



**LEAKAGE CONTROL REPORT
FIELD SURVEY**

Page No. _____

Date 10-25-12

State (Circle Status) Pos. Neg.

Leak Indication Classification (Circle Leak Indication)

TIME REPORTED 11:15

1 LEAK ONLY

Company Martin Contracting District _____

City Tompkinsville State KY

Nearest Street Address _____

Kiyi Avenue, 191nd Main St

TYPE OF GAS

Natural	<input checked="" type="checkbox"/>
Manuf.	<input type="checkbox"/>
L.P.	<input type="checkbox"/>
Other	<input type="checkbox"/>

LEAK INDICATION FIRST DETECTED (AT) (IN) (BY)

Atmosphere	<input checked="" type="checkbox"/>
Bar Hole Test	<input type="checkbox"/>
Man Hole	<input type="checkbox"/>
Pit (Reg. or Meter)	<input type="checkbox"/>
Valve Box	<input type="checkbox"/>
Main Valve	<input type="checkbox"/>
Curb Valve	<input type="checkbox"/>
Meter Box	<input type="checkbox"/>
Underground Fuel Tank	<input type="checkbox"/>
Selected Test	<input type="checkbox"/>

METHOD OF SURVEY

Vegetation	<input type="checkbox"/>
Portable FI	<input checked="" type="checkbox"/>
Mobile FI	<input type="checkbox"/>
Bar Hole	<input type="checkbox"/>
Other	<input type="checkbox"/>

LEAK INDICATION APPEARS TO BE AT:

Main	<input checked="" type="checkbox"/>
Service	<input type="checkbox"/>
Service Tap	<input type="checkbox"/>
Main At Tie In	<input type="checkbox"/>
Drip	<input type="checkbox"/>
Meter	<input type="checkbox"/>
Curb Valve	<input type="checkbox"/>
Main Valve	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

PIPE DESIGNATION

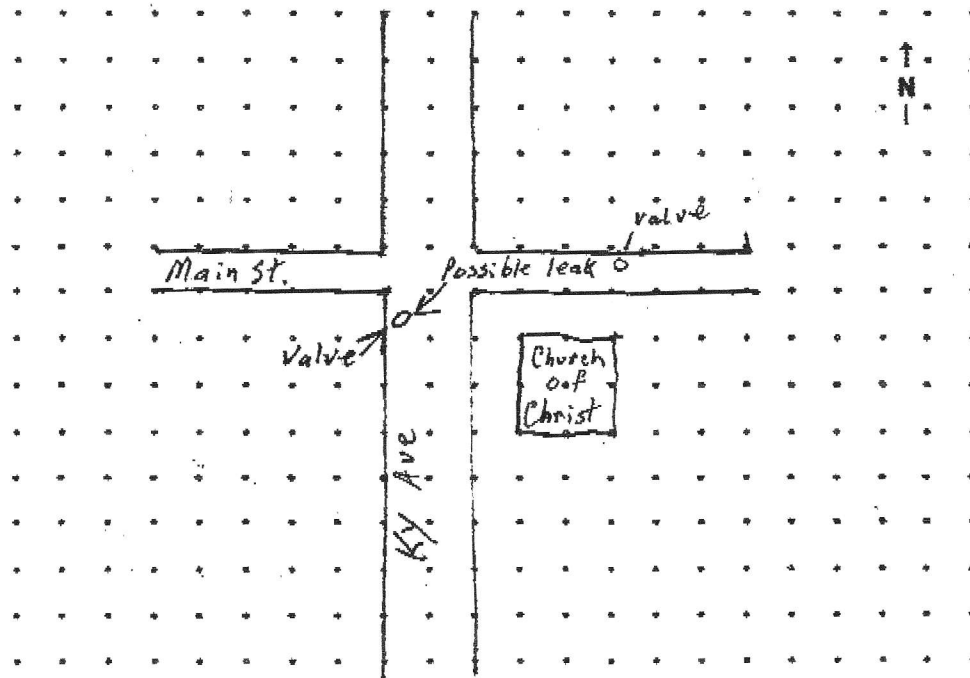
Distribution	<input checked="" type="checkbox"/>
Transmission	<input type="checkbox"/>
Gathering	<input type="checkbox"/>
Other	<input type="checkbox"/>

PRESSURE

High	<input type="checkbox"/>
Intermediate	<input checked="" type="checkbox"/>
Low	<input type="checkbox"/>

CGI TEST

Positive	<input checked="" type="checkbox"/>
Negative	<input type="checkbox"/>



LEAK INDICATION (Vegetation Only)

Trees	<input type="checkbox"/>
Shrubs	<input type="checkbox"/>
Grass	<input type="checkbox"/>
Lawn	<input type="checkbox"/>
Weeds	<input type="checkbox"/>
Odor	<input type="checkbox"/>
Other	<input type="checkbox"/>

LOCATION OF PIPE

Street	<input checked="" type="checkbox"/>
Between St. & Sidewalk	<input type="checkbox"/>
Under Sidewalk	<input type="checkbox"/>
Lawn	<input type="checkbox"/>
Easement	<input type="checkbox"/>
R.O.W.	<input type="checkbox"/>
Other	<input type="checkbox"/>

Remarks _____

COVER

Concrete	<input type="checkbox"/>
Asphalt	<input checked="" type="checkbox"/>
Brick	<input type="checkbox"/>
Gravel	<input type="checkbox"/>
Soil	<input type="checkbox"/>
Other	<input type="checkbox"/>



**LEAKAGE CONTROL REPORT
FIELD SURVEY**

Page No. _____

Date 10-25-12

States (Circle State) Pos. Neg.

Leak Indication Classification (Circle Leak Indication)

1 2 **3**

TIME REPORTED 12:50 PM

1 LEAK ONLY

Company Martin Contracting

District _____

City Tompkinsville

State KY

Nearest Street Address _____

1101 Columbia Terrace Apts. 11 Columbia Avenue

TYPE OF GAS	
Natural	<input checked="" type="checkbox"/>
Manuf.	<input type="checkbox"/>
L.P.	<input type="checkbox"/>
Other	<input type="checkbox"/>

LEAK INDICATION FIRST DETECTED (AT) (IN) (BY)		
Atmosphere	<input checked="" type="checkbox"/>	
Bar Hole Test	<input type="checkbox"/>	
Man Hole	<input type="checkbox"/>	
Pft (Reg. or Meter)	<input type="checkbox"/>	
Valve Box	<input type="checkbox"/>	
Main Valve	<input type="checkbox"/>	
Curb Valve	<input type="checkbox"/>	
Meter Box	<input type="checkbox"/>	
Underground Fuel Tank	<input type="checkbox"/>	
Selected Test	<input type="checkbox"/>	

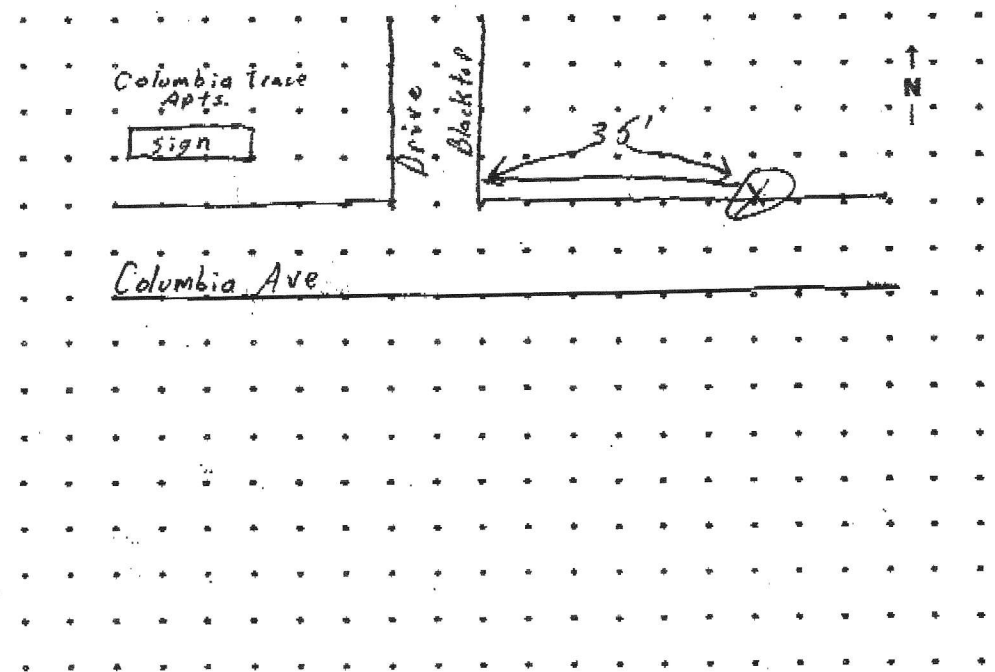
METHOD OF SURVEY	
Vegetation	<input type="checkbox"/>
Portable FI	<input checked="" type="checkbox"/>
Mobile FI	<input type="checkbox"/>
Bar Hole	<input type="checkbox"/>
Other	<input type="checkbox"/>

LEAK INDICATION APPEARS TO BE AT:	
Main	<input checked="" type="checkbox"/>
Service	<input type="checkbox"/>
Service Tap	<input type="checkbox"/>
Main At Tie In	<input type="checkbox"/>
Drip	<input type="checkbox"/>
Meter	<input type="checkbox"/>
Curb Valve	<input type="checkbox"/>
Main Valve	<input type="checkbox"/>
Other	<input type="checkbox"/>

PIPE DESIGNATION	
Distribution	<input checked="" type="checkbox"/>
Transmission	<input type="checkbox"/>
Gathering	<input type="checkbox"/>
Other	<input type="checkbox"/>

PRESSURE	
High	<input type="checkbox"/>
Intermediate	<input checked="" type="checkbox"/>
Low	<input type="checkbox"/>

CGI TEST	
Positive	<input type="checkbox"/>
Negative	<input type="checkbox"/>



LEAK INDICATION (Vegetation Only)	
Trees	<input type="checkbox"/>
Shrubs	<input type="checkbox"/>
Grass	<input type="checkbox"/>
Lawn	<input type="checkbox"/>
Weeds	<input type="checkbox"/>
Odor	<input type="checkbox"/>
Other	<input type="checkbox"/>

LOCATION OF PIPE	
Street	<input checked="" type="checkbox"/>
Between St. & Sidewalk	<input type="checkbox"/>
Under Sidewalk	<input type="checkbox"/>
Lawn	<input type="checkbox"/>
Easement	<input type="checkbox"/>
R.O.W.	<input type="checkbox"/>
Other	<input type="checkbox"/>

Remarks _____

COVER	
Concrete	<input type="checkbox"/>
Asphalt	<input checked="" type="checkbox"/>
Brick	<input type="checkbox"/>
Gravel	<input type="checkbox"/>
Soil	<input type="checkbox"/>
Other	<input type="checkbox"/>



LEAKAGE CONTROL REPORT
FIELD SURVEY

Page No. _____

Date 11-4-12

Status (Circle Status) Pos. Neg.

Leak Indication Classification (Circle Leak Indication)
1 2 3

TIME REPORTED 8:30 AM

1 LEAK ONLY

Company Martin Contracting

District _____

City Tompkinsville

State Ky

Nearest Street Address

904 Pearl St

TYPE OF GAS	
Natural	<input checked="" type="checkbox"/>
Manuf.	<input type="checkbox"/>
L.P.	<input type="checkbox"/>
Other	<input type="checkbox"/>

LEAK INDICATION FIRST DETECTED (AT) (IN) (BY)		
Atmosphere	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bar Hole Test	<input type="checkbox"/>	<input type="checkbox"/>
Man Hole	<input type="checkbox"/>	<input type="checkbox"/>
Pit (Reg. or Meter)	<input type="checkbox"/>	<input type="checkbox"/>
Valve Box	<input type="checkbox"/>	<input type="checkbox"/>
Main Valve	<input type="checkbox"/>	<input type="checkbox"/>
Curb Valve	<input type="checkbox"/>	<input type="checkbox"/>
Meter Box	<input type="checkbox"/>	<input type="checkbox"/>
Underground Fuel Tank	<input type="checkbox"/>	<input type="checkbox"/>
Selected Test	<input type="checkbox"/>	<input type="checkbox"/>

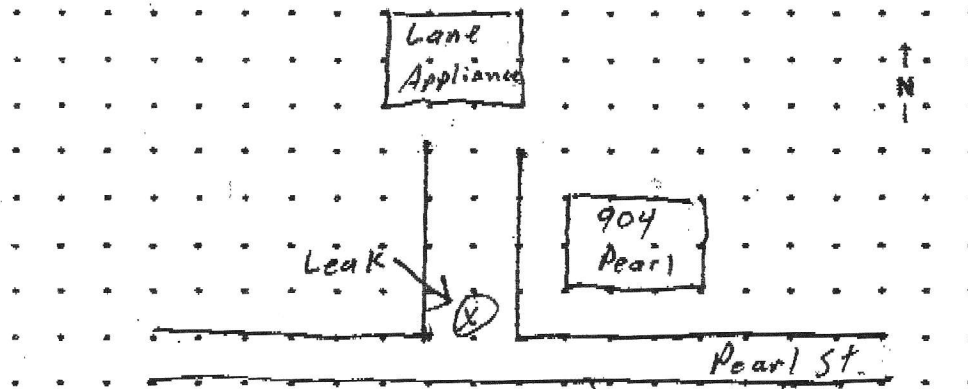
METHOD OF SURVEY	
Vegetation	<input type="checkbox"/>
Portable FI	<input checked="" type="checkbox"/>
Mobile FI	<input type="checkbox"/>
Bar Hole	<input type="checkbox"/>
Other	<input type="checkbox"/>

LEAK INDICATION APPEARS TO BE AT:	
Main	<input checked="" type="checkbox"/>
Service	<input type="checkbox"/>
Service Tap	<input type="checkbox"/>
Main At Tie In	<input type="checkbox"/>
Drip	<input type="checkbox"/>
Meter	<input type="checkbox"/>
Curb Valve	<input type="checkbox"/>
Main Valve	<input type="checkbox"/>
Other	<input type="checkbox"/>

PIPE DESIGNATION	
Distribution	<input checked="" type="checkbox"/>
Transmission	<input type="checkbox"/>
Gathering	<input type="checkbox"/>
Other	<input type="checkbox"/>

PRESSURE	
High	<input type="checkbox"/>
Intermediate	<input checked="" type="checkbox"/>
Low	<input type="checkbox"/>

CGI TEST	
Positive	<input type="checkbox"/>
Negative	<input type="checkbox"/>



LEAK INDICATION (Vegetation Only)	
Tree	<input type="checkbox"/>
Shrubs	<input type="checkbox"/>
Grass	<input type="checkbox"/>
Lawn	<input type="checkbox"/>
Woods	<input type="checkbox"/>
Odor	<input type="checkbox"/>
Other	<input type="checkbox"/>

LOCATION OF PIPE	
Street	<input checked="" type="checkbox"/>
Between St. & Sidewalk	<input type="checkbox"/>
Under Sidewalk	<input type="checkbox"/>
Lawn	<input type="checkbox"/>
Easement	<input type="checkbox"/>
R.O.W.	<input type="checkbox"/>
Other	<input type="checkbox"/>

Remarks

COVER	
Concrete	<input type="checkbox"/>
Asphalt	<input checked="" type="checkbox"/>
Brick	<input type="checkbox"/>
Gravel	<input type="checkbox"/>
Soil	<input type="checkbox"/>
Other	<input type="checkbox"/>



LEAKAGE CONTROL REPORT
FIELD SURVEY

Page No. _____

Date 11-4-12

Status (Circle Status) Pos. Neg.

Leak Indication Classification (Circle Leak Indication)

1 2 **3**

TIME REPORTED 10:15 Am

1 LEAK ONLY

Company Martin Contracting District _____

City Tompkinsville Ky State Ky

Nearest Street Address

Whittier St. Back Drive of IGA, 3011 Union Ave

TYPE OF GAS	
Natural	<input checked="" type="checkbox"/>
Manuf.	<input type="checkbox"/>
L.P.	<input type="checkbox"/>
Other	<input type="checkbox"/>

LEAK INDICATION FIRST DETECTED (AT) (IN) (BY)		
Atmosphere	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bar Hole Test	<input type="checkbox"/>	<input type="checkbox"/>
Man Hole	<input type="checkbox"/>	<input type="checkbox"/>
Pit (Reg. or Meter)	<input type="checkbox"/>	<input type="checkbox"/>
Valve Box	<input type="checkbox"/>	<input type="checkbox"/>
Main Valve	<input type="checkbox"/>	<input type="checkbox"/>
Curb Valve	<input type="checkbox"/>	<input type="checkbox"/>
Meter Box	<input type="checkbox"/>	<input type="checkbox"/>
Underground Fuel Tank	<input type="checkbox"/>	<input type="checkbox"/>
Selected Test	<input type="checkbox"/>	<input type="checkbox"/>

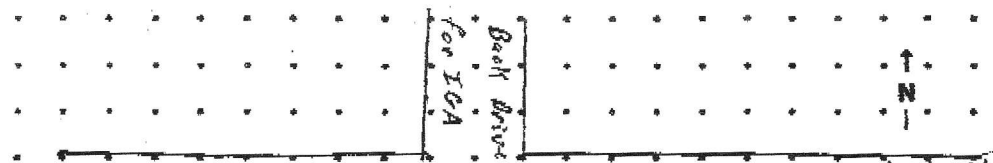
METHOD OF SURVEY	
Vegetation	<input type="checkbox"/>
Portable F I	<input checked="" type="checkbox"/>
Mobile F I	<input type="checkbox"/>
Bar Hole	<input type="checkbox"/>
Other	<input type="checkbox"/>

LEAK INDICATION APPEARS TO BE AT:	
Main	<input checked="" type="checkbox"/>
Service	<input type="checkbox"/>
Service Tap	<input type="checkbox"/>
Main At Tie In	<input type="checkbox"/>
Drip	<input type="checkbox"/>
Meter	<input type="checkbox"/>
Curb Valve	<input type="checkbox"/>
Main Valve	<input type="checkbox"/>
Other	<input type="checkbox"/>

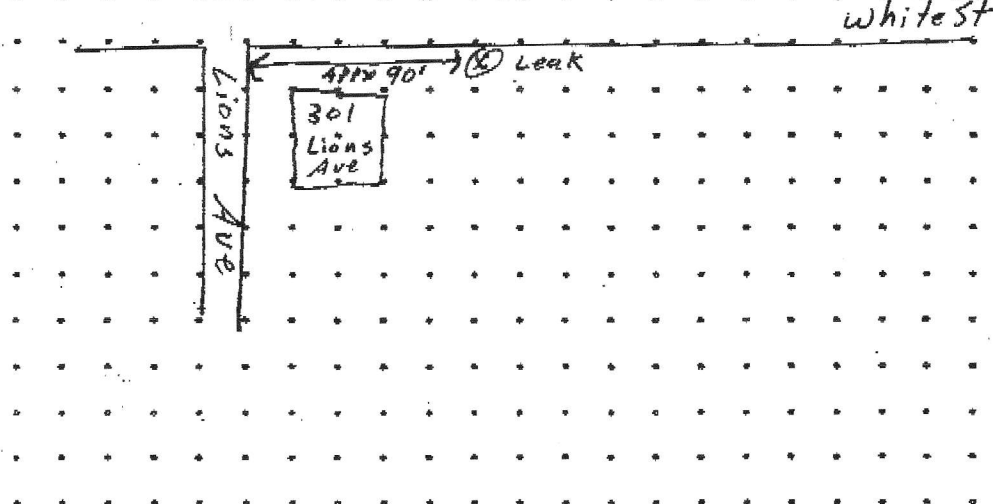
PIPE DESIGNATION	
Distribution	<input checked="" type="checkbox"/>
Transmission	<input type="checkbox"/>
Gathering	<input type="checkbox"/>
Other	<input type="checkbox"/>

PRESSURE	
High	<input type="checkbox"/>
Intermediate	<input checked="" type="checkbox"/>
Low	<input type="checkbox"/>

CGI TEST	
Positive	<input type="checkbox"/>
Negative	<input type="checkbox"/>



LEAK INDICATION (Vegetation Only)	
Trees	<input type="checkbox"/>
Shrubs	<input type="checkbox"/>
Grass	<input type="checkbox"/>
Lawn	<input type="checkbox"/>
Weeds	<input type="checkbox"/>
Odor	<input type="checkbox"/>
Other	<input type="checkbox"/>



LOCATION OF PIPE	
Street	<input checked="" type="checkbox"/>
Between St. & Sidewalk	<input type="checkbox"/>
Under Sidewalk	<input type="checkbox"/>
Lawn	<input type="checkbox"/>
Easement	<input type="checkbox"/>
R.O.W.	<input type="checkbox"/>
Other	<input type="checkbox"/>

Remarks

COVER	
Concrete	<input type="checkbox"/>
Asphalt	<input checked="" type="checkbox"/>
Brick	<input type="checkbox"/>
Gravel	<input type="checkbox"/>
Soil	<input type="checkbox"/>
Other	<input type="checkbox"/>



**LEAKAGE CONTROL REPORT
FIELD SURVEY**

Page No. _____

Date 11-6-12

Status (Circle Status) Pos. Neg.

Leak Indication Classification (Circle Leak Indication)

1 (2) 3

TIME REPORTED 9:15 AM

1 LEAK ONLY

Company Martin Contracting

District _____

City Tompkinsville

State Ky

Nearest Street Address _____

515151st, Dir. 14, North St

TYPE OF GAS

Natural	<input checked="" type="checkbox"/>
Manuf.	<input type="checkbox"/>
L.P.	<input type="checkbox"/>
Other	<input type="checkbox"/>

LEAK INDICATION FIRST DETECTED (AT) (IN) (BY)

Atmosphere	<input checked="" type="checkbox"/>
Bar Hole Test	<input type="checkbox"/>
Man Hole	<input type="checkbox"/>
Pit (Reg. or Meter)	<input type="checkbox"/>
Valve Box	<input type="checkbox"/>
Main Valve	<input type="checkbox"/>
Curb Valve	<input type="checkbox"/>
Meter Box	<input type="checkbox"/>
Underground Fuel Tank	<input type="checkbox"/>
Selected Test	<input type="checkbox"/>

METHOD OF SURVEY

Vegetation	<input type="checkbox"/>
Portable F I	<input checked="" type="checkbox"/>
Mobile F I	<input type="checkbox"/>
Bar Hole	<input type="checkbox"/>
Other	<input type="checkbox"/>

LEAK INDICATION APPEARS TO BE AT:

Main	<input checked="" type="checkbox"/>
Service	<input type="checkbox"/>
Service Tap	<input type="checkbox"/>
Main At Tie In	<input type="checkbox"/>
Drip	<input type="checkbox"/>
Meter	<input type="checkbox"/>
Curb Valve	<input type="checkbox"/>
Main Valve	<input type="checkbox"/>
Other	<input type="checkbox"/>

PIPE DESIGNATION

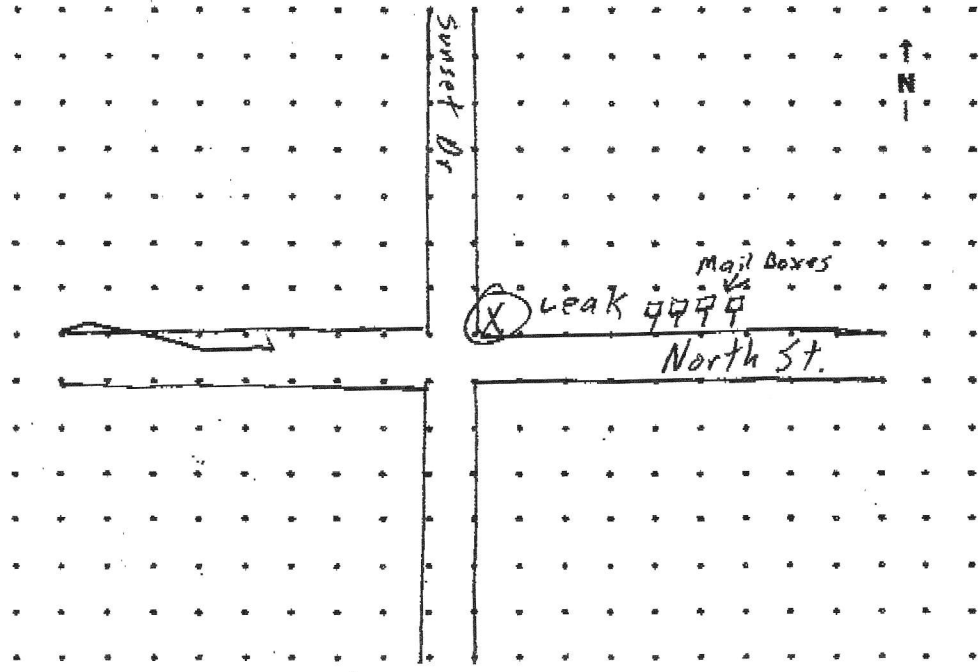
Distribution	<input checked="" type="checkbox"/>
Transmission	<input type="checkbox"/>
Gathering	<input type="checkbox"/>
Other	<input type="checkbox"/>

PRESSURE

High	<input type="checkbox"/>
Intermediate	<input checked="" type="checkbox"/>
Low	<input type="checkbox"/>

CGI TEST

Positive	<input checked="" type="checkbox"/>
Negative	<input type="checkbox"/>



LEAK INDICATION (Vegetation Only)

Trees	<input type="checkbox"/>
Shrubs	<input type="checkbox"/>
Grass	<input type="checkbox"/>
Lawn	<input type="checkbox"/>
Weeds	<input type="checkbox"/>
Odor	<input type="checkbox"/>
Other	<input type="checkbox"/>

LOCATION OF PIPE

Street	<input type="checkbox"/>
Between St. & Sidewalk	<input type="checkbox"/>
Under Sidewalk	<input type="checkbox"/>
Lawn	<input type="checkbox"/>
Easement	<input type="checkbox"/>
R.O.W.	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>

Remarks _____

COVER

Concrete	<input type="checkbox"/>
Asphalt	<input type="checkbox"/>
Brick	<input type="checkbox"/>
Gravel	<input type="checkbox"/>
Soil	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>



**LEAKAGE CONTROL REPORT
FIELD SURVEY**

Page No. _____
 Date 11-6-17
 Status (Circle Status) Pos. Neg.
 Leak Indication Classification (Circle Leak Indication)
 1 ② 3
 TIME REPORTED 1:40 PM
 1 LEAK ONLY

Company Martin Contracting District _____
 City Tompkinsville State Ky
 Nearest Street Address _____

Tompkinsville Inn North Main

TYPE OF GAS	
Natural	<input checked="" type="checkbox"/>
Manuf.	<input type="checkbox"/>
L.P.	<input type="checkbox"/>
Other	<input type="checkbox"/>

LEAK INDICATION FIRST DETECTED (AT) (IN) (BY)	
Atmosphere	<input type="checkbox"/>
Bar Hole Test	<input type="checkbox"/>
Man Hole	<input type="checkbox"/>
Pit (Reg. or Meter)	<input type="checkbox"/>
Valve Box	<input checked="" type="checkbox"/>
Main Valve	<input type="checkbox"/>
Curb Valve	<input type="checkbox"/>
Meter Box	<input type="checkbox"/>
Underground Fuel Tank	<input type="checkbox"/>
Selected Test	<input type="checkbox"/>

METHOD OF SURVEY	
Vegetation	<input type="checkbox"/>
Portable F I	<input checked="" type="checkbox"/>
Mobile F I	<input type="checkbox"/>
Bar Hole	<input type="checkbox"/>
Other	<input type="checkbox"/>

LEAK INDICATION APPEARS TO BE AT:	
Main	<input checked="" type="checkbox"/>
Service	<input type="checkbox"/>
Service Tap	<input type="checkbox"/>
Main At Tie In	<input type="checkbox"/>
Drip	<input type="checkbox"/>
Meter	<input type="checkbox"/>
Curb Valve	<input type="checkbox"/>
Main Valve	<input type="checkbox"/>
Other	<input type="checkbox"/>

PIPE DESIGNATION	
Distribution	<input checked="" type="checkbox"/>
Transmission	<input type="checkbox"/>
Gathering	<input type="checkbox"/>
Other	<input type="checkbox"/>

PRESSURE	
High	<input type="checkbox"/>
Intermediate	<input checked="" type="checkbox"/>
Low	<input type="checkbox"/>

CGI TEST	
Positive	<input type="checkbox"/>
Negative	<input type="checkbox"/>

LEAK INDICATION (Vegetation Only)	
Trees	<input type="checkbox"/>
Shrubs	<input type="checkbox"/>
Grass	<input type="checkbox"/>
Lawn	<input type="checkbox"/>
Weeds	<input type="checkbox"/>
Odor	<input type="checkbox"/>
Other	<input type="checkbox"/>

LOCATION OF PIPE	
Street	<input type="checkbox"/>
Between St. & Sidewalk	<input type="checkbox"/>
Under Sidewalk	<input type="checkbox"/>
Lawn	<input type="checkbox"/>
Encroachment	<input type="checkbox"/>
R.O.W.	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

COVER	
Concrete	<input type="checkbox"/>
Asphalt	<input type="checkbox"/>
Brick	<input type="checkbox"/>
Gravel	<input type="checkbox"/>
Soil	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Grid area with handwritten notes:

- Box: Tompkinsville INN
- Arrow pointing up: N
- Circle with 'O': Tompkinsville Inn Sign
- Circle with 'X': Valve
- Circle with 'OK': utility pole
- Horizontal line: sidewalk
- Horizontal line: N. Main

Remarks

