



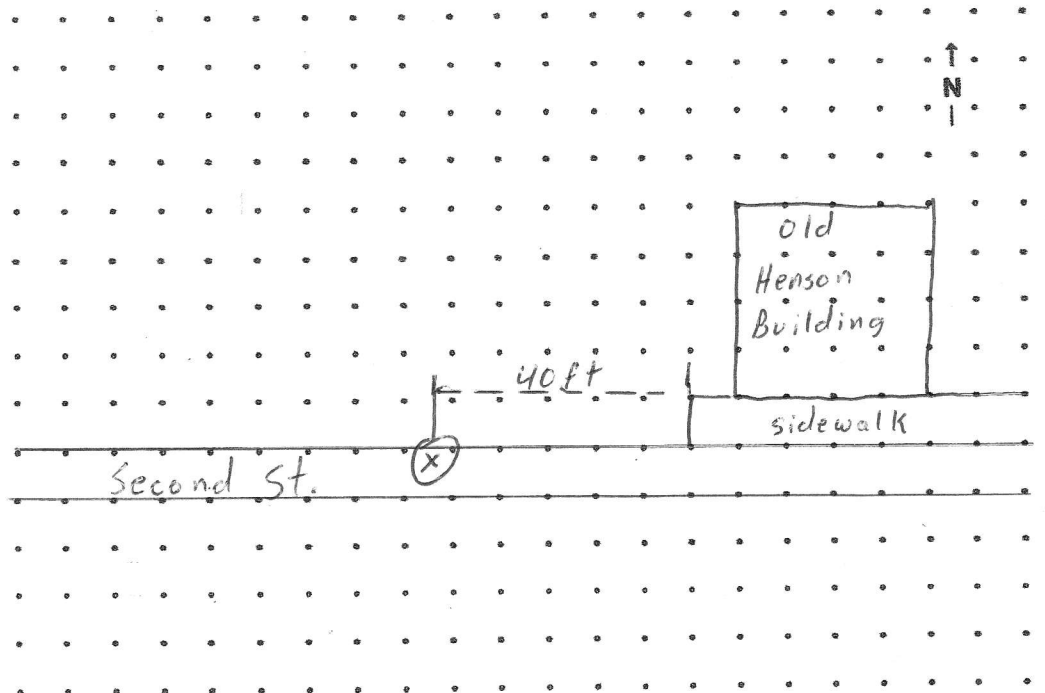
**LEAKAGE CONTROL REPORT
FIELD SURVEY**

Page No. 1
 Date 9-17-12
 Status (Circle Status) Pos. Neg.
 Leak Indication Classification (Circle Leak Indication)
 1 ② 3
 TIME REPORTED 7:10 AM
 1 LEAK ONLY

Company _____ District _____
 City Tampkinsville State Ky
 Nearest Street Address _____

Second Street, "Old Henson Building"

TYPE OF GAS		LEAK INDICATION FIRST DETECTED (AT) (IN) (BY)			METHOD OF SURVEY		LEAK INDICATION APPEARS TO BE AT:	
Natural	<input checked="" type="checkbox"/>	Atmosphere			Vegetation		Main	<input checked="" type="checkbox"/>
Manuf.	<input type="checkbox"/>	Bar Hole Test			Portable F I	<input checked="" type="checkbox"/>	Service	<input type="checkbox"/>
L.P.	<input type="checkbox"/>	Man Hole			Mobile F I	<input type="checkbox"/>	Service Tap	<input type="checkbox"/>
Other	<input type="checkbox"/>	Pit (Reg. or Meter)			Bar Hole	<input type="checkbox"/>	Main At Tie In	<input type="checkbox"/>
PIPE DESIGNATION		Valve Box			Other	<input type="checkbox"/>	Drip	<input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Main Valve			PRESSURE		Meter	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Curb Valve			High	<input type="checkbox"/>	Curb Valve	<input type="checkbox"/>
Gathering	<input type="checkbox"/>	Meter Box			Intermediate	<input checked="" type="checkbox"/>	Main Valve	<input type="checkbox"/>
Other	<input type="checkbox"/>	Underground Fuel Tank			Low	<input type="checkbox"/>	Other	<input type="checkbox"/>
		Selected Test					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"/>



Page No. 1

Date 9-12-12

Status (Circle Status) Pos. Neg.

Leak Indication Classification (Circle Leak Indication)

TIME REPORTED 7:30 AM

1 LEAK ONLY

**LEAKAGE CONTROL REPORT
FIELD SURVEY**

Company _____ District _____

City Tompkinsville State KY

Nearest Street Address

1,021-21,2 W 4th Street

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 checked="" type="checkbox"/>
Man Hole	<input checked="" 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

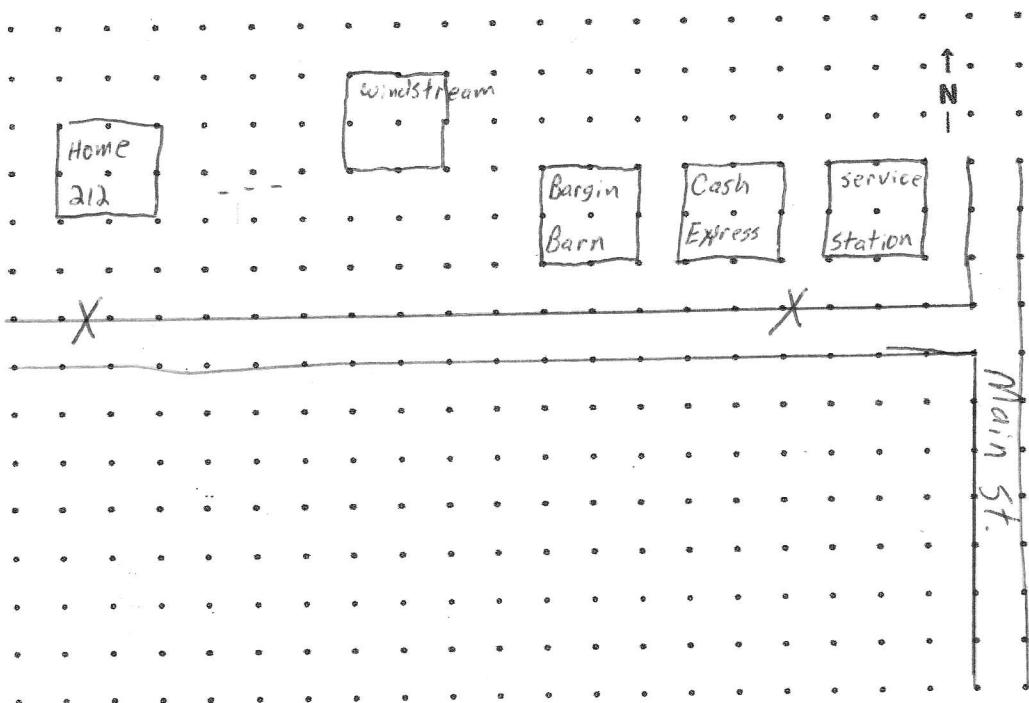
Distribution	<input checked="" type="checkbox"/>
Transmission	<input type="checkbox"/>
Gathering	<input type="checkbox"/>
Other	<input type="checkbox"/>

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 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"/>



Page No. 1

Date 9-12-12

Status (Circle Status) Pos. Neg.

Leak Indication Classification (Circle Leak Indication)
 1 2 3

TIME REPORTED _____
 1 LEAK ONLY

**LEAKAGE CONTROL REPORT
 FIELD SURVEY**

Company _____ District _____
 City Tompkinsville State KY
 Nearest Street Address _____

Corner of Jackson and Third

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

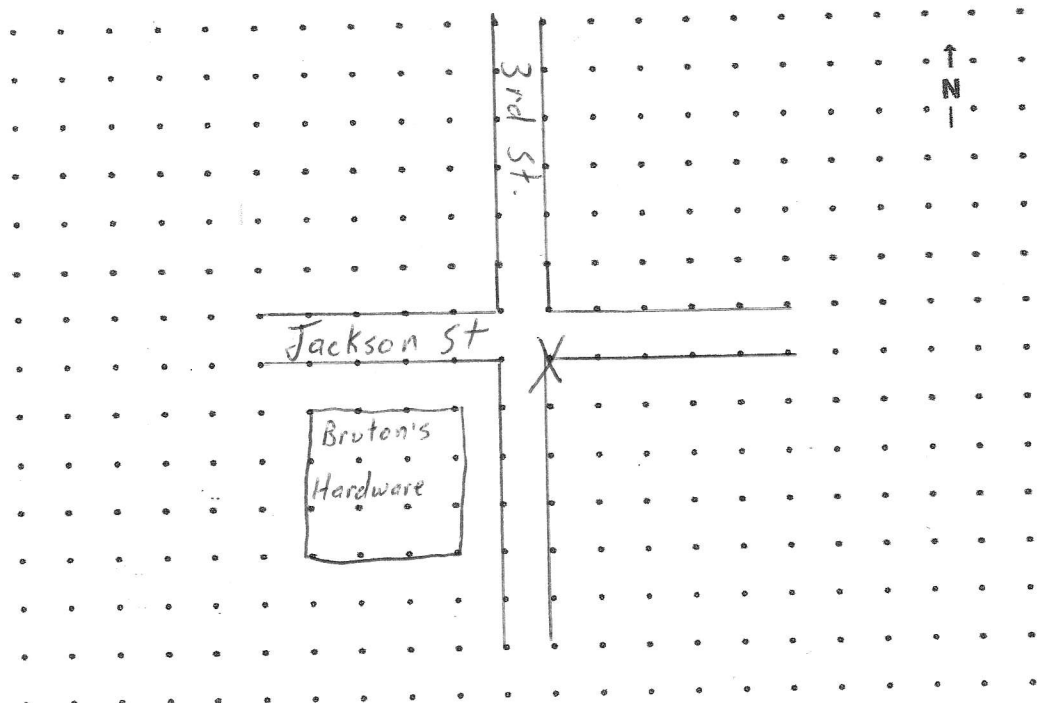
Distribution	<input checked="" type="checkbox"/>
Transmission	<input type="checkbox"/>
Gathering	<input type="checkbox"/>
Other	<input type="checkbox"/>

PRESSURE

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

CGI TEST

Positive	<input 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"/>

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"/>

Remarks _____



Page No. 2
 Date _____
 Status (Circle Status) Pos. Neg.
 Leak Indication Classification (Circle Leak Indication)
 1 2 **3**
 TIME REPORTED 10:00 AM
 1 LEAK ONLY

**LEAKAGE CONTROL REPORT
 FIELD SURVEY**

Company _____ District _____
 City Tompkinsville, Ky State KY
 Nearest Street Address _____

307 Jackson 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"/>

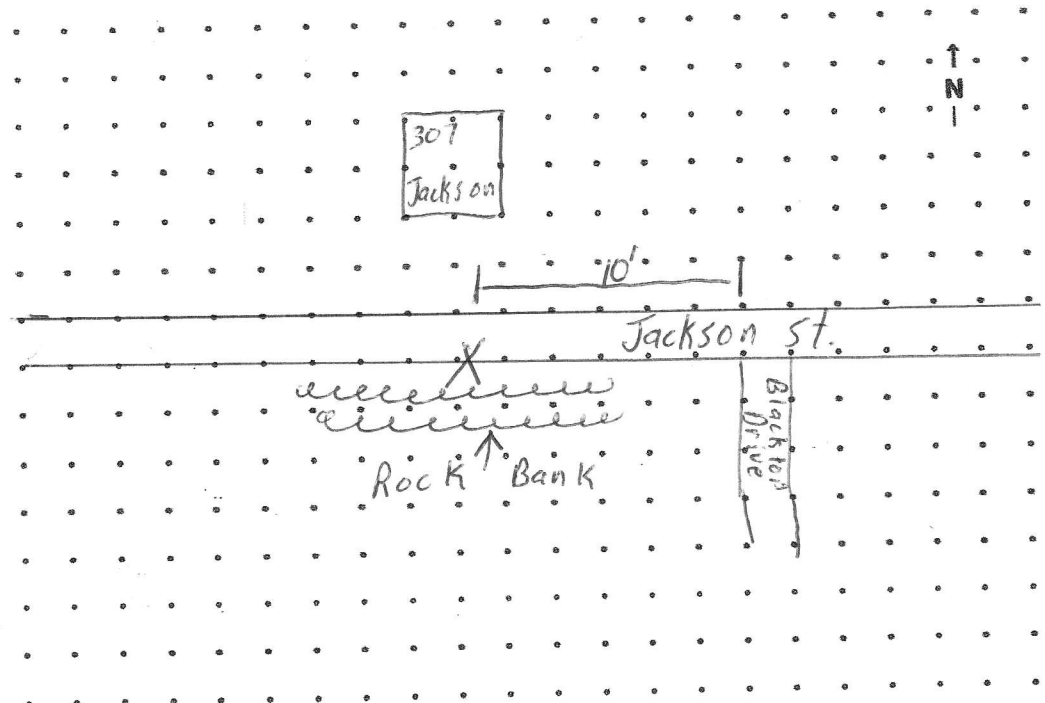
METHOD OF SURVEY	
Vegetation	<input checked="" type="checkbox"/>
Portable F I	<input type="checkbox"/>
Mobile F I	<input type="checkbox"/>
Bar Hole	<input type="checkbox"/>
Other	<input type="checkbox"/>

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"/>



Page No. 2

Date 9-12-12

Status (Circle Status) Pos. Neg.

Leak Indication Classification (Circle Leak Indication)

TIME REPORTED 1 2 3 1:15 P.M.

1 LEAK ONLY

**LEAKAGE CONTROL REPORT
FIELD SURVEY**

Company _____ District _____
 City Tompkinsville State KY
 Nearest Street Address _____

Jackson St. Apartments

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"/>

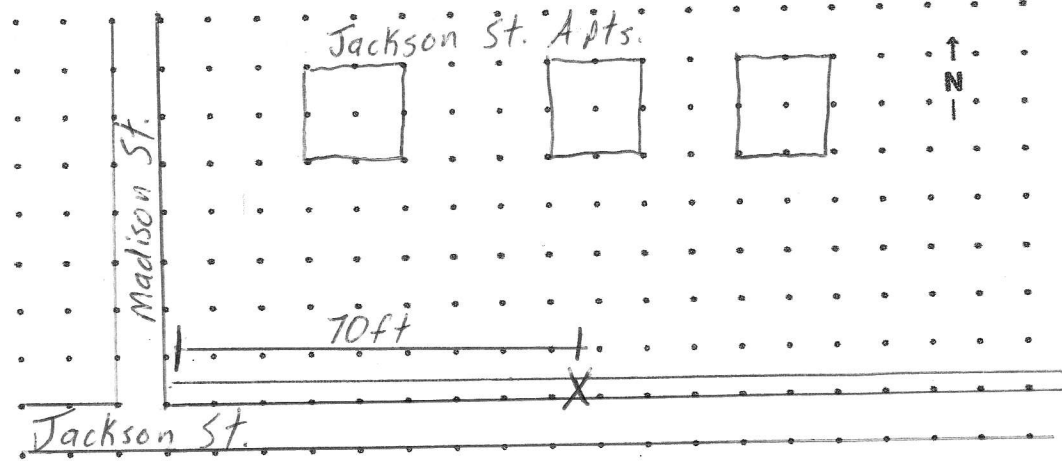
METHOD OF SURVEY	
Vegetation	<input type="checkbox"/>
Portable F I	<input checked="" type="checkbox"/>
Mobile F I	<input type="checkbox"/>
Bar Hole	<input type="checkbox"/>
Other	<input type="checkbox"/>

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 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 checked="" type="checkbox"/>
Lawn	<input type="checkbox"/>
Easement	<input type="checkbox"/>
R.O.W.	<input type="checkbox"/>
Other	<input type="checkbox"/>

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

Remarks _____



Page No. 2

Date 9-12-12

Status (Circle Status) Pos. Neg.

Leak Indication Classification (Circle Leak Indication)

1 2 3
TIME REPORTED 1:45 P.M.

1 LEAK ONLY

LEAKAGE CONTROL REPORT
FIELD SURVEY

Company _____ District _____

City Tompkinsville State KY
Nearest Street Address _____

Interconnection of Cemetery at Jackson 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 checked="" 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"/>

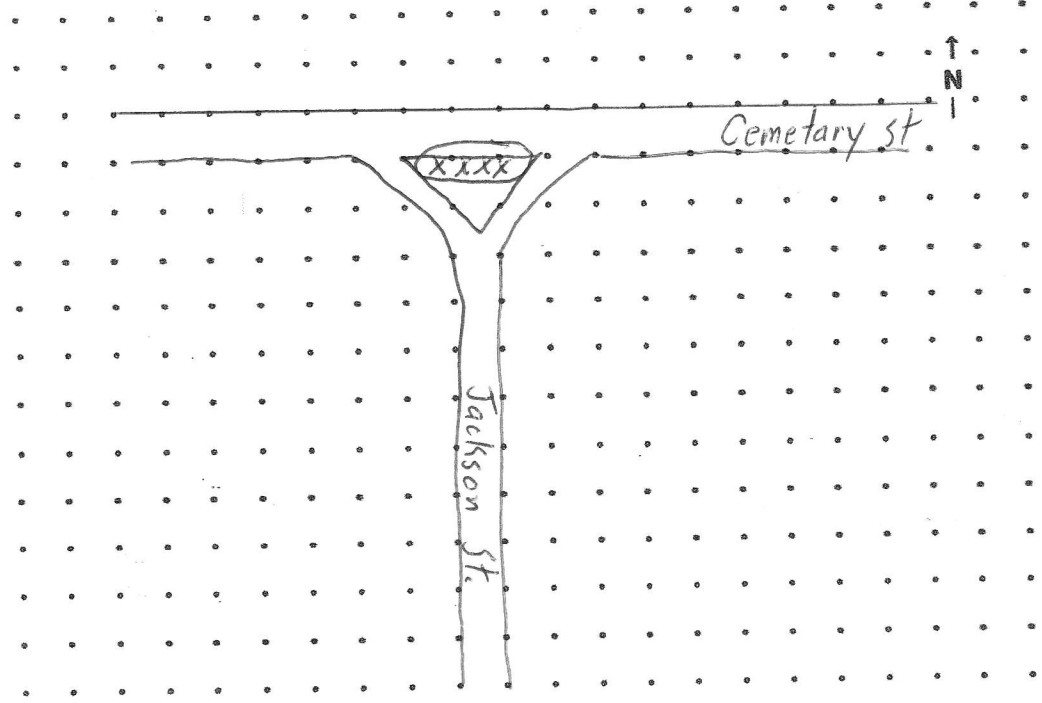
PRESSURE	
High	<input type="checkbox"/>
Intermediate	<input checked="" type="checkbox"/>
Low	<input type="checkbox"/>

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"/>

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"/>

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"/>

Remarks



Page No. 2

Date 9-11-11

Status (Circle Status) Pos. Neg.

Leak Indication Classification (Circle Leak Indication)

1 (2) 3
TIME REPORTED 3:45 P.M.

1 LEAK ONLY

**LEAKAGE CONTROL REPORT
FIELD SURVEY**

Company _____ District _____

City Tompkinsville State KY

Nearest Street Address

Seicoinidi st, "Rieidi Mioiopeoifificie"

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

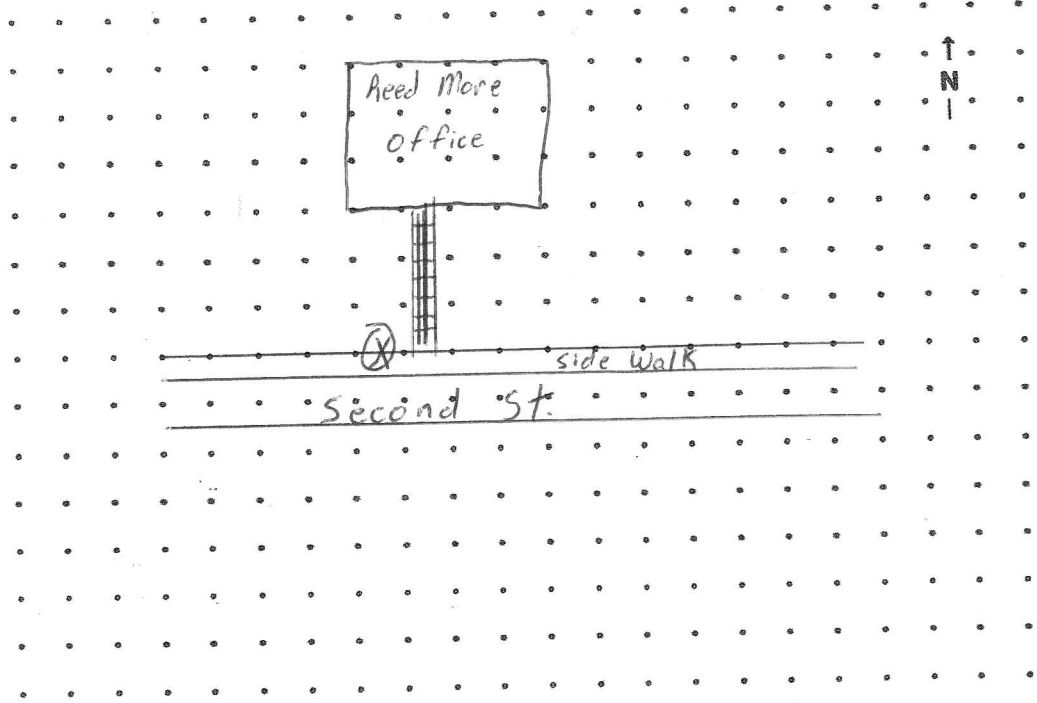
Distribution	<input checked="" type="checkbox"/>
Transmission	<input type="checkbox"/>
Gathering	<input type="checkbox"/>
Other	<input type="checkbox"/>

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 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"/>



Page No. 2

Date 9-17-12

Status (Circle Status) Pos. Neg.

Leak Indication Classification (Circle Leak Indication)

1 2 3
TIME REPORTED 3:55 PM

1 LEAK ONLY

**LEAKAGE CONTROL REPORT
FIELD SURVEY**

Company _____ District _____

City Tompkinsville State Ky

Nearest Street Address _____

Intersection of First St. & Magnolia 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 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"/>

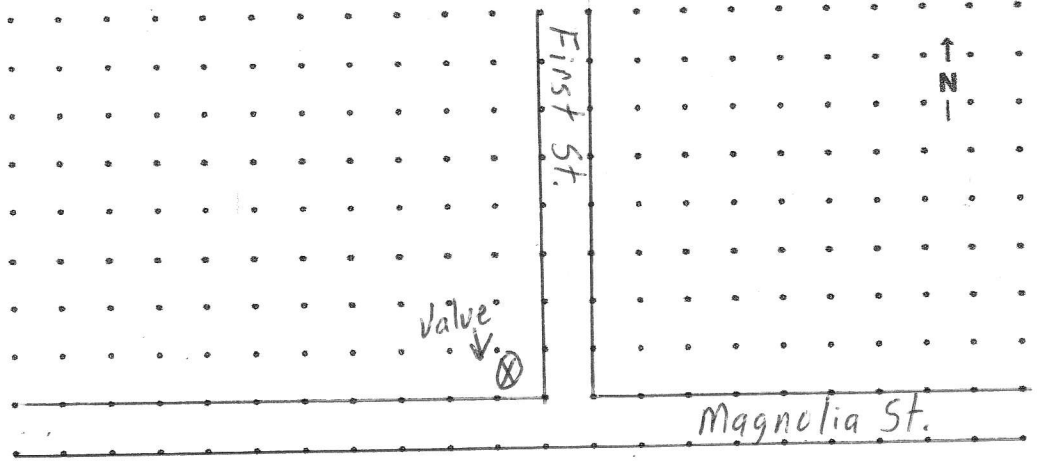
METHOD OF SURVEY	
Vegetation	<input type="checkbox"/>
Portable F I	<input checked="" type="checkbox"/>
Mobile F I	<input type="checkbox"/>
Bar Hole	<input type="checkbox"/>
Other	<input type="checkbox"/>

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

LEAK INDICATION APPEARS TO BE AT:	
Main	<input 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"/>

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"/>

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"/>

Remarks



Page No. 2

Date 9-13-11

Status (Circle Status) Pos. Neg.

Leak Indication Classification (Circle Leak Indication)
 1 2 ③

TIME REPORTED 11:30 AM

1 LEAK ONLY

**LEAKAGE CONTROL REPORT
FIELD SURVEY**

Company _____ District _____

City Tompkinsville State KY

Nearest Street Address _____

Intrinsic location of 4th St. Main St.

TYPE OF GAS

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

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"/>

PRESSURE

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

CGI TEST

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

LEAK INDICATION (Vegetation Only)

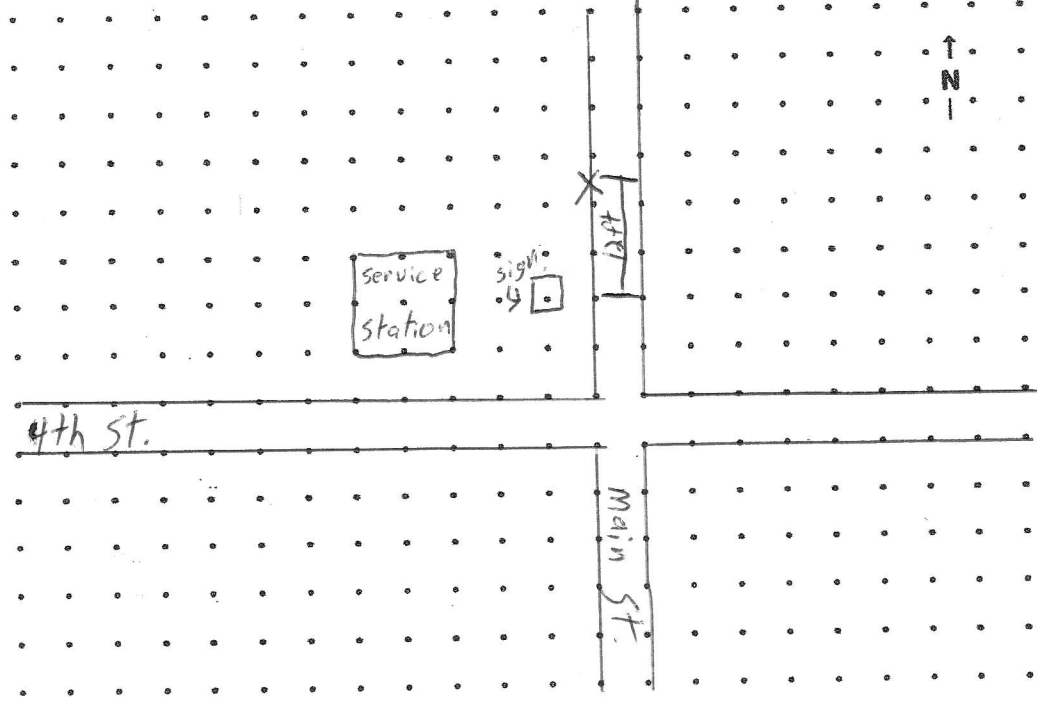
Trees	<input type="checkbox"/>
Shrubs	<input type="checkbox"/>
Grass	<input type="checkbox"/>
Lawn	<input type="checkbox"/>
Weeds	<input type="checkbox"/>
Odor	<input type="checkbox"/>
Other	<input type="checkbox"/>

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"/>

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"/>



Remarks _____



Page No. 3

Date 9-13-14

Status (Circle Status) Pos. Neg.

Leak Indication Classification (Circle Leak Indication)
1 2 3

TIME REPORTED 11:35

1 LEAK ONLY

**LEAKAGE CONTROL REPORT
FIELD SURVEY**

Company _____ District _____

City Tompkinsville State KY

Nearest Street Address _____

Initial indication of main st + Hwy 2166

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 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 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

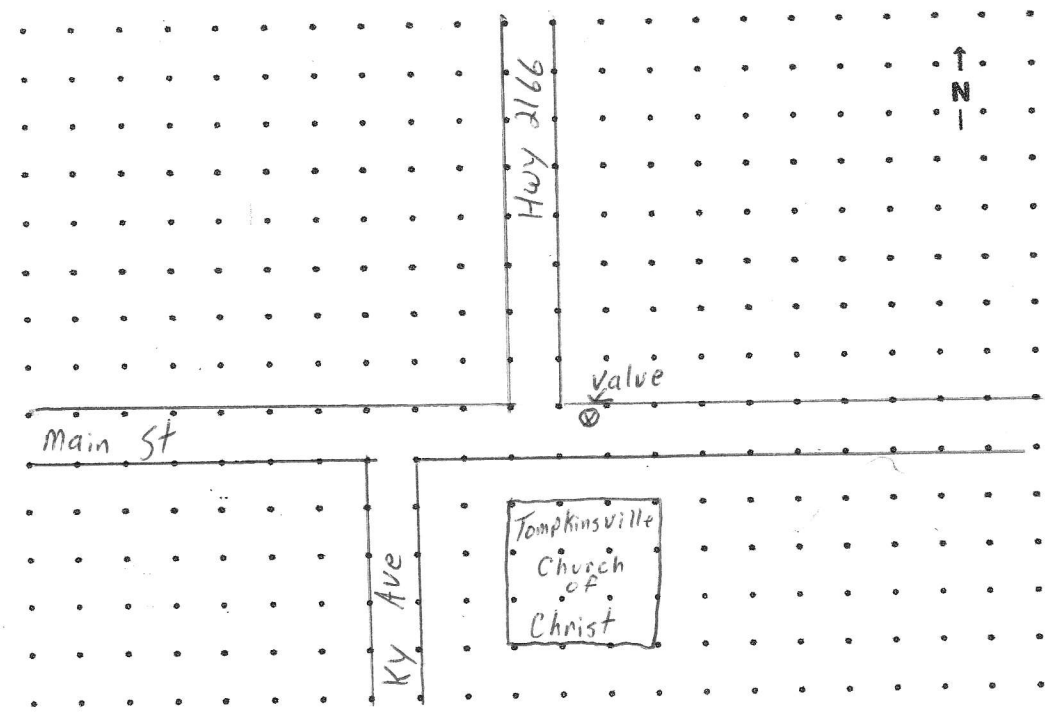
Distribution	<input checked="" type="checkbox"/>
Transmission	<input type="checkbox"/>
Gathering	<input type="checkbox"/>
Other	<input type="checkbox"/>

PRESSURE

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

CGI TEST

Positive	<input 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"/>

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"/>

Remarks _____



**LEAKAGE CONTROL REPORT
FIELD SURVEY**

Page No. ①
 Date 9-13
 Status (Circle Status) Pos. Neg.
 Leak Indication Classification (Circle Leak Indication)
① 2 3
 TIME REPORTED 11:40 AM
 1 LEAK ONLY

Company _____ District _____
 City Tompkinsville State KY
 Nearest Street Address _____

McDonald's Restaurant, 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 checked="" 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 checked="" type="checkbox"/>
Portable F I	<input 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

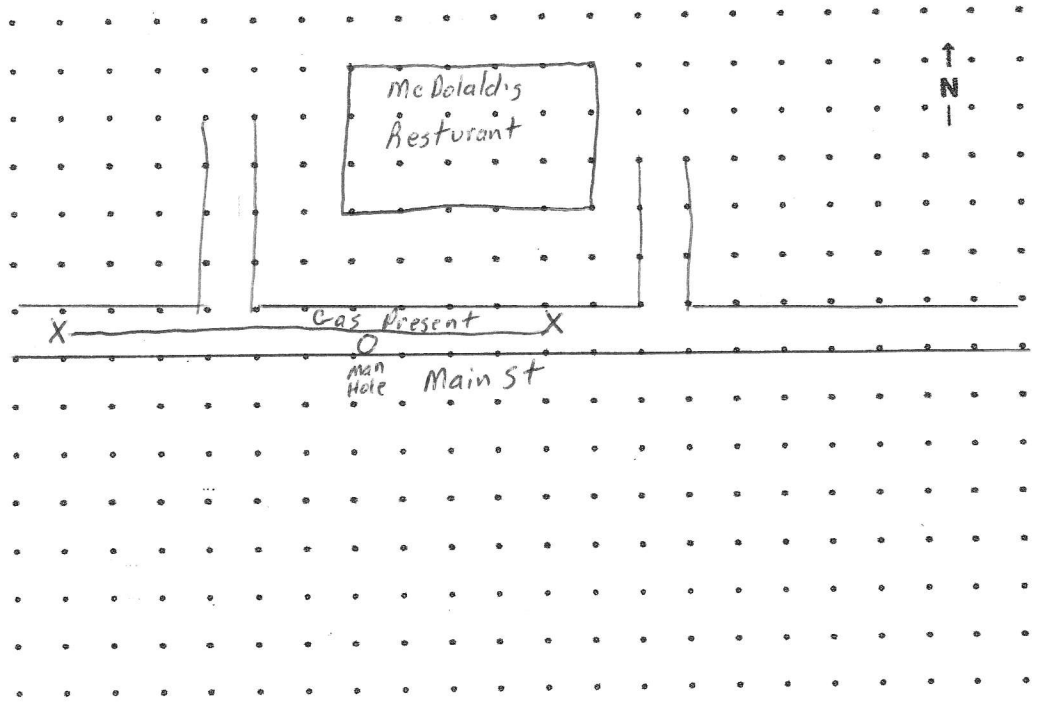
Distribution	<input checked="" type="checkbox"/>
Transmission	<input type="checkbox"/>
Gathering	<input type="checkbox"/>
Other	<input type="checkbox"/>

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"/>

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"/>

Remarks _____



Page No. ②

Date 9-13-12

Status (Circle Status) Pos. Neg.

Leak Indication Classification (Circle Leak Indication)
1 2 3

TIME REPORTED 12:10 PM

1 LEAK ONLY

**LEAKAGE CONTROL REPORT
FIELD SURVEY**

Company _____ District _____

City Tompkinsville State Ky

Nearest Street Address

Sonic Restaurant, 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 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

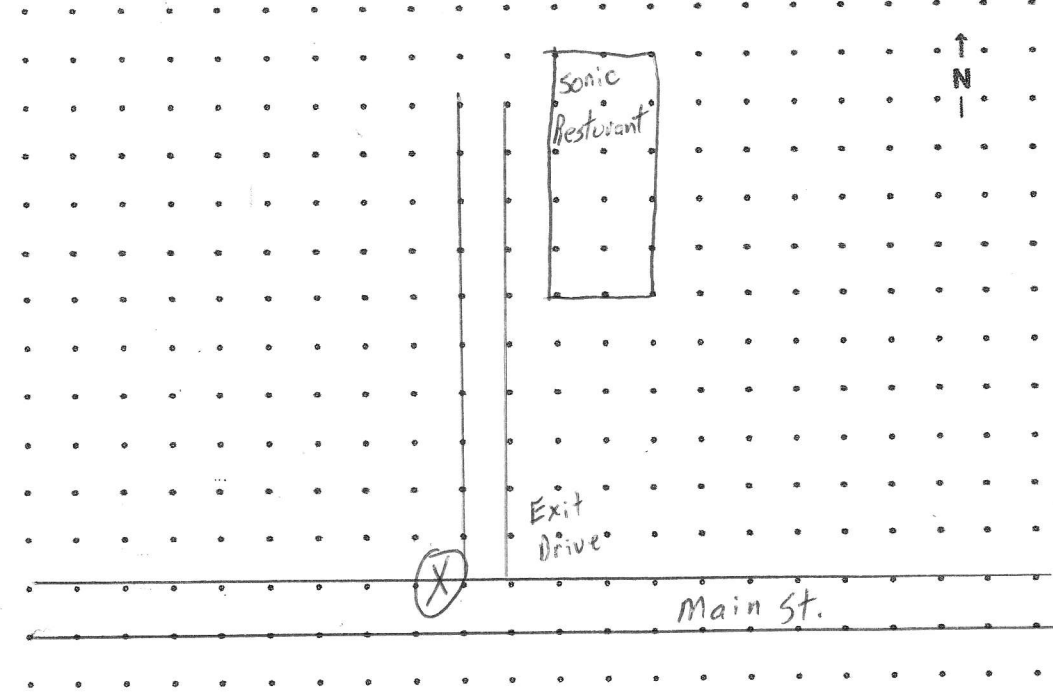
Distribution	<input checked="" type="checkbox"/>
Transmission	<input type="checkbox"/>
Gathering	<input type="checkbox"/>
Other	<input type="checkbox"/>

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"/>
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. 4
 Date 9-16-12
 Status (Circle Status) Pos. Neg.
 Leak Indication Classification (Circle Leak Indication)
 1 2 3
 TIME REPORTED 7:10 AM
 1 LEAK ONLY

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

Initiation is recitation of 10 ft 4th St 1 Magnolia St 15 ft

TYPE OF GAS		LEAK INDICATION FIRST DETECTED (AT) (IN) (BY)			METHOD OF SURVEY		LEAK INDICATION APPEARS TO BE AT:	
Natural	<input checked="" type="checkbox"/>	Atmosphere	<input checked="" type="checkbox"/>		Vegetation	<input type="checkbox"/>	Main	<input checked="" type="checkbox"/>
Manuf.	<input type="checkbox"/>	Bar Hole Test	<input type="checkbox"/>		Portable F I	<input checked="" type="checkbox"/>	Service	<input type="checkbox"/>
L.P.	<input type="checkbox"/>	Man Hole	<input type="checkbox"/>		Mobile F I	<input type="checkbox"/>	Service Tap	<input type="checkbox"/>
Other	<input type="checkbox"/>	Pit (Reg. or Meter)	<input type="checkbox"/>		Bar Hole	<input type="checkbox"/>	Main At Tie In	<input type="checkbox"/>
		Valve Box	<input checked="" type="checkbox"/>		Other	<input type="checkbox"/>	Drip	<input type="checkbox"/>
		Main Valve	<input type="checkbox"/>				Meter	<input type="checkbox"/>
		Curb Valve	<input type="checkbox"/>				Curb Valve	<input type="checkbox"/>
		Meter Box	<input type="checkbox"/>				Main Valve	<input type="checkbox"/>
		Underground Fuel Tank	<input type="checkbox"/>				Other	<input type="checkbox"/>
		Selected Test	<input type="checkbox"/>					

PIPE DESIGNATION		PRESSURE	
Distribution	<input checked="" type="checkbox"/>	High	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Intermediate	<input checked="" type="checkbox"/>
Gathering	<input type="checkbox"/>	Low	<input type="checkbox"/>
Other	<input type="checkbox"/>		

CGI TEST

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

LEAK INDICATION (Vegetation Only)

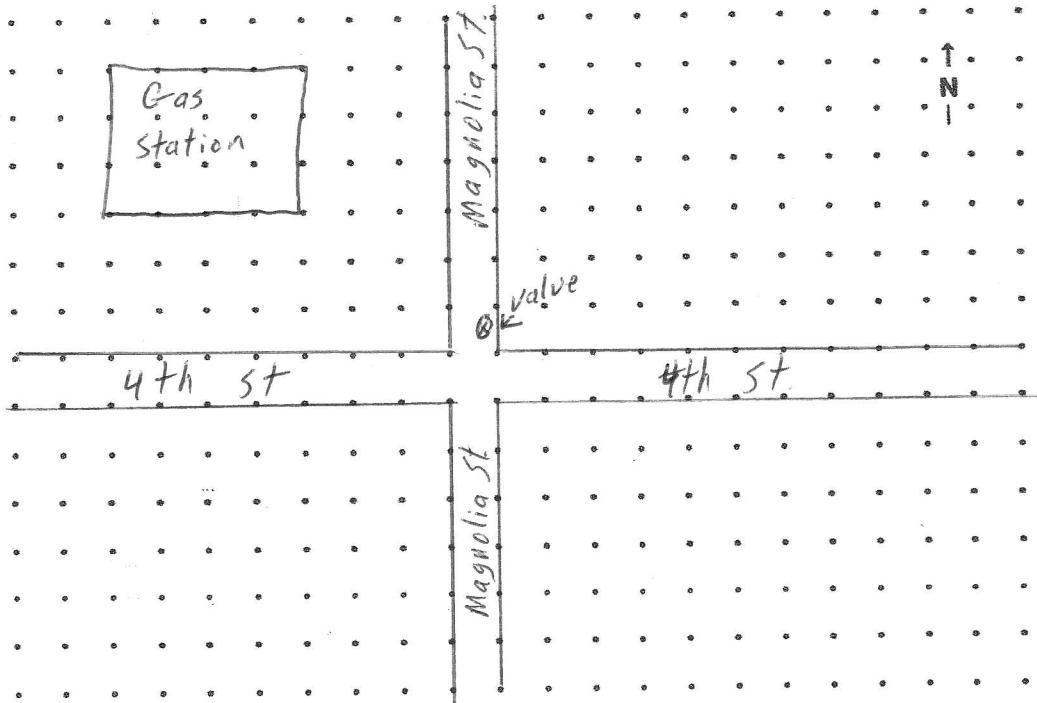
Trees	<input type="checkbox"/>
Shrubs	<input type="checkbox"/>
Grass	<input type="checkbox"/>
Lawn	<input type="checkbox"/>
Weeds	<input type="checkbox"/>
Odor	<input type="checkbox"/>
Other	<input type="checkbox"/>

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"/>

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"/>



Remarks _____



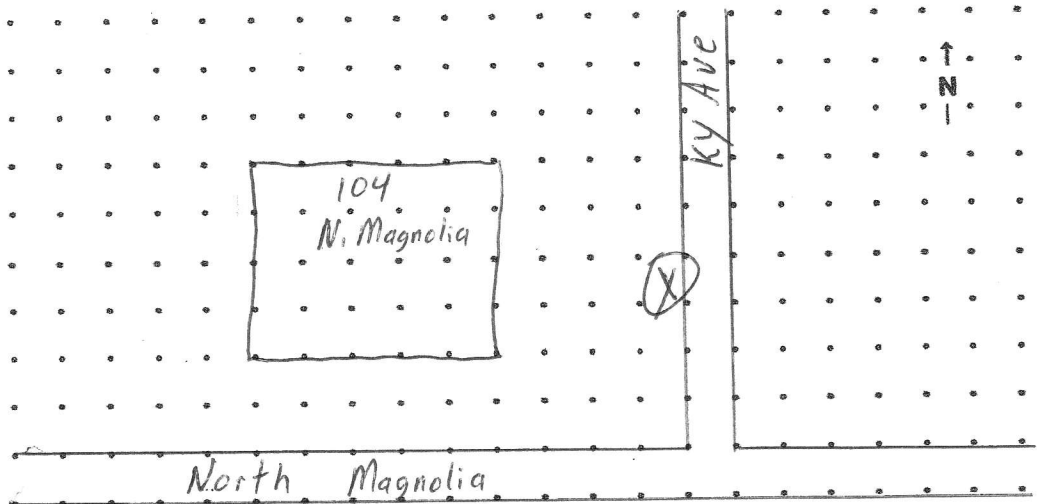
**LEAKAGE CONTROL REPORT
FIELD SURVEY**

Page No. 4
 Date 10-16-17
 Status (Circle Status) Pos. Neg.
 Leak Indication Classification (Circle Leak Indication)
 1 2 3
 TIME REPORTED 7:15 Am
 1 LEAK ONLY

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

1104 North Magnolia

TYPE OF GAS		LEAK INDICATION FIRST DETECTED (AT) (IN) (BY)			METHOD OF SURVEY		LEAK INDICATION APPEARS TO BE AT:	
Natural	<input checked="" type="checkbox"/>	Atmosphere	<input checked="" type="checkbox"/>		Vegetation	<input type="checkbox"/>	Main	<input checked="" type="checkbox"/>
Manuf.	<input type="checkbox"/>	Bar Hole Test	<input type="checkbox"/>		Portable F I	<input checked="" type="checkbox"/>	Service	<input type="checkbox"/>
L.P.	<input type="checkbox"/>	Man Hole	<input type="checkbox"/>		Mobile F I	<input type="checkbox"/>	Service Tap	<input type="checkbox"/>
Other	<input type="checkbox"/>	Pit (Reg. or Meter)	<input type="checkbox"/>		Bar Hole	<input type="checkbox"/>	Main At Tie In	<input type="checkbox"/>
		Valve Box	<input type="checkbox"/>		Other	<input type="checkbox"/>	Drip	<input type="checkbox"/>
PIPE DESIGNATION		Main Valve	<input type="checkbox"/>		PRESSURE		Meter	<input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Curb Valve	<input type="checkbox"/>		High	<input type="checkbox"/>	Curb Valve	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Meter Box	<input type="checkbox"/>		Intermediate	<input checked="" type="checkbox"/>	Main Valve	<input type="checkbox"/>
Gathering	<input type="checkbox"/>	Underground Fuel Tank	<input type="checkbox"/>		Low	<input type="checkbox"/>	Other	<input type="checkbox"/>
Other	<input type="checkbox"/>	Selected Test	<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"/>

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"/>

Remarks _____



**LEAKAGE CONTROL REPORT
FIELD SURVEY**

Page No. 4

Date 10-16-17

Status (Circle Status) Pos. Neg.

Leak Indication Classification (Circle Leak Indication)

TIME REPORTED 8:40 AM

1 LEAK ONLY

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

202 Crawford St, Tompkinsville, KY

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

LEAK INDICATION FIRST DETECTED (AT) (IN) (BY)		
Atmosphere	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bar Hole Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Man Hole	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Other	<input type="checkbox"/>

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

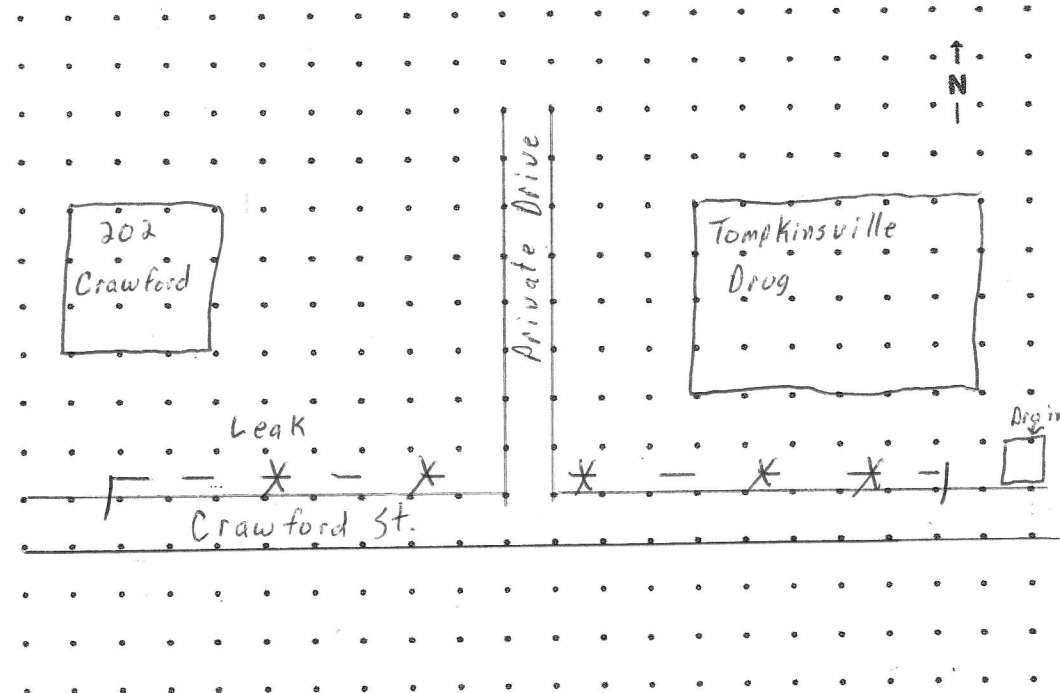
LEAK INDICATION APPEARS TO BE AT:	
Main	<input checked="" type="checkbox"/>
Service	<input type="checkbox"/>
Service Tap	<input type="checkbox"/>
Main At Tie In	<input type="checkbox"/>
Drip	<input type="checkbox"/>
Meter	<input type="checkbox"/>
Curb Valve	<input type="checkbox"/>
Main Valve	<input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

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"/>

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"/>



Remarks



**LEAKAGE CONTROL REPORT
FIELD SURVEY**

Page No. 4

Date 10-16-12

Status (Circle Status) Pos. Neg.

Leak Indication Classification (Circle Leak Indication)
1 2 3

TIME REPORTED 10:50 AM

1 LEAK ONLY

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

1104 Magnolia 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 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 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

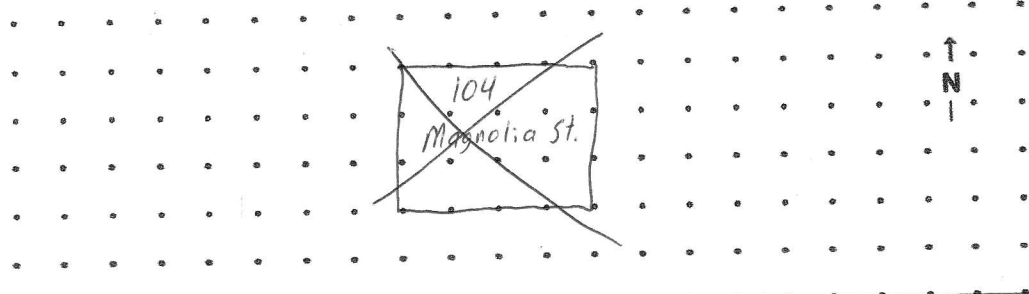
Distribution	<input checked="" type="checkbox"/>
Transmission	<input type="checkbox"/>
Gathering	<input type="checkbox"/>
Other	<input type="checkbox"/>

PRESSURE

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

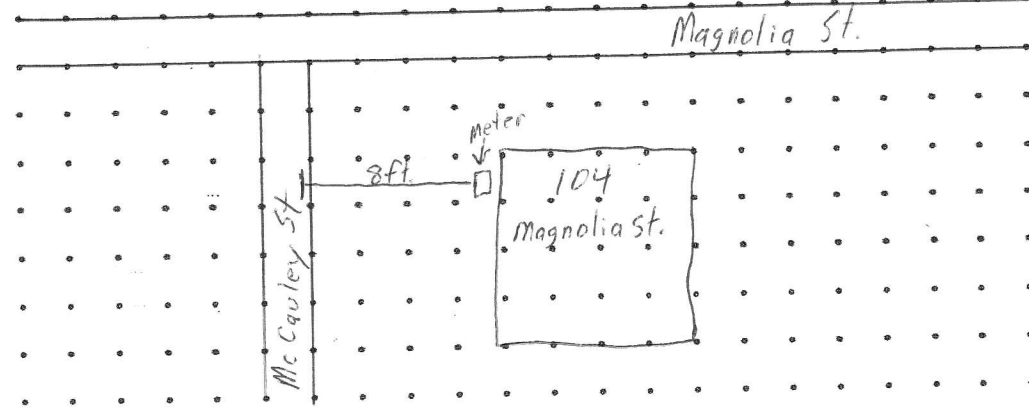
CGI TEST

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. 4

Date 10-17

Status (Circle Status) Pos. Neg.

Leak Indication Classification (Circle Leak Indication)
1 2 3

TIME REPORTED 7:10 AM

1 LEAK ONLY

Company _____ District _____

City Tompkinsville State KY

Nearest Street Address _____

"Profit Reality" Second St.

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

LEAK INDICATION FIRST DETECTED (AT) (IN) (BY)		
Atmosphere	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bar Hole Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Man Hole	<input type="checkbox"/>	<input checked="" 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"/>

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

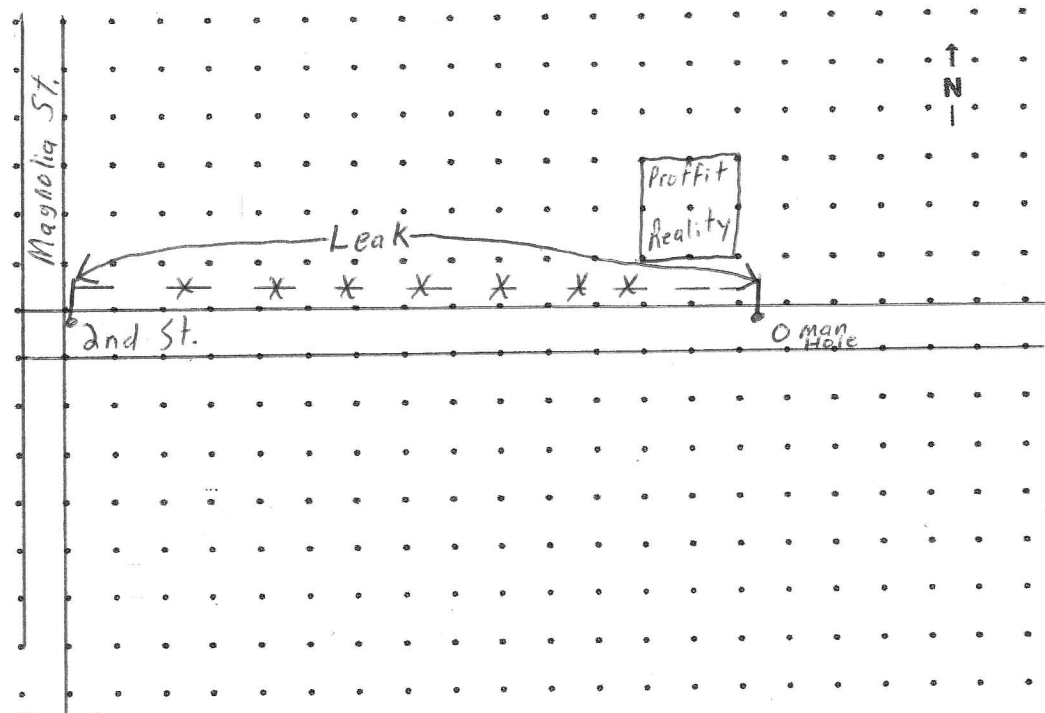
LEAK INDICATION APPEARS TO BE AT:	
Main	<input checked="" type="checkbox"/>
Service	<input type="checkbox"/>
Service Tap	<input type="checkbox"/>
Main At Tie In	<input type="checkbox"/>
Drip	<input type="checkbox"/>
Meter	<input type="checkbox"/>
Curb Valve	<input type="checkbox"/>
Main Valve	<input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

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"/>

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"/>



Remarks



**LEAKAGE CONTROL REPORT
FIELD SURVEY**

Page No. 5

Date 10-17-12

Status (Circle Status) Pos. Neg.

Leak Indication Classification (Circle Leak Indication)
1 2 3

TIME REPORTED 10:15 Am

1 LEAK ONLY

Company _____ District _____

City Tompkinsville State Ky

Nearest Street Address _____

333 South Magnolia

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"/>

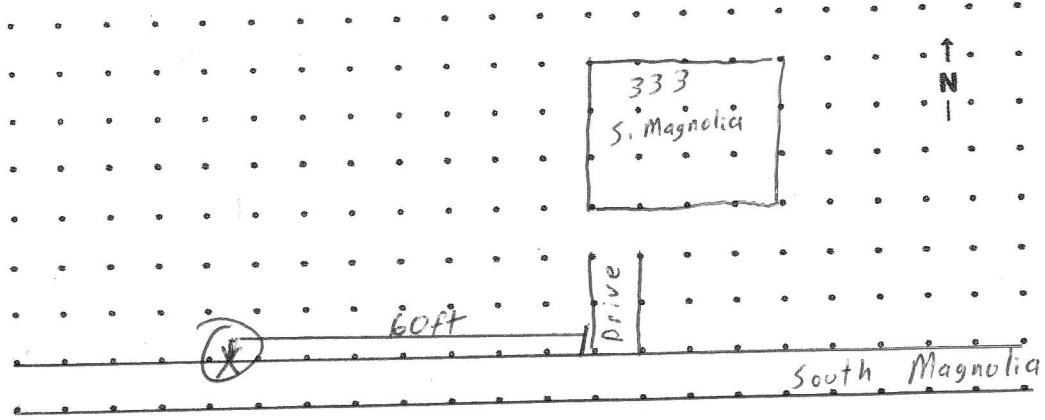
METHOD OF SURVEY	
Vegetation	<input type="checkbox"/>
Portable F I	<input checked="" type="checkbox"/>
Mobile F I	<input type="checkbox"/>
Bar Hole	<input type="checkbox"/>
Other	<input type="checkbox"/>

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 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. 5

Date 10-17-11

Status (Circle Status) Pos. Neg.

Leak Indication Classification (Circle Leak Indication)
1 2 3

TIME REPORTED 10:35 AM

1 LEAK ONLY

Company _____ District _____

City Tompkinsville State Ky

Nearest Street Address

429, South 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 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 checked="" type="checkbox"/>
Portable F I	<input 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

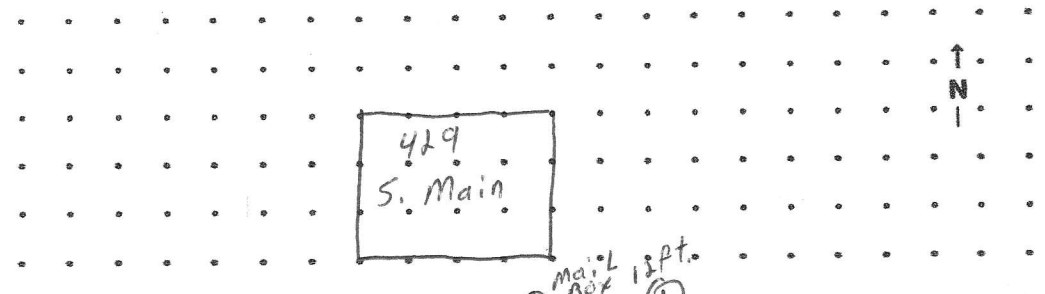
Distribution	<input checked="" type="checkbox"/>
Transmission	<input type="checkbox"/>
Gathering	<input type="checkbox"/>
Other	<input type="checkbox"/>

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"/>

S. Main Street

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. 5

Date 10-17-17

Status (Circle Status) Pos. Neg.

Leak Indication Classification (Circle Leak Indication)

TIME REPORTED 10:40 AM

1 LEAK ONLY

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

Tropical Tan and Gifts, South 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 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

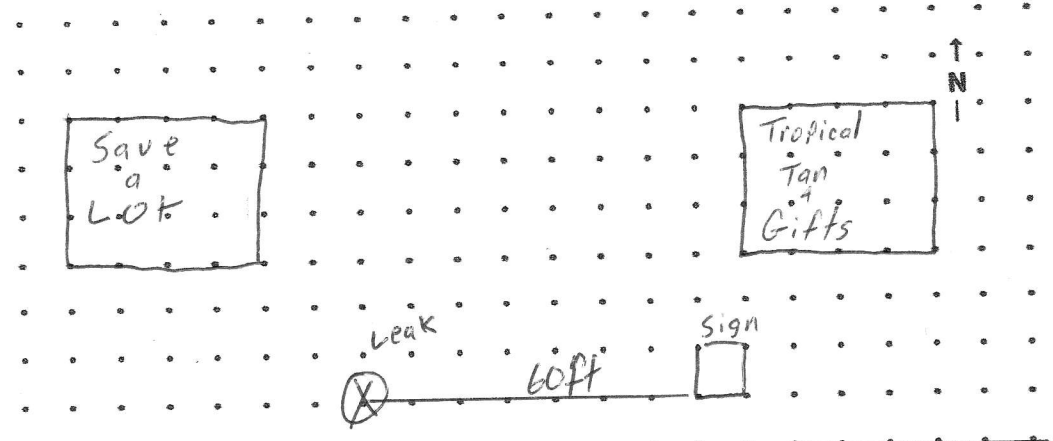
Distribution	<input checked="" type="checkbox"/>
Transmission	<input type="checkbox"/>
Gathering	<input type="checkbox"/>
Other	<input type="checkbox"/>

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"/>

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"/>

South Main.

Remarks _____



**LEAKAGE CONTROL REPORT
FIELD SURVEY**

Page No. 6

Date 10-22-12

Status (Circle Status) Pos. Neg.

Leak Indication Classification (Circle Leak Indication)

1 2 3
TIME REPORTED 8:00 AM

1 LEAK ONLY

Company _____ District _____

City Tompkinsville State Ky

Nearest Street Address

409 LAKE ST. "Gazebo"

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"/>

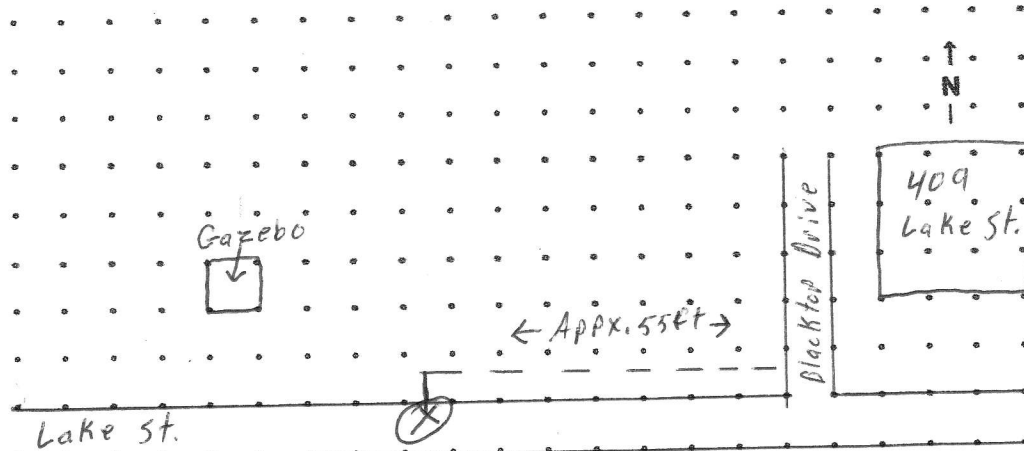
LEAK INDICATION APPEARS TO BE AT:	
Main	<input checked="" type="checkbox"/>
Service	<input type="checkbox"/>
Service Tap	<input type="checkbox"/>
Main At Tie In	<input type="checkbox"/>
Drip	<input type="checkbox"/>
Meter	<input type="checkbox"/>
Curb Valve	<input type="checkbox"/>
Main Valve	<input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

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"/>

Remarks



**LEAKAGE CONTROL REPORT
FIELD SURVEY**

Page No. 6

Date 10-22-12

Status (Circle Status) Pos. Neg.

Leak Indication Classification (Circle Leak Indication)

1 2 3

TIME REPORTED 9:15 Am

1 LEAK ONLY

Company _____ District _____

City Tompkinsville State Ky

Nearest Street Address

402 Fifth 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"/>

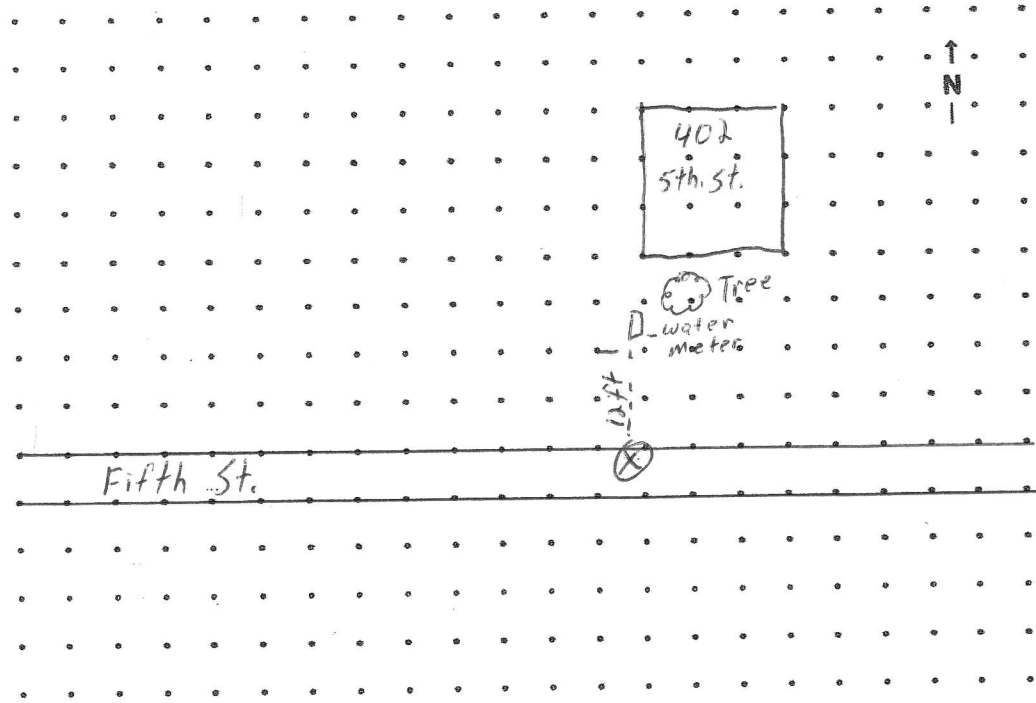
METHOD OF SURVEY	
Vegetation	<input type="checkbox"/>
Portable F I	<input checked="" type="checkbox"/>
Mobile F I	<input type="checkbox"/>
Bar Hole	<input type="checkbox"/>
Other	<input type="checkbox"/>

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 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. 6

Date 10-22-12

Status (Circle Status) Pos. Neg.

Leak Indication Classification (Circle Leak Indication)

1 2 3

TIME REPORTED 10:30 AM

1 LEAK ONLY

Company _____ District _____

City Tompkinsville State Ky

Nearest Street Address

Seventh St, "Sciott Hallie"

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

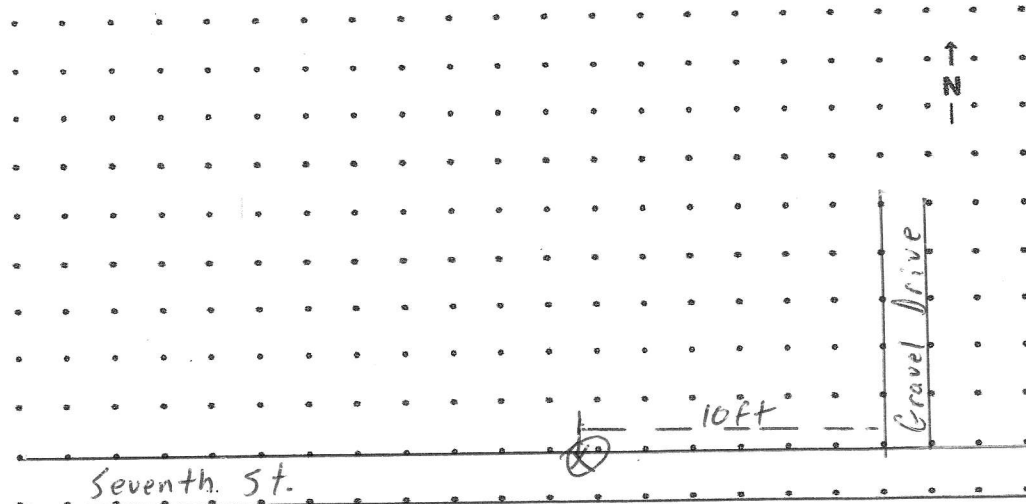
Positive	<input type="checkbox"/>
Negative	<input type="checkbox"/>

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 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"/>