.69, total due \$207.28. Last payment 1/15/25

**Information From the Field**

Old Meter Reading: 41 Old Meter No: 1149553 Remote Meter No: \_\_\_\_\_  
 New Meter Reading: \_\_\_\_\_ New Meter No: \_\_\_\_\_ Seal No: \_\_\_\_\_

**Comments:**

Turned off and locked meter set

Utility Notes: 315 LOVELACE ST.Previous Read: 40.00000 Date: 05/06/2025Work Done By: Notte SellaDate Completed: 6-11-25

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	

Work Order Code & Desc: DNP - DISC NON-PAYMENT

Phone No: (606)688-0570  
Issue Date: 06/03/2025 13:20  
Process Date: 06/03/2025  
Process Time: 01:30 PM  
Requested By: (606)688-0570  
Assigned To: 01 By: VK  
System: Albanu

Please lock off for nonpay. Past due \$306.51, total due \$339.87. Last payment 2/26/25

Turned off and locked meter set.

Charge Summary	
Labor Charges	
Equipment Charges	
Material Charges	
Vendor Charges	
Total	





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

2025

Section 1 - Required Information Section for any Telephonic Report Received

Taken by: Granda Date: 2/17/25 Time: 8:59 AM/PM  
Info Source: Call/Work Order/Other- Specify: Call  
Person reporting or requesting: Sherry Daniels  
Community: \_\_\_\_\_ City: \_\_\_\_\_ County: Floyd  
Street: East 4 Main Street Address #: 326 Apt #: \_\_\_\_\_ Zip Code: 41659  
Phone Number \_\_\_\_\_ Cell Phone: 606-434-7344  
Nearest Cross Street if no address: \_\_\_\_\_  
Location and description of Leak or Damage at above address: Strong smell of gas inside the home

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? 1 day (spark of any kind and to leave any doors )  
( used to depart (if inside) open. )

Who dispatched? Jimmy Lawson Time of Dispatch: 9:01 AM/PM

Work Site Evaluation and Observations by Dispatched Technician

Dispatched Person Arrival Time: 10 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 @ 10:45 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 2-17-25 Name of System Betsy Lane

Work Order No: 000000010177

Work Order Code &amp; Desc: CKP - CHECK GAS PRESSURE

**Information Assigned by Office**

Name: TONYA GOBLE Phone No: (606)477-1635  
 Service Id: 30072 Issue Date: 02/25/2025 10:43  
 Account No: 66979 Process Date: 02/25/2025  
 Route: 10 READ SEQ: 01980 Process Time: 11:00 AM  
 Address: 9405 SUITE #2 US HWY 23 STANVILLE Requested By: (606)477-1635  
 Meter No: 15C829758 Assigned To: 02 By: TGK  
 Sequence No: 01980 System:

**Comments:**

Their heat hasn't been working for about a week now. Can you check the meter for them please? Thanks!!!

**Information From the Field**

Old Meter Reading: \_\_\_\_\_ Old Meter No: 15C829758 Remote Meter No: \_\_\_\_\_  
 New Meter Reading: \_\_\_\_\_ New Meter No: \_\_\_\_\_ Seal No: \_\_\_\_\_

**Comments:**

gas is good  
water over heat until

Utility Notes: \_\_\_\_\_ Previous Read: 4413.00000 Date: 02/06/2025

Work Done By: J. Mmg Lawson Date Completed: 2-

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	



Work Order No: 000000010214

Work Order Code &amp; Desc: DIS - DISCONNECT READOUT

**Information Assigned by Office**

Name: PEGGY CONKLIN Phone No: (606)434-4013  
 Service Id: 40145 Issue Date: 03/11/2025 11:03  
 Account No: 40145 Process Date: 03/11/2025  
 Route: 11 READ SEQ: 02295 Process Time: 11:30 AM  
 Address: 189 PIKE FLOYD HOLLOW BETSY LAYNE Requested By: Peggy (606)434-4013  
 Meter No: W953750 Assigned To: 02 By: KBC  
 Sequence No: 02295 System:

**Comments:**

Customer would like to have service read out and locked off.

Thanks

**Information From the Field**

Old Meter Reading: \_\_\_\_\_ Old Meter No: W953750 Remote Meter No: \_\_\_\_\_  
 New Meter Reading: 6474 New Meter No: \_\_\_\_\_ Seal No: \_\_\_\_\_

**Comments:**lock off

Utility Notes: \_\_\_\_\_

Previous Read: 6472.00000 Date: 03/04/2025Work Done By: Jimmy LawsonDate Completed: 3-11-25

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	

NAME OF SYSTEM:

Betsy Layne

2025

AOC ☒ LINE PATROL \_\_\_ 3 YEAR SURVEY \_\_\_ 5 YEAR SUREVY \_\_\_

LANDOWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

Date: 2-20-25 Inspector: N. Goble/J. Lawson Area Marked: YES ☒ NO \_\_\_Location: River CrossingAbove Ground: ☒ Under Ground: [ ] Leak Status: Hazardous: ☒ Non-hazardous: \_\_\_Nearest Building: 300 ft. Leak Class: 1 Service: \_\_\_\_\_ Main: ☒Was Bar Hole Test Performed? Yes \_\_\_ No ☒Cause of leak: FloodNatural forces ☒ Excavation 1st Party: ( ) Excavation 3rd Party: ( ) Outside force: ( ) Mat. or weld: ( ) Equipment: ( )

Incorrect operation( ) Internal Corrosion: ( ) External Corrosion: ( ) Atmospheric Corrosion: ( ) Other: ( )

## REPAIR REPORT

Type & size of pipe: Steel \_\_\_ PVC \_\_\_ PE ☒ 2"

Year pipe installed: \_\_\_\_\_

Navitas locate request: Yes \_\_\_ No ☒

CGI reading in ditch \_\_\_\_\_

Pipe condition:

External: smooth \_\_\_ badly pitted \_\_\_ flaking \_\_\_ deteriorated \_\_\_ bubble \_\_\_

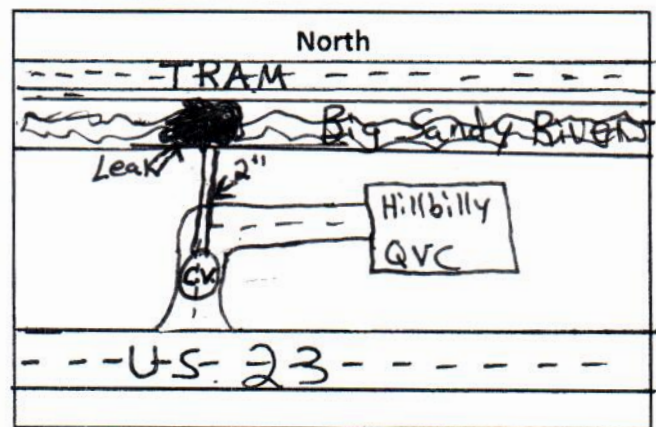
Internal: smooth \_\_\_ badly pitted \_\_\_ flaking \_\_\_ deteriorated \_\_\_ bubble \_\_\_

Existing pipe info. \_\_\_\_\_ Photo: Yes \_\_\_ No \_\_\_

Repair crew: \_\_\_\_\_

Report filed by: N. Goble Date: 3-29-25

FORM 1





NAVITAS UTILITIES

2025

NAME OF SYSTEM

FORT COBB FUEL AUTHORITY LLC

Betsy Layne

CUT LINE REPORT

Date report received: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. , p.m.

Reported by: \_\_\_\_\_

Location of Leak: Legals: \_\_\_\_\_  
911 Address: \_\_\_\_\_  
Lat: \_\_\_\_\_ Lon: \_\_\_\_\_

Contractor locate request: ( ) Yes ( ) No Remarks: \_\_\_\_\_

Was Line marked? ( ) Yes ( ) No Contractor Error? ( ) Yes ( ) No

Contractor Name & info.: \_\_\_\_\_

Cause of leak: Natural Forces - Flood

Description of leak: River crossing Broke due to flooding

LEAK GRADE: (X) 1, immediate attention required, existing hazard to persons or property.  
( ) 2, non-hazardous at the time but needs repair to avoid future hazard.  
( ) 3, non-hazardous at time of detection, expected to remain non-hazardous.

Type of line: ( ) STEEL ( ) P.V.C. (X) POLY ( ) other: \_\_\_\_\_

Mainline ( ) Serviceline ( )

Size of line: 2"

Size of leak: \_\_\_\_\_

Above ground: ( )

Below ground: ( ) Type of soil: Sand ( ), Clay ( ).

Beginning pressure: 15 PSI Est. Ending pressure: 0 PSI

Time leaking: \_\_\_\_\_

Report filed by: N. Goble Date: 3-29-25

MCF'S LOST 11,290 MCFS

1/2/2020

FORM 2

IF 3RD PARTY EXCAVATION FILL OUT FORM 2A

Call on your way



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

2024

Section 1 - Required Information Section for any Telephonic Report Received

Taken by: Lanni Date: 3/17/25 Time: 7:59 AM/PM  
Info Source: Call/Work Order/Other - Specify: \_\_\_\_\_  
Person reporting or requesting: Wesley Serrano  
Community: \_\_\_\_\_ City: Stansville County: \_\_\_\_\_  
Street: 92 E. Main St. Address #: \_\_\_\_\_ Apt #: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Phone: 606-424-7701  
Nearest Cross Street if no address: \_\_\_\_\_ @ \_\_\_\_\_

Location and description of Leak or Damage at above address: \_\_\_\_\_

inside the house

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? on a work of any kind and to leave any doors )

( used to depart (if inside) open. )

Who dispatched? Jimmy Time of Dispatch: 8:00 AM/PM

Work Site Evaluation and Observations by Dispatched Technician

Dispatched Person Arrival Time: 9:00 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 form 1 to record leak.

Work Conclusion

Dispatched person declares repair complete, site safe and departing @ 11:00 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:

on customer side stove Leak  
valve Leak on a pipe

Signature of Investigator Jimmy Lawson

Date 3-17-25 Name of System Betsy Lane



Work Order Code & Desc: REN - RECONNECT SERVICE

Charge Summary	
Labor Charges	
Equipment Charges	
Material Charges	
Vendor Charges	
	Total

[illegible]

[illegible]

### Relief Test

[illegible]



### Relief Test

[illegible]



# Natural Gas – Leak Data Report / Leak Call / Reported Damage / Maintenance

2025

## Section 1 – Required Information Section for any Telephonic Report Received

Taken by: Arendo Date: 4/30/25 Time: 8:03 AM/PM  
 Info Source: Call/Work Order/Other- Specify: Call  
 Person reporting or requesting: Sabrina Hall  
 Community: Livest City: Livest County: Lloyd  
 Street: Corn St. Address #: 800 Apt #: \_\_\_\_\_ Zip Code: 41642  
 Phone Number \_\_\_\_\_ Cell Phone 606-205-8364  
 Nearest Cross Street if no address: \_\_\_\_\_  
 Location and description of Leak or Damage at above address: Strong smell inside home.

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: 8:05 AM/PM

## Work Site Evaluation and Observations by Dispatched Technician

Dispatched Person Arrival Time: 8:30 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 @ 9:25 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:  
use sensit in the home all of gas  
pipe then may no leak

Signature of Investigator Jimmy Lawson  
 Date 4-30-25 Name of System Betsy Lane



2024

Navitas Gas Leak Detection - Initial Call / Reported Damage / Maintenance

## Section 1 - Required Information Section for any Telephonic Report Received

Taken by: hanni Date: 5-5-25 Time: 3:42 AM / PM  
 Info Source: Call / Work Order / Other - Specify: \_\_\_\_\_  
 Person reporting or requesting: Pat @ East Kentucky Drug  
 Community: \_\_\_\_\_ City: Irvin County: \_\_\_\_\_  
 Street: 160 Conn St Suite 2 Address #: \_\_\_\_\_ Apt #: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Cell Phone: 606-478-3784

Nearest Cross Street if no address: \_\_\_\_\_

Location and description of Leak or Damage at above address: they are smelling it inside the building.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 )

since last Thursday (used to depart (if inside) open.)Who dispatched? Jimmy Time of Dispatch: 3:45 AM / PM

## Work Site Evaluation and Observations by Dispatched Technician

Dispatched Person Arrival Time: 3:50 AM / PM. Are any AOC's noted? No Yes: Specify: \_\_\_\_\_Is reporting party (if leak or damage call) on the scene? Yes / NoLeak 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 @ 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:

use sensit in the bleed no leak around the meterSignature of Investigator Jimmy LammDate 5-5-25 Name of System Betsy Lane



Work Order No: 000000010289

Work Order Code &amp; Desc: DIS - DISCONNECT READOUT

## Information Assigned by Office

Name: FLOYD CO. FISCAL COURT Phone No: (606)886-9193  
 Service Id: 50250 Issue Date: 05/08/2025 07:13  
 Account No: 50250 Process Date: 05/08/2025  
 Route: 12 READ SEQ: 02640 Process Time: 07:30 AM  
 Address: MARE CREEK COUNTY GARAGE Requested By: (606)886-9193  
 Meter No: W953719 Assigned To: 02 By: VK  
 Sequence No: 02640 System:

## Comments:

Please read out and lock off meter per customer request. Thank you.

## Information From the Field

Old Meter Reading: \_\_\_\_\_ Old Meter No: W953719 Remote Meter No: \_\_\_\_\_  
 New Meter Reading: 4307 New Meter No: \_\_\_\_\_ Seal No: \_\_\_\_\_

## Comments:

LOCK OFFUtility Notes: \_\_\_\_\_ Previous Read: 4302.00000 Date: 05/06/2025Work Done By: Dimmy Lawson Date Completed: 5-8-25

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

2025

## Section 1 - Required Information Section for any Telephonic Report Received

Taken by: Shonda Date: 5-13-25 Time: 8:52 AM/PM  
 Info Source: Call/Work Order/Other- Specify: Call  
 Person reporting or requesting: Mrs. Clyde Jackett  
 Community: Livest City: Livest County: Floyd  
 Street: Conn Lane Address #: 819 Apt #:  Zip Code: 41605  
 Phone Number  Cell Phone 606-616-1781

Nearest Cross Street If no address:

Location and description of Leak or Damage at above address: Plumber was checking for leaks. He found a leak on our side of 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: 9:00 AM / PM

## Work Site Evaluation and Observations by Dispatched Technician

Dispatched Person Arrival Time: 9:00 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? 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 @ 10:00 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:

Leak got fix cap line on customer side

Signature of Investigator Jimmy Lawson

Date 5-13-25

Name of System 104 creek

Work Order No: 000000010298

Work Order Code &amp; Desc: NEW - NEW METER

## Information Assigned by Office

Name: CARLA HARRIS Phone No: (606)478-2465  
 Service Id: 30110 Issue Date: 05/13/2025 12:12  
 Account No: 30110 Process Date: 05/13/2025  
 Route: 10 READ SEQ: 02000 Process Time: 12:30 PM  
 Address: STANVILLE Requested By: Karri (606)478-2465  
 Meter No: W953468 Assigned To: 02 By: KBC  
 Sequence No: 02000 System:

## Comments:

Meter needs to be changed out per Kevin.

Thanks

## Information From the Field

Old Meter Reading: 959 Old Meter No: W953468 Remote Meter No: \_\_\_\_\_  
 New Meter Reading: 0 New Meter No: 10N11311 Seal No: \_\_\_\_\_

## Comments:

charge meter out

Utility Notes: \_\_\_\_\_ Previous Read: 959.00000 Date: 05/06/2025Work Done By: Jimmy Lawson Date Completed: \_\_\_\_\_

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
	<u>meter</u>	<u>/</u>		
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	

## Work Order

Work Order Code & Desc: NEW - NEW METER

Name:	ANITA MAYS	Phone No:	(606)478-3211
Service Id:	10345	Issue Date:	05/12/2025 07:59
Account No:	10345	Process Date:	05/12/2025
Route:	08 READ SEQ:01553	Process Time:	08:00 AM
Address:	68 LEE STREET TRAM	Requested By:	Kevin (606)478-3211
Meter No:	W953683	Assigned To:	02 By: KBC
Sequence No:	01553		

Kevin wants this meter changed out.

Old Meter Reading: 9670 Old Meter No: W953683 Remote Meter No: \_\_\_\_\_  
New Meter Reading: 0 New Meter No: 10N09794 Seal No: \_\_\_\_\_

## Change meter

Work Done By: Jimmy Lawson Date Completed: 5-15-25

Charge Summary	
Labor Charges	
Equipment Charges	
Material Charges	
Vendor Charges	
Total	





Navitas Gas - Leak Hazardous - Leak Call / Reported Damage / Maintenance

2024

**Section 1 - Required Information Section for any Telephonic Report Received**

Taken by: haroni Date: 5/19/25 Time: 12:26 AM / PM  
 Info Source: Call / Work Order / Other- Specify: \_\_\_\_\_  
 Person reporting or requesting: Robert Adams  
 Community: \_\_\_\_\_ City: Tram County: \_\_\_\_\_  
 Street: 117 Corandrew Dr. Address #: \_\_\_\_\_ Apt #: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Cell Phone: 202-205-7084  
 Nearest Cross Street if no address: \_\_\_\_\_  
 Location and description of Leak or Damage at above address: 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: 2 days { spark of any kind and to leave any doors )  
 { used to depart (if inside) open. }

Who dispatched? Jimmy Lawson Time of Dispatch: 12:30 AM / PM

**Work Site Evaluation and Observations by Dispatched Technician**

Dispatched Person Arrival Time: 12:35 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, 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 @ \_\_\_\_\_ 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:

meter was leak gasket on meter

Signature of Investigator \_\_\_\_\_

Date 5-19-25

Name of System Betsy Lane



Navitas Gas - Leak Detection, Gas Call / Reported Damage / Maintenance

2024

**Section 1 - Required Information Section for any Telephonic Report Received**

Taken by: hanni Date: 5/19/25 Time: 8:40 AM/PM  
 Info Source: Call / Work Order / Other - Specify: \_\_\_\_\_  
 Person reporting or requesting: Gwen Tackett  
 Community: \_\_\_\_\_ City: Troy County: \_\_\_\_\_  
 Street: 819 Conn St Address #: \_\_\_\_\_ Apt #: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Cell Phone: 606-616-1781  
 Nearest Cross Street if no address: \_\_\_\_\_ @ \_\_\_\_\_

Location and description of Leak or Damage at above address: someone came and checked, leak  
is 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 { 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: 8:43 AM/PM

**Work Site Evaluation and Observations by Dispatched Technician**

Dispatched Person Arrival Time: 10:35 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, 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 @ 11:15 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:

customer had a small leak in the  
home

Signature of Investigator Jimmy Lawson  
 Date 5-19-25 Name of System not Betsy Lane



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

2025

**Section 1 - Required Information Section for any Telephonic Report Received**

Taken by: Trenda Date: 5/19/25 Time: 8:01 AM/PM  
Info Source: Call/Work Order/Other- Specify: Call  
Person reporting or requesting: Naldie Mullins  
Community: Liam City: Liam County: Lloyd  
Street: Pinion St. Address #: 146 Apt #: \_\_\_\_\_ Zip Code: 41663  
Phone Number \_\_\_\_\_ Cell Phone: 606-477-4331  
Nearest Cross Street if no address: \_\_\_\_\_  
Location and description of Leak or Damage at above address: Smelling gas inside their house

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? 3 days (spark of any kind and to leave any doors )  
( used to depart (if inside) open. )

Who dispatched? Jimmy Lawson Time of Dispatch: 8:03 AM/PM

**Work Site Evaluation and Observations by Dispatched Technician**

Dispatched Person Arrival Time: 9:30 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 @ 10:30 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:

customer had a leak in the home  
turn off valve

Signature of Investigator Jimmy Lawson

Date 5-19-25

Name of System Frame Betsy Lane



Work Order No: 000000010301

Work Order Code &amp; Desc: DIS - DISCONNECT READOUT

**Information Assigned by Office**

Name: SARAH BARKER Phone No: (606)478-9672  
 Service Id: 30135 Issue Date: 05/19/2025 06:10  
 Account No: 30135 Process Date: 05/19/2025  
 Route: 10 READ SEQ 02010 Process Time: 06:30 AM  
 Address: STANVILLE Requested By: Sarah (606)478-9672  
 Meter No: W953465 Assigned To: \_\_\_\_\_ By: TGK  
 Sequence No: 02010 System: Betsy Lane

**Comments:**

Read out and pull meter customer's request. Thanks!!

**Information From the Field**

Old Meter Reading: \_\_\_\_\_ Old Meter No: W953465 Remote Meter No: \_\_\_\_\_  
 New Meter Reading: 290 New Meter No: \_\_\_\_\_ Seal No: \_\_\_\_\_

**Comments:**pull meter

Utility Notes:

Previous Read: 290.00000 Date: 05/06/2025

Work Done By:

Date Completed: 5-19-25

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
	Slud <del>Baster</del> Plugs	2		
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	



2024

**Section 1 – Required Information Section for any Telephonic Report Received**

Taken by: Joan Date: 6-6-25 Time: 12:14 AM ☒ PM  
 Info Source: Call/Work Order/Other- Specify: \_\_\_\_\_  
 Person reporting or requesting: Marlene Hall  
 Community: Exel City: \_\_\_\_\_ County: \_\_\_\_\_  
 Street: 7128 Conn St Address #: \_\_\_\_\_ Apt #: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number 602-478-8728 Cell Pho: \_\_\_\_\_  
 Nearest Cross Street If no address: \_\_\_\_\_  
 Location and description of Leak or Damage at above address: smelling it in the house

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? very ( spark of any kind and to leave any doors )  
 ( used to depart (if inside) open. )

Who dispatched? Jimmy Time of Dispatch: 12:19 AM ☒ PM

**Work Site Evaluation and Observations by Dispatched Technician**

Dispatched Person Arrival Time: 2:15 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 1 to record leak.

**Work Conclusion**

Dispatched person declares repair complete, site safe and departing @ 3:00 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:

Leak on line to Hot Water  
Tank ~~DI~~ fix the Leak

Signature of Investigator Jimmy Lawton  
 Date 6-6-25 Name of System Conn St



2025

### Section 1 - Required Information Section for any Telephonic Report Received

Taken by: David Date: 6/18/25 Time: 11:28 AM / PM

Info Source: Call / Work Order / Other- Specify: \_\_\_\_\_

Person reporting or requesting: Sherry Daniels

Community: Stanville City: \_\_\_\_\_ County: \_\_\_\_\_

Street: \_\_\_\_\_ Address #: \_\_\_\_\_ Apt #: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: 206-434-7344 Cell Phone: \_\_\_\_\_

Nearest Cross Street if no address: 326 E. Main

Location and description of Leak or Damage at above address: smell of propane in the house, neighbor is also smelling gas 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 ( 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 Time of Dispatch: 11:31 AM / PM

### Work Site Evaluation and Observations by Dispatched Technician

Dispatched Person Arrival Time: 12:00 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 form 1 to record leak.

### Work Conclusion

Dispatched person declares repair complete, site safe and departing @ 1:30 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:

No Leak

Signature of Investigator Jimmy Larson

Date 6-18-25 Name of System Navitas Deer Creek



2025		Name of System																																									
NAVITAS UTILITY/ FORT COBB FUEL AUTHORITY JOB INVOICE		Betsy Lane																																									
START DATE: 6-20-2025    FINISH DATE:		NEW CONSTRUCTION    Y / <input checked="" type="radio"/> N																																									
LOCATION:		Was this a leak repair?    Y / <input checked="" type="radio"/> N																																									
GPS: LAT:                      LON:		JOB DESCRIPTION																																									
JOB NAME: 42 T		Install Mercaptan Tank																																									
QTY.	MATERIALS	PART#	WAS MAP UPDATED    Y    N																																								
3	2" x 4" Nipple	used	<div style="text-align: center; font-weight: bold;">JOB PERFORMANCE</div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">EMPLOYEE</th> <th style="text-align: center;">FUSION</th> <th style="text-align: center;">GLUE</th> <th style="text-align: center;">pass/fail</th> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">p / F</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">p / F</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">p / F</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">p / F</td> </tr> </table> <div style="text-align: center; font-weight: bold;">TYPE OF LEAK TEST</div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">METHOD</th> <th style="text-align: center;">DATE</th> <th style="text-align: center;">DATE</th> <th style="text-align: center;">DATE</th> </tr> <tr> <td>Gas detector</td> <td style="text-align: center;">6-20-25</td> <td></td> <td></td> </tr> <tr> <td>SOAP</td> <td style="text-align: center;">(p) / F</td> <td style="text-align: center;">p / F</td> <td style="text-align: center;">p / F</td> </tr> <tr> <td>SIGNATURE</td> <td colspan="3" style="text-align: center;">(Signature)</td> </tr> <tr> <td>EFD INFO.</td> <td colspan="3" style="text-align: center;">New or Replacement</td> </tr> </table>	EMPLOYEE	FUSION	GLUE	pass/fail				p / F				p / F				p / F				p / F	METHOD	DATE	DATE	DATE	Gas detector	6-20-25			SOAP	(p) / F	p / F	p / F	SIGNATURE	(Signature)			EFD INFO.	New or Replacement		
EMPLOYEE	FUSION	GLUE		pass/fail																																							
				p / F																																							
				p / F																																							
				p / F																																							
				p / F																																							
METHOD	DATE	DATE		DATE																																							
Gas detector	6-20-25																																										
SOAP	(p) / F	p / F		p / F																																							
SIGNATURE	(Signature)																																										
EFD INFO.	New or Replacement																																										
1	2" Coupling	used																																									
1	2" x 8" Nipple	used																																									
1	2" Tee	used																																									
3	2" to 1" Bushing	4005																																									
4	1" to 1/4" Bushing	4002																																									
2	1/4" x 2" Nipple	used																																									
2	1/4" Brass Ball Valve	4162																																									
1	2" Stop Cock	4136-2																																									
1	2" x 2" Nipple	used																																									
2	1" Plug	used																																									
1	2" 4 Way Tee	used																																									
1	2" x 10" Nipple	used																																									
1	2" Union	used																																									
1	2" x 6" Nipple	used																																									
5	1/4" Plug	4125																																									
1	3/4" CAP	used																																									
2	3/8" x 1/4" Tube Connectors	8001																																									
1	3/8" Plug	4125-38																																									
QTY.	PRE-TESTED MATERIALS	TEST#	PART#																																								
1	Mercaptan Pot																																										
12	3/8" Tubing		8009																																								
LABOR & EQUIPMENT HOURS																																											
Employee, trucks, & equipment.	DATE	DATE	DATE	DATE	DATE	DATE	DATE																																				
Johnny	5																																										
Kevin	5																																										
Jimmy	5																																										
Nathan	5																																										
7	5																																										
Jimmy Truck	5																																										
Nathan Truck	5																																										
SIGNATURE: (Signature)		DATE: 6/20/2025		1/2/2020		FORM 3																																					

2025		Name of System					
NAVITAS UTILITY/ FORT COBB FUEL AUTHORITY JOB INVOICE		Betsy Lane					
START DATE: 6-23-25 FINISH DATE: 6-23-25		NEW CONSTRUCTION Y / N					
LOCATION:		Was this a leak repair? Y / N					
GPS: LAT: LON:		JOB DESCRIPTION					
JOB NAME: Tram		Install Relief & Mercaptan tank					
QTY.	MATERIALS	PART#					
4	3/8" Tubing	8009					
2	1" Close Nipple	4089					
2	1" Tees	4141					
2	1" x 3" nipple	4093					
2	1" Stop Cock	4136					
1	1 1/4" Close Nipple	4100					
1	1 1/4" x 1" Bell Reducer	used					
1	1" x 4" nipple	4094					
1	1" x 1" x 1/4" Tee	used					
1	Relief Valve	6004					
2	1" x 1/4" Bushing	4002					
2	1/4" Ball Valve	4162					
			WAS MAP UPDATED Y / N				
JOB PERFORMANCE							
EMPLOYEE	FUSION	GLUE	pass/fail				
			p / F				
			p / F				
			p / F				
			p / F				
TYPE OF LEAK TEST							
	DATE	DATE	DATE				
METHOD	6-23-25						
Gas detector	p / F	p / F	p / F				
SOAP	p / F	p / F	p / F				
SIGNATURE	[Signature]						
EFD INFO.	New or Replacement						
Relief Model - 8250 Office - E Serial # - 127155-3							
QTY.	PRE-TESTED MATERIALS	TEST#	PART#				
LABOR & EQUIPMENT HOURS							
Employee, trucks, & equipment.	DATE	DATE	DATE	DATE	DATE	DATE	DATE
Johnny	6-23						
Kevin	6						
Jimmy	6						
T	6						
Jimmy Truck	6						
SIGNATURE: [Signature] DATE: 6/20/25							
1/2/2020 FORM3							

# 2025

## NAVITAS UTILITY CORPORATION METER CHANGEOUT/PULLED METER FORM

Acct. # \_\_\_\_\_ Acct. Name VACANT SYSTEM: Betsy Lane  
 Route# 9 Sequence# \_\_\_\_\_ Phone# \_\_\_\_\_  
 Service Address: \_\_\_\_\_ DATE: 6-24-25

### NEW METER

Meter# \_\_\_\_\_ Temp. Comp. Y / N  
 Meter Make/Size \_\_\_\_\_ Proof Date \_\_\_\_\_  
 # of Dials \_\_\_\_\_ Pressure: \_\_\_\_\_ Oz. / PSI  
 Pressure factor \_\_\_\_\_ READING \_\_\_\_\_

### OLD METER/PULLED METER

Meter# 5C829730  
 Meter Make/Size AC250  
 READING 583

### 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	1" x 1/4" Bushing	4002
1	1/4" Plug	4125
1	SPUD Nut	7015

### LEAK TEST

Gas Detector: P / F Soap: P / F

Signature: [Signature]

# Hours	EMPLOYEE NAME
1/2	5
1/2	7
# Hours	Truck #
1/2	Jimmy
1/2	Jimmy's Truck
1/2	ATruck 7

### PIPE CONDITION REPORT

Internal corrosion: Y (N) Severity: \_\_\_\_\_  
 External corrosion: Y (N) Severity: \_\_\_\_\_  
 Signature: [Signature] Date: 6/24/2025

1/2/2020

FORM 5

Work Order No: 000000010365

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

**Information Assigned by Office**

Name: TONYA GOBLE Phone No: (606)477-1635  
 Service Id: 30072 Issue Date: 06/23/2025 08:39  
 Account No: 66979 Process Date: 06/23/2025  
 Route: 10 READ SEQ: 01980 Process Time: 09:00 AM  
 Address: 9405 SUITE #2 US HWY 23 STANVILLE Requested By: Tonya (606)477-1635  
 Meter No: 15C829758 Assigned To: \_\_\_\_\_ By: TGK  
 Sequence No: 01980 System: \_\_\_\_\_

**Comments:**

Can you do a leak check please? They said all they have on gas is central heat, but they used 10 ccfs last month. Thanks!!!

**Information From the Field**

Old Meter Reading: 4512 Old Meter No: 15C829758 Remote Meter No: \_\_\_\_\_  
 New Meter Reading: \_\_\_\_\_ New Meter No: \_\_\_\_\_ Seal No: \_\_\_\_\_

**Comments:**

Utility Notes: \_\_\_\_\_ Previous Read: 4521.00000 Date: 06/04/2025  
 Work Done By: Jimmy Lawson Date Completed: 6-24-25

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	



# 2025

## NAVITAS UTILITY CORPORATION METER CHANGEOUT/PULLED METER FORM

Acct. # \_\_\_\_\_ Acct. Name VACANT SYSTEM: Betsy Lane  
Route# \_\_\_\_\_ Sequence# \_\_\_\_\_ Phone# \_\_\_\_\_  
Service Address: \_\_\_\_\_ DATE: 6-25-25

### NEW METER

Meter# \_\_\_\_\_ Temp. Comp. Y / N  
Meter Make/Size \_\_\_\_\_ Proof Date \_\_\_\_\_  
# of Dials \_\_\_\_\_ Pressure: \_\_\_\_\_ Oz. / PSI  
Pressure factor \_\_\_\_\_ READING \_\_\_\_\_

### OLD METER/PULLED METER

Meter# w/953750  
Meter Make/Size AC250  
READING 6474

### 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	1"X1 1/4" Bushing	4004-1
1	1/4" Plug	4125
1	SPUD Nut	

### LEAK TEST

Gas Detector: P / F Soap ☒ P / F

Signature: [Signature]

# Hours	EMPLOYEE NAME
1/2	Johnny
1/2	Jimmy
# Hours	Truck #
1/2	Kevin
1/2	7

1/2 Jimmy's Truck

### PIPE CONDITION REPORT

Internal corrosion: Y / ☒ N Severity: \_\_\_\_\_  
External corrosion: Y / ☒ N Severity: \_\_\_\_\_  
Signature: [Signature] Date: 6/25/25

1/2/2020

FORM 5

Work Order No: 000000010323

Work Order Code &amp; Desc: DNP - DISC NON-PAYMENT

**Information Assigned by Office**

Name: DUSTIN DAMRON Phone No: (606)821-6286  
 Service Id: 20020 Issue Date: 06/03/2025 12:49  
 Account No: 20020 Process Date: 06/03/2025  
 Route: 09 READ SEQ 01600 Process Time: 01:00 PM  
 Address: 95 CARLISLE HOLLOW ROAD IVEL Requested By: (606)821-6286  
 Meter No: W953522 Assigned To: 02 By: VK  
 Sequence No: 01600 System:

**Comments:**

Please lock off for nonpay. Past due \$345.45, total \$366.15. Last payment 4/1/25

**Information From the Field**

Old Meter Reading: 4222 Old Meter No: W953522 Remote Meter No: \_\_\_\_\_  
 New Meter Reading: 6 New Meter No: \_\_\_\_\_ Seal No: \_\_\_\_\_

**Comments:**Lock offUtility Notes: \_\_\_\_\_ Previous Read: 4210.00000 Date: 05/06/2025Work Done By: Jimmy Date Completed: 6-25-25

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	

## Work Order

**Work Order Code & Desc: DNP - DISC NON-PAYMENT**

Name:	<u>JAMES TACKETT</u>	Phone No:	<u>(606)616-8138</u>
Service Id:	<u>30230</u>	Issue Date:	<u>06/03/2025 13:10</u>
Account No:	<u>30230-1</u>	Process Date:	<u>06/03/2025</u>
Route:	<u>10</u> READ SEQ <u>02060</u>	Process Time:	<u>01:30 PM</u>
Address:	<u>42 ALLEN LANE STANVILLE #1</u>	Requested By:	<u>(606)616-8138</u>
Meter No:	<u>W953583</u>	Assigned To:	<u>02</u> By: <u>VK</u>
Sequence No:	<u>02060</u>	System:	

Please lock off for nonpay. Past due \$211.92, total due \$244.02. Last payment 2/27/25

Old Meter Reading: 5695 Old Meter No: W953583 Remote Meter No: \_\_\_\_\_  
New Meter Reading: \_\_\_\_\_ New Meter No: \_\_\_\_\_ Seal No: \_\_\_\_\_

lock off

Work Done By: Timothy Lawson Date Completed: 6-25-25

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

Charge Summary	
Labor Charges	
Equipment Charges	
Material Charges	
Vendor Charges	
Total	

She works at Bear Heart



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

2025

Section 1 - Required Information Section for any Telephonic Report Received

Taken by: Arenda Date: 7-18-25 Time: 9:30 AM/PM  
Info Source: Call/Work Order/Other- Specify: Call  
Person reporting or requesting: Monica Arbores  
Community: Tram City: Tram County: Alameda  
Street: Camp Branch Rd Address #: 41 Apt #:  Zip Code: 41663  
Phone Number  Cell Phone 606-477-2872 Text   
Nearest Cross Street If no address:   
Location and description of Leak or Damage at above address: Smelling gas across road

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? few days spark of any kind and to leave any doors )  
( used to depart (if inside) open. )  
Who dispatched? Jimmy Lawson Time of Dispatch: 9:40 AM/PM

Work Site Evaluation and Observations by Dispatched Technician

Dispatched Person Arrival Time: 11:00 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 form 1 to record leak.

Work Conclusion

Dispatched person declares repair complete, site safe and departing @ 12:00 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:  
No Leak

Signature of Investigator Jimmy Lawson  
Date 7-8-25 Name of System Tram



Work Order No: 000000010404

Work Order Code &amp; Desc: DIS - DISCONNECT READOUT

**Information Assigned by Office**

Name: CLYDE TACKETT  
 Service Id: 20238  
 Account No: 20238  
 Route: 09 READ SEQ 01850  
 Address: 819 CONN LANE IVEL  
 Meter No: W953586  
 Sequence No: 01850

Phone No: (606)478-5704  
 Issue Date: 07/08/2025 08:19  
 Process Date: 07/08/2025  
 Process Time: 08:30 AM  
 Requested By: Karri (606)478-5704  
 Assigned To: 02 By: KBC  
 System:

**Comments:**

Customer has went total electric, please read out and pull meter.

**Information From the Field**

Old Meter Reading: 4616 Old Meter No: W953586 Remote Meter No: \_\_\_\_\_  
 New Meter Reading: \_\_\_\_\_ New Meter No: \_\_\_\_\_ Seal No: \_\_\_\_\_

**Comments:**

pull meter

Utility Notes:

Work Done By: Jimmy Lawson Previous Read: 4616.00000 Date: 06/30/2025  
 Date Completed: 7-8-25

Labor Charges			
Name	Rate	Hours	Amount
Total Labor Charges			

Material Charges				
Part #	Item	Qty.	Unit Price	Total
4008	Cap	2		
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	