



RECEIVED
SEP 11 2013
PUBLIC SERVICE
COMMISSION

330 Eastern Bypass, Suite Box 309, Richmond, KY 40475

TO: Kentucky Public Service Commission
Attention: Executive Director
211 Sower Blvd
Frankfort, KY 40602

Case No. 2012-00361

September 10, 2013


The following documentation is being submitted by RussMar Logistics, LLC. on behalf of the Tompkinsville Natural Gas System.

Documents Included:

1. Leak Survey: (11 each)
2. Gas Main and/or Service Installation Record: (3 each)
3. Leak Repairs: (10 each)
4. Office Chart Clock: (4 each)
5. 515 North Main Street (4 each)

*A hard copy of the above mentioned documents were mailed to the Kentucky Public Service Commission, Attention Executive Director on September 10, 2013 by Joe Orazen on behalf of RussMar Logistics, LLC.

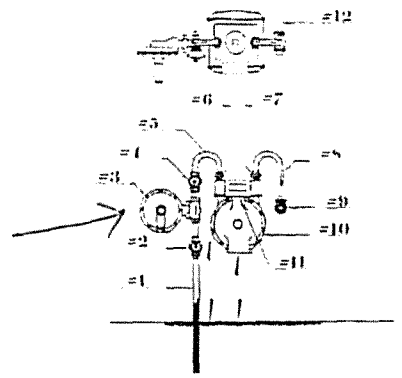
Sincerely,


Joe Orazen
606-305-6436

Address | 266 CAPP HARKAN RD | City/County | Thompsonsillo | State | KY



Case #				Date	
Classification	Grade 1	Grade 2	Grade 3	✓	
Meter #				Inside	
Manufacture #				Outside	



#1 Riser	#2 HP Cock	✓ #3 Regulator
#4 LP Cock	#5 Inlet Loop	#6 Inlet Cap/Swivel
#7 Out Cap/Swivel	#8 Outlet Loop	#9 Fuel Line Fitting
#10 Gas Meter	#11 Index	#12 Fuel Line

Regulator Blowing OFF AT TIMES

Detection	Location		Soil Sub	CGI/EGD	Pressure	Surface	Pipe	Size	Weather
Mobile Fl	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	Steel	5-2.0	Clear
Flame Pack	✓ Outside Bldg	✓ Service	Cinder	LEL	(1-30)	Dirt	PE	2.0-3.0	Wet
Visual	Manhole	Tap	Clay	UEL	(31-60)	✓ Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CGI/EGD	Undergrnd	Valve	Loam	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	Atmosphere	Meter	Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	

Leak Cause	Component/Explanation	Part of System	Type Material	Location Area	Repair Data
Corrosion	Pipe	Transmission	Steel	✓ Residential	1-5 Bare
Outside Force	Valve	Main	Cast Iron	Rural	5-Greater Coated
Const/Defect	Fitting	Service	Ductile Iron	Commercial	✓ Date Repaired:
Material Defect	Regulator	✓ Meter Set	Copper	Industrial	Date Rechecked:
Other	Tap Connection	Customer Pipe	Plastic		

Address

449 CAPT HARLAN RD

City/County

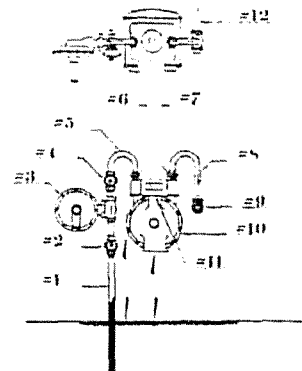
Thompsville

State

Ky



Case #				Date	
Classification	Grade 1	Grade 2	Grade 3	<input checked="" type="checkbox"/>	
Meter #				Inside	
Manufacture #				Outside	



#1 Riser	#2 HP Cock	#3 Regulator
#4 LP Cock	#5 Inlet Loop	<input checked="" type="checkbox"/> #6 Inlet Cap/Swivel
<input checked="" type="checkbox"/> #7 Out Cap/Swivel	#8 Outlet Loop	#9 Fuel Line Fitting
#10 Gas Meter	#11 Index	#12 Fuel Line

FLAME PACK PICK UP GAS SMELL

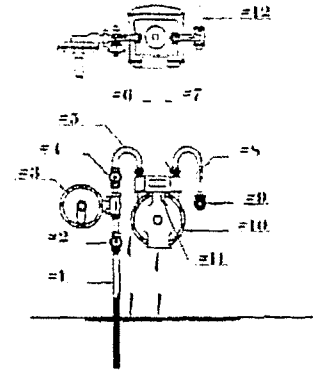
BUT FOUND NO LEAK WITH SOAP SPRAY

Detection	Location		Soil Sub	CGI/EGD	Pressure	Surface	Pipe	Size	Weather
Mobile FI	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	Steel	.5-2.0	Clear
Flame Pack	<input checked="" type="checkbox"/> Outside Bldg	<input checked="" type="checkbox"/> Service	Cinder	LEL	(1-30)	Dirt	PE	2.0-3.0	Wet
Visual	Manhole	Tap	Clay	UEL	(31-60)	<input checked="" type="checkbox"/> Asphalt	<input checked="" type="checkbox"/> Cast Iron	3.0-4.0	Hot (85-100)
CGI/EGD	Undergrnd	Valve	Loam	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	Atmosphere	Meter	Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	
Leak Cause	Component/Explanation		Part of System		Type Material	Location Area		Repair Data	
Corrosion	Pipe		Transmission		Steel	<input checked="" type="checkbox"/> Residential		1-5	Bare
Outside Force	Valve		Main		Cast Iron	Rural		5-Greater	Coated
Const/Defect	Fitting	<input checked="" type="checkbox"/>	Service		Ductile Iron	Commercial		<input checked="" type="checkbox"/> Date Repaired:	
Material Defect	Regulator		Meter Set		<input checked="" type="checkbox"/> Copper	Industrial		Date Rechecked:	
Other	Tap Connection		Customer Pipe		Plastic				

Address | 667 CAPP HARLAN RD | City/County | Thompsonville | State | KY



Case #	Date		
Classification	Grade 1	Grade 2	<input checked="" type="checkbox"/> Grade 3
Meter #	Inside		
Manufacture #	Outside		



#1 Riser	#2 HP Cock	#3 Regulator
#4 LP Cock	#5 Inlet Loop	#6 Inlet Cap/Swivel
#7 Out Cap/Swivel	#8 Outlet Loop	#9 Fuel Line Fitting
#10 Gas Meter	#11 Index	#12 Fuel Line

2" Meter SET ALL BOLTED FLANGE'S AND Threaded NIPPLE'S LEAN, AND LOCK VALVE going TO Meter

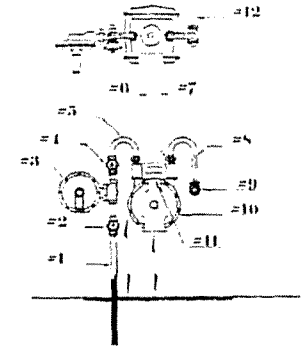
Detection	Location		Soil Sub	CGI/EGD	Pressure	Surface	Pipe	Size	Weather
Mobile FI	<input checked="" type="checkbox"/> Inside Bldg	<input checked="" type="checkbox"/> Main	Rock	% Gas	(0-1)	Grass <input checked="" type="checkbox"/>	Steel <input checked="" type="checkbox"/>	.5-2.0	<input checked="" type="checkbox"/> Clear
Flame Pack	<input checked="" type="checkbox"/> Outside Bldg	<input checked="" type="checkbox"/> Service	Cinder	LEL	(1-30)	Dirt <input checked="" type="checkbox"/>	PE	2.0-3.0	Wet
Visual	<input checked="" type="checkbox"/> Manhole	Tap	Clay	UEL	(31-60)	Asphalt	Cast Iron	3.0-4.0	Hot (85-100) <input checked="" type="checkbox"/>
CGI/EGD	Undergrnd	Valve	Loam	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	Atmosphere	Meter <input checked="" type="checkbox"/>	Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	

Leak Cause	Component/Explanation	Part of System	Type Material	Location Area	Repair Data
Corrosion	<input checked="" type="checkbox"/> Pipe	Transmission	Steel	Residential	1-5 Bare
Outside Force	Valve	<input checked="" type="checkbox"/> Main	Cast Iron	Rural	5-Greater Coated
Const/Defect	Fitting	<input checked="" type="checkbox"/> Service	Ductile Iron	Commercial	Date Repaired:
Material Defect	Regulator	Meter Set	<input checked="" type="checkbox"/> Copper	Industrial	Date Rechecked:
Other	Tap Connection	Customer Pipe	<input checked="" type="checkbox"/> Plastic		

Address 1001 CAPP HARLAN RD City/County Thompsonville State KY



Case #				Date	
Classification	Grade 1	Grade 2	<input checked="" type="checkbox"/>	Grade 3	<input checked="" type="checkbox"/>
Meter #				Inside	
Manufacture #				Outside	



ALL INLET SIDE LEAKING AND 4X2 REDUCT
ON OUTLET SIDE HAS LEAK

#1 Riser	#2 HP Cock <input checked="" type="checkbox"/>	#3 Regulator <input checked="" type="checkbox"/>
#4 LP Cock	#5 Inlet Loop <input checked="" type="checkbox"/>	#6 Inlet Cap/Swivel <input checked="" type="checkbox"/>
#7 Out Cap/Swivel <input checked="" type="checkbox"/>	#8 Outlet Loop <input checked="" type="checkbox"/>	#9 Fuel Line Fitting
#10 Gas Meter	#11 Index	#12 Fuel Line

Detection		Location		Soil Sub		CGI/EGD		Pressure		Surface		Pipe		Size		Weather	
Mobile FI		Inside Bldg	Main	Rock	% Gas	(0-1)		Grass	<input checked="" type="checkbox"/>	Steel	<input checked="" type="checkbox"/>	.5-2.0	<input checked="" type="checkbox"/>	Clear			
Flame Patch	<input checked="" type="checkbox"/>	Outside Bldg	Service	Cinder	LEL	(1-30)		Dirt		PE		2.0-3.0		Wet			
Visual		Manhole	Tap	Clay	UEL	(31-60)	<input checked="" type="checkbox"/>	Asphalt		Cast Iron		3.0-4.0	<input checked="" type="checkbox"/>	Hot (85-100)	<input checked="" type="checkbox"/>		
CGI/EGD		Underground	Valve	Loam	PPM	(61-99.9)		Concrete		CSST		6.0-8.0		Cold (0-40)			
Smell		Atmosphere	Meter	Sand		(100-399)		Sidewalk		PVCB		10.0-12.0					

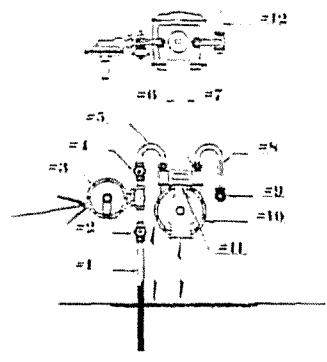
Leak Cause	Component/Explanation	Part of System	Type Material	Location Area	Repair Data
Corrosion	<input checked="" type="checkbox"/> Pipe	Transmission	Steel <input checked="" type="checkbox"/>	Residential	1-5 Bare
Outside Force	<input checked="" type="checkbox"/> Valve	Main	Cast Iron	Rural	<Greater Coated
Const/Defect	Fitting	Service	Ductile Iron	Commercial	Date Repaired:
Material Defect	Regulator	Meter Set	<input checked="" type="checkbox"/> Copper	Industrial	Date Rechecked:
Other	Tap Connection	Customer Pipe	<input checked="" type="checkbox"/> Plastic		

Address	177 CLARK ESTATES	City/County	Thompsonville	State	KY
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N
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LEAK AT BOTTOM OF REGULATOR AT NIPPLE

Case #				Date	
Classification	Grade 1	Grade 2	Grade 3	<input checked="" type="checkbox"/>	
Meter #				Inside	
Manufacture #				Outside	



#1 Riser	#2 HP Cock	#3 Regulator <input checked="" type="checkbox"/>
#4 LP Cock	#5 Inlet Loop	#6 Inlet Cap/Swivel
#7 Out Cap/Swivel	#8 Outlet Loop	#9 Fuel Line Fitting
#10 Gas Meter	#11 Index	#12 Fuel Line

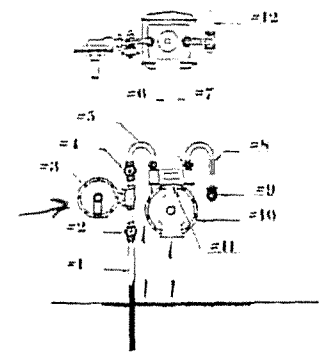
Detection	Location		Soil Sub	CGI/EGD	Pressure	Surface	Pipe	Size	Weather
Mobile FI	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	Steel	5-2.0	Clear
Flame Pack <input checked="" type="checkbox"/>	Outside Bldg	Service	Cinder	LEL	(1-30)	Dirt	PE	2.0-3.0	Wet
Visual	Manhole	Tap	Clay	UEL	(31-60)	Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CGI/EGD	Undergrnd	Valve	Loam	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	Atmosphere	Meter	Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	

Leak Cause	Component/Explanation	Part of System	Type Material	Location Area	Repair Data
Corrosion	Pipe	Transmission	Steel <input checked="" type="checkbox"/>	Residential <input checked="" type="checkbox"/>	1-5 Bare
Outside Force <input checked="" type="checkbox"/>	Valve	Main	Cast Iron	Rural	5-Greater Coated
Const/Defect	Fitting	Service <input checked="" type="checkbox"/>	Ductile Iron	Commercial	Date Repaired:
Material Defect	Regulator	Meter Set <input checked="" type="checkbox"/>	Copper	Industrial	Date Rechecked:
Other	Tap Connection	Customer Pipe	Plastic		

Address 627 Spring Street City/County ThomKinsville State Ky



Case #				Date	
Classification	Grade 1	Grade 2	Grade 3		
Meter #				Inside	
Manufacture #				Outside	



LEAK AT Bottom of Regulator AT Nipple

#1 Riser	#2 HP Cock	#3 Regulator <input checked="" type="checkbox"/>
#4 LP Cock	#5 Inlet Loop	#6 Inlet Cap/Swivel
#7 Out Cap/Swivel	#8 Outlet Loop	#9 Fuel Line Fitting
#10 Gas Meter	#11 Index	#12 Fuel Line

Detection	Location		Soil Sub	CGI/EGD	Pressure	Surface	Pipe	Size	Weather
Mobile FI	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	Steel	✓ 1.5-2.0	✓ Clear
Flame Pack	✓ Outside Bldg	✓ Service	Cinder	LEL	(1-30)	Dirt	PE	2.0-3.0	Wet
Visual	Manhole	Tap	Clay	UEL	(31-60)	✓ Asphalt	Cast Iron	3.0-4.0	Hot (85-100) ✓
CGI/EGD	Underground	Valve	Loam	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-49)
Smell	Atmosphere	Meter	Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	

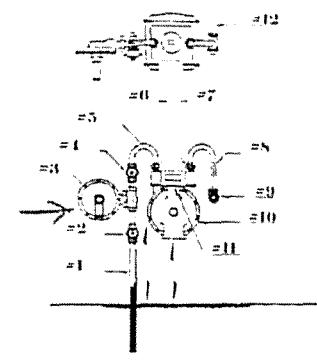
Leak Cause	Component/Explanation	Part of System	Type Material	Location Area	Repair Data
Corrosion	Pipe	Transmission	Steel	✓ Residential	✓ 1-5 Bare
Outside Force	✓ Valve	Main	Cast Iron	Rural	5-Greater Coated
Const/Defect	Fitting	Service	✓ Ductile Iron	Commercial	Date Rechecked:
Material Defect	Regulator	✓ Meter Set	Copper	Industrial	Date Rechecked:
Other	Tap Connection	Customer Pipe	Plastic		

Address 668 Spring Street City/County Thompsonville State Ky

N
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LEAK AT BOTTOM OF REGULATOR AT NIPPLE

Case #				Date	
Classification	Grade 1	Grade 2	Grade 3	<input checked="" type="checkbox"/>	
Meter #				Inside	
Manufacture #				Outside	



#1 Riser	#2 HP Cock	#3 Regulator <input checked="" type="checkbox"/>
#4 LP Cock	#5 Inlet Loop	#6 Inlet Cap/Swivel
#7 Out Cap/Swivel	#8 Outlet Loop	#9 Fuel Line Fitting
#10 Gas Meter	#11 Index	#12 Fuel Line

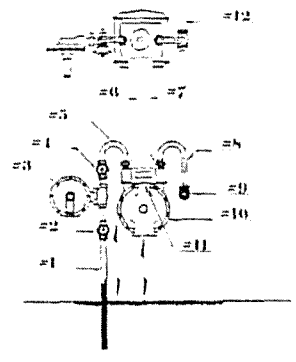
Detection	Location		Soil Sub	CGI/EGD	Pressure	Surface	Pipe	Size	Weather
Mobile FI	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	Steel	5-2.0	Clear
Flame Pack <input checked="" type="checkbox"/>	Outside Bldg	Service	Cinder	LEL	(1-30)	Dirt	PE	2.0-3.0	Wet
Visual	Manhole	Tap	Clay	UEL	(31-60)	Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CGI/EGD	Undergrnd	Valve	Loam	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	Atmosphere	Meter	Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	

Leak Cause	Component/Explanation	Part of System	Type Material	Location Area	Repair Data
Corrosion	Pipe	Transmission	Steel	Residential	1-5 Bare
Outside Force <input checked="" type="checkbox"/>	Valve	Main	Cast Iron	Rural	5-Greater Coated
Const/Defect	Fitting	Service	Ductile Iron	Commercial	Date Repaired:
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked:
Other	Tap Connection	Customer Pipe	Plastic		

Address Celina RD Christ The King City/County Thermokville State Ky



Case #				Date	
Classification	Grade 1	Grade 2	Grade 3	<input checked="" type="checkbox"/>	
Meter #				Inside	
Manufacture #				Outside	



Top and Bottom of Lock Valve

#1 Riser	#2 HP Cock <input checked="" type="checkbox"/>	#3 Regulator
#4 LP Cock	#5 Inlet Loop	#6 Inlet Cap/Swivel
#7 Out Cap/Swivel	#8 Outlet Loop	#9 Fuel Line Fitting
#10 Gas Meter	#11 Index	#12 Fuel Line

Detection	Location			Soil Sub	CGI/EGD	Pressure	Surface	Pipe	Size	Weather
Mobile FI	Inside Bldg	Main		Rock	% Gas	(0-1)	Grass	Steel	5-2.0	Clear
Flame Pack <input checked="" type="checkbox"/>	Outside Bldg <input checked="" type="checkbox"/>	Service <input checked="" type="checkbox"/>		Cinder	LEL	(1-50)	Dirt	PE	2.0-3.0	Wet
Visual	Manhole	Tap		Clay	UEL	(31-60)	Asphalt	Cast Iron	3.0-4.0	Hot (85-100) <input checked="" type="checkbox"/>
CGI/EGD	Undergrnd	Valve <input checked="" type="checkbox"/>		Loam	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	Atmosphere	Meter		Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	

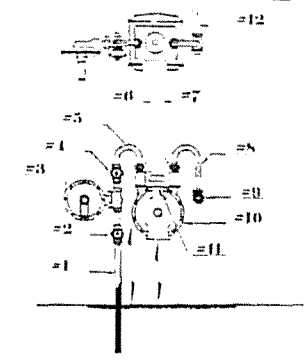
Leak Cause	Component/Explanation	Part of System	Type Material	Location Area	Repair Data
Corrosion	Pipe	Transmission	Steel <input checked="" type="checkbox"/>	Residential	1-5 Bare
Outside Force <input checked="" type="checkbox"/>	Valve	Main	Cast Iron	Rural	5-Greater Coated
Const/Defect	Fitting	Service <input checked="" type="checkbox"/>	Ductile Iron <input checked="" type="checkbox"/>	Commercial	Date Repaired: <input checked="" type="checkbox"/>
Material Defect	Regulator	Meter Set <input checked="" type="checkbox"/>	Copper	Industrial	Date Rechecked:
Other	Tap Connection	Customer Pipe	Plastic		

Address 701 CELINA RD City/County Thompsonville State KY

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Bottom of Regulator AT Nipple


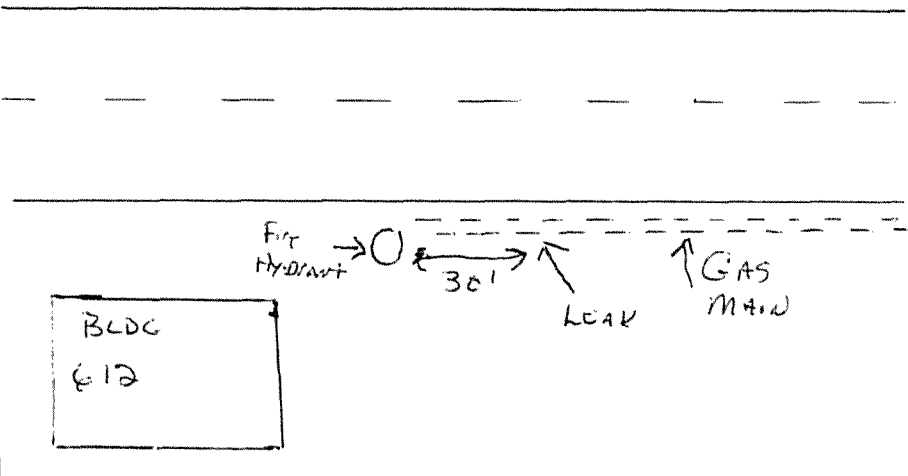
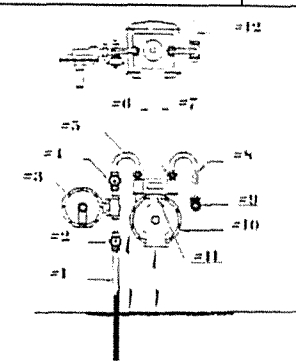
Case #				Date	
Classification	Grade 1	Grade 2	Grade 3	<input checked="" type="checkbox"/>	
Meter #				Inside	
Manufacture #				Outside	



#1 Riser	#2 HP Cock	#3 Regulator <input checked="" type="checkbox"/>
#4 LP Cock	#5 Inlet Loop	#6 Inlet Cap/Swivel
#7 Out Cap/Swivel	#8 Outlet Loop	#9 Fuel Line Fitting
#10 Gas Meter	#11 Index	#12 Fuel Line

Detection	Location		Soil Sub	CGI/EGD	Pressure	Surface	Pipe	Size	Weather
Mobile FI	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass <input checked="" type="checkbox"/>	Steel <input checked="" type="checkbox"/>	.5-2.0	Clear
Flame Pack <input checked="" type="checkbox"/>	Outside Bldg <input checked="" type="checkbox"/>	Service <input checked="" type="checkbox"/>	Cinder	LEL	(1-30)	Dirt	PE	2.0-3.0	Wet
Visual	Manhole	Tap	Clay	UEL	(31-60) <input checked="" type="checkbox"/>	Asphalt	Cast Iron	3.0-4.0	Hot (85-100) <input checked="" type="checkbox"/>
CGI/EGD	Underground	Valve	Loam	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	Atmosphere	Meter <input checked="" type="checkbox"/>	Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	

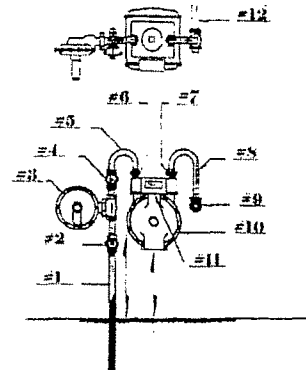
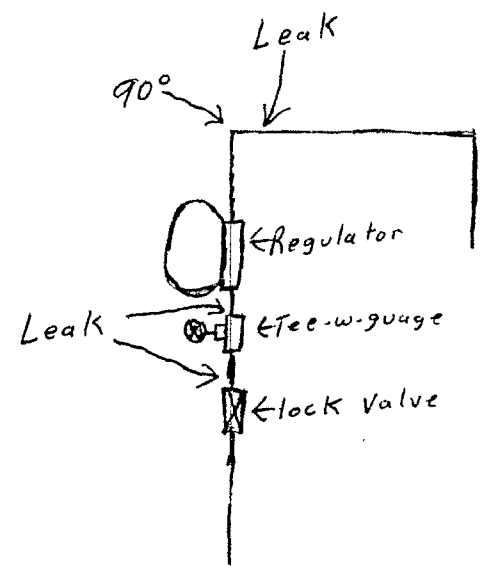
Leak Cause	Component/Explanation	Part of System	Type Material	Location Area	Repair Data
Corrosion	Pipe	Transmission	Steel <input checked="" type="checkbox"/>	Residential <input checked="" type="checkbox"/>	1-5 Bare
Outside Force <input checked="" type="checkbox"/>	Valve	Main	Cast Iron	Rural	5-Greater Coated
Const/Defect	Fitting <input checked="" type="checkbox"/>	Service	Ductile Iron <input checked="" type="checkbox"/>	Commercial	Date Repaired:
Material Defect	Regulator	Meter Set	Copper <input checked="" type="checkbox"/>	Industrial	Date Rechecked:
Other	Tap Connection	Customer Pipe	Plastic		

Address		612 CYNARA RD			City/County		Thompsonville		State		KY																
					Case #		Date																				
					Classification		Grade 1	<input checked="" type="checkbox"/>	Grade 2	<input type="checkbox"/>	Grade 3	<input type="checkbox"/>															
					Meter #					Inside																	
					Manufacture #					Outside																	
																											
					#1 Riser		#2 HP Cock		#3 Regulator																		
					#4 LP Cock		#5 Inlet Loop		#6 Inlet Cap/Swivel																		
					#7 Out Cap/Swivel		#8 Outlet Loop		#9 Fuel Line Fitting																		
					#10 Gas Meter		#11 Index		#12 Fuel Line																		
Detection		Location		Soil Sub		CGI/EGD		Pressure		Surface		Pipe		Size		Weather											
Mobile FI		Inside Bldg		Man		<input checked="" type="checkbox"/>		Rock		% Gas		(0-1)		Grass		<input checked="" type="checkbox"/>		Steel		<input checked="" type="checkbox"/>		.5-2.0		Clear			
Flame Pack		<input checked="" type="checkbox"/>		Outside Bldg		Service		Cinder		LEL		(1-30)		Dirt		PE						2.0-3.0		Wet			
Visual				Manhole		Tap		Clay		<input checked="" type="checkbox"/>		UEL		(31-60)		<input checked="" type="checkbox"/>		Asphalt		Cast Iron				3.0-4.0		Hot (85-100)	
CGI/EGD				Undergrnd		<input checked="" type="checkbox"/>		Valve		Loam		PPM		(61-99.9)				Concrete		CSST				6.0-8.0		Cold (0-40)	
Smell				Atmosphere		Meter		Sand						(100-399)				Sidewalk		PVCB				10.0-12.0			
Leak Cause		Component/Explanation		Part of System		Type Material		Location Area		Repair Data																	
Corrosion		<input checked="" type="checkbox"/>		Pipe		<input checked="" type="checkbox"/>		Transmission		Steel		<input checked="" type="checkbox"/>		Residential		1-5		Bare									
Outside Force				Valve				Main		<input checked="" type="checkbox"/>		Cast Iron		Rural		5-Greater		Coated									
Const/Defect				Fitting				Service				Ductile Iron		Commercial		<input checked="" type="checkbox"/>		Date Repaired:									
Material Defect				Regulator				Meter Set				Copper		Industrial				Date Rechecked:									
Other				Tap Connection				Customer Pipe				Plastic		?													

Address: 901 Edmonton Rd. City/County: Tompkinsville / Monroe State: Ky



Case #				Date	8-7-13
Classification	Grade 1	Grade 2	Grade 3		
Meter #				Inside	
Manufacture #				Outside	



#1 Riser	#2 HP Cock	#3 Regulator
#4 LP Cock	#5 Inlet Loop	#6 Inlet Cap/Swivel
#7 Out Cap/Swivel	#8 Outlet Loop	#9 Fuel Line Fitting
#10 Gas Meter	#11 Index	#12 Fuel Line

Detection	Location		Soil Sub	CGI/EGD	Pressure	Surface	Pipe	Size	Weather
Mobile FI	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	Steel	.5-2.0	Clear
Flame Pack	Outside Bldg	Service	Cinder	LEL	(1-30)	Dirt	PE	1.0-3.0	Wet
Visual	Manhole	Tap	Clay	UEL	(31-60)	Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CGI/EGD	Undergrnd	Valve	Loam	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	Atmosphere	Meter	Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	

Leak Cause	Component/Explanation	Part of System	Type Material	Location Area	Repair Data
Corrosion	Pipe	Transmission	Steel	Residential	1-5 Bare
Outside Force	Valve	Main	Cast Iron	Rural	5-Greater Coated
Const/Defect	Fitting	Service	Ductile Iron	Commercial	Date Repaired: 8-7-13
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked:
Other	Tap Connection	Customer Pipe	Plastic		

NATURAL GAS MAIN AND SERVICE INSTALLATION RECORDS

Address	1011 Green Hills Dr.	Apt#		City	Tompkinsville	Cty	Monroe	Time Received		Date Received	
Customer Name	Green Hills Housing Authority				Phone#		Customer Account#				
Installer Name	Casey Chelf / Johnny Noe "Welder"				Date Received		Date Installed	8-6-13			
Date Tested		Test Pressure psig		Test Medium	Natural Gas	<input checked="" type="checkbox"/>	Properly Purged	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
					Comp Air	<input type="checkbox"/>					
					Inert Gas	<input type="checkbox"/>					
Meter Set	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Meter Co#		Meter Mfg#		Index Reading				



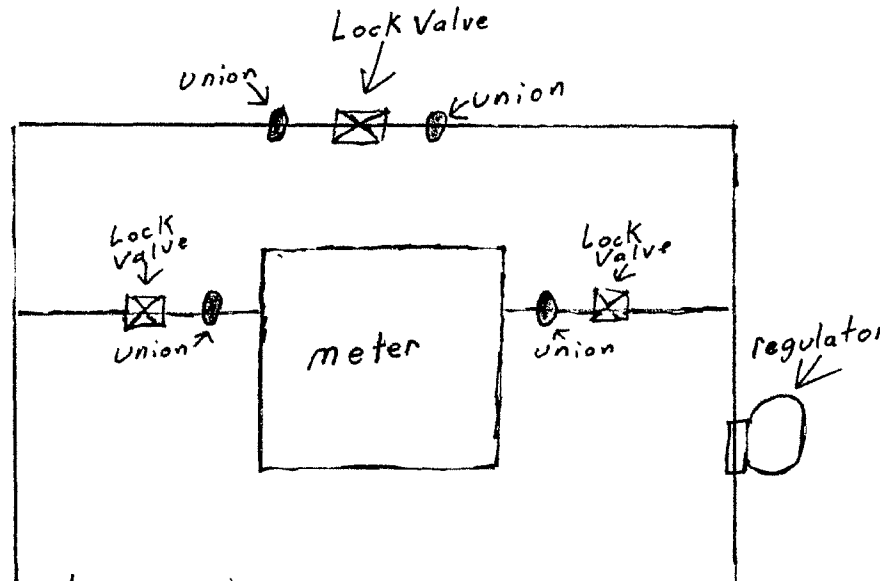
Meter Locked	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Card Left	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--------------	-----	--------------------------	----	-------------------------------------	-----------	-----	--------------------------	----	--------------------------

LOCATION

Gas Main Location	S. Magnolia									
Mainline Valve Installed	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>						
Service Location	Green Hills Housing									
Service Valve		Tapping Tee								

REMARKS

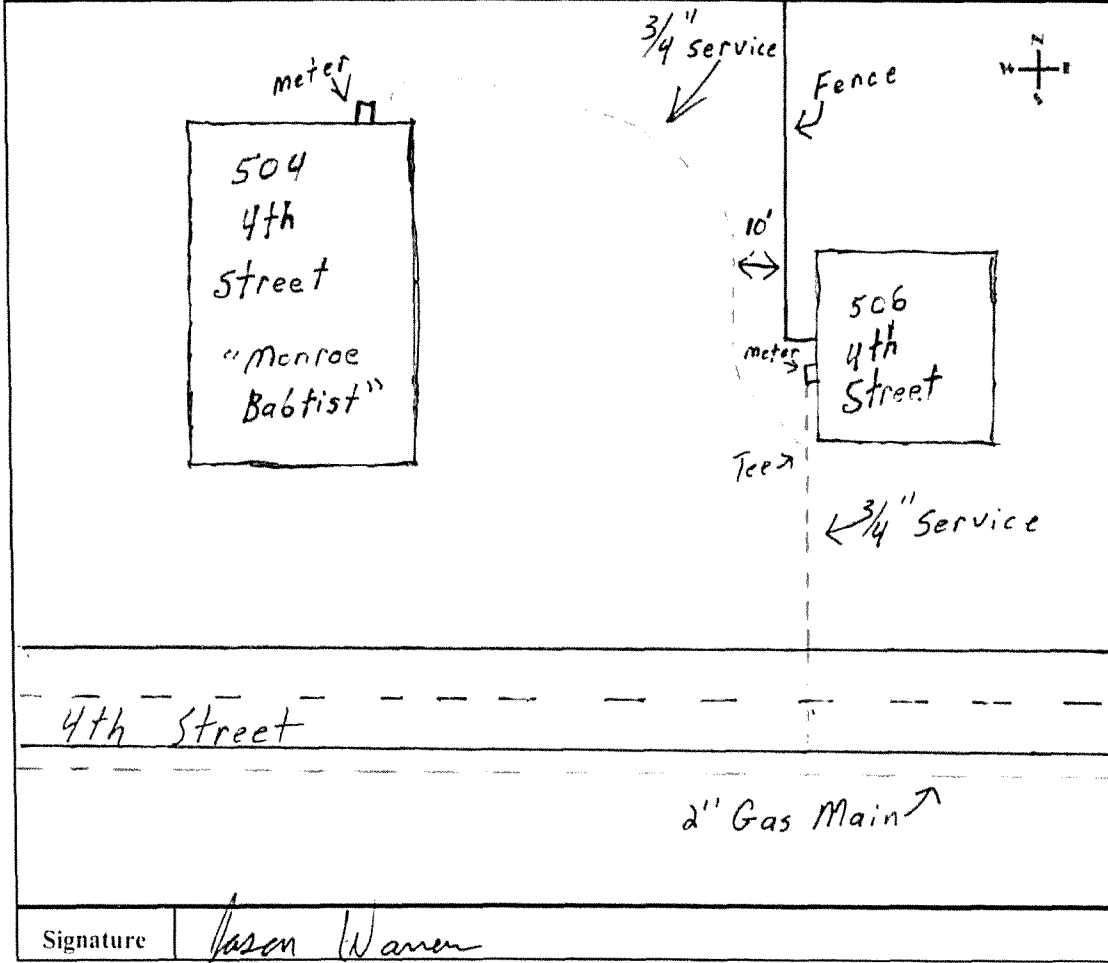
Rebuilt entire meter set using all weld fittings possible to minimize any possible chance of leaks. The meter set was also made taller + wider to allow for more work room.



Signature	Jason Warner	Date	8-6-13
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NATURAL GAS MAIN AND SERVICE INSTALLATION RECORDS

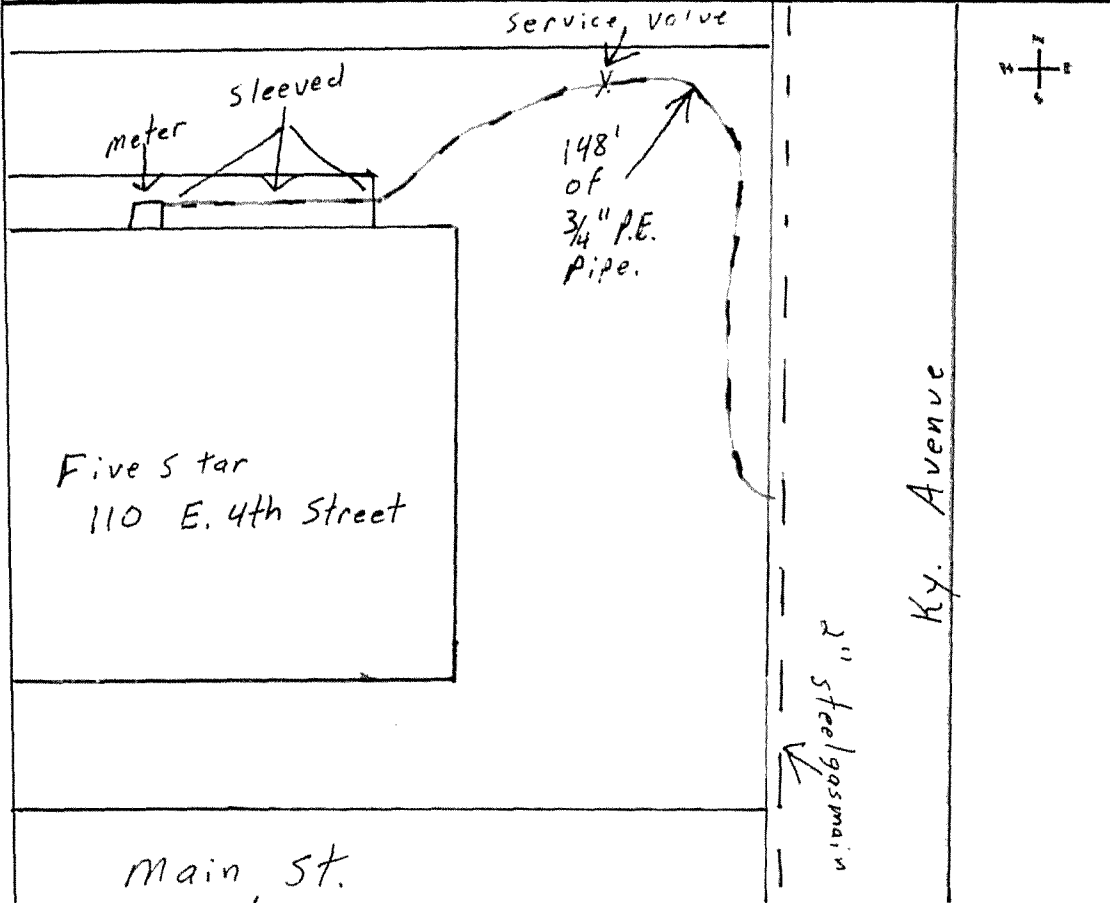
Address	504 4th Street.		Apt#		City	Tompkinsville	City	Monroe	Time Received	2:00pm	Date Received	8-13-13
Customer Name							Phone#			Customer Account#		
Installer Name	Casey Chelf				Date Received	8-14-13		Date Installed	8-14-13			
Date Tested	8-14-13		Test Pressure psig	75psi		Test Medium	Natural Gas		Properly Purged	Yes	<input checked="" type="checkbox"/>	No
							Comp Air	<input checked="" type="checkbox"/>				
							Inert Gas					
Meter Set	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Meter Co#				Meter Mfg#			Index Reading		



Meter Locked	Yes	No	Card Left	Yes	No	
LOCATION						
Gas Main Location	4th Street					
Mainline Valve Installed	Yes	No	<input checked="" type="checkbox"/>			
Service Location	4th St					
Service Valve		Tapping Tee				
REMARKS						
work						
We had to reconnect the service to the church because an old house was tore down beside it. We removed the old service + re routed the new one to allow for a black top parking lot to be built.						
Signature	Jason Warren				Date	8-14-13

NATURAL GAS MAIN AND SERVICE INSTALLATION RECORDS

Address	110 E. 4th Street.		Apt#		City	Tompkinsville	City	Monroe	Time Received	7:00	Date Received	8-22-13
Customer Name	Five Star Food Mart					Phone#		Customer Account#				
Installer Name	Casey Chelf				Date Received		Date Installed					
Date Tested	8-22-13		Test Pressure psig	75 PSI		Test Medium	Natural Gas	Properly Purged	Yes	<input checked="" type="checkbox"/> No		
						Comp Air	<input checked="" type="checkbox"/>					
						Inert Gas						
Meter Set	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Meter Co#	13W5 90065		Meter Mfg#				Index Reading	0000	

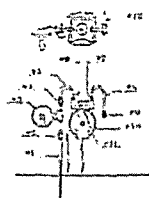


Meter Locked	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Card Left	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
LOCATION									
Gas Main Location	Ky Avenue								
Mainline Valve Installed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Service Location									
Service Valve	<input checked="" type="checkbox"/>	Tapping Tee	<input type="checkbox"/>						
REMARKS									
Ran 148' of 3/4" PE service line.									
Tested with air at 75 PSI for 15 minutes. Installed a 3/4" service valve also.									

Signature	Jason Warner					Date	8-22-13				
-----------	--------------	--	--	--	--	------	---------	--	--	--	--

Address		City, County		State					
						Case #	Date		
						Classification	Grade 1	Grade 2	Grade 3
						Meter #	Inside		
						Manufacture #	Outside		
#1 Riser	#2 HP Cock	#3 Regulator							
#4 LP Cock	#5 Inlet Loop	#6 Inlet Cap/Swivel							
#7 Out Cap/Swivel	#8 Outlet Loop	#9 Fuel Line Fitting							
#10 Gas Meter	#11 Index	#12 Fuel Line							
Detection	Location		Soil Sub	CGI/EGD	Pressure	Surface	Pipe	Size	Weather
Mobile FI	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	Steel	1/2-2.0	Clear
Flame Pack	Outside Bldg	Service	Cinder	LEL	(1-30)	Dirt	PE	2.0-3.0	Wet
Visual	Manhole	Tap	Clay	UEL	(31-60)	Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CGI/EGD	Undergrnd	Valve	Loam	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	Atmosphere	Meter	Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	
Leak Cause	Component/Explanation	Part of System	Type Material	Location Area		Repair Data			
Corrosion	Pipe	Transmission	Steel	Residential	1-5	Bare			
Outside Force	Valve	Main	Cast Iron	Rural	5-Greater	Coated			
Const/Defect	Fitting	Service	Ductile Iron	Commercial	Date Repaired:				
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked:				
Other	Tap Connection	Customer Pipe	Plastic						

SERVICE REQUEST

Date 8-9-13		S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input checked="" type="checkbox"/> S <input type="checkbox"/>		Received 7:00 (AM) (PM)	Arrived 10:05 (AM) (PM)	Departed 11:00 (AM) (PM)
Request Taken By Jason		Date Service Requested				
Customers Name		Date Scheduled For				
Mailing Address 207 Capp Harlan Rd		Inspection Needed				
Phone Number		Date Inspected				
Service Location		Route Number				
Customer Number		Stop Number				
Electric	Water	Gas	<input checked="" type="checkbox"/>	Sewer	N.P.	Recheck
Traffic Light		Bound Lane	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		Number of Lanes	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>
Street Light		Install	Yes <input type="checkbox"/> No <input type="checkbox"/>	Repair	Yes <input type="checkbox"/> No <input type="checkbox"/>	Demand Yes <input type="checkbox"/> No <input type="checkbox"/>
Yard Light		Install	Yes <input type="checkbox"/> No <input type="checkbox"/>	Repair	Yes <input type="checkbox"/> No <input type="checkbox"/>	Multiple Installation
Installed Service		Install	Yes <input type="checkbox"/> No <input type="checkbox"/>	Repair	Yes <input type="checkbox"/> No <input type="checkbox"/>	Size M
Disconnect Service		Permanent	Yes <input type="checkbox"/> No <input type="checkbox"/>	Temporary	Yes <input type="checkbox"/> No <input type="checkbox"/>	Size S
Set Meter	Gas <input type="checkbox"/> Water <input type="checkbox"/> Electric <input type="checkbox"/>	Permanent	Yes <input type="checkbox"/> No <input type="checkbox"/>	Temporary	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire Hydrant Yes <input type="checkbox"/> No <input type="checkbox"/>
Check Meter		Set Meter	Yes <input type="checkbox"/> No <input type="checkbox"/>	Read	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gallons
Check Leak		Remove Meter	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yard	Yes <input type="checkbox"/> No <input type="checkbox"/>	CFH
Make Tap		Main	Yes <input type="checkbox"/> No <input type="checkbox"/>	Service	Yes <input type="checkbox"/> No <input type="checkbox"/>	Service Type Steel <input type="checkbox"/> PE <input type="checkbox"/>
Sketch Location 1/4" x 1/4" holes of 1/4" pipe plastic Two 1/4" couplings Customer hit line with shovel while digging a ditch from house to garage		Meter #	PT Leaking		Test Type	
		Inside <input type="checkbox"/> Outside <input type="checkbox"/>	Pipe <input type="checkbox"/>	Line Tap <input type="checkbox"/>	CGI <input type="checkbox"/>	Soap <input type="checkbox"/>
			Valve <input type="checkbox"/>	Meter <input type="checkbox"/>	Odor <input type="checkbox"/>	Decay <input type="checkbox"/>
			Fitting <input type="checkbox"/>	Regulator <input type="checkbox"/>	Clock <input type="checkbox"/>	Locked <input type="checkbox"/>
			Location		Cause	
			MN. LN		Corrosion	
			SER. LN		Damage	
			CUST. LN		PT. DF	
COMMENT	Repair Service line hit by customer.					
Date	8-8-13	Crew Member			Worked Performed By	Casey + Kevin

To be Completed on any natural gas leaks calls after hours & weekends, KEEP caller on phone to get this in

Leak Report Guideline

Company or Utility City of Tompkinsville
Date 8/8/2013 Time 1709 AM PM
Person Reporting Leak Pam Wood / Edward Gerald
Address 207 Call Harlan Road
Location of Reported Leak Behind Water District
Taken By E.C. England Dispatched To Jasen Time 1713 AM PM

Leak Location

INSIDE

YES NO

1. Do you hear gas escaping?
2. Do you smell gas throughout the building?
3. Has a line been damaged?
4. Has an appliance been moved or disconnected?

*If the answer is yes to any of the above questions read the statement at the bottom of page.

5. Do you have a pilot out on any appliance?
6. Do you smell gas all of the time? If yes, how long? _____

OUTSIDE

YES NO

1. Has any construction work or grading been done in the area? Yes
2. Do you hear gas escaping? Yes
3. Is odor strong in the area? Yes
4. Is the leak near any building? Yes
5. Is there any gas odor in the building? no

*If the answer is yes to number 4 or 5 read the statement at the bottom of the page.

6. Is the leak in the yard? Yes
7. Is the leak in the street?
8. How long have you smelled gas? Several minutes

Time completed 1711 AM PM Date 8/8/2013
Miscellaneous Work Order No. _____ Date _____

→ Read to Caller Statement

From the information you have provided, we advise you to eliminate and prevent all sources of ignition including the use of matches and the operation of electrical switches, and to evacuate the structure to a safe distance. A service technician will be dispatched to your premises immediately. → Do You Understand the Message I just read

Date read 8/8/2013 Caller's name Pam Wood
Time read 1711

P.t + this form with daily log

LEAK REPORT

This Order Covers:

^{M.A.} Complaint of smelling gas
inside of building

Complaint of smelling gas
outside of building

(Other - Specify)

Date 7-16-13

Time Order Taken 10:58 A.M.

Reported By: _____

Disposition of Order: _____

Notified by Radio _____

Placed in Service Tray *handed to Jusev*

Location: 180 Hidden Hills Drive

Work To Be Done: had gas leak, ~~leak~~ appears to be inside of home.

Work Done Inside of Building Yes No

Who Was Present When Work Was Done Casey Dorek / Marvin / Home owner & family

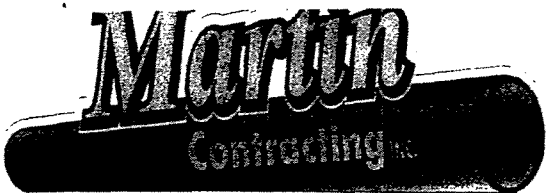
Time of Day Work Completed: _____ A.M. 120 P.M.

Date Completed: 7-16-13

Give Details of Work: No leak on meter - (Took flame pack out stuck through door pegged out 100%, home owner called plumber to fix leak, we shot the gas off and locked until leak was fixed.

Employee: DN

Hours _____



*Repaired
7-24-13*

Page No. 3 (37)
 Date 9-13
 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 _____

Tompkinsville Elementary "10 inch 100 m" meter

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 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 checked="" 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 checked="" 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"/>

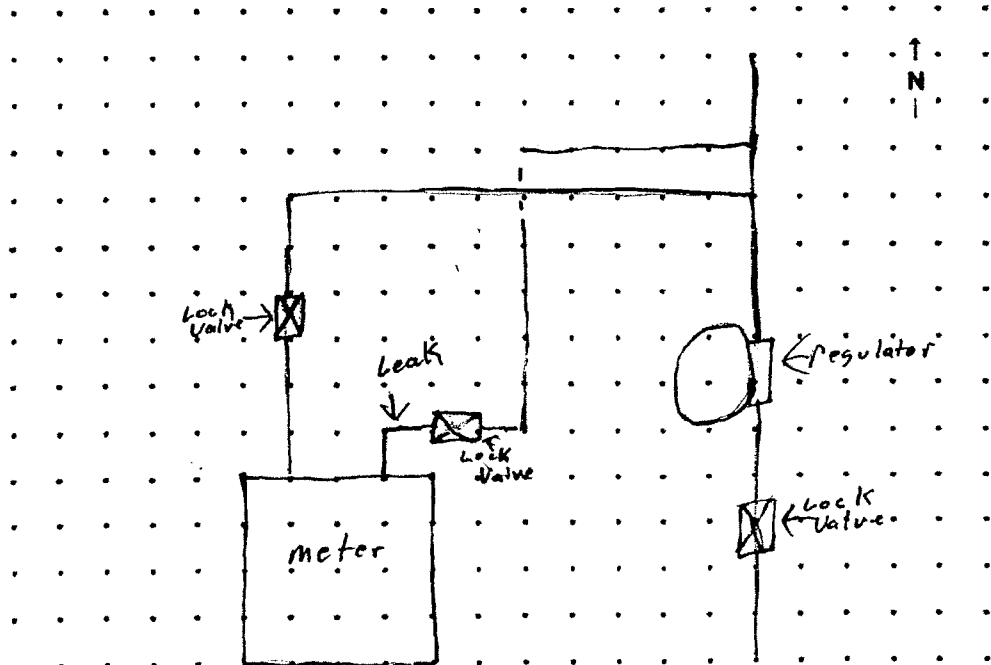
PRESSURE	
High	<input type="checkbox"/>
Intermediate	<input checked="" type="checkbox"/>
Low	<input type="checkbox"/>

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

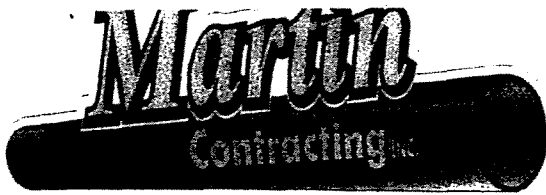
LEAK INDICATION (Vegetation Only)	
Trees	<input type="checkbox"/>
Shrubs	<input type="checkbox"/>
Grass	<input type="checkbox"/>
Lawn	<input type="checkbox"/>
Weeds	<input type="checkbox"/>
Odor	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

LOCATION OF PIPE	
Street	<input 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 type="checkbox"/>
Asphalt	<input checked="" type="checkbox"/>
Brick	<input type="checkbox"/>
Gravel	<input type="checkbox"/>
Soil	<input type="checkbox"/>
Other	<input type="checkbox"/>



Remarks This leak was on a 2" 90°. The entire meter set was in bad shape & had several threaded fittings. We rebuilt the meter set using all weld fittings to reduce possible future leaks.



Repaired
8-8-13

Page No. 3

Date 9-13

36

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 _____

Tompkinsville Elementary "3rd meter"

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 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 checked="" type="checkbox"/>

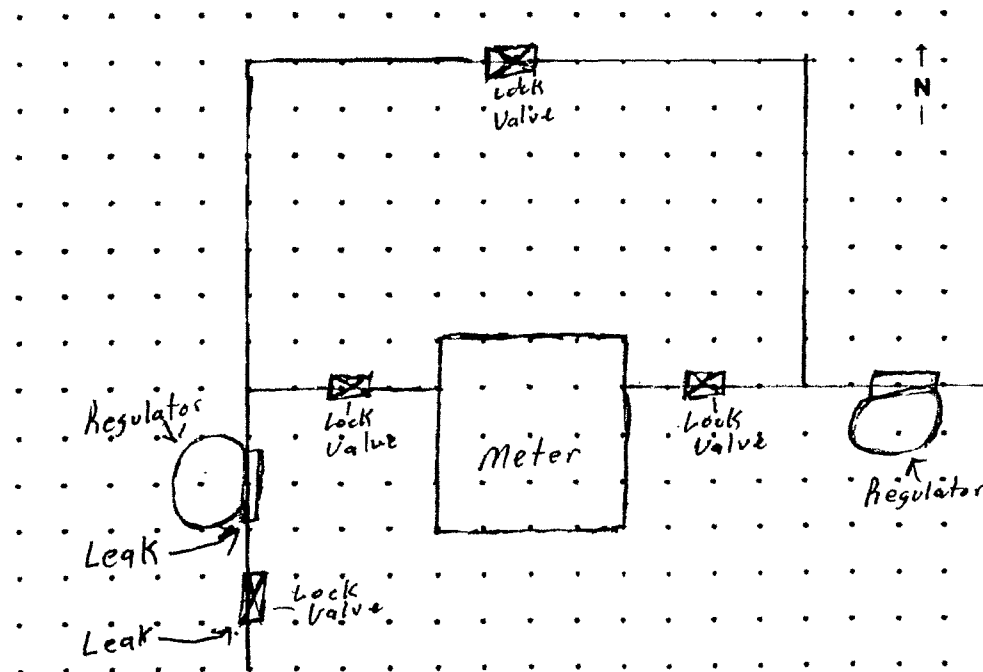
METHOD OF SURVEY	
Vegetation	<input type="checkbox"/>
Portable F I	<input checked="" type="checkbox"/>
Mobile F I	<input type="checkbox"/>
Bar Hole	<input type="checkbox"/>
Other	<input type="checkbox"/>

LEAK INDICATION APPEARS TO BE AT:	
Main	<input type="checkbox"/>
Service	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>
Easement	<input type="checkbox"/>
R.O.W.	<input type="checkbox"/>
Other	<input type="checkbox"/>

Remarks Here we squeezed off the PE line & replaced the lock valve that was leaking. We then rebuilt the entire station using weld fittings to prevent future leaks.

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"/>



Repaired
7-30-13

Page No. 5
 Date 10-22 (65)
 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 _____

Mainline Gas Board of Education 14th St.

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
Manuf.	Bar Hole Test	Portable F I <input checked="" type="checkbox"/>	Service
L.P.	Man Hole	Mobile F I	Service Tap
Other	Plt (Reg. or Meter)	Bar Hole	Main At Tie In
	Valve Box	Other	Drip
	Main Valve		Meter <input checked="" type="checkbox"/>
	Curb Valve		Curb Valve
	Meter Box		Main Valve
	Underground Fuel Tank		Other
	Selected Test		

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

CGI TEST

Positive	
Negative	

LEAK INDICATION (Vegetation Only)

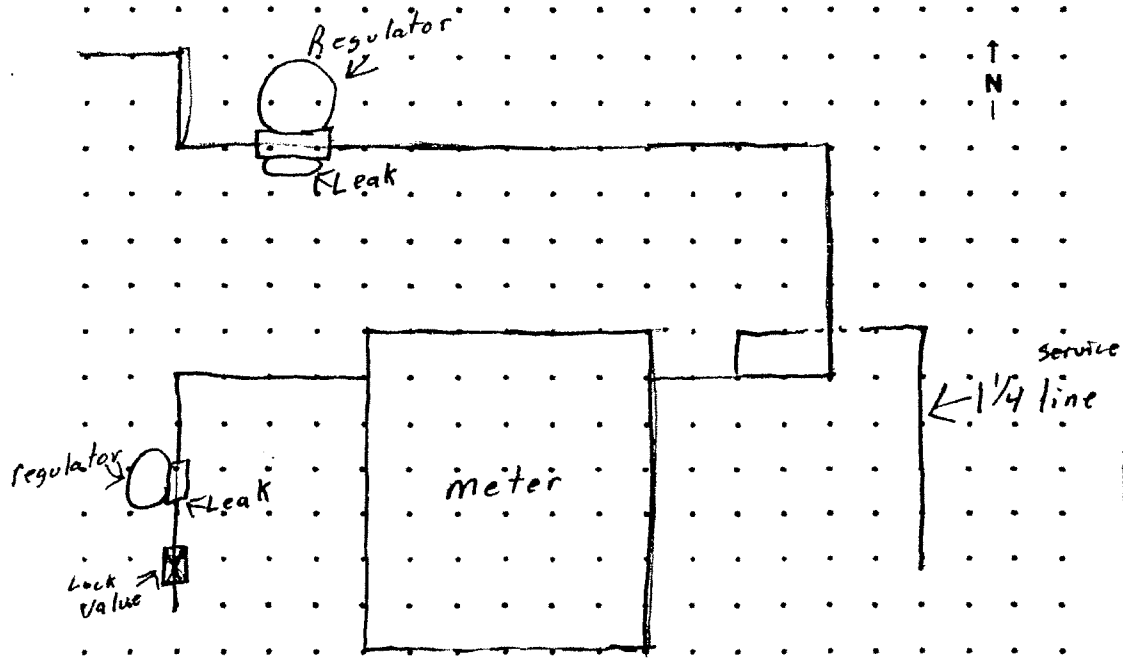
Trees	
Shrubs	
Grass	
Lawn	
Weeds	
Odor	
Other	

LOCATION OF PIPE

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

COVER

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

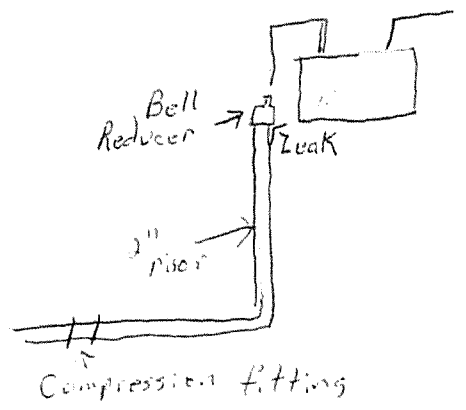


Remarks We completely rebuilt the entire meter set using all welded fittings. We also replaced all of the 1/4 service line due to the wrong piping being installed for it. It had black water service line & galvanized fittings feeding the maintenance building here.

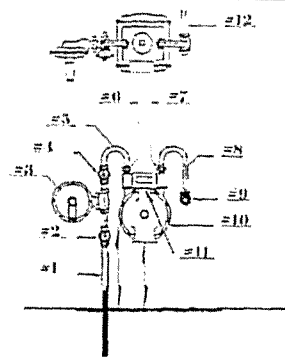
Address: 525 Radio Station Rd City/County: Tompkinsville/Menice State: KY



We removed the old riser & welded in a 3/4" PE riser. This allowed us to make a solid connection to the existing service line. We then rebuilt the meter set to ensure no leaks.



Case #				Date	8-26-13
Classification	Grade 1	Grade 2	<input checked="" type="checkbox"/>	Grade 3	
Meter #				Inside	
Manufacture #				Outside	<input checked="" type="checkbox"/>




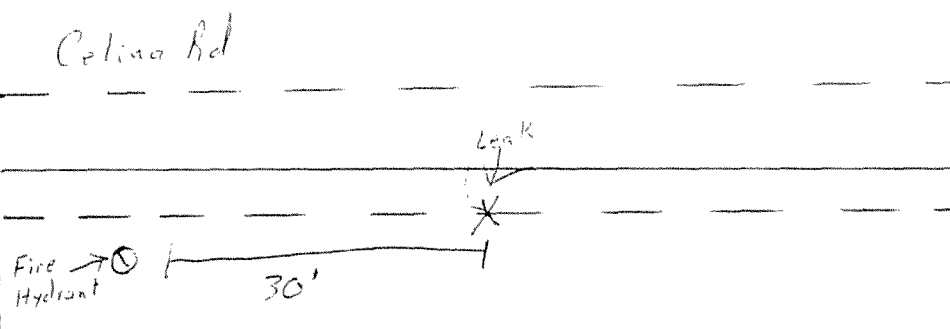
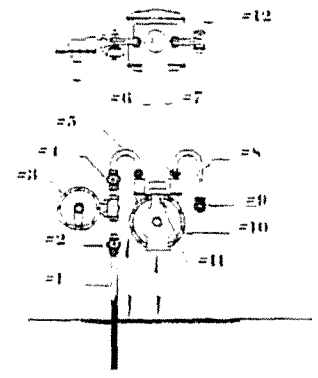
#1 Riser	#2 HP Cock	#3 Regulator	<input checked="" type="checkbox"/>
#4 LP Cock	#5 Inlet Loop	#6 Inlet Cap/Swivel	
#7 Out Cap/Swivel	#8 Outlet Loop	#9 Fuel Line Fitting	
#10 Gas Meter	#11 Index	#12 Fuel Line	

Detection	Location	Soil Sub	CGI/EGD	Pressure	Surface	Pipe	Size	Weather	
Mobile FI	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	Steel	5-2.0	Clear
Flame Pack	Outside Bldg	Service	Cinder	LEL	(1-30)	Dirt	PE	2.0-3.0	Wet
Visual	Manhole	Tap	Clay	UEL	(31-60)	Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CGI/EGD	Undergrnd	Valve	Loam	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	Atmosphere	Meter	Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	

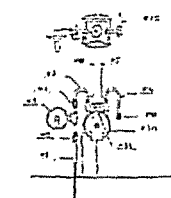
Leak Cause	Component/Explanation	Part of System	Type Material	Location Area	Repair Data
Corrosion	Pipe	Transmission	Steel	Residential	1-5 Bare
Outside Force	Valve	Main	Cast Iron	Rural	5-Greater Coated
Const/Defect	Fitting	Service	Ductile Iron	Commercial	Date Repaired:
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked:
Other	Tap Connection	Customer Pipe	Plastic		

Customer called in this leak.

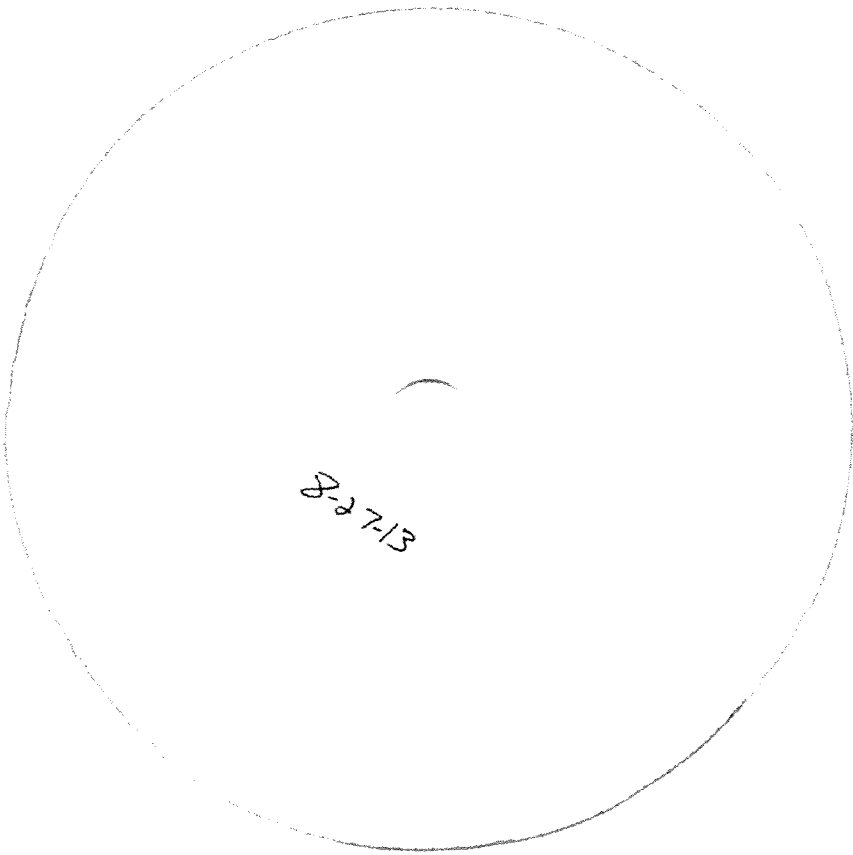
Repaired from leak survey.

Address 612 Celina Rd		City/County Tompkinsville / Monroe		State KY					
<div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;"> <p>Compression fitting removed + line welded back.</p> </div>		Case #	Date						
		Classification	Grade 1	Grade 2	<input checked="" type="checkbox"/> Grade 3				
		Meter #	Inside						
		Manufacture #	Outside		<input checked="" type="checkbox"/>				
									
		#1 Riser	#2 HP Cock	#3 Regulator					
		#4 LP Cock	#5 Inlet Loop	#6 Inlet Cap/Swivel					
		#7 Out Cap/Swivel	#8 Outlet Loop	#9 Fuel Line Fitting					
		#10 Gas Meter	#11 Index	#12 Fuel Line					
Detection	Location		Soil Sub	CGI/EGD	Pressure	Surface	Pipe	Size	Weather
Mobile FI	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	<input checked="" type="checkbox"/> Steel	<input checked="" type="checkbox"/> 1.5-2.0	<input checked="" type="checkbox"/> Clear
Flame Pack <input checked="" type="checkbox"/>	Outside Bldg	Service	Cinder	LEL	(1-30)	Dirt	PE	<input checked="" type="checkbox"/> 2.0-3.0	Wet
Visual	Manhole	Tap	Clay	<input checked="" type="checkbox"/> UEL	(31-60)	<input checked="" type="checkbox"/> Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CGI/EGD	Undergrnd	<input checked="" type="checkbox"/> Valve	Loam	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	Atmosphere	Meter	Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	
Leak Cause	Component/Explanation	Part of System	Type Material	Location Area		Repair Data			
Corrosion	Pipe	Transmission	Steel	Residential		1-5	Bare		
Outside Force	Valve	Main	Cast Iron	Rural		5-Greater	Coated		
Const/Defect	Fitting	Service	<input checked="" type="checkbox"/> Ductile Iron	Commercial		Date Repaired:			
Material Defect	Regulator	Meter Set	Copper	Industrial		Date Rechecked:			
Other	<input checked="" type="checkbox"/> Tap Connection	Customer Pipe	Plastic						

Leak Caused by Customer. No locate was called in.

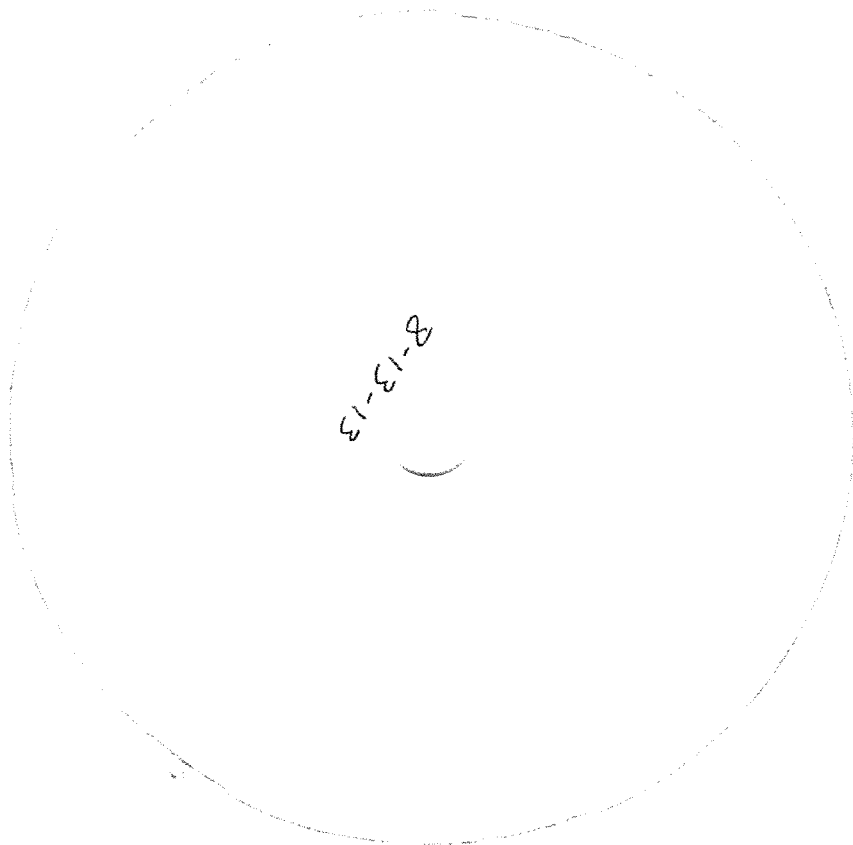
SERVICE REQUEST															
Date	8-28-13			SO MO TU WE TH FR SA			Received	2:46 (AM) (PM)		Arrived	3:00 (AM) (PM)		Departed	5:20 (AM) (PM)	
Request Taken By	Dorothy Netherton						Date Service Requested								
Customers Name	Brandy Kidman.						Date Scheduled For								
Mailing Address	586 Country Club Lane						Inspection Needed								
Phone Number	270-487-8172						Date Inspected								
Service Location	Same						Route Number								
Customer Number							Stop Number								
Electric		Water		Gas	<input checked="" type="checkbox"/>	Sewer		N.P.		Recheck					
Traffic Light				Bound Lane	NO S O E O W O			Number of Lanes		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>					
Street Light				Install	Yes <input type="checkbox"/> No <input type="checkbox"/>	Repair	Yes <input type="checkbox"/> No <input type="checkbox"/>	Demand	Yes <input type="checkbox"/> No <input type="checkbox"/>						
Yard Light				Install	Yes <input type="checkbox"/> No <input type="checkbox"/>	Repair	Yes <input type="checkbox"/> No <input type="checkbox"/>	Multiple Installation							
Installed Service				Install	Yes <input type="checkbox"/> No <input type="checkbox"/>	Repair	Yes <input type="checkbox"/> No <input type="checkbox"/>	Size M							
Disconnect Service				Permanent	Yes <input type="checkbox"/> No <input type="checkbox"/>	Temporary	Yes <input type="checkbox"/> No <input type="checkbox"/>	Size S							
Set Meter	Gas <input type="checkbox"/>	Water <input type="checkbox"/>	Electric <input type="checkbox"/>	Permanent	Yes <input type="checkbox"/> No <input type="checkbox"/>	Temporary	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire Hydrant	Yes <input type="checkbox"/> No <input type="checkbox"/>						
Check Meter				Set Meter	Yes <input type="checkbox"/> No <input type="checkbox"/>	Read	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gallons							
Check Leak				Remove Meter	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yard	Yes <input type="checkbox"/> No <input type="checkbox"/>	CFH							
Make Tap				Main	Yes <input type="checkbox"/> No <input type="checkbox"/>	Service	Yes <input type="checkbox"/> No <input type="checkbox"/>	Service Type	Steel <input type="checkbox"/> PE <input type="checkbox"/>						
Sketch Location:					Meter #		PT Leaking			Test Type					
					Inside <input type="checkbox"/> Outside <input checked="" type="checkbox"/>		Pipe <input checked="" type="checkbox"/>	Line Tap <input type="checkbox"/>	CGI . . . <input type="checkbox"/>	Step <input type="checkbox"/>					
							Valve <input type="checkbox"/>	Meter . . <input type="checkbox"/>	Odor . . <input type="checkbox"/>	Decay <input type="checkbox"/>					
							Fitting <input type="checkbox"/>	Regulator <input type="checkbox"/>	Clock . . <input type="checkbox"/>	Locked <input type="checkbox"/>					
							Location			Cause					
							MN. LN		Corrosion						
		SER. LN	<input checked="" type="checkbox"/>	Damage		<input checked="" type="checkbox"/>									
		CUST. LN		PT. DF											
COMMENT	Customer was having a stump removed. The backhoe operator hit the service while performing the work. We made the repair using a short piece of 3/4 service tubing + 2 couplings. No locate was called in by the customer.														
Date	8-28-13		Crew Member	Eddie, Casey + Jesse			Worked Performed By								

Handwritten text, possibly a title or header, located at the top of the page. The text is faint and difficult to read.



8-27-13

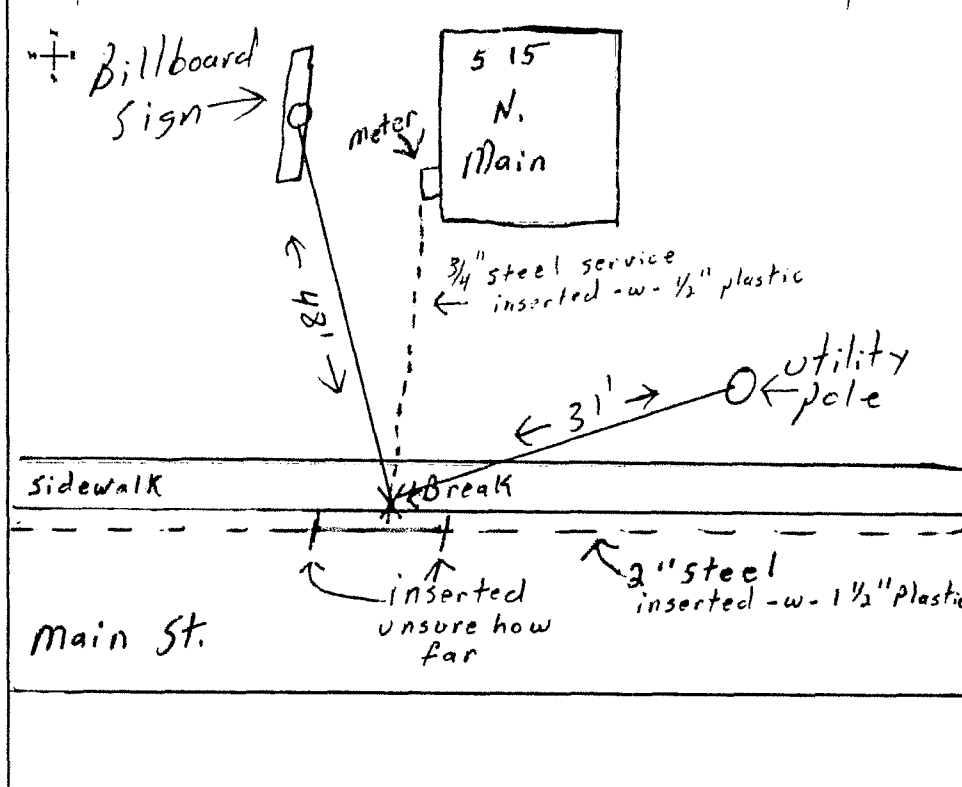
Office Chart Clock
Tompkinsville



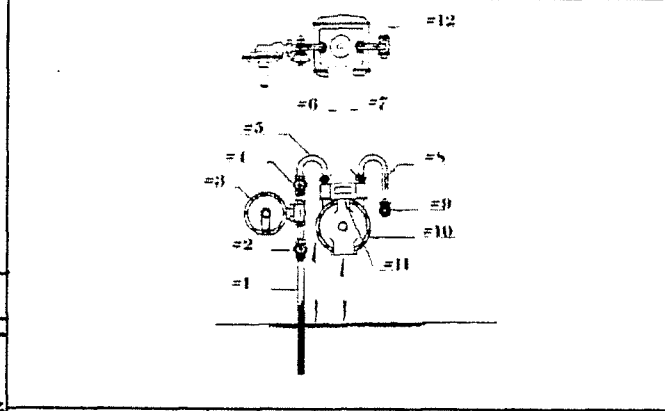
8-13-13

Office
To Mr. H. W. Clark
at his residence

Address: 515 N. Main St. City/County: Tompkinsville / Monroe State: KY



Case #				Date	7-25-13
Classification	Grade 1	<input checked="" type="checkbox"/> Grade 2	Grade 3		
Meter #				Inside	
Manufacture #				Outside	<input checked="" type="checkbox"/>



#1 Riser	#2 HP Cock	#3 Regulator
#4 LP Cock	#5 Inlet Loop	#6 Inlet Cap/Swivel
#7 Out Cap/Swivel	#8 Outlet Loop	#9 Fuel Line Fitting
#10 Gas Meter	#11 Index	#12 Fuel Line

Detection	Location		Soil Sub	CGI/EGD	Pressure	Surface	Pipe	Size	Weather
	Inside Bldg	Main							
Mobile FI	<input checked="" type="checkbox"/>		Rock	% Gas	(0-1)	Grass	Steel	.5-2.0	Clear
Flame Pack		Outside Bldg	Cinder	LEL	(1-30)	Dirt	PE Inserted	2.0-3.0	Wet
Visual	<input checked="" type="checkbox"/>	Manhole	Clay	UEL	(31-60)	Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CGI/EGD		Undergrnd	Loam	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	<input checked="" type="checkbox"/>	Atmosphere	Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	

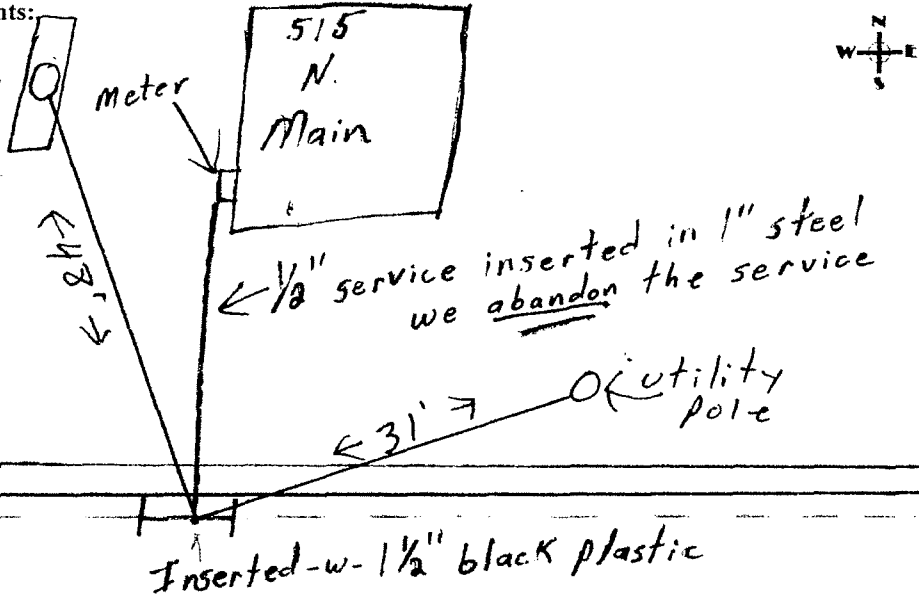
Leak Cause	Component/Explanation	Part of System	Type Material	Location Area	Repair Data
Corrosion	Pipe	Transmission	Steel	Residential in town	1-5 Bare
Outside Force	Valve	Main	Cast Iron	Rural	5-Greater Coated
Const/Defect	Fitting	Service	Ductile Iron	Commercial	Date Repaired: 7-25
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked: 7-26
Other	Tap Connection	Customer Pipe	Plastic		

VISUAL INSPECTION OF MAINS AND SERVICE PIPELINES

Address		515 N. Main St.		Location		Tompkinsville, Ky	
TYPE		CONDITION		CORROSION		COATING TYPE	
Steel	✓	Excellent		Localized		Millwrap	✓
PE	Inserted.	Good		General		Enamel	
Cast Iron		Slight Pitting		Other		Roskote	
CSST		Extreme Pitting		Pitting Depth		Oxidemp	
Main		Hole/Voids				Xtrucoat	
Service		Graphitization				Mastic	
Other		Bent				Cold Roll	
		Broken				Hot Wrap	
		Other	✓			Heat Shrink	
COATING CONDITION		SOIL TYPE		SOIL COMPOSITION		EXCAVATION	
Good	✓	Rock		Dry		Main Extension	
Poor		Cinder		Wet/Swampy		Service Tap	
Damaged		Clay	✓	Normal		Leak Repair	✓
Other		Loam		Moister Range (3-5)		Re-routing	
		Sand		Moister Range (5-8)		Third Party	
		Alluvion				Abandonment	
		Other				Deactivation	
						Utility Theft	
						Other	

Description/Comments:

Billboard Sign →



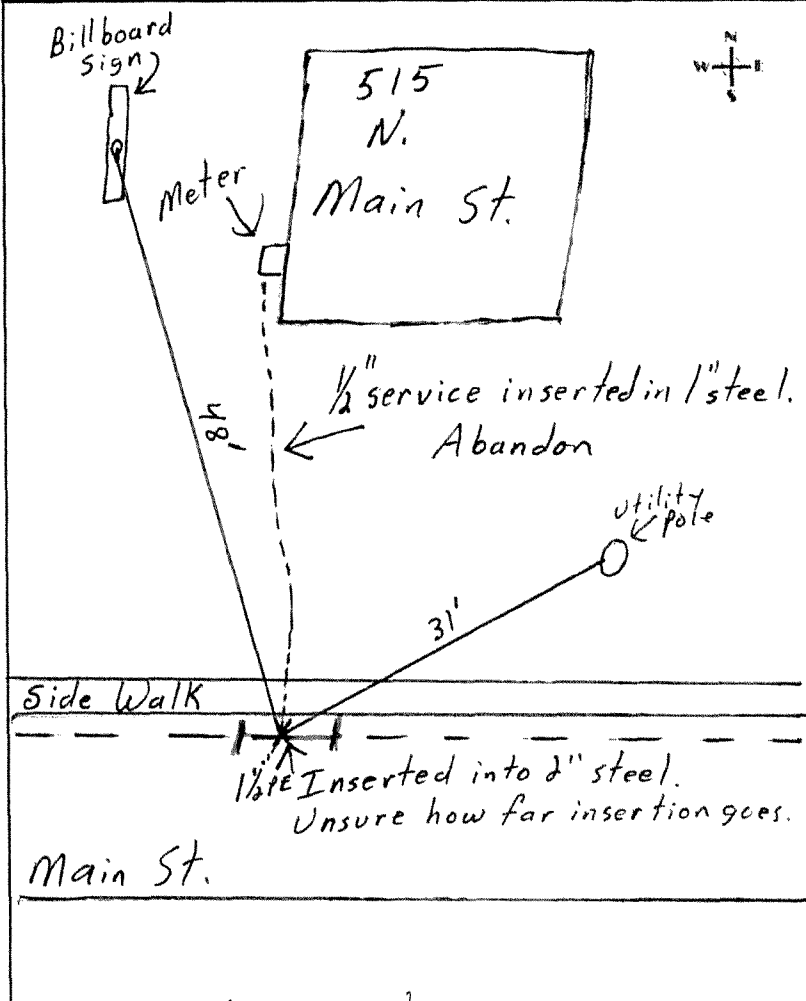
NATURAL GAS MAIN AND SERVICE ABANDONMENT RECORDS

Address	515 N. Main St.	Apt#		City	Tompkinsville	Cty	Monroe	Time Received	2:00	Date Received	7-25
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Customer Name		Phone#		Customer Account#	
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Crewleader Name		Date Received		Date Abandoned	7-25
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Date Purged		Purged Length		Purge Medium	Comp Air <input type="checkbox"/> Inert Gas <input type="checkbox"/>	Properly Purged	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Riser Removed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Riser Locked	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Pipe Size	1/2" PE	Pipe Type	P.E.
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Seal Type/Material	
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LOCATION/TYPE TASK RENDERED

Gas Main Location	Main St. in road
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Removed Valve box/Barricade	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Service Location	515 N. Main
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Piping Class Removed	Main Removed <input type="checkbox"/> Service Removed <input checked="" type="checkbox"/>
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Drawing of streets relational to removed pipe

REMARKS

We found on the main that the 2" steel had been inserted with 1/2" plastic line. We don't know how far the insertion goes. The 1/2" service was inserted into 1" steel. We Abandon the service after the customer said they didn't want the gas. This was all discovered while repairing a major gas leak.

Signature	Jason Warner	Date	7-25-17
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APPENDIX III
SAFETY RELATED CONDITION REPORT

Utility Name <i>City of Tompkinsville, KY</i>		Utility Address					
Gas Operator Number		Utility's Telephone # <i>270-487-6776</i>		PSC Inspector			
Condition Address <i>515 N. Main St.</i>		City <i>Tompkinsville</i>	State <i>KY</i>	Zip Code <i>42167</i>			
Date of Report <i>7-25-2013</i>	Date Received <i>same</i>	Date Condition Discovered <i>same</i>	Date Condition Safety Related <i>same</i>				
REASON FOR REPORT (Check appropriate box)							
<input type="checkbox"/> Corrosion, pitting on gas or liquid pipeline operating.				<input type="checkbox"/> Unintended movement/loading/environmental causes (gas, liquid, LNG)			
<input type="checkbox"/> Crack or material defect in an LNG facility.				<input type="checkbox"/> Material defects or physical damage to pipeline operating at 20% SMYS			
<input type="checkbox"/> Malfunction or operating error causing pressure to raise above: a. MAOP plus build-up allowed for operation of a pressure limiting or control devices. (Gas) b. Working pressure plus build-up allowed for operation of pressure limiting or control devices (LNG) c. 110% of the MAOP (liquid)				<input checked="" type="checkbox"/> Leak that constitutes an emergency (gas, LNG, liquid)			
<input type="checkbox"/> Inner tank leakage, ineffective insulation, or frost heaving that impairs the structural integrity of an LNG storage tank.				<input type="checkbox"/> Condition that could lead to an imminent hazard and cause a 20% or more reduction in the operating pressure or the shutdown of the gas system.			
Description of condition: <i>Service line pulled apart under a state highway during a water service installation. Took some time to get gas off of the line, which allowed a large amount of gas to escape.</i>				Discovery circumstances: <i>During excavation we discovered that the 2" steel main had been inserted with 1 1/2" black P.E. pipes had a tap on it. Then the service line going to the home had been inserted through 1" to the home.</i>			
Effects on safety: <i>Large amount of gas escaped into the area. The break happened in front of a home, a motel + McDonalds were across the street.</i>				Action taken: <i>The area of approx 1 block was evacuated + the police + fire department were called to the scene for safety to the public. The section of line was also shut down.</i>			
Planned future corrective action: <i>We plan to replace the entire section of inserted 2" main with 3" PE.</i>						Begin Date: Completion Date:	
Signature <i>Jason Warner</i>						Date <i>7-25-13</i>	