

[illegible]

PIPELINE FIELD TEST REPORT 2024

NAVITAS UTILITY CORP.

SYSTEM: Navitas Utility

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

TEST DATA

Location of line: Carnation Rd Van Lear KY

Pipe information: HDPE SDR 11 - Tested Roll @ 60 psig for 1 hour.

Size of pipe: 1 inches. Length of line: 500 ft. Main ☒ Service ()

Pipe information: HDPE SDR 11 - Tested roll @ 60 psig for 1 hour

Size of pipe: 1 inches. Length of line: 500 ft Main ☒ Service ()

Pipe information: HDPE SDR 11 - Tested roll @ 60 psig for 1 hour

Size of pipe: 1 inches. Length of line: 500 ft Main ☒ Service ()

Pipe information: HDPE SDR 11 - Tested roll @ 60 psig for 1 hour

Size of pipe: 1 inches. Length of line: 500 ft. Main ☒ Service ()

Tested with: Air ☒ Natural Gas () Gauge #: 69411

Time started: 8:00 a.m./p.m. Time ended: 12:00 a.m./p.m.

Test pressure start: 60 psig

Test pressure stop: 60 psig

Line loss: Yes () No ☒

Remarks: _____

Signature: Nathan Goble

Date: 4-24-24

NUC / FCFA PIPELINE UPDATE WORK SHEET

2024

SYSTEM: Navitas Utility DATE: 4-26-24
 LOCATION: Carnation Rd. Van Lear KY
 GPS COORDINATES: LAT: 37.772955 LON: -82.745306
 Map update (Yes) or No)

() PIPELINE RETIREMENT MAIN () SERVICE ()

TYPE OF PIPE: _____

SIZE OF PIPE: _____

LENGTH OF LINE: _____

REASON FOR RETIREMENT: _____

WAS LINE PURGED WITH AIR? Y / N % NG _____

(X) NEW PIPELINE INSTALLATION MAIN (X) SERVICE ()

TYPE OF PIPE: HDPE SDR 11

SIZE OF PIPE: 1"

LENGTH OF LINE: 2,000 ft.

CUSTOMER NAME IF SERVICE LINE: _____

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

() PIPELINE REPLACEMENT MAIN () SERVICE ()

TYPE OF EXISTING PIPE: _____

SIZE OF EXISTING PIPE: _____

TYPE OF NEW PIPE: _____

SIZE OF NEW PIPE: _____

LENGTH OF LINE BEING REPLACED: _____

WAS OLD LINE PURGED WITH AIR? Y / N % NG _____

WAS NEW LINE PURGED WITH NATURAL GAS? Y / N % NG _____

PIPE CONDITION REPORT

INTERNAL CORROSION: Y / N SEVERITY: _____

EXTERNAL CORROSION: Y / N SEVERITY: _____

SIGNATURE: Nathan Kahlke

1/2/2020

DATE: 4-26-24

FORM 4

Account # 11010



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

2025

Section 1 - Required Information Section for any Telephonic Report Received

Taken by Jrends Date 2-27-25 Time 11:45 AM/PM
Info Source: Call/Work Order/Other- Specify: Call
Person reporting or requesting: Billy Justice
Community: Pikeville City: Pikeville County: Almond
Street: N. Mage Trail Address #: 5453 Apt #: _____ Zip Code: 41501
Phone Number _____ Cell Phone 606-454-6499

Nearest Cross Street if no address: _____

Location and description of Leak or Damage at above address: Meter is leaking on our

side - Customer side is off.

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? Several days (spark of any kind and to leave any doors)

Who dispatched? Nathan Goble Time of Dispatch: 11:49 AM/PM (used to depart (If Inside) open.)

Work Site Evaluation and Observations by Dispatched Technician

Dispatched Person Arrival Time: 12:45 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 @ 2:00 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:

Upon arrival found Compression Coupling leaking
due to Natural forces (flooding). I was able to tighten
Coupling and stop the leak.

Signature of Investigator Nathan Goble

Date 2-27-24

Name of System Coal Run

2024

AOC X LINE PATROL ___ 3 YEAR SURVEY ___ 5 YEAR SUREVY ___

LANDOWNER: Billy Justice PHONE: 606-454-6499

Date: 2-27-25 Inspector: Ratha Sable Area Marked: YES ___ NO ___

Location: 5453 N. Mayo Trail

Above Ground: ☒ Under Ground: ☐ Leak Status: Hazardous: X Non-hazardous: ___

Nearest Building: 100 ft. Leak Class: 1 Service: ___ Main: X

Was Bar Hole Test Performed? Yes ___ No X

Cause of leak: Rushing flood water caused meter set to lean, loosening compression coupling.

Natural 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 2" PVC ___ PE ___

Year pipe installed: 1970

Navitas locate request: Yes ___ No X

CGI reading in ditch NO

Pipe condition:

External: smooth X badly pitted ___ flaking ___ deteriorated ___ bubble ___

Internal: smooth ___ badly pitted ___ flaking ___ deteriorated ___ bubble ___

Existing pipe info. Tightened coupling to stop leak Photo: Yes ___ No X

Repair crew: Ratha Sable

Report filed by: Ratha Sable Date: 2-27-25

FORM 1

North

[illegible]

Relief Test

Location	Coal Run						
Make	Taylor Valve				MAOP	60 psig	
Pipe Size	2"						
Serial No.	127155-2						
Capacity	388 SCFM						
Orifice Size	E						

2025

2026

2027

2028

Relief Pop At	25 psig				
Condition of pipe	Good				
Condition of Equipment	Good				
Any Changes	No				
Date	5-23-25				
Employee / S	N. Groble				
	J. Lawson				
Comments					

2025						Name of System							
NAVITAS UTILITY/ FORT COBB FUEL AUTHORITY JOB INVOICE						Coal Run							
START DATE: 6-25-25 FINISH DATE: 6-25-25						NEW CONSTRUCTION						Y / N	
LOCATION:						Was this a leak repair?						Y / N	
GPS: LAT: LON:						JOB DESCRIPTION							
JOB NAME: Coal Run						Install Anode Spike							
QTY.		MATERIALS				PART#		WAS MAP UPDATED Y N					
1		Anode Spike				7002							
						JOB PERFORMANCE							
						EMPLOYEE		FUSION		GLUE		pass/fail	
												P / F	
												P / F	
												P / F	
						TYPE OF LEAK TEST							
						METHOD		DATE		DATE		DATE	
						Gas detector		P / F		P / F		P / F	
						SOAP		P / F		P / F		P / F	
						SIGNATURE							
						EFD INFO. New or Replacement							
						Reading -1.023							
QTY.		PRE-TESTED MATERIALS				TEST#		PART#					
LABOR & EQUIPMENT HOURS													
Employee,trucks,		DATE		DATE		DATE		DATE		DATE		DATE	
& equipment.		6-25											
Johnny		1											
Kevin		1											
7		1											
SIGNATURE:				DATE: 6/25/25						1/2/2020		FORM3	

Work Order No: 000000010627

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

Information Assigned by Office

Name: JIGSAW ENTERPRISES LLC Phone No: (606)437-9090
 Service Id: 000864 Issue Date: 11/17/2025 12:52
 Account No: 00864 Process Date: 11/17/2025
 Route: 38 READ SEQ: _____ Process Time: 01:00 PM
 Address: 190 LEFK ISLAND CREEK Requested By: (606)437-9090
 Meter No: 16503661 Assigned To: 02 By: VK
 Sequence No: _____ System: _____

Comments:

Please get current reading. Customer usage very high. Thank you.

Information From the Field

Old Meter Reading: 1797 Old Meter No: 16503661 Remote Meter No: _____
 New Meter Reading: _____ New Meter No: _____ Seal No: _____

Comments:

re-readm meter

Utility Notes: _____ Previous Read: 2789.00000 Date: 11/06/2025Work Done By: Jimmy Lawson Date Completed: 11-18-25

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

2/4/2020 KC
ENTERED

Acct. # 10790 Acct. Name Charles Van hoose SYSTEM: Ky
Route# 1 Sequence# 00170 Phone# 606-422-4832
Service Address: 338 Bear Hollow DATE: 606-789-2055

NEW METER

Meter# 13N03423 Temp. Comp. Y / N
Meter Make/Size AC 250 Proof Date _____
of Dials 4 Pressure: 7 Oz. / PSI
Pressure factor _____ READING 0

OLD METER/PULLED METER

Meter# 4301372
Meter Make/Size AC 250
READING 1680

Appliances on Gas (BTUs)

Hot water heater _____ Tankless water heater Y Cook stove 1
Central heat _____ Ventless heater 1 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: Y Locked off: _____ Plugged: _____

Home entry denied: Customer signature: _____

Qty.	MATERIALS	Part#
1	meters	

LEAK TEST

Gas Detector: P / F Soap: P / F

Signature: _____

# Hours	EMPLOYEE NAME
1	Jimmy Lawson
# Hours	Truck #

PIPE CONDITION REPORT

Internal corrosion: Y / N Severity: _____
External corrosion: Y / N Severity: _____
Signature: Jim, Lawson Date: 1-2-25

1/2/2020

FORM 5

2025		Name of System						
NAVITAS UTILITY/ FORT COBB FUEL AUTHORITY JOB INVOICE		Johnson co.						
START DATE: 2-4-25 FINISH DATE: 2-4-25		NEW CONSTRUCTION y / N						
LOCATION: Meally		Was this a leak repair? (y) / N						
GPS: LAT: LON:		JOB DESCRIPTION						
JOB NAME:		cap 34 line						
QTY.	MATERIALS	PART#						
1	34 cap B F	3000-1						
		JOB PERFORMANCE						
		EMPLOYEE	FUSION	GLUE	pass/fail			
		Jimmy	✓		p / F			
					p / F			
					p / F			
					p / F			
		TYPE OF LEAK TEST						
		METHOD	DATE	DATE	DATE			
		Gas detector	2-4-2025					
		SOAP	p / F	p / F	p / F			
		SIGNATURE	(p) / F	p / F	p / F			
		EFD INFO.	New or Replacement					
QTY.	PRE-TESTED MATERIALS	TEST#	PART#					
1	34 cap							
LABOR & EQUIPMENT HOURS								
Employee, trucks, & equipment.	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
Jimmy truck	2-4-25							
	2							
SIGNATURE: Jimmy Lawrence DATE: 2-4-25 1/2/2020 FORM3								



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

2024

Section 1 - Required Information Section for any Telephonic Report Received

Taken by: Agami Date: 2/4/2025 Time: 1:14 AM / PM
Info Source: Call/Work Order/Other- Specify: _____
Person reporting or requesting: Barry Baldwin
Community: Wesley City: _____ County: _____
Street: 4585 RYLA 40 Address #: _____ Apt #: _____ Zip Code: _____
Phone Number _____ Cell Phone: 606-331-9642
Nearest Cross Street If no address: _____ @ _____

Location and description of Leak or Damage at above address: hit the 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 (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: 11:15 AM / PM

Work Site Evaluation and Observations by Dispatched Technician

Dispatched Person Arrival Time: 2 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 @ 4 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:

cap 3/4 line

Signature of Investigator Jimmy Lawson

Date 2-9-25

Name of System Johson CO

NAME OF SYSTEM:
JOHNSON COUNTY

2025

AOC ___ LINE PATROL ___ 3 YEAR SURVEY ___ 5 YEAR SUREVY ___

LANDOWNER: _____ PHONE: _____

Date: 2-4-25 Inspector: _____ Area Marked: YES ☒ NO ___

Location: Meally

Above Ground: [] Under Ground: [X] Leak Status: Hazardous: ☒ Non-hazardous: ___

Nearest Building: _____ ft. Leak Class: _____ Service: 1 Main: _____

Was Bar Hole Test Performed? Yes ___ No X

Cause of leak: Service line was dead it old hole

Natural 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 ___

Year pipe installed: _____

Navitas locate request: Yes ___ No ___

CGI reading in ditch _____

Pipe condition:

External: smooth ___ badly pitted ___ flaking ___ deteriorated ___ bubble ___

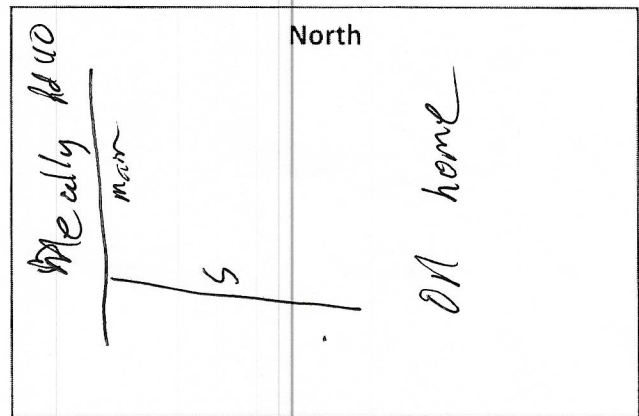
Internal: smooth ___ badly pitted ___ flaking ___ deteriorated ___ bubble ___

Existing pipe info. _____ Photo: Yes ___ No ___

Repair crew: Samy Lawson

Report filed by: JL Date: 2-4-25

FORM 1



NAVITAS UTILITIES

FORT COBB FUEL AUTHORITY LLC
CUT LINE REPORT

2025

NAME OF SYSTEM

JOHNSON COUNTY

Date report received: 2-4-25

Time: 1:14 a.m. , (p.m.)

Reported by: Jimmy Lawson

Location of Leak: Legals: _____
911 Address: 4585 Ky Rt 40 meally
Lat: _____ Lon: _____

Contractor locate request: (☒) Yes (☐) No Remarks: Mar/L main service line was cap

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

Contractor Name & info.: _____

Cause of leak: 3RD PARTY EXCAVATION. MAPPING ERROR

Description of leak: HIT LINE WITH EXCAVATOR

LEAK GRADE: (☒) 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. (☒) POLY (☐) other: _____

Mainline (☐) Serviceline (☒)

Size of line: 3/4

Size of leak: 5

Above ground: (☐)

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

Beginning pressure: _____ Est. Ending pressure: _____

Time leaking: 3 min

Report filed by: JIMMY LAWSON

Date: 2-4-2025

MCF'S LOST 1

1/2/2020

FORM 2

IF 3RD PARTY EXCAVATION FILL OUT FORM 2A

NUC / FCFA PIPELINE UPDATE WORK SHEET

2025

SYSTEM: JOHNSON COUNTY

DATE: 2-4-2025

LOCATION: nearby Johnson c.

GPS COORDINATES: LAT:

LON:

Map update (Yes or No)

☐ PIPELINE RETIREMENT (MAIN () SERVICE (☒)

TYPE OF PIPE: 34 poly

SIZE OF PIPE: 34

LENGTH OF LINE: 1 FOOT

REASON FOR RETIREMENT: ABANDONED LINE HIT 3RD PARTY

WAS LINE PURGED WITH AIR? Y / N % NG _____

☐ NEW PIPELINE INSTALLATION MAIN () SERVICE ()

TYPE OF PIPE: _____

SIZE OF PIPE: _____

LENGTH OF LINE: _____

CUSTOMER NAME IF SERVICE LINE: _____

WAS LINE PURGED WITH NATURAL GAS? Y / N % NG _____

☐ PIPELINE REPLACEMENT MAIN () SERVICE ()

TYPE OF EXISTING PIPE: _____

SIZE OF EXISTING PIPE: _____

TYPE OF NEW PIPE: _____

SIZE OF NEW PIPE: _____

LENGTH OF LINE BEING REPLACED: _____

WAS OLD LINE PURGED WITH AIR? Y / N % NG _____

WAS NEW LINE PURGED WITH NATURAL GAS? Y / N % NG _____

RISER INFORMATION

TYPE OF RISER PULLED STEEL / POLY SIZE _____

REPLACEMENT - FROM _____ TO _____

SIGNATURE: Jim Lamo

1/2/2020

DATE: 2-4-25

FORM 4



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

2025

Section 1 - Required Information Section for any Telephonic Report Received

Taken by: Jrenda Date: 2/17/25 Time: 3:02 AM / PM
 Info Source: Call/Work Order/Other- Specify: Call
 Person reporting or requesting: Loretta Rice
 Community: Van Leer City: Van Leer County: Johnson
 Street: Conley Drive Address #: 31 Apt #: Zip Code:
 Phone Number: Cell Phone: 606-793-0518

Nearest Cross Street if no address:

Location and description of Leak or Damage at above address: Water bubbling by the meter. She put a stick in the ground at the leak.

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 Bubbling (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? No Leak (spark of any kind and to leave any doors)

(used to depart (If inside) open.)

Who dispatched? Jimmy Lawson Time of Dispatch: 3:04 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 @ 11:30 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:

Gutter drain

Signature of Investigator Jimmy Lawson

Date 2-18-24

Name of System Johnson CO.

2025

NAVITAS UTILITY CORPORATION METER CHANGEOUT/PULLED METER FORM

Acct. # 56072 Acct. Name Jennifer O'Brien SYSTEM: Johnson CO.
Route# 05 Sequence# 00800 Phone# 606-789-7239
Service Address: 285 Powell Add Walker Dr Van DATE: _____

NEW METER

Meter# 12N03428 Temp. Comp. Y/N
Meter Make/Size AC 25 Proof Date 25
of Dials 4 Pressure: 4 Oz. / PSI
Pressure factor _____ READING 0

OLD METER/PULLED METER

Meter# H 477163
Meter Make/Size AC 250
READING 3785

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#
<u>1</u>	<u>meter</u>	

LEAK TEST

Gas Detector: P / F Soap: P / F

Signature: Jimmy Lawrence

# Hours	EMPLOYEE NAME
<u>1</u>	<u>Jimmy</u>
# Hours	Truck #
<u>1</u>	<u>Chery</u>

PIPE CONDITION REPORT

Internal corrosion: Y / N Severity: _____
External corrosion: Y / N Severity: _____
Signature: Jimmy Lawrence Date: 2-18-25

1/2/2020

FORM 5

Work Order Code & Desc: CKP - CHECK GAS PRESSURE

Name: HOLLY HALL

Phone No: (606)422-3179

Service Id: 30080

Issue Date: 02/21/2025 08:31

Account No: 30080

process Date: 02/21/2025

Route: 10 READ SEQ:01985

Process Date: 02/21/2025

Address: 47 CEDAR STREET STANVILLE

Process Time: 09:00 AM

Meter No: W953549

Requested By: Holly (606)422-3179

Sequence No: 01985

Assigned To: 02 By: KBC

System:

Customer has no gas, please call when going over there. If there is no answer at the number above, call (606)794-9914.
--

Old Meter Reading: _____ Old Meter No: _____ W953549 Remote Meter No: _____

New Meter Reading: _____ New Meter No: _____ Seal No: _____

gas is on it Her meter

Utility Notes: _____ Previous Read: 4761.00000 Date: 02/06/2025

Work Done By: Jimmy Lawson Date Completed: 2-21-25

[illegible]Total Material Charges

Charge Summary		
Labor Charges		
Equipment Charges		
Material Charges		
Vendor Charges		
Total		

Work Order No: 000000010214

Work Order Code & 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	

[illegible]

Relief Test

Location	Skate Rink Hollow				
Make	Taylor Valve 8250			MAOP	60 psig
Pipe Size	4" PE				
Serial No.	107042-19				
Capacity	388 SCFM				
Orifice Size	E				

2025

2026

2027

2028

Relief Pop At	60 psig			
Condition of pipe	Good			
Condition of Equipment	Good			
Any Changes	NO			
Date	3-13-25			
Employee / S	N. Goble			
	J. Lawson			
Comments				

Relief Test

Location	Van Lear Station						
Make	Taylor Valve 8250				MAOP	60 Psig	
Pipe Size	4" PE						
Serial No.							
Capacity	388 SCFM						
Drifce Size	E						

	2025	2026	2027	2028
Relief Pop At	60 psig			
Condition of pipe	Good			
Condition of Equipment	Good			
Any Changes	No			
Date	2-12-25			
Employee / S	N. Goble			
	J. Lawson			
Comments				

Work Order

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

Total

2025

NAVITAS UTILITY CORPORATION METER CHANGEOUT/PULLED METER FORM

Acct. # 22460 Acct. Name Gregg Hazlett SYSTEM: Johnson CO.
Route# 2 Sequence# 00405 Phone# 606-792-2663
Service Address: 4757 Top Hager Hill DATE: 3-14-25
Gravel Rd

NEW METER

Meter# 13N04283 Temp. Comp. Y / N
Meter Make/Size AC 250 Proof Date 25
of Dials 4 Pressure: 4 Oz. / PSI
Pressure factor _____ READING 0

OLD METER/PULLED METER

Meter# 2838996
Meter Make/Size AC 250
READING 1198

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#
<u>1</u>	<u>meter</u>	

LEAK TEST

Gas Detector: P / F Soap: P / F

Signature: Jimmy Lamon

# Hours	EMPLOYEE NAME
<u>1</u>	<u>Jimmy</u>
# Hours	Truck #
<u>1</u>	<u>chevy</u>

PIPE CONDITION REPORT

Internal corrosion: Y / N Severity: _____
External corrosion: Y / N Severity: _____
Signature: Jimmy Lamon Date: 3-14-25

1/2/2020

FORM 5

Work Order

Work Order No:

Work Order Code & Desc: -

Information Assigned by Office

Name:

Phone No:

Service Id:

Issue Date:

Account No:

Process Date:

Route:

READ SEQ:

Process Time:

Address:

Requested By:

Meter No:

Assigned To:

Sequence No:

System:

Comments:

Inactive meter needs removed from enclosed car port.

Information From the Field

Old Meter Reading:

Old Meter No:

Remote Meter No:

New Meter Reading:

New Meter No:

Seal No:

Comments:

pull	old	mete
cap	gas	Line

Utility Notes:

Previous Read:

Date:

Work Done By:

Date Completed:

3-19-25

Labor Charges			
Name	Rate	Hours	Amount
Sammy		1	
Total Labor Charges			

Equipment Charges			
Name	Rate	Hours	Amount
Total Equipment Charges			

[illegible]

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: Grenda Date: 4/17/25 Time: 8:04 AM / PM
Info Source: Call / Work Order / Other - Specify: Call
Person reporting or requesting: Timothy Boyd
Community: East Point City: East Point County: Johnson
Street: Skate Rd Address #: 133 Apt #: Zip Code: 41216
Phone Number Cell Phone 600-789-3904
Nearest Cross Street if no address:
Location and description of Leak or Damage at above address: 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? today (spark of any kind and to leave any doors)
Who dispatched? Jimmy Lawson Time of Dispatch: 8:10 AM / PM (used to depart (if inside) open.)

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? No / Yes:
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 @ 9:00 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 4-7-25 Name of System Johnson Co.

Work Order No: 000000010274

Work Order Code & Desc: REN - RECONNECT SERVICE

Information Assigned by Office

Name: NANCY OREM
 Service Id: 66760
 Account No: 66760
 Route: 06 READ SEQ: 01075
 Address: 196 PRESTON EST RT-SIDEPAINTSVIL
 Meter No: W953715
 Sequence No: 01075

Phone No: (606)793-3921
 Issue Date: 04/09/2025 13:06
 Process Date: 04/09/2025
 Process Time: 01:30 PM
 Requested By: Nancy (606)793-3921
 Assigned To: _____ By: TGK
 System: _____

Comments:

They paid the bill so you can turn them back on when you have time. Thanks!!!

Information From the Field

Old Meter Reading: _____ Old Meter No: W953715 Remote Meter No: _____
 New Meter Reading: 4171 New Meter No: _____ Seal No: _____

Comments:

unlock meter

Utility Notes: _____

Previous Read: 4171.00000 Date: 04/06/2025Work Done By: Jimmy LawsonDate Completed: 4-10-25

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: 000000010286

Work Order Code & Desc: DIS - DISCONNECT READOUT

Information Assigned by Office

Name: NELMA COLLINS Phone No: (606)367-3654
 Service Id: 44982 Issue Date: 04/21/2025 09:40
 Account No: 44982 Process Date: 04/21/2025
 Route: 04 READ SEQ: 00595 Process Time: 10:00 AM
 Address: 2334 KY RT 302 S CURVE VAN LEAR Requested By: Nelma (606)367-3654
 Meter No: W953602 Assigned To: _____ By: TGK
 Sequence No: 00595 System: _____

Comments:

Read out and lock per customer's request please. She wants the account closed. Thanks!!!

Information From the Field

Old Meter Reading: _____ Old Meter No: W953602 Remote Meter No: _____
 New Meter Reading: 8874 New Meter No: _____ Seal No: _____

Comments:lock offUtility Notes: _____ Previous Read: 8874.00000 Date: 04/06/2025Work Done By: Jimmy LawsonDate Completed: 4-21-25

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: 000000010293

Work Order Code & Desc: NEW - NEW METER

Information Assigned by Office

Name: CONSTANCE LACKIE Phone No: (614)445-8806
 Service Id: 10220 Issue Date: 05/12/2025 07:57
 Account No: 10220 Process Date: 05/12/2025
 Route: 08 READ SEQ: 01490 Process Time: 08:00 AM
 Address: 396 TRAM Requested By: Kevin (614)445-8806
 Meter No: W953536 Assigned To: 02 By: KBC
 Sequence No: 01490 System:

Comments:

Kevin would like to have this meter changed out.

Thanks

Information From the Field

Old Meter Reading: 5508 Old Meter No: W953536 Remote Meter No: _____
 New Meter Reading: 0 New Meter No: 13N11884 Seal No: _____

Comments:

Change meters out

Utility Notes: _____ Previous Read: 5508.00000 Date: 05/06/2025Work Done By: Jimmy Lawson Date Completed: 5-15-25

Labor Charges			
Name	Rate	Hours	Amount
Jimmy		1	
Total Labor Charges			

Equipment Charges			
Name	Rate	Hours	Amount
Total Equipment Charges			

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

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: 000000010303

Work Order Code & Desc: DIS - DISCONNECT READOUT

Information Assigned by Office

Name: PATTY SETSER
 Service Id: 56130
 Account No: 56130
 Route: 05 READ SEQ: 00810
 Address: 194 POWELL ADD. WALLEN DR. VAN
 Meter No: D376281
 Sequence No: 00810

Phone No: (606)789-8716
 Issue Date: 05/20/2025 13:21
 Process Date: 05/23/2025
 Process Time: 01:30 PM
 Requested By: Patty (606)789-8716
 Assigned To: By: KBC
 System:

Comments:

Customer has sold the home, please read out and lock off.

Thanks

Information From the Field

Old Meter Reading: _____ Old Meter No: D376281 Remote Meter No: _____
 New Meter Reading: 6375 New Meter No: _____ Seal No: _____

Comments:LOCK offUtility Notes: _____ Previous Read: 6375.00000 Date: 05/06/2025Work Done By: Jimmy LawsonDate Completed: 5-30-25

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: 000000010315

Work Order Code & Desc: DIS - DISCONNECT READOUT

Information Assigned by Office

Name: SANDRA MCCOMAS
 Service Id: 66700
 Account No: 66706
 Route: 06 READ SEQ 01010
 Address: 41 WOODLAND ESTATES
 Meter No: B501443
 Sequence No: 01010

Phone No: _____
 Issue Date: 06/02/2025 06:07
 Process Date: 06/02/2025
 Process Time: 06:30 AM
 Requested By: Sandra (304)939-5906
 Assigned To: _____ By: TGK
 System: _____

Comments:

Read out and lock off please. They have sold the home. Thanks!!!

Information From the Field

Old Meter Reading: _____ Old Meter No: B501443 Remote Meter No: _____
 New Meter Reading: 7960 New Meter No: _____ Seal No: _____

Comments:

lock off

Utility Notes: _____

Previous Read: 7956.00000 Date: 05/06/2025Work Done By: Jimmy LawsonDate Completed: ~~2025~~ 6-4-24

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	

Work Order No: 000000010348

Work Order Code & Desc: CKP - CHECK GAS PRESSURE

Information Assigned by Office

Name: SANDRA GOBLE Phone No: (606)367-3411
 Service Id: 66700 Issue Date: 06/05/2025 10:24
 Account No: 66942 Process Date: 06/05/2025
 Route: 06 READ SEQ: 01010 Process Time: 10:30 AM
 Address: 41 WOODLAND ESTATES Requested By: Sandra (606)367-3411
 Meter No: B501443 Assigned To: 02 By: KBC
 Sequence No: 01010 System:

Comments:

Customer said she has no gas, please check meter to see if its working.

Thanks

Information From the Field

Old Meter Reading: _____ Old Meter No: B501443 Remote Meter No: _____
 New Meter Reading: _____ New Meter No: _____ Seal No: _____

Comments:

UN Lock meter
Turn on

Utility Notes: _____ Previous Read: 7956.00000 Date: 05/06/2025Work Done By: Jimmy LawsonDate Completed: 6-6-2025

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		Name of System						
NAVITAS UTILITY/ FORT COBB FUEL AUTHORITY JOB INVOICE		Johnson County						
START DATE: 6-18-25 FINISH DATE: 6-18-25		NEW CONSTRUCTION Y / N						
LOCATION: TAP58		Was this a leak repair? Y / N						
GPS: LAT: LON:		JOB DESCRIPTION						
JOB NAME: TAP58		Install Mercaptan Tank on Tap58						
QTY.	MATERIALS	PART#						
1	Mercaptan Tank	used	WAS MAP UPDATED Y / N					
3	2"X6" Nipples	used						
2	2"X1" Bushing	4005						
4	1"X1/4" Bushing	4002						
2	2" Tee's	used						
1	2" Union	4158						
1	2" Stopcock	4136-2						
2	2"X4" Nipple	4108						
2	2"X8" Nipple	4110						
2	1/4" Ball Valves	4162						
2	1/4"X3" Nipples	4077-3						
4	Elbow 3/8"X1/4"	8004						
6	3/8" Tubing	8009						
			JOB PERFORMANCE					
EMPLOYEE	FUSION	GLUE	pass/fail					
			p / F					
			p / F					
			p / F					
			p / F					
			TYPE OF LEAK TEST					
	DATE	DATE	DATE					
METHOD	6-18-25							
Gas detector	p / F	p / F	p / F					
SOAP	p / F	p / F	p / F					
SIGNATURE	[Signature]							
EFD INFO.	New	or	Replacement					
QTY.	PRE-TESTED MATERIALS	TEST#	PART#					
LABOR & EQUIPMENT HOURS								
Employee, trucks, & equipment.	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
Johnay	6-18-25							
Kevin	4							
Jimmy	4							
Nathan	4							
#7	4							
Jimmy Truck	4							
Nathan's Truck	4							
SIGNATURE: [Signature]		DATE: 6/18/25		1/2/2020		FORM3		



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

2025

Section 1 - Required Information Section for any Telephonic Report Received

Taken by: JL Date: 6/20/25 Time: 2:18 AM (PM)
Info Source: Call / Work Order / Other? Specify: _____
Person reporting or requesting: Rebecca Crawford - Surplus Products
Community: _____ City: _____ County: _____
Street: 133 Skate Rd Address #: _____ Apt #: _____ Zip Code: _____
Phone Number: _____ Cell Phone: 666-789-3504
Nearest Cross Street if no address: _____ @ _____
Location and description of Leak or Damage at above address: Smelling gas in office & Business -

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? 10 min (spark of any kind and to leave any doors)
(used to depart (if inside) open.)
Who dispatched? Jimmy Lawson Time of Dispatch: 2:21 AM / PM

Work Site Evaluation and Observations by Dispatched Technician

Dispatched Person Arrival Time: 3:00 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 @ 4:05 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 was on customer side

Signature of Investigator Jimmy Lawson
Date 6-20-25 Name of System Johnson CO.

ork Order No:

Work Order Code & Desc: -

Information Assigned by Office

Name: Vacant Meter
 Service Id: 22470
 Account No: _____
 Route: 02 READ SEQ: 00049
 Address: Top of HH Gravel Rd
 Meter No: S2369398
 Sequence No: _____

Phone No: _____
 Issue Date: 1/29/2024
 Process Date: _____
 Process Time: _____
 Requested By: Per Thomas
 Assigned To: Jimmy By: _____
 System: Johnson County

Comments:

Pull vacant meter and fill form out below. Email copy to Trenda and Johnny.

Information From the Field

Old Meter Reading: 4964 ~~52369398~~ Old Meter No: S2369398 Remote Meter No: _____
 New Meter Reading: _____ New Meter No: _____ Seal No: _____

Comments:

Pulled Meter

Utility Notes: _____ Previous Read: _____ Date: _____

Work Done By: Jimmy Johnson Date Completed: 6/23/2025

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
4008	1" Caps	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

Work Order Code & Desc: -

Information Ass...

Name: **VACANT**

Service Id: **32640**

Account No: _____

Route: **03** READ SEQ: **00008**

Address: **161 PEA VINE HOLLOW**

Meter No: **14X478591**

Sequence No: _____

Phone No: _____
 Issue Date: _____
 Process Date: _____
 Process Time: _____
 Requested By: PER THOMAS
 Assigned To: JIMMY By: _____

Comments:

PULL VACANT METER AND FILL FORM OUT BELOW. EMAIL FORM TO TRENDIA AND JOHNNY.

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

Comments:

Pulsed Meter

Work Done By:

Date Completed:

Date: _____

Total Labor Charges

Total Equipment Charges

Total Material ChargesTotal Vendor ChargesTotal

Work Order No: 000000010322

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

Information Assigned by Office

Name: SUZANNE COLLINS Phone No: (606)769-3082
 Service Id: 10156 Issue Date: 06/03/2025 12:46
 Account No: 30225 Process Date: 06/03/2025
 Route: 01 READ SEQ: 00070 Process Time: 01:00 PM
 Address: 153 GEORGES BRANCH EAST PT Requested By: (606)769-3082
 Meter No: W953471 Assigned To: 02 By: VK
 Sequence No: 00070 System:

Comments:

Please lock off for nonpayment. Past due \$840.41, total due \$894.54. Last payment 3/5/25

Information From the Field

Old Meter Reading: 1198 Old Meter No: W953471 Remote Meter No: _____
 New Meter Reading: _____ New Meter No: _____ Seal No: _____

Comments:LOCK OFF

Utility Notes:

Previous Read: 1198.00000 Date: 05/06/2025

Work Done By:

Jimmy Laxson

Date Completed:

6-26-25

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: 000000010335

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

Information Assigned by Office

Name: BREEANNA STAPLETON Phone No: (606)367-2580
 Service Id: 33235 Issue Date: 06/03/2025 13:09
 Account No: 33237 Process Date: 06/03/2025
 Route: 03 READ SEQ: 00450 Process Time: 01:30 PM
 Address: 1190 MILLERS CR. RD VAN LEAR Requested By: (606)367-7865
 Meter No: 20P295469 Assigned To: 02 By: VK
 Sequence No: 00450 System:

Comments:

Please lock off for nonpay. Past due \$119.81, total due \$183.72. Last payment 3/12/25

Information From the Field

Old Meter Reading: 982 Old Meter No: 20P295469 Remote Meter No: _____
 New Meter Reading: _____ New Meter No: _____ Seal No: _____

Comments:LOCK OFFUtility Notes: _____ Previous Read: 982.00000 Date: 05/06/2025Work Done By: Jimmy Larson Date Completed: 6-26-25

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: 000000010319

Work Order Code & Desc: RNP - RECONNECT NON

Information Assigned by Office

Name: RUTH BUTCHER Phone No: (606)793-2239
 Service Id: 78087 Issue Date: 06/03/2025 12:40
 Account No: 78087 Process Date: 06/03/2025
 Route: 07 READ SEQ 01310 Process Time: 01:00 PM
 Address: 4399 KY RT. 40 EAST MEALLY Requested By: (606)793-2239
 Meter No: 15C829757 Assigned To: 02 By: VK
 Sequence No: 01310 System:

Comments:

Please lock off for nonpayment. Past due \$323.67, total \$414.97. Last pmt 2/20/25

Information From the Field

Old Meter Reading: _____ Old Meter No: 15C829757 Remote Meter No: _____
 New Meter Reading: 2752 New Meter No: _____ Seal No: _____

Comments:

lock off

Utility Notes: _____ Previous Read: 27⁵¹.00000 Date: 05/06/2025Work Done By: Jimmy Lawson Date Completed: 6-27-25

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: LARISA OWSLEY

Phone No: (606)226-0713

Issue Date: 06/03/2025 13:03

Process Date: 06/03/2025

READ SEQ: 01108

Process Time: 01:30 PM

Requested By: (606)226-0713

Assigned To:

By: VK

System:

Please lock off for nonpay. Past due \$565.15, total due \$770.93. Last payment 3/24/25

Old Meter Reading: 2235

Old Meter No: A798002

Remote Meter No:

New Meter Reading:

New Meter No:

Seal No:

LOCK OFF

Utility Notes:

Previous Read:

Date: 05/06/2025

Work Done By:

Date Completed:

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

Charge Summary	
Labor Charges	
Equipment Charges	
Material Charges	
Vendor Charges	
Total	

Work Order No: 000000010332

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

Information Assigned by Office

Name: DENISE SALYER Phone No: (606)369-4798
 Service Id: 66785 Issue Date: 06/03/2025 13:06
 Account No: 66785A Process Date: 06/03/2025
 Route: 06 READ SEQ 01080 Process Time: 01:30 PM
 Address: 127 PRESTON EST LT-SIDE PAINTSVIL Requested By: (606)369-4798
 Meter No: J342694 Assigned To: 02 By: VK
 Sequence No: 01080 System:

Comments:

Please lock off for nonpay. Past due \$270.44, total due \$297.18. Last payment 3/3/25

Information From the Field

Old Meter Reading: 2839 Old Meter No: J342694 Remote Meter No: _____
 New Meter Reading: _____ New Meter No: _____ Seal No: _____

Comments:

lock off

Utility Notes:

Previous Read: 2839.00000 Date: 05/06/2025Work Done By: Jimmy LawsonDate Completed: 6-27-25

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	

1816
H R

Navitas KY NG, LLC

Work Order

Work Order No: 000000010408

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

Information Assigned by Office

Name: CHARLES MEADE Phone No: (606)424-5079
Service Id: 55805 Issue Date: 07/14/2025 08:36
Account No: 55805 Process Date: 07/14/2025
Route: 05 READ SEQ: 00770 Process Time: 09:00 AM
Address: 375 POWELL ADDTION VAN LEAR Requested By: Pam (606)367-0908
Meter No: W953757 Assigned To: _____ By: TGK
Sequence No: 00770 System: _____

Comments:

Can you check around for a leak please? Their usage has more than doubled. Thanks!!

Information From the Field

Old Meter Reading: 3193 Old Meter No: W953757 Remote Meter No: _____
New Meter Reading: _____ New Meter No: _____ Seal No: _____

Comments:

Leak in Hot water tank

Utility Notes: _____ Previous Read: 3173.00000 Date: 06/30/2025

Work Done By: Jimmy Lawson Date Completed: 7-16-25

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: 000000010478

Work Order Code & Desc: DIS - DISCONNECT READOUT

Information Assigned by Office

Name: LYDIA JOHNSON Phone No: (304)559-1777
 Service Id: 77840 Issue Date: 08/06/2025 06:49
 Account No: 77845 Process Date: 08/06/2025
 Route: 07 READ SEQ: 01270 Process Time: 07:00 AM
 Address: 236 SHORT BRANCH MEALLY Requested By: (304)559-1777
 Meter No: K786013 Assigned To: 02 By: VK
 Sequence No: 01270 System:

Comments:

Please readout and lock off per customer request. She is moving. Thank you.

Information From the Field

Old Meter Reading: 7138 Old Meter No: K786013 Remote Meter No: _____
 New Meter Reading: _____ New Meter No: _____ Seal No: _____

Comments:Lock offUtility Notes: _____ Previous Read: 7125.00000 Date: 06/30/2025Work Done By: Jimmy LawsonDate Completed: 8/7-25

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:

Date:

NAVITAS UTILITY CORPORATION

SERVICE CHECK

NEW SERVICE / RECONNECT / RELIGHT

2025

Call Before Going

Phone # 106-831-6882

Acct. #

77846

Acct. Name

Brandon Carroll

SYSTEM:

Heally

Service I.D.#

77840

Route#

07

Sequence#

01270

Service Address:

234 Short Branch

DATE:

8/20/2025

911 Address:

234 Short Branch

METER INFORMATION

Meter#

7786013

Pressure setting:

4

Oz. / PSI

Proof date

Meter Make/Size

AC-250

Pressure factor

READING

7138

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:

DATE:

Appliances on Gas (BTUs)

Hot water heater

Tankless water heater

Cook stove

Central heat

Ventless heater

Gas fireplace

Clothes dryer

Generator

Total BTUs

Customer service line responsibility sheet: Customer Initials: _____

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

Home entry denied: Customer signature: _____

SERVICEMAN SIGNATURE: Jimmy Larson DATE of completion: 8-20-25

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: _____

Does this qualify for new customer bonus? Y N

Approved by: _____ Date: _____

FORM 6

1/8/2025

Work Order No: 000000010496

Work Order Code & Desc: DIS - DISCONNECT READOUT

Information Assigned by Office

Name: BARBARA GIBSON
 Service Id: 22176
 Account No: 22176A
 Route: 02 READ SEQ 00365
 Address: 48 PARADISE ACRES HAGER HILL
 Meter No: B501442
 Sequence No: 00365

Phone No: (606)367-1616
 Issue Date: 08/25/2025 07:49
 Process Date: 08/25/2025
 Process Time: 08:00 AM
 Requested By: BARBARA (606)367-1616
 Assigned To: 02 By: KBC
 System:

Comments:

Customer has sold the home, please read out and *leave on for new owner.*

Information From the Field

Old Meter Reading: _____ Old Meter No: B501442 Remote Meter No: _____
 New Meter Reading: 185 New Meter No: _____ Seal No: _____

Comments:

Read out

Utility Notes: _____ Previous Read: 170.00000 Date: 08/06/2025

Work Done By: Jimmy Date Completed: 8-26-25

Labor Charges			
Name	Rate	Hours	Amount
Total Labor Charges			

Equipment Charges			
Name	Rate	Hours	Amount
Total Equipment Charges			

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

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

Charge Summary	
Labor Charges	
Equipment Charges	
Material Charges	
Vendor Charges	
Total	

[illegible]

NUC / FCFA PIPELINE UPDATE WORK SHEET

2025

SYSTEM: Johnson County DATE: 9-10-25

LOCATION: Silk Stocking Loop

GPS COORDINATES: LAT: _____ LON: _____

Map update (Yes or No)

☒ PIPELINE RETIREMENT (MAIN () SERVICE (☒)

TYPE OF PIPE: Poly

SIZE OF PIPE: 3/4"

LENGTH OF LINE: 50'

REASON FOR RETIREMENT: No longer in use

WAS LINE PURGED WITH AIR? Y / N % NG 0

() NEW PIPELINE INSTALLATION MAIN () SERVICE ()

TYPE OF PIPE: _____

SIZE OF PIPE: _____

LENGTH OF LINE: _____

CUSTOMER NAME IF SERVICE LINE: _____

WAS LINE PURGED WITH NATURAL GAS? Y / N % NG _____

() PIPELINE REPLACEMENT MAIN () SERVICE ()

TYPE OF EXISTING PIPE: _____

SIZE OF EXISTING PIPE: _____

TYPE OF NEW PIPE: _____

SIZE OF NEW PIPE: _____

LENGTH OF LINE BEING REPLACED: _____

WAS OLD LINE PURGED WITH AIR? Y / N % NG _____

WAS NEW LINE PURGED WITH NATURAL GAS? Y / N % NG _____

RISER INFORMATION

TYPE OF RISER PULLED STEEL / POLY SIZE _____

REPLACEMENT - FROM _____ TO _____

SIGNATURE: _____

1/2/2020

DATE: _____

FORM 4

NAVITAS UTILITIES

2025

NAME OF SYSTEM

FORT COBB FUEL AUTHORITY LLC
CUT LINE REPORT

Johnson County

Date report received: 9-10-25 Time: 1:56 a.m. (p.m.)

Reported by: Abe Aggins Construction

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.: Abe Aggins Construction

Cause of leak: Hit Service line with TRACK hole

Description of leak: Cut 3/4" into

LEAK GRADE: ☒ 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. ☒ POLY () other: _____

Mainline () Serviceline ☒

Size of line: 3/4"

Size of leak: 3/4"

Above ground: ()

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

Beginning pressure: 15 Est. Ending pressure: 15

Time leaking: 5 min

Report filed by: Jimmy Lawson Date: 9-10-25

MCF'S LOST 2

1/2/2020

FORM 2

IF 3RD PARTY EXCAVATION FILL OUT FORM 2A



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

2025

Section 1 - Required Information Section for any Telephonic Report Received

Taken by: Jimmy Date: 9/10/25 Time: 1:56 AM/PM
Info Source: Call/Work Order/Other- Specify: _____
Person reporting or requesting: Abe Aggins Construction
Community: Silk Stocking Loop City: _____ County: Johnson
Street: _____ Address #: _____ Apt #: _____ Zip Code: _____
Phone Number: _____ Cell Phone: 606-401-8220
Nearest Cross Street if no address: _____
Location and description of Leak or Damage at above address: Silk Stocking Street
Hit with Tractor

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? Just Happened (spark of any kind and to leave any doors)
(used to depart (If Inside) open.)
Who dispatched? Jimmy Time of Dispatch: 1:58 AM/PM

Work Site Evaluation and Observations by Dispatched Technician

Dispatched Person Arrival Time: 2:05 AM/PM. Are any AOC's noted? No/Yes: Specify: Hit Line
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 @ 2:30 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:
Abe got into service line that map did not show (appel line
off. checked for leaks No leaks found

Signature of Investigator: Jimmy Lawson
Date: 9-10-25 Name of System: Johnson County

3RD PARTY CUT LINE EXPLANATION

NOTIFICATION ISSUE

- NO NOTIFICATION MADE TO THE ONE CALL CENTER/811 ()
- EXCAVATOR DUG OUTSIDE AREA DESCRIBED ON TICKET ()
- EXCAVATOR DUG PRIOR TO VALID START DATE/TIME ()
- EXCAVATOR DUG AFTER VALID TICKET EXPIRED ()
- EXCAVATOR PROVIDED INCORRECT NOTIFICATION INFORMATION ()

EXCAVATION ISSUE

- EXCAVATOR DUG PRIOR TO VERIFYING MARKS BY TEST HOLE (POTHOLE) ()
- EXCAVATOR FAILED TO MAINTAIN CLEARANCE AFTER VERIFYING MARKS ()
- EXCAVATOR FAILED TO PROTECT/SHORE/SUPPORT FACILITIES ()
 - IMPROPER BACKFILLING PRACTICES ()
 - MARKS FADED OR NOT MAINTAINED ()
- IMPROPER EXCAVATION PRACTICE NOT LISTED ABOVE ()

MISCELLANEOUS ROOT CAUSES

- DETERIORATED FACILITY ()
- ONE CALL CENTER ERROR ()
- PREVIOUS DAMAGE ()
- ROOT CAUSE NOT LISTED ()

LOCATING ISSUE

- FACILITY NOT MARKED DUE TO ABANDONED FACILITY ☒
- FACILITY NOT MARKED DUE TO INCORRECT FACILITY RECORDS/MAPS ()
- FACILITY NOT MARKED DUE TO LOCATOR ERROR ()
- FACILITY NOT MARKED DUE TO NO RESPONSE FROM OPERATOR/CONTRACT LOCATOR ()
- FACILITY NOT MARKED DUE TO INCOMPLETE MARKS AT DAMAGE LOCATION ()
- FACILITY NOT MARKED DUE TO TRACER WIRE ISSUE ()
- FACILITY NOT MARKED DUE TO UNLOCATABLE FACILITY ()
- FACILITY NOT MARKED DUE TO ABANDONED FACILITY ()
- FACILITY MARKED INACCURATELY DUE TO ABANDONED FACILITY ()
- FACILITY MARKED INACCURATELY DUE TO INCORRECT FACILITY RECORDS/MAPS ()
- FACILITY MARKED INACCURATELY DUE TO LOCATE ERROR ()
- FACILITY MARKED INACCURATELY DUE TO TRACER WIRE ISSUE ()

Located by: Jimmy Lawson Date 9-10-25

NAME OF SYSTEM:

Johnson County

2025

AOC___ LINE PATROL___ 3 YEAR SURVEY___ 5 YEAR SUREVY___

LANDOWNER:_____ PHONE:_____

Date: 9-10-25 Inspector: Jimmy Area Marked: YES___ NO X

Location: _____

Above Ground: [] Under Ground: X Leak Status: Hazardous: X Non-hazardous: ___

Nearest Building: 150 ft. Leak Class: 1 Service: X Main: _____

Was Bar Hole Test Performed? Yes___ No X

Cause of leak: 3rd Party

Natural forces() Excavation 1st Party: () Excavation 3rd Party: (X) Outside force: () Mat. or weld: () Equipment: ()

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

REPAIR REPORT

Type & size of pipe: Steel___ PVC___ PE 3/4"

Year pipe installed: 80's

Navitas locate request: Yes___ No X

CGI reading in ditch 0

North

Pipe condition:

External: smooth X badly pitted___ flaking___ deteriorated___ bubble___

Internal: smooth X badly pitted___ flaking___ deteriorated___ bubble___

Existing pipe info. _____ Photo: Yes___ No___

Repair crew: Jimmy Johnny Steven

Report filed by: Johnny Date: 9-10-25

FORM 1

Work Order No: 000000010387

Work Order Code & Desc: DIS - DISCONNECT READOUT

Information Assigned by Office

Name: _____
 Service Id: 55550
 Account No: _____
 Route: 05 READ SEQ: 00705
 Address: 28 ESTEP COURT VAN LEAR
 Meter No: H219821
 Sequence No: 00705

Phone No: _____
 Issue Date: 07/01/2025 11:29
 Process Date: 07/01/2025
 Process Time: 11:30 AM
 Requested By: Johnny
 Assigned To: 02 By: KBC
 System: _____

Comments:

Pull meter and regulator.

Information From the Field

Old Meter Reading: _____ Old Meter No: H219821 Remote Meter No: _____
 New Meter Reading: _____ New Meter No: _____ Seal No: _____

Comments:

SOMEONE IS LIVING THERE. THEY WAS SUPPOSED TO SEND IN SERVICE AGREEMENT BUT NEVER DID. TURNED METER OFF AND LOCKED.

Utility Notes: _____ Previous Read: 508.00000 Date: 03/24/2025

Work Done By: JOHNNY, JIMMY, STEVEN Date Completed: 9/10/2025

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	