



2371 Irvine Road, Richmond, KY 40475

(TEL.) 859-623-0112 (FAX.) 859-626-0822

A MEASURE OF EXCELLENCE IN UTILITY PROFESSIONAL SERVICES

RECEIVED

OCT 08 2015

PUBLIC SERVICE  
COMMISSION

TO: Kentucky Public Service Commission

Attention: Joel Grugin

211 Sower Blvd

Frankfort, KY 40602

Case No. 2012-00362

September 30, 2015

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

Documents Included:

1. Pressure Charts (Office) July - September (9 pages)
2. Odorometer Readings - August (1 page)
3. Patrolling - July (1 page)
4. Visual Inspections of Mains & Service Pipelines – July-September (6 pages)
5. Main & Service Abandonment Records – July-September (5 pages)
6. Leak Repair – July-September (25 pages)
7. Dispatcher Call Reports – July-September (36 pages)
8. Service Line Installations – July-September (2 pages)
9. Facility Failure Reports – July-September (1 page)



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A MEASURE OF EXCELLENCE IN UTILITY PROFESSIONAL SERVICES

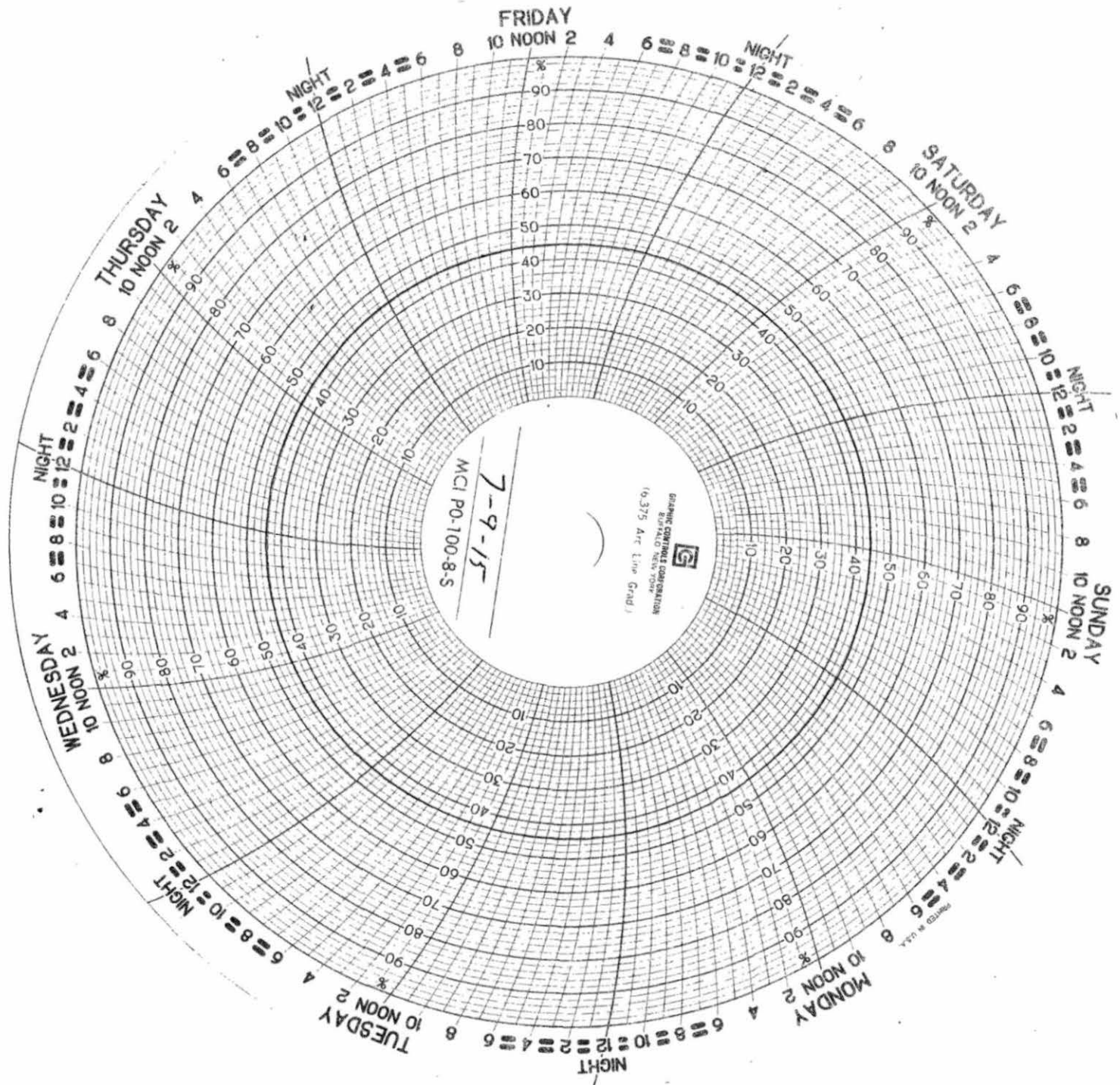
\*A hard copy of the above mentioned documents were mailed to the Kentucky Public Service Commission, Attention Joel Grugin on October 7, 2015 by Zane Salyers of RussMar Utility Management, LLC.

Sincerely,

A handwritten signature in cursive script that reads "Zane Salyers".

Zane Salyers

606-305-6438



SUNDAY

10 NOON 2 4 6 8 10 12

NIGHT

NIGHT

PRINTED IN U.S.A.

SATURDAY  
10 NOON 2 4 6 8

MONDAY  
10 NOON 2 4 6 8



GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK  
(6.375 Arc Line Grad.)

7-17-15

MCI P0-100-8-5

FRIDAY  
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TUESDAY  
10 NOON 2 4 6 8

NIGHT

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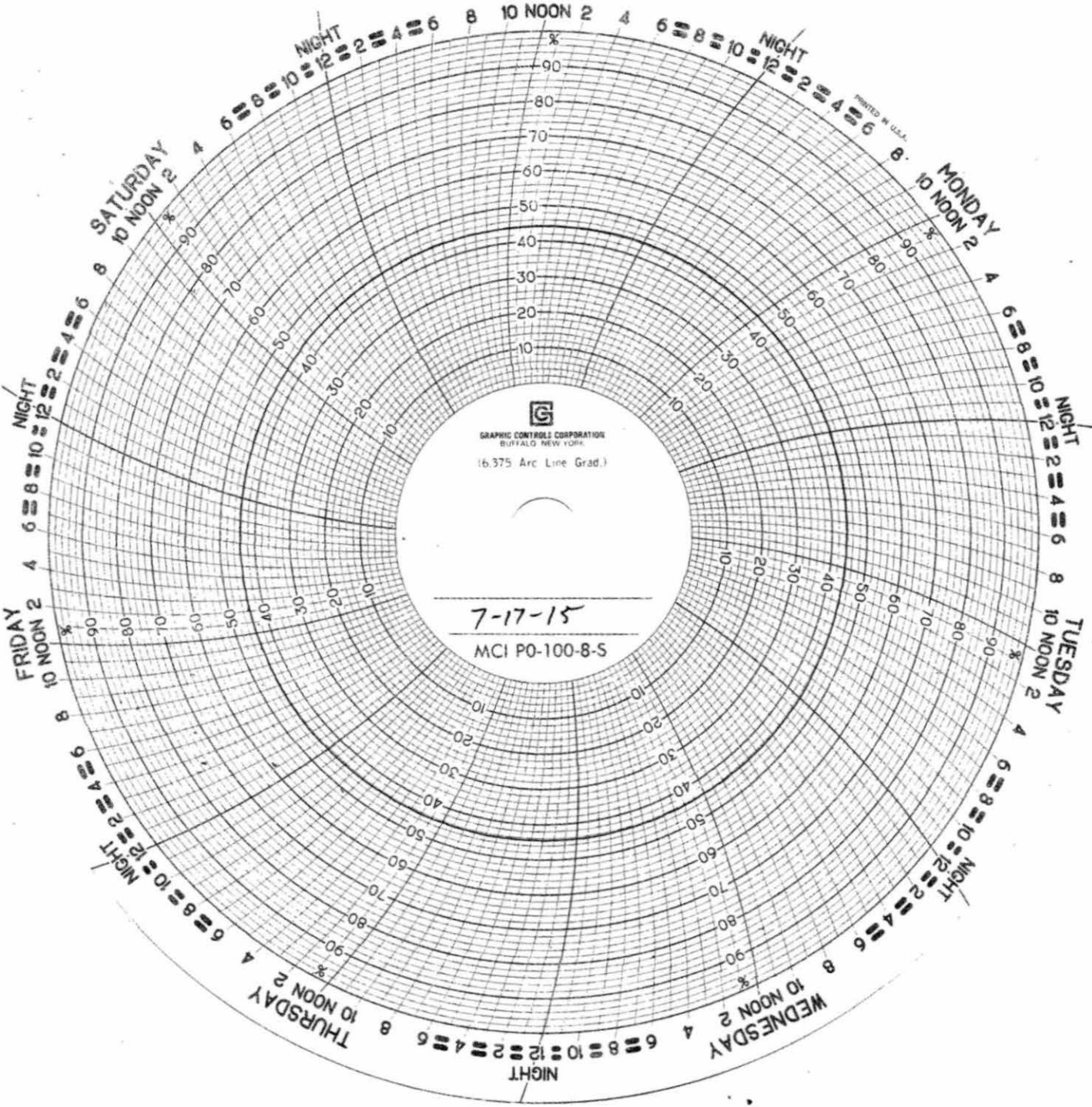
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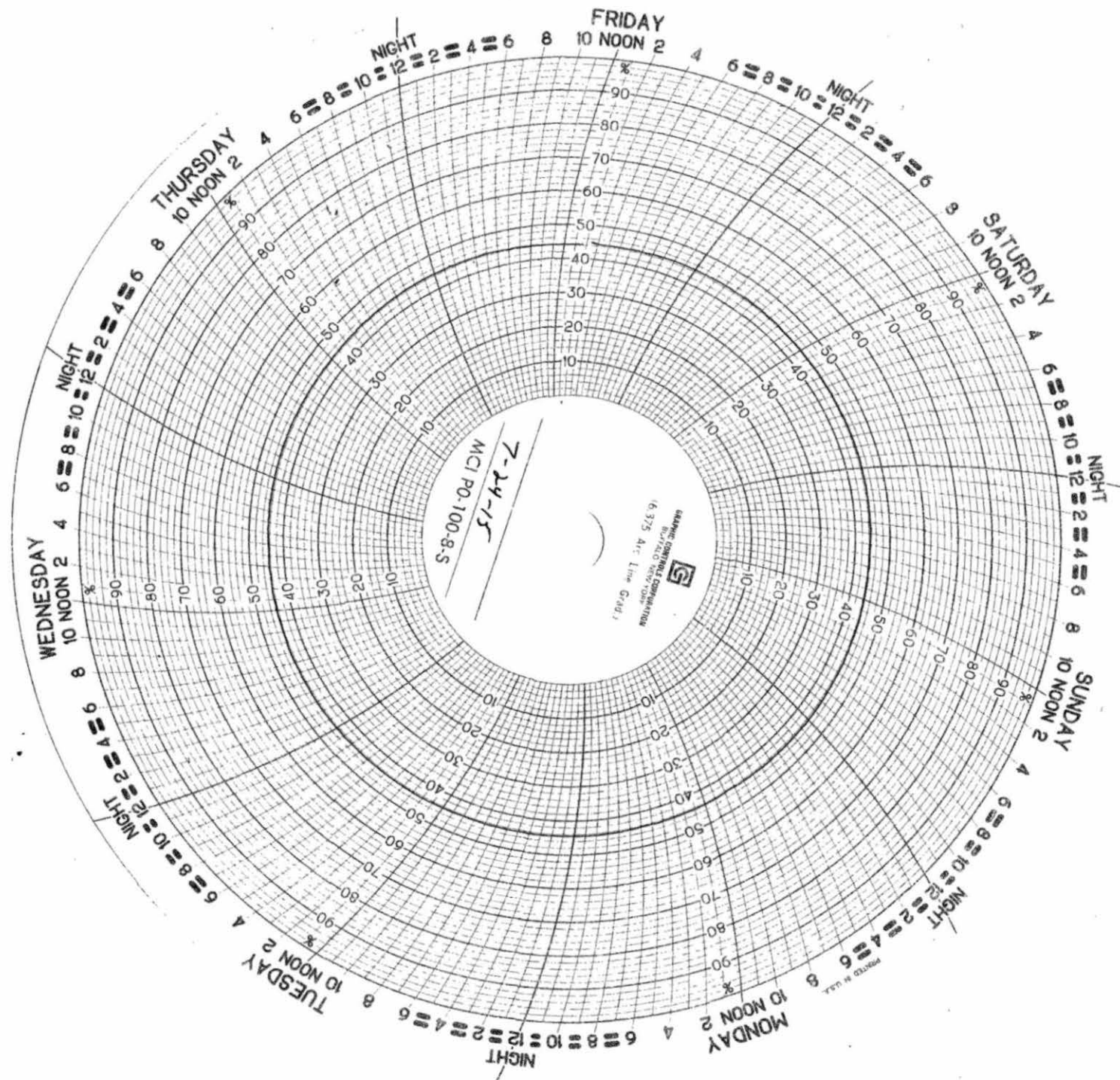
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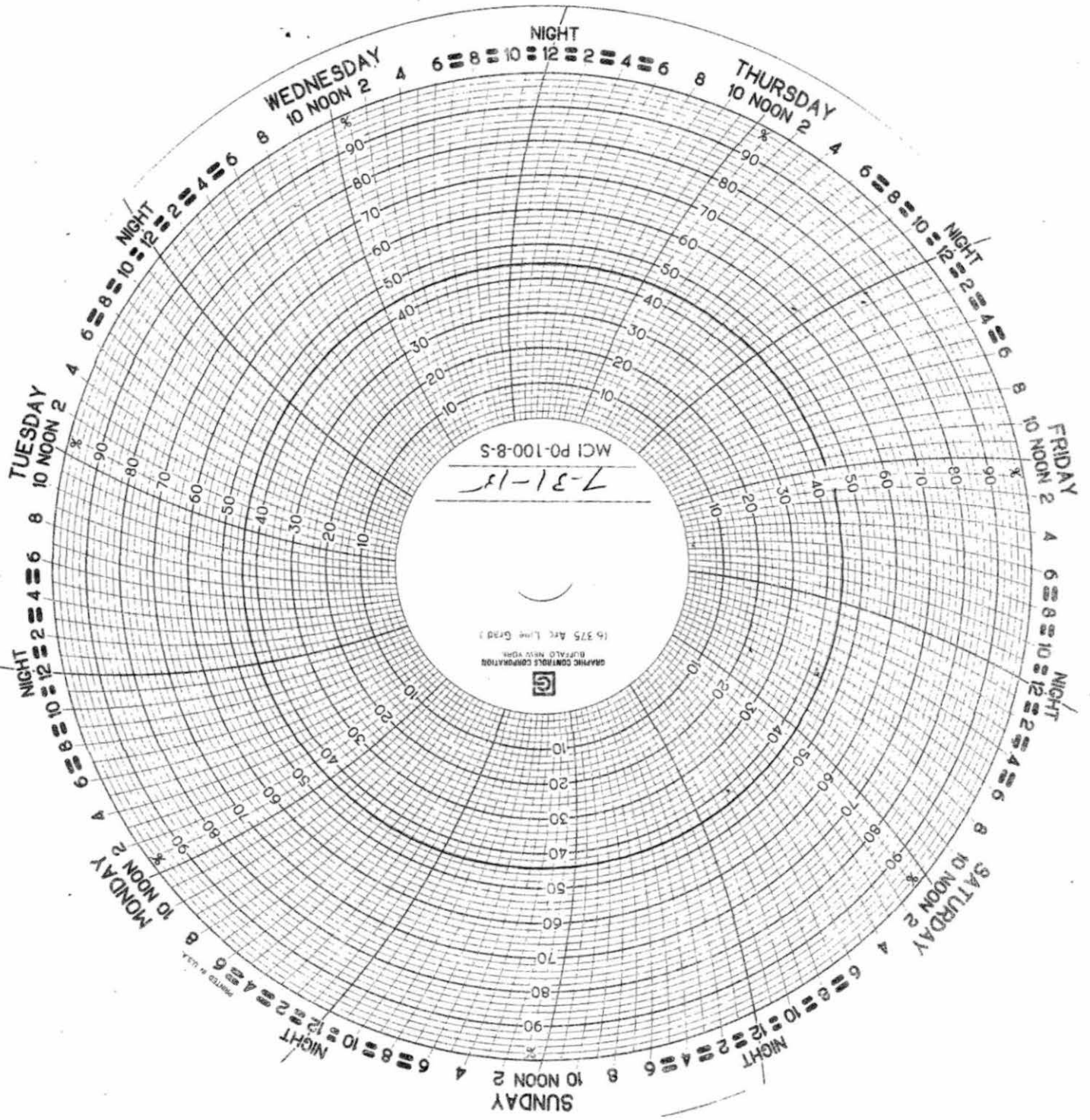
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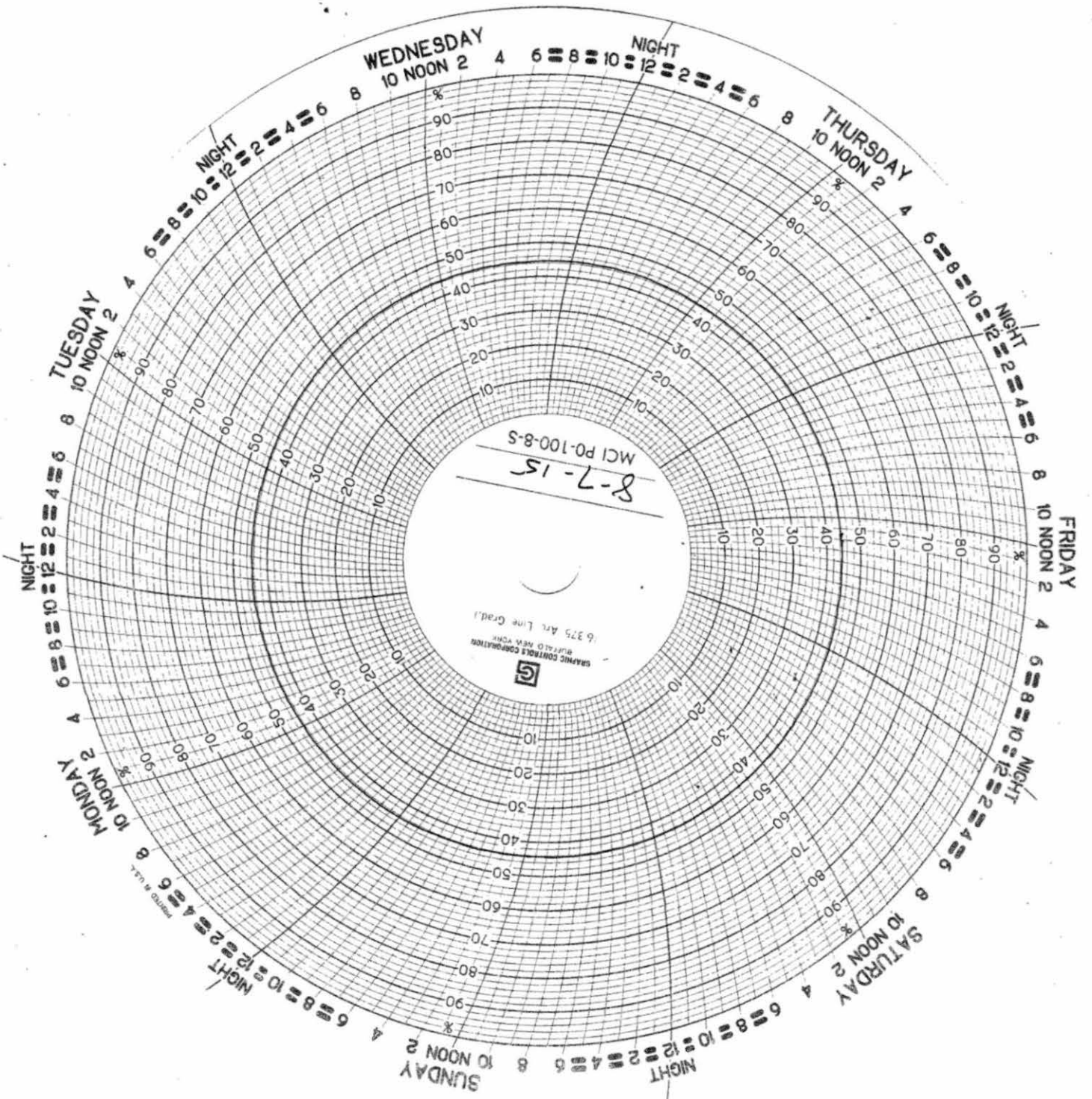
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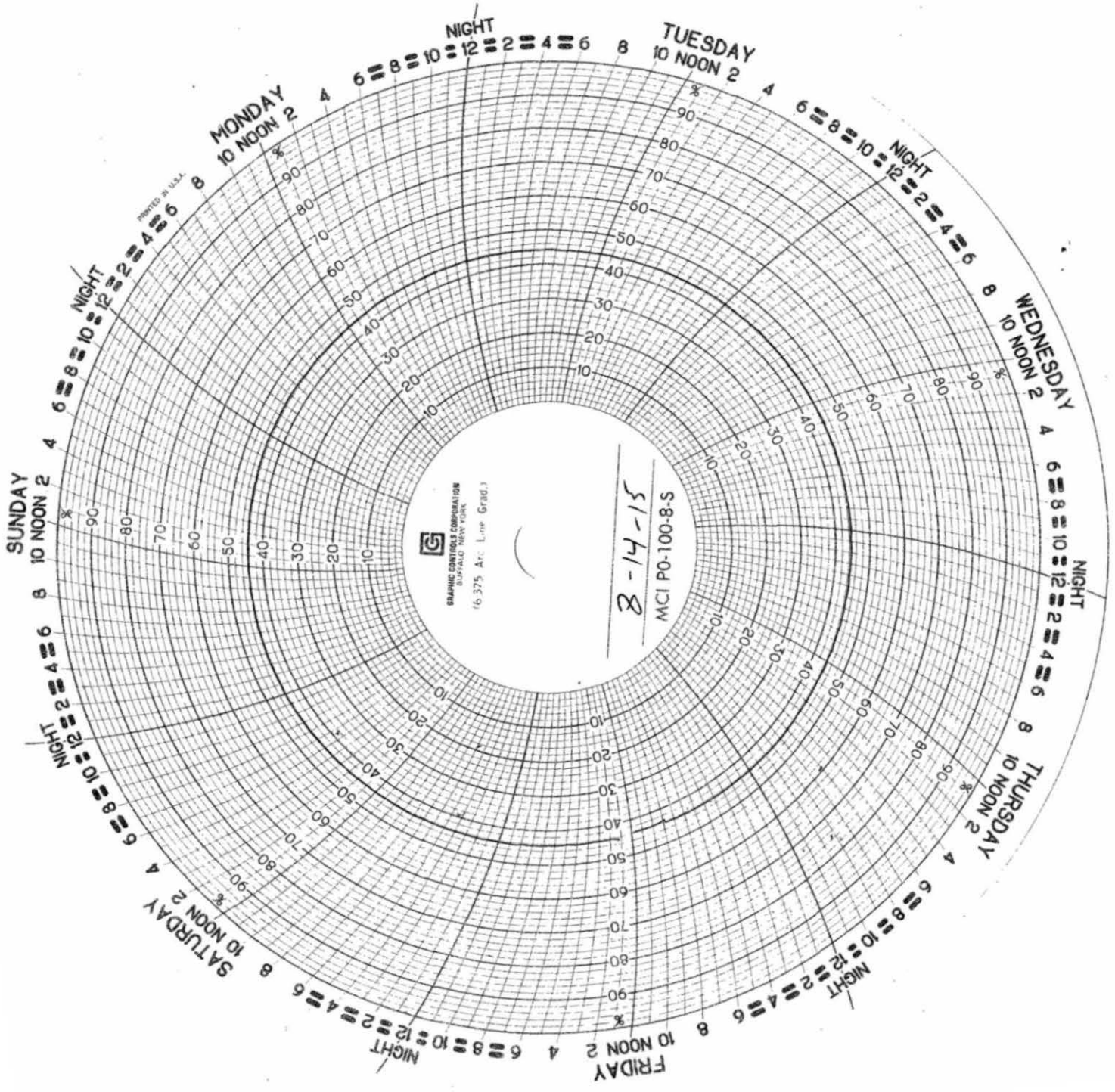
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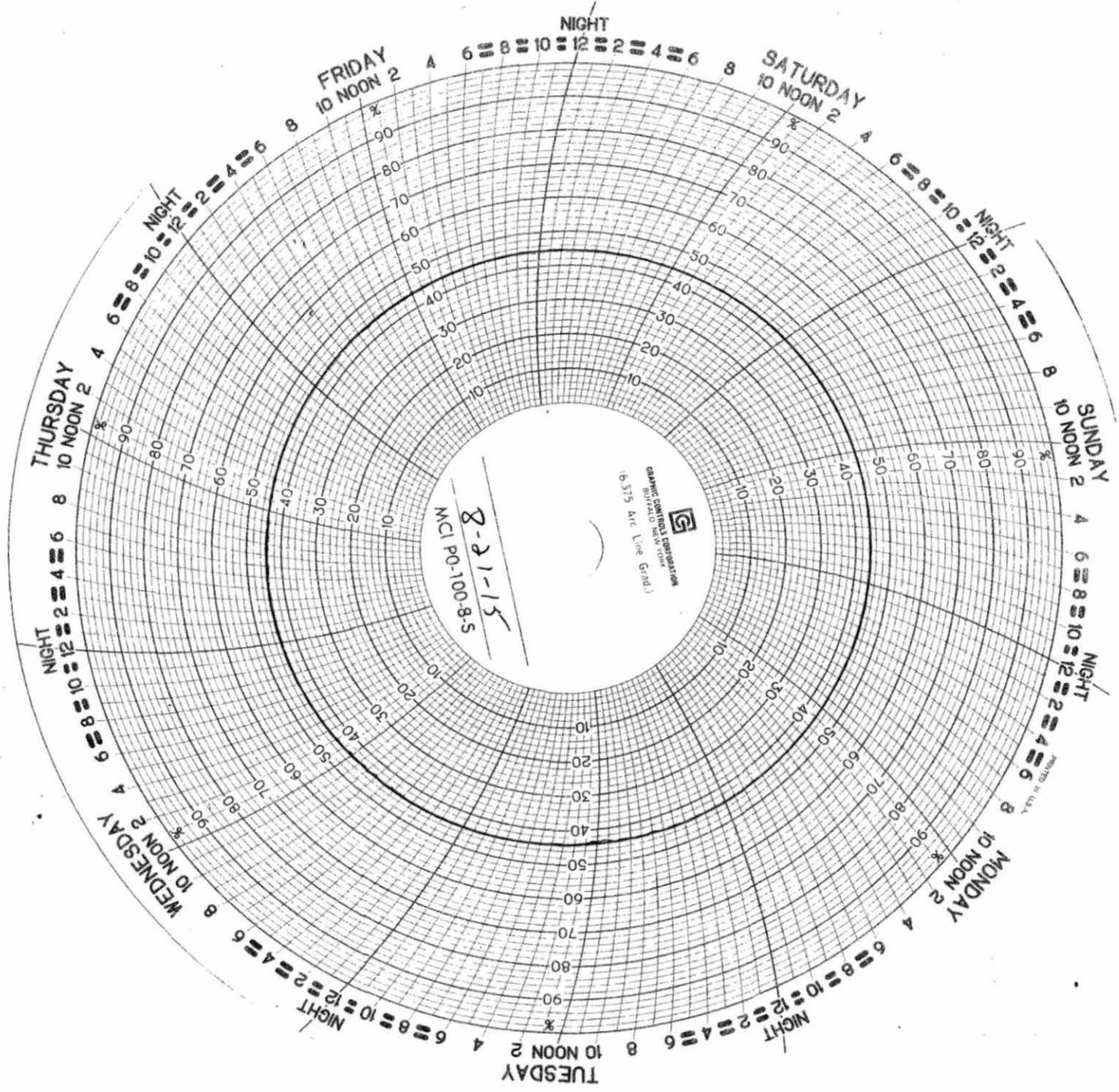


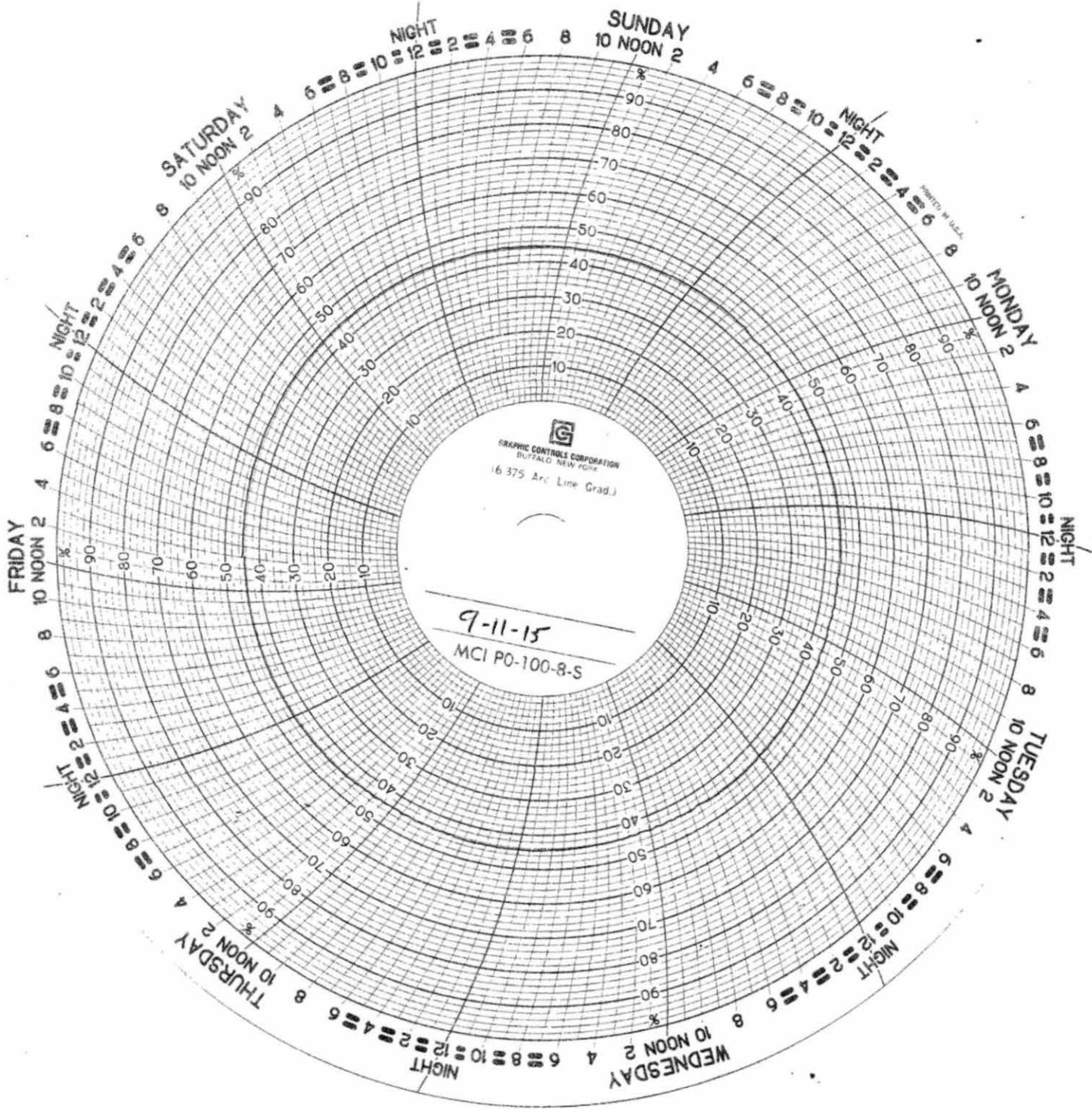
PRINTED IN U.S.A.

  
GRAPHIC CONTROL CORPORATION  
BUFFALO, NEW YORK  
(6375 A/c. Line Grad.)

8-14-15  
MCI PO-100-8-S







SUNDAY

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NIGHT 12 2 4 6 8 10

90 80 70 60 50 40 30 20 10

PRINTED IN U.S.A.

MONDAY

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NIGHT 12 2 4 6 8 10

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TUESDAY

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WEDNESDAY

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THURSDAY

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FRIDAY

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SATURDAY

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GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK  
(6.375 Arc Line Grad.)

9-18-15

MCI P0-100-8-S

# ODOROMETER READINGS

Tompkinsville, Ky

Percent of Gas in Air (1% Scale)			
LOCATION	Initial Reading	Actual Reading	Date
395 Clark Estates	.55	.45	8-27
475 Mill Creek Rd	.64	.52	8-27
1822 Center Point Rd "Lyons Chapel Church"	.72	.69	8-27
405 Wheeler Ave.	.56	.46	8-27

**Remarks:**

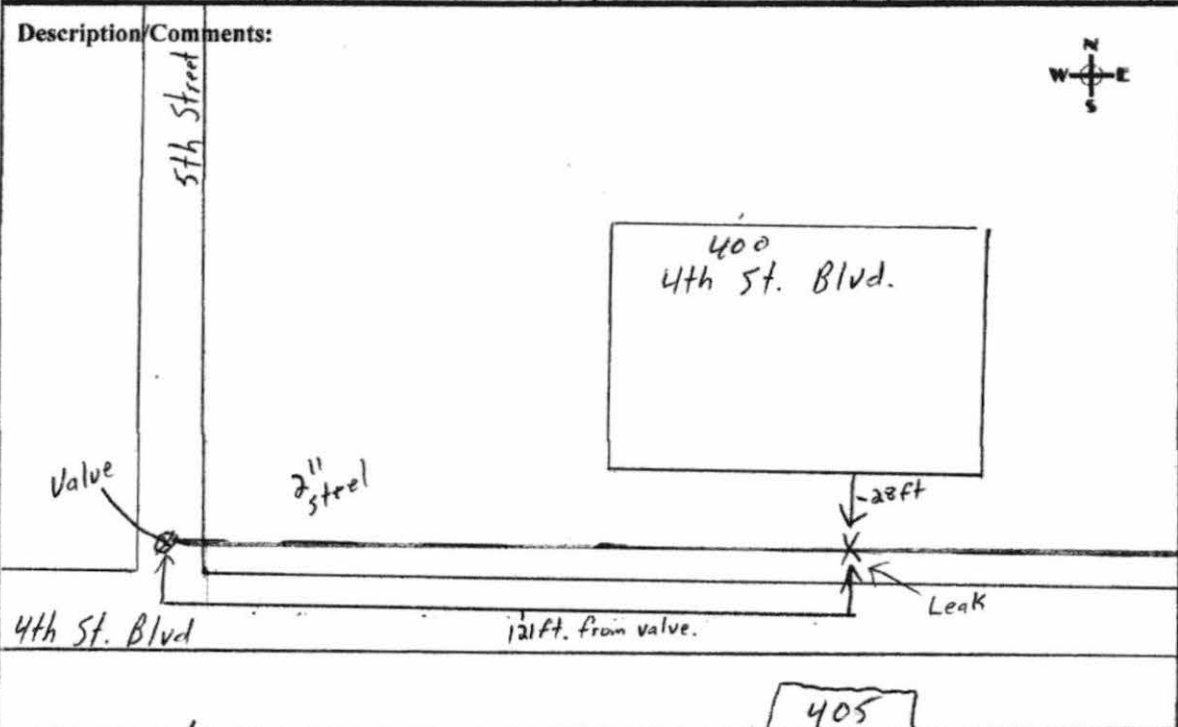
Test By *Jason W.*



**VISUAL INSPECTION OF MAINS AND SERVICE PIPELINES**

<b>Address</b>	400 4th Street Blvd		<b>Location</b>	Tompkinsville, Ky	
<b>TYPE</b>	<b>CONDITION</b>		<b>CORROSION</b>		<b>COATING TYPE</b>
Steel	✓	Excellent	Localized		Millwrap ✓
PE		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

<b>COATING CONDITION</b>	<b>SOIL TYPE</b>		<b>SOIL COMPOSITION</b>		<b>EXCAVATION</b>
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



**Name** Jason Warner **Date** 7-29-15

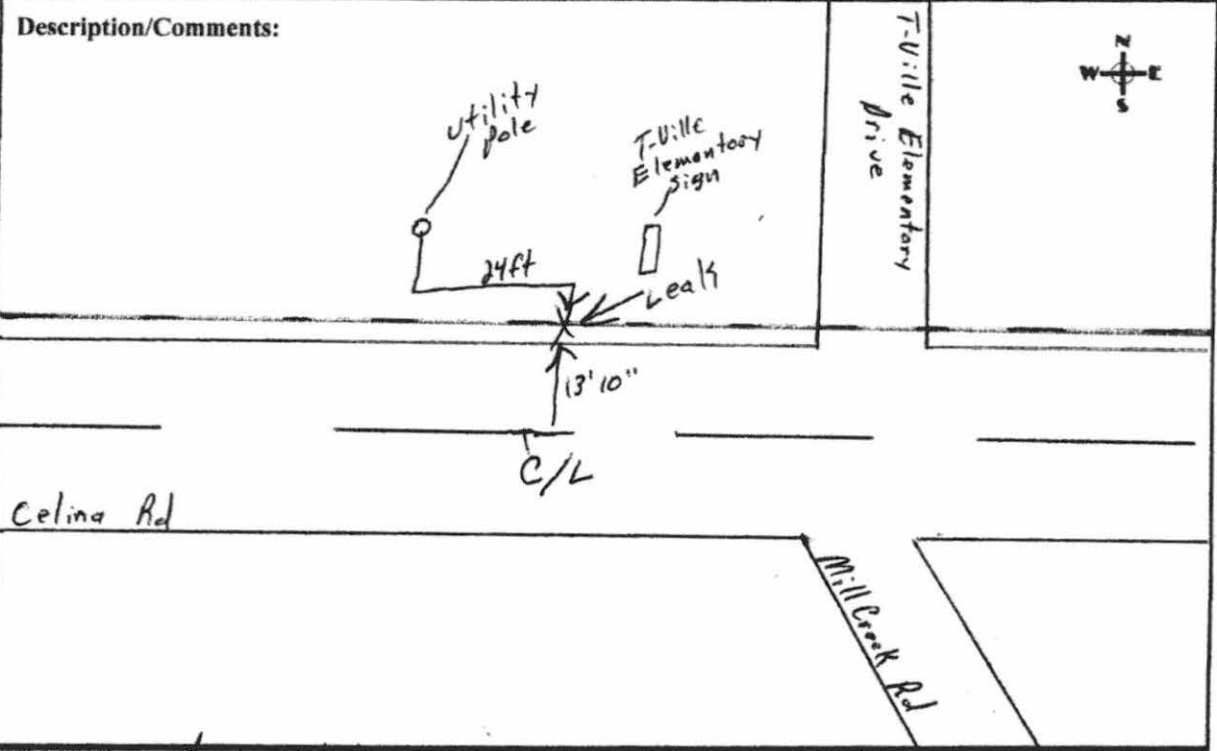
405

**VISUAL INSPECTION OF MAINS AND SERVICE PIPELINES**

**Address** 415 East 4th Street. "Continued" **Location** Tompkinsville, Ky

TYPE	CONDITION	CORROSION	COATING TYPE
Steel	✓ Excellent	Localized	Millwrap
PE	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



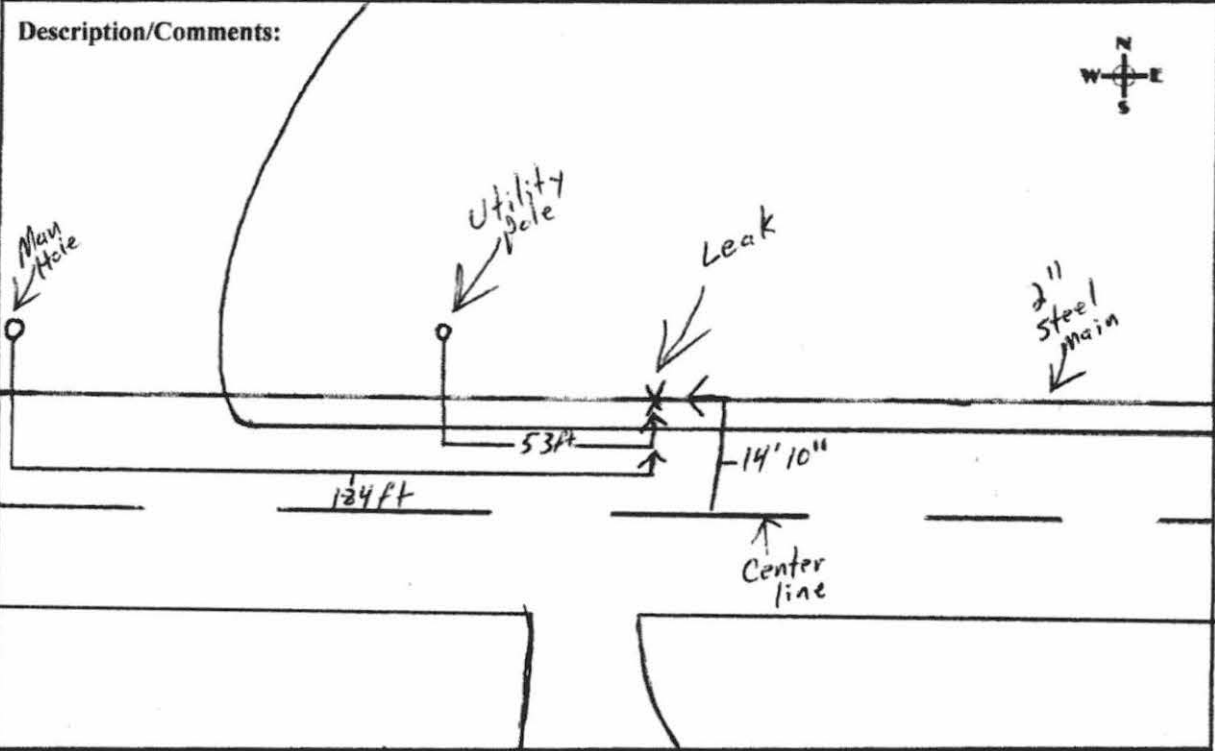
**Name** Jason W. **Date** 8-25-15

**VISUAL INSPECTION OF MAINS AND SERVICE PIPELINES**

**Address** 415 East 4th. St.      **Location** Tompkinsville, Ky

TYPE	CONDITION	CORROSION	COATING TYPE
Steel	✓ Excellent	Localized	Miltwrap
PE	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



**Name** Jason W.      **Date** 8-24-15



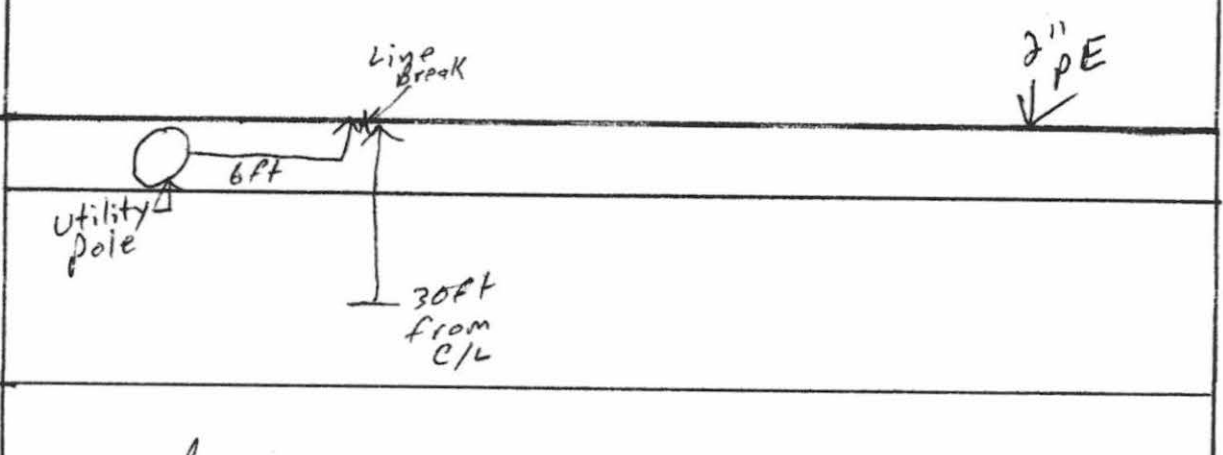
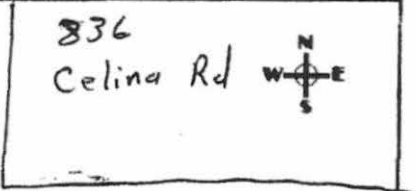
**VISUAL INSPECTION OF MAINS AND SERVICE PIPELINES**

**Address** 836 Celina Rd      **Location** Tompkinsville, Ky

TYPE	CONDITION	CORROSION	COATING TYPE
Steel	Excellent	✓ Localized	Millwrap
PE	✓ Good	General	Enamel
Cast Iron	Slight Pitting	Other	Reskote
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:**



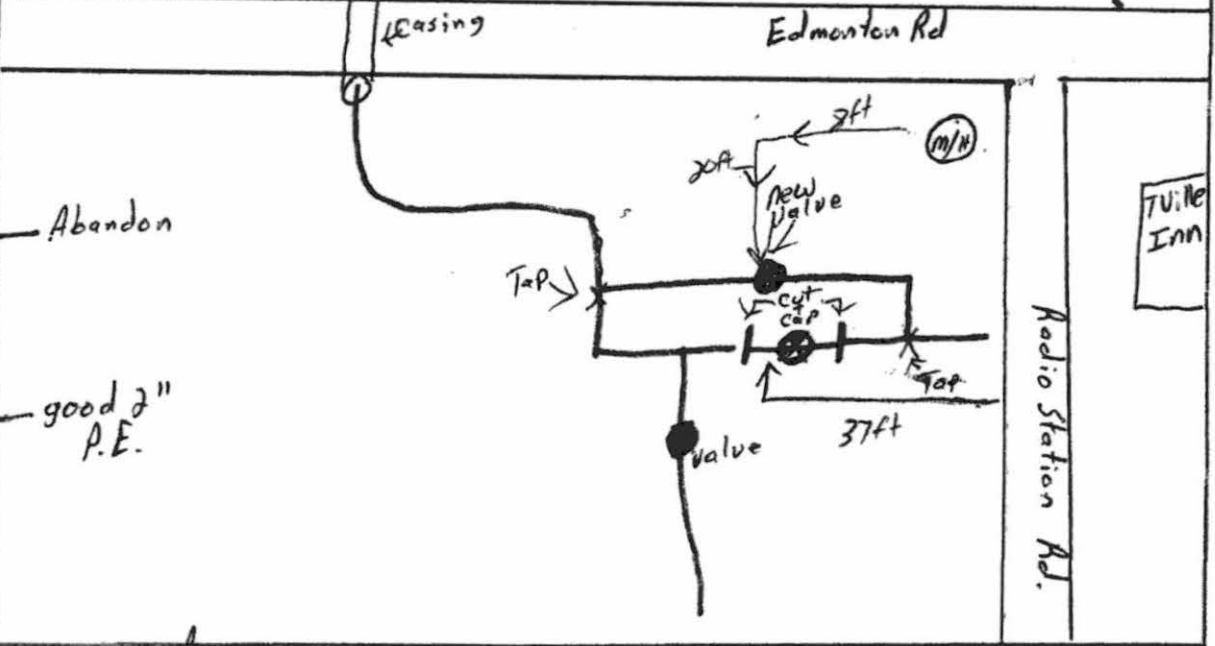
**Name** Jason W.      **Date** 7-13-15

**VISUAL INSPECTION OF MAINS AND SERVICE PIPELINES**

<b>Address</b>	Intersection of Edmonton Rd Radio Station Rd.		<b>Location</b>	Tompkinsville, Ky
<b>TYPE</b>	<b>CONDITION</b>	<b>CORROSION</b>	<b>COATING TYPE</b>	
Steel	Excellent	✓ Localized	Millwrap	
PE	✓ Good	General	Enamel	
Cast Iron	Slight Pitting	Other	Roskote	
CSST	Extreme Pitting	Pitting Depth	Oxidemp	
Main	Hole/Voids		Xtremecoat	
Service	Graphitization		Mastic	
Other	Bent		Cold Roll	
	Broken		Hot Wrap	
	Other		Heat Shrink	

<b>COATING CONDITION</b>	<b>SOIL TYPE</b>	<b>SOIL COMPOSITION</b>	<b>EXCAVATION</b>
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:**

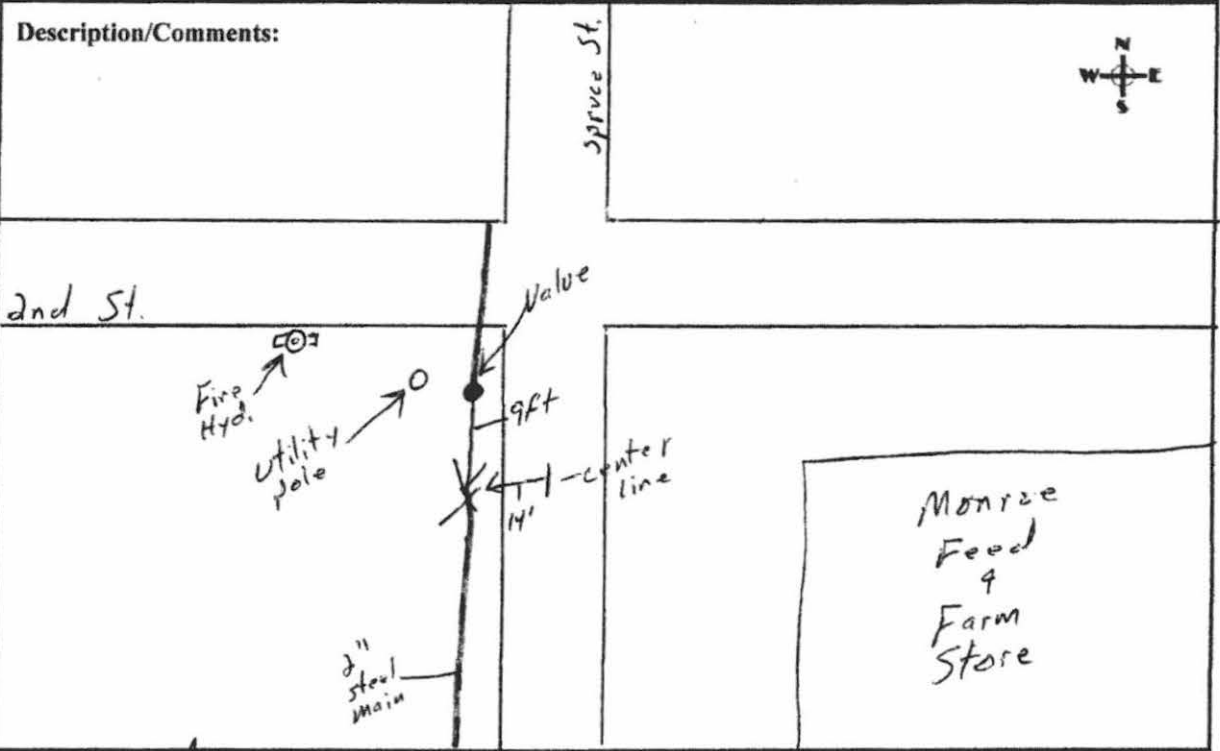


**Name** Jason W. **Date** 7-20-15

**VISUAL INSPECTION OF MAINS AND SERVICE PIPELINES**

<b>Address</b>	Intersection of 2nd & Spruce St.		<b>Location</b>	Tompkinsville, Ky
<b>TYPE</b>	<b>CONDITION</b>		<b>CORROSION</b>	<b>COATING TYPE</b>
Steel	✓ Excellent		Localized	Millwrap
PE	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

<b>COATING CONDITION</b>	<b>SOIL TYPE</b>	<b>SOIL COMPOSITION</b>	<b>EXCAVATION</b>
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



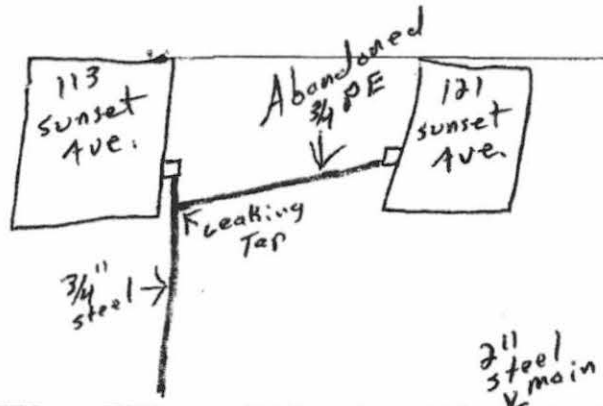
**Name** Jason W. **Date** 8-21-15

NATURAL GAS MAIN AND SERVICE ABANDONMENT RECORDS

Address	121 Sunset Ave.	Apt#		City	Tompkinsville	Cty	Monroe	Time Received		Date Received	8-5-15
Customer Name	Clifton Claywell "Deceased"				Phone#		Customer Account#				
Crewleader Name	Jason Warren				Date Received	8-5-15		Date Abandoned	8-5-15		
Date Purged	8-5-15	Purged Length	40ft		Purge Medium	Comp Air <input checked="" type="checkbox"/>	Inert Gas <input type="checkbox"/>	Properly Purged	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	



Riser Removed	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Riser Locked	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pipe Size	3/4"	Pipe Type	P.E.
Seal Type/Material			
<b>LOCATION/TYPE TASK RENDERED</b>			
Gas Main Location	Sunset Ave.		
Removed Valve box/Barricade	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Service Location	121 Sunset Ave.		
Piping Class Removed	Main Removed <input type="checkbox"/>	Service Removed <input checked="" type="checkbox"/>	



Drawing of streets relational to removed pipe

**REMARKS**

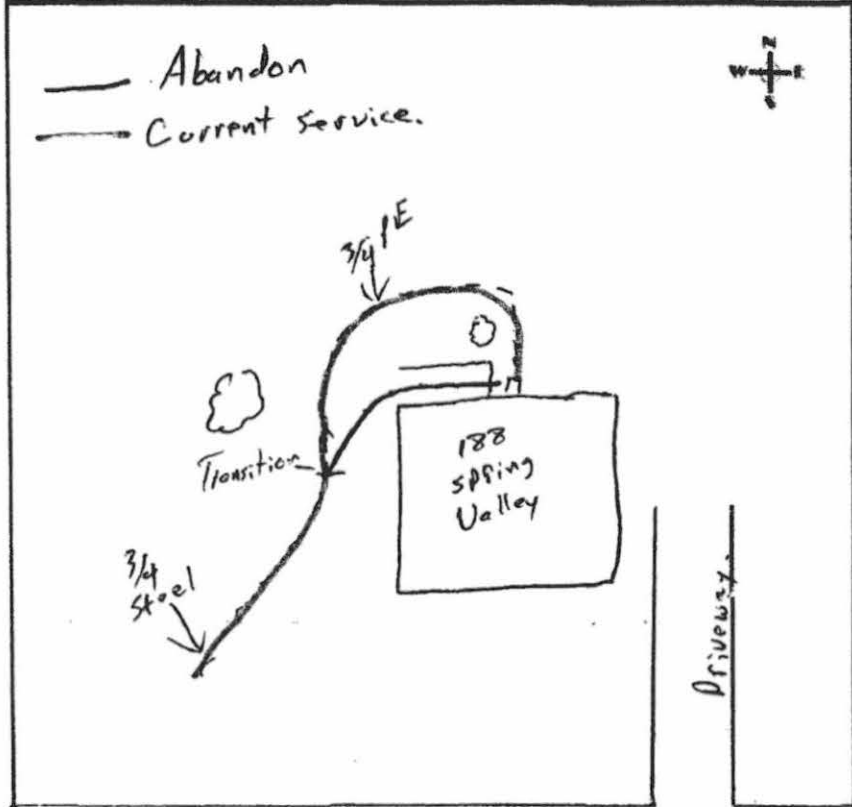
Service at 121 Sunset Ave. was tapped off of the service line at 113 Sunset Ave. The tap was leaking, + the owner of 121 was deceased. Tap was removed as well as the meter + riser from 121.

Sunset Ave.

Signature	Jason W	Date	8-5-15
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NATURAL GAS MAIN AND SERVICE ABANDONMENT RECORDS

Address	188 Spring Valley	Apt#		City	Tampkinsville	Cty	Monroe	Time Received	2:00	Date Received	9-9-15
Customer Name	Rhoda Ross			Phone#		Customer Account#					
Crewleader Name	Jason W.			Date Received	9-9-15		Date Abandoned	9-17-15			
Date Purged	9-17-15	Purged Length	40ft		Purge Medium	Comp Air <input checked="" type="checkbox"/>	Inert Gas <input type="checkbox"/>	Properly Purged	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	



Riser Removed	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Riser Locked	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pipe Size	3/4	Pipe Type	Steel
Seal Type/Material	Foam		
LOCATION/TYPE TASK RENDERED			
Gas Main Location	Spring Valley		
Removed Valve box/Barricade	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Service Location	188 Spring Valley		
Piping Class Removed	Main Removed <input type="checkbox"/>	Service Removed <input checked="" type="checkbox"/>	

Drawing of streets relational to removed pipe

**REMARKS**

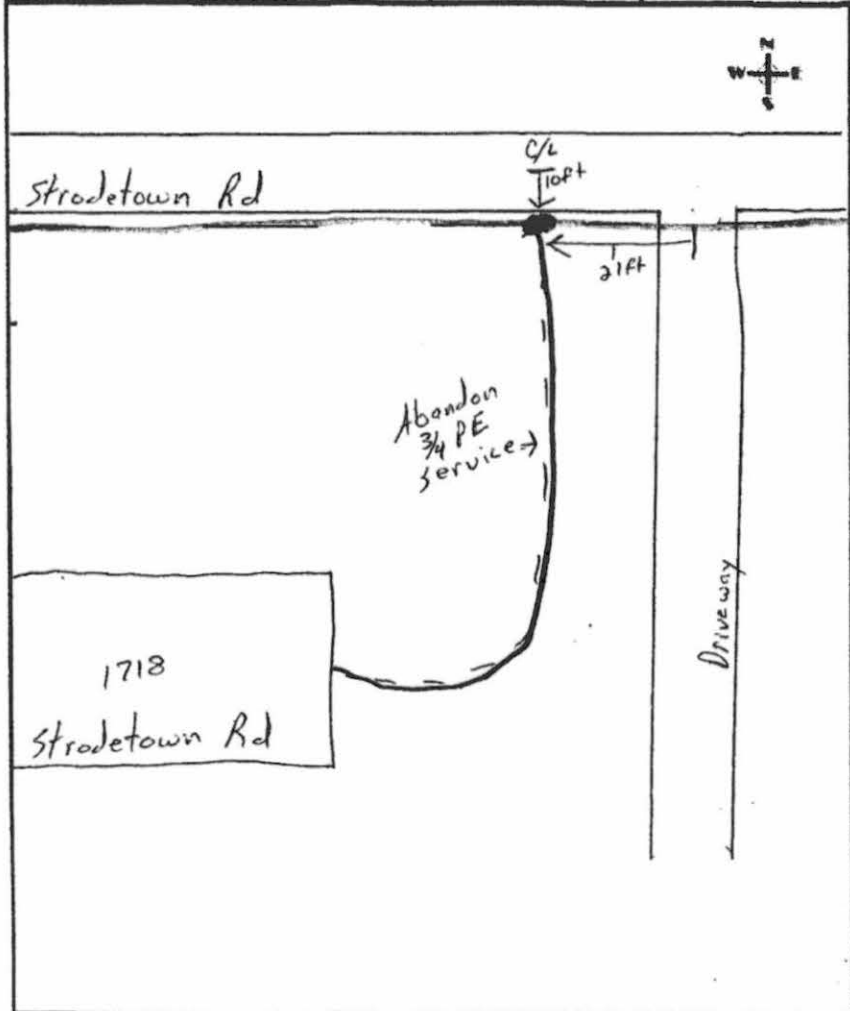
Removed appx 40ft of 3/4" steel service line that was leaking under a patio. Replaced it with 60ft of 3/4" PE line & set a new meter

spring Valley Dr.

Signature	Jason W.	Date	9-17-15
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NATURAL GAS MAIN AND SERVICE ABANDONMENT RECORDS

Address	1718 Stradetown Rd	Apt#		City	Tompkinsville	Cty	Monroe	Time Received	7:00 AM	Date Received	9-18-15
Customer Name	Jimmy England			Phone#		Customer Account#					
Crewleader Name	Jason W.			Date Received	9-18-15		Date Abandoned	9-18-15			
Date Purged	9-18-15	Purged Length	100 ft.		Purge Medium	Comp Air <input checked="" type="checkbox"/>	Inert Gas <input type="checkbox"/>	Properly Purged	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	



Riser Removed	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Riser Locked	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pipe Size	3/4	Pipe Type	P.E.
Seal Type/Material	Foam		
<b>LOCATION/TYPE TASK RENDERED</b>			
Gas Main Location	Stradetown Rd		
Removed Valve box/Barricade	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Service Location	Same		
Piping Class Removed	Main Removed <input type="checkbox"/>	Service Removed <input checked="" type="checkbox"/>	
23 Drawing of streets relational to removed pipe			

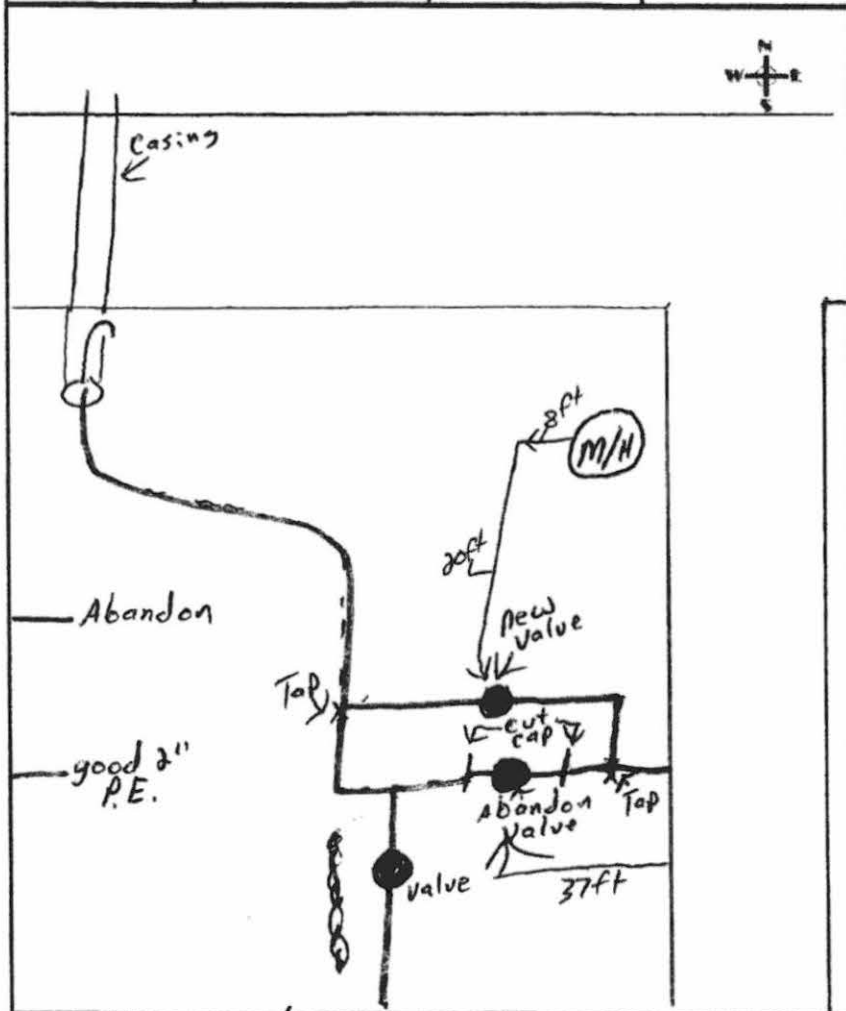
**REMARKS**

Removed old riser + capped the service off at the main so the customer could make repairs on his water line.

Signature	Jason W.	Date	9-18-15
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**NATURAL GAS MAIN AND SERVICE ABANDONMENT RECORDS**

Address	Intersection of Edmonton Rd Radio Station Rd.		Apt#		City	Tombkinsville	Cty	Monroe	Time Received		Date Received	7-16-15
Customer Name	Jason W.				Phone#		Customer Account#					
Crewleader Name					Date Received				Date Abandoned	7-20-15		
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"/>		



Riser Removed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Riser Locked	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pipe Size	2"		Pipe Type	P.E.	
Seal Type/Material	Capped with 2" P.E. end cap.				
<b>LOCATION/TYPE TASK RENDERED</b>					
Gas Main Location					
Removed Valve box/Barricade	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			
Service Location					
Piping Class Removed	Main Removed <input type="checkbox"/>	Service Removed <input type="checkbox"/>			
<input checked="" type="checkbox"/> Drawing of streets relational to removed pipe					

**REMARKS**

Found 2" in-ground P.E. valve leaking at the seam where it was put together at the factory. We by-passed the valve + cut the old valve out. We put a new valve in the by-pass + capped off the (2) 2" ends.

Signature	Jason W.				Date	7-20-15
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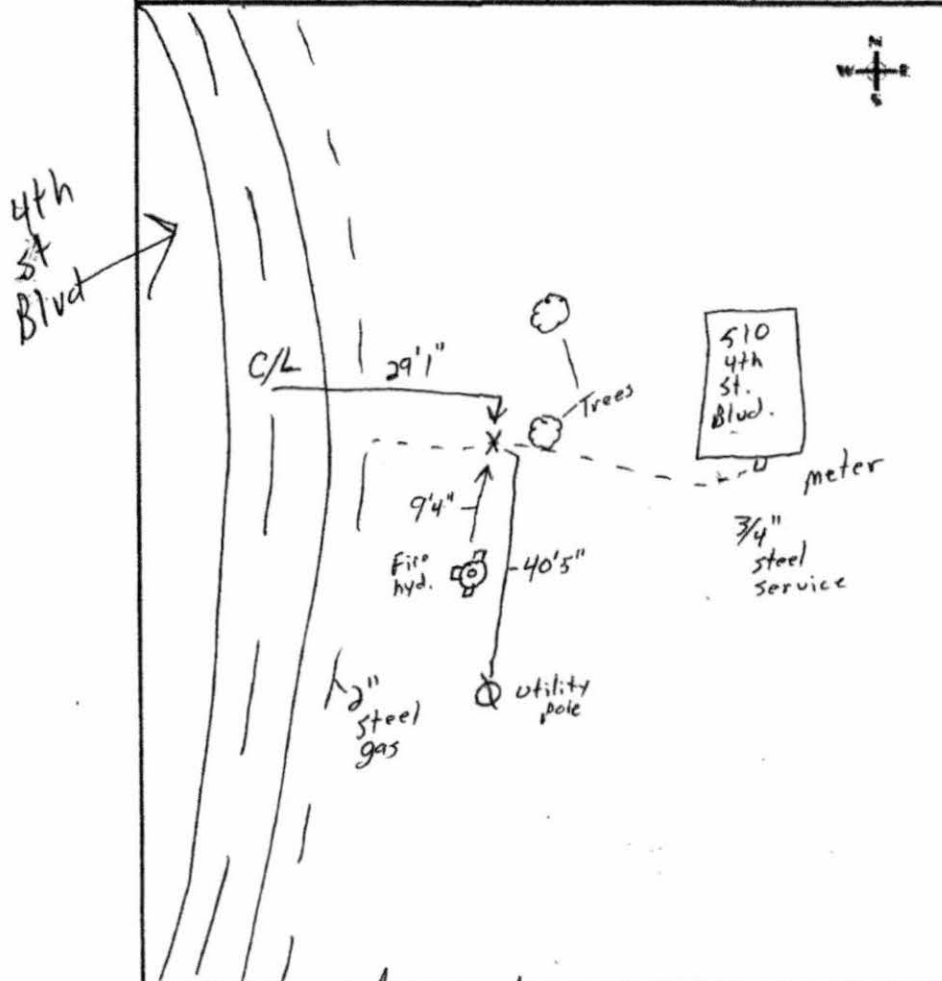
**NATURAL GAS MAIN AND SERVICE ABANDONMENT RECORDS**

Address	510 4th Street Blvd.	Apt#		City	Tompkinsville	City	Monroe	Time Received		Date Received	9-1-15
---------	----------------------	------	--	------	---------------	------	--------	---------------	--	---------------	--------

Customer Name		Phone#		Customer Account#	
---------------	--	--------	--	-------------------	--

Crewleader Name	Jason Warren	Date Received	9-1-15	Date Abandoned	9-2-15
-----------------	--------------	---------------	--------	----------------	--------

Date Purged	9-2-15	Purged Length	30 ft	Purge Medium	Comp Air <input checked="" type="checkbox"/> Inert Gas <input type="checkbox"/>	Properly Purged	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
-------------	--------	---------------	-------	--------------	--	-----------------	--



Riser Removed	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Riser Locked	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Pipe Size	3/4	Pipe Type	Steel
Seal Type/Material			

**LOCATION/TYPE TASK RENDERED**

Gas Main Location	4th St. Blvd.
Removed Valve box/Barricade	Yes <input type="checkbox"/> No <input type="checkbox"/>
Service Location	510 4th St. Blvd.
Piping Class Removed	Main Removed <input type="checkbox"/> Service Removed <input checked="" type="checkbox"/>

Drawing of streets relational to removed pipe

**REMARKS**

REMARKS

Signature	Jason W.	Date	9-2-15
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Intersection of 2nd + Spruce St.

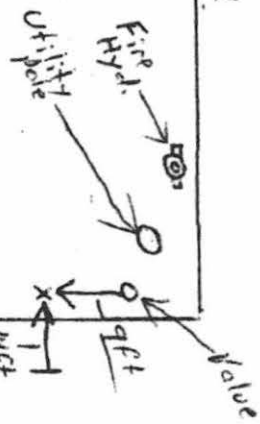
Tomkinsville / Monroe

KY  
8-21-15

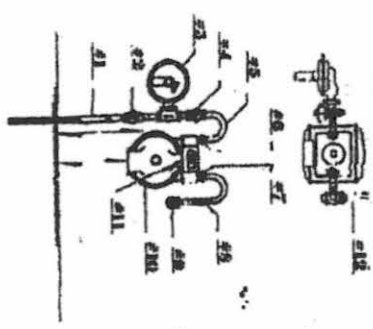


Spruce St.

2nd St.



Monroe  
Feed  
Farm



#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 Inlet	#12 Fuel Line

Mobile B1	Inside Bldg	Main	Back	% Gas	Grass	Steel	5-28	Char
Flame Pack	Outside Bldg	Service	Chender	LBI (1-30)	Dirt	PE	2.4-3.0	Wet
Vandal	Manhole	Tap	Clay	UTL (31-49)	Asphalt	Cast Iron	3.4-4.9	Hot (85-100)
CCJ/COD	Underground	Valve	Lamin	PTM (61-99.9)	Concrete	CSST	4.0-8.6	Cold (6-49)
Steel	Atmosphere	Meter	Sand	(100-399)	Sidewalk	PVCB	10.0-17.0	
Corrosion	Pipe	Transmission	Steel		Residential		1-5	Bare
Outside Fence	Valve	Main	Cast Iron		Rural		5-Greater	Coated
Coat/Defect	Flitting	Service	Dezinc Intra		Commercial		Date Required:	
Material Defect	Regulator	Meter Set	Copper		Industrial		Date Rechecked:	
Other	Tap Connection	Customer Pipe	Plastic					

8-21-15

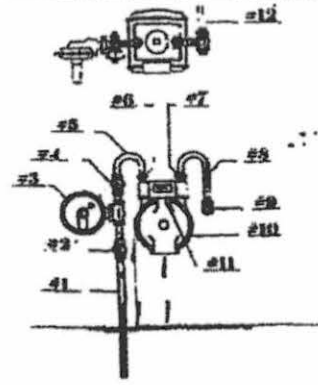
3rd Street + N. Magnolia

Tompkinsville / Monroe

K4  
8-3-15



Grade 1	<input checked="" type="checkbox"/>	Grade 2	<input checked="" type="checkbox"/>	Grade 3
---------	-------------------------------------	---------	-------------------------------------	---------



#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

Mobile FI	<input checked="" type="checkbox"/>	Inside Bldg	Main	Rock	% Gas	(0-1)	<input checked="" type="checkbox"/>	Grass	<input checked="" type="checkbox"/>	Steel	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		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)
CGI/EGD		Undergrnd	Valve	Loam	PPM	(61-99.9)		Concrete		CSST	6.0-8.0		Cold (0-60)
Smell	<input checked="" type="checkbox"/>	Atmosphere	<input checked="" type="checkbox"/>	Meter	Sand	(100-399)		Sidewalk		PVCB	10.0-12.0		

Corrosion		Pipe	Transmission	Steel	<input checked="" type="checkbox"/>	Residential	1-5	Bare
Outside Force		Valve	Main	Cast Iron		Rural	5-Greater	Coated
Const/Defect	<input checked="" type="checkbox"/>	Fitting	<input checked="" type="checkbox"/>	Service	Ductile Iron	Commercial	Date Repaired: 8-3-15	
Material Defect		Regulator	Meter Set	<input checked="" type="checkbox"/>	Copper	Industrial	Date Rechecked:	
Other		Tap Connection	Customer Pipe	Plastic				

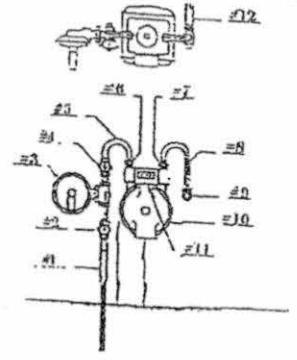
57th Emberton

Tombkinsville / Monroe



State KY  
Date 9-21

Classification	Grade	Grade	Grade
Material	Material	Material	Material
Manufacturer	Manufacturer	Manufacturer	Manufacturer



#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

Description	Location		Soil	Pressure	Material	Size	Weather
Mobile FI	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	Clear
Flame Pack	Outside Bldg	Service	Cinder	LEL	(1-30)	Dirt	Clear
Visual	Manhole	Tap	Clay	UEL	(31-60)	Asphalt	Wet
CGI/EGD	Underground	Valve	Loam	PPM	(61-99.9)	Concrete	Hot (85-100)
Smell	Atmosphere	Meter	Sand		(100-399)	Sidewalk	Cold (0-40)

Component	Component Description	System	Material	Location	Notes
Corrosion	Pipe	Transmission	Steel	Residential	
Outside Force	Valve	Main	Cast Iron	Rural	1-5
Const/Defect	Fitting	Service	Ductile Iron	Commercial	5-Greater
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked:
Other	Tap Connection	Customer Pipe	Plastic		

Date Reported: 9-21-15

If you find a mechanical fitting failure, please fill out a mechanical fitting failure form.

101 E. 1st.

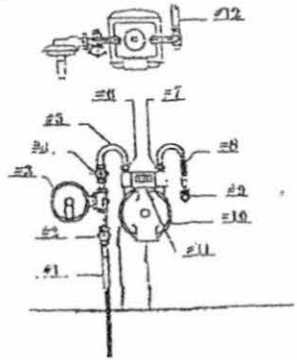
Tombinsville / Monroe

State KY

8-25-15



Classification	Grade	Grade	Grade
Meters		Inside	Outside
Manufacturer			



#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

on grill.

Problem	Location	App. Size	CO2/ISO	Picture	Surface	Pipe	Size	Weather	
Mobile FI	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	Steel	5-7.0	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	

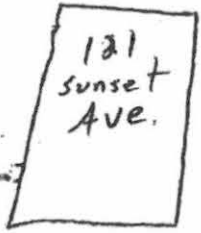
Failure Cause	Component/Explanation	App. Size	Type Material	Location Area	Repair Date	
Corrosion	Pipe	Transmission	Steel	Residential	1-5	Bare
Outside Para	Valve	Main	Cast Iron <i>Flex line</i>	Rural	5-Greater	Coated
Const/Defect	Fitting	Service	Ductile Iron	Commercial	Date Repaired: 8-25-15	
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked:	
Other	Tap Connection	Customer Pipe	Plastic			

If you find a mechanical fitting failure, please fill out a mechanical fitting failure form.

113 Sunset Ave.

Tombkinsville / Monroe

KY



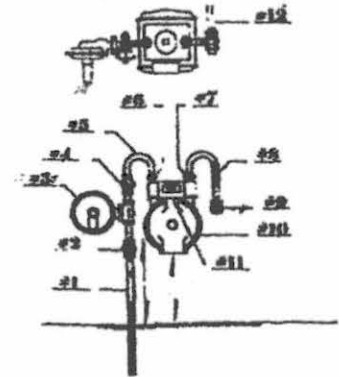
Abandon  
3/4 PE

Leak  
on Tap

2" steel gas

3/4 steel

Grade 1      Grade 2      Grade 3



Sunset Avenue

#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

Mobile FI	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	Steel	5-2.0	Clear
Flame Pack	Outside Bldg	Service	✓ Cedar	LEL	(1-30)	Dir	PE	2.0-3.0	Wet
Visual	Manhole	Tap	Clay	✓ UEL	(31-60)	✓ Asphalt	Cast Iron	3.0-4.0	Hot (35-100)
CGI/EGD	Undergrnd	✓ Valve	Lean	PPM	(61-99.9)	Concrete	CSST	4.0-8.0	Cold (0-40)
Smell	Atmosphere	Meter	Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	

Corrosion	Pipe	Transmission	Steel	Residential	1-5	Bar
Outside Force	Valve	Main	Cast Iron	Rural	5-Greater	Cast
Cost/Defect	✓ Fitting	✓ Service	✓ Ductile Iron	Commercial	Date Repaired: 8-5-15	
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked:	
Other	Tap Connection	Customer Pipe	Plastic			

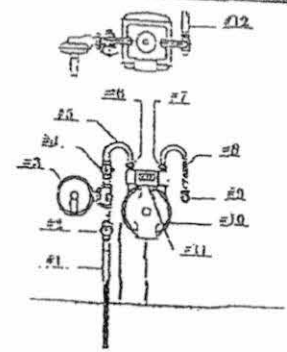


509 S. Magnolia

Monroe/Tompkinsville

DATE: 9-10-15  
 DIST: KY

CLASSIFICATION	Grade	Grade	Grade
MANUFACTURE	Manufacturer	Manufacturer	Manufacturer
INLET	Outlet	Outlet	Outlet



#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

Location	Access	Material	Pressure	Surface	Condition	Notes
Mobile Fl	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass
Flame Pack	Outside Bldg	Service	Cinder	LEL	(1-30)	Dirt
Visual	Manhole	Tap	Clay	UEL	(31-60)	Asphalt
CG/ECU	Underground	Valve	Loam	PPM	(61-99.9)	Concrete
Smell	Atmosphere	Meter	Sand		(100-399)	Sidewalk

Corrosion	Pipe	Transmission	Material	Location	Notes
Outside Face	Valve	Main	Steel	Residential	1-5
Const/Defect	Fitting	Service	Cast Iron	Rural	5-Greater
Material Defect	Regulator	Meter Set	Ductile Iron	Commercial	Coated
Other	Tap Connection	Customer Pipe	Copper	Industrial	
			Plastic		

Date Repaired: 9-10-15  
 Date Rechecked:

If you find a mechanical fitting failure, please fill out a mechanical fitting failure form.



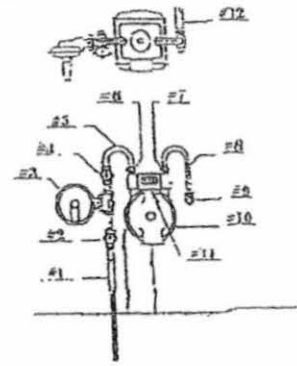
320 S. MAGNOLIA

Tompkinsville / MONROE

State KY

Date 9-11-15

Gas Inlet	Grade 1	Grade 2	Grade 3
Classification	Grade 1	Grade 2	Grade 3
Meter	Inside	Outside	
Manufacturer		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

Depth	Location	Category	Material	Pressure	Pressure	Surface	Pipe	Size	Weather
Mobile Fl	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	Steel	5-2.0	Clear
Flame Pck	Outside Bldg	Service	Cinder	LEL	(1-30)	Dirt	PE	2.0-3.0	Wd
Visual <del>Leak</del>	Manhole	Tap	Chy	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 (8-40)
Smell	Atmosphere	Meter	Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	
Material	Component Location	Part of System	Type Material	Location	Repair Date				
Corrosion	Pipe	Transmission	Steel	Residential	1-5				
Outside Furt	Valve	Main	Cast Iron	Rural	5-Greater				
Const/Defect	Fitting	Service	Ductile Iron	Commercial	Date Rechecked: 9-11-15				
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked:				
Other	Tap Connection	Customer Pipe	Plastic						

If you find a mechanical fitting failure, please fill out a mechanical fitting failure form.

329 N. Main

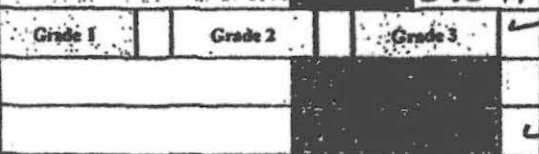
Tompkinsville/Monroe

K-1  
2-28-15

329  
N. Main

331 N. Main

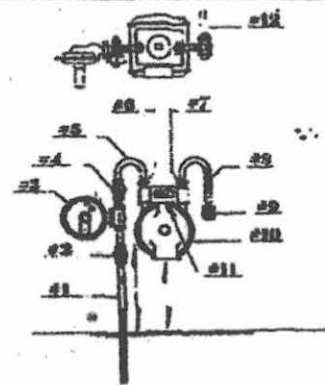
4th St.



main st.

330  
N. Main  
South Central  
Bank

meter set



#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

Mobile Pt	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	Steel	5-2.0	Clear
Flame Pack	Outside Bldg	Service	Clinder	LEL	(1-30)	Dir	PE	2.0-3.0	Wat
Visual	Manhole	Tap	Clay	UEL	(31-60)	Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CGI/EGD	Undergrad	Valve	Loom	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-60)
Small	Atmosphere	Meter	Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	

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:	8-28-15
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked:	
Other	Tap Connection	Customer Pipe	Plastic			



352 Woodhaven

Madison County Tompkinsville / Monroe

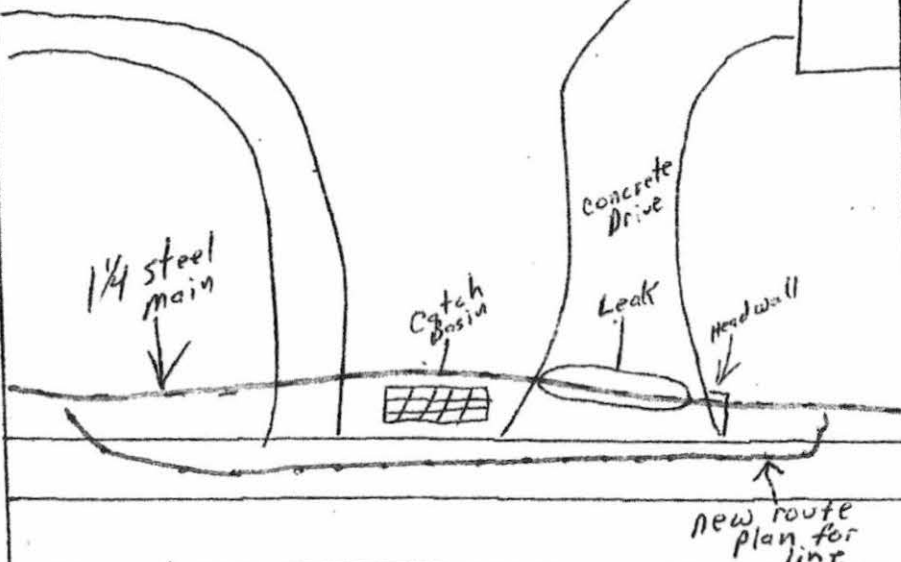
State Ky

7-30-15

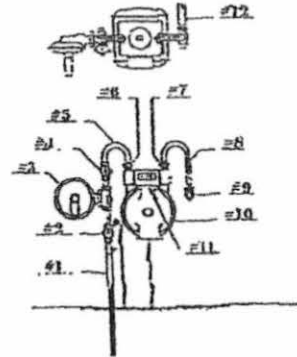


352

382



Case #		State	Ky
Classification	Grade	Grid	✓
Material		Inside	
Manufacturer		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

Direction	Location	System	Soil	CGU (50)	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/ECG	Underground	✓ Valve	Loam	PPM	(61-95.9)	Concrete	✓ CSST	6.0-8.0	Cold (0-40)
Smell	✓ Atmosphere	Meter	Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	

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

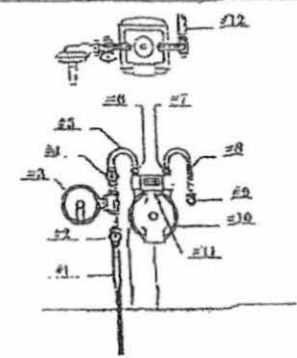
If you find a mechanical fitting failure, please fill out a mechanical fitting failure form.

367 Woodhaven Dr. ~~City/County~~ Monroe / Tompkinsville

State Ky  
Date 9-11-15



Classification	Grade	Grade	Grade
Impeller		Inside	
Manufacturer		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

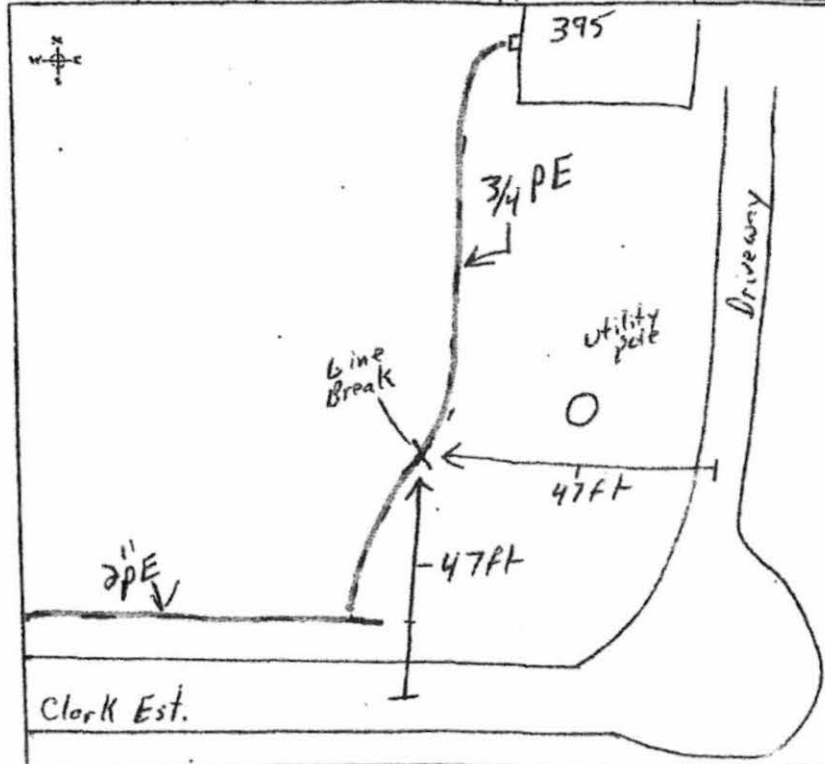
Detection	Location	Material	Condition	Pressure	Surface	Size	Material
Mobile FI	Inside Bldg	Main	Reck	% Gas (0-1)	Grass	5-2.0	Clear
Flame Path	Outside Bldg	Service	Cinder	LEL (1-10)	Dirt	2.0-3.0	Wd
Visual	Manhole	Tap	Clay	UEL (31-60)	Asphalt	3.0-4.0	Hot (85-100)
CGI/EGD	Undergrnd	Valve	Loam	PPM (61-99.9)	Concrete	6.0-8.0	Cold (0-40)
Smell	Atmosphere	Meter	Sand	(100-399)	Sidewalk	10.0-12.0	

Failure	Component/Explanation	Part of System	Pipe Material	Location Area	Repair Date
Corrosion	Pipe	Transmission	Steel	Residential	1-5
Outside Force	Valve	Main	Cast Iron	Rural	5-Greater
Crack/Defect	Fitting	Service	Ductile Iron	Commercial	Date Repaired: <u>9-11-15</u>
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked:
Other	Tap Connection	Customer Pipe	Plastic		

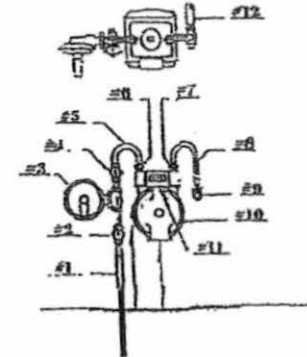
If you find a mechanical fitting failure, please fill out a mechanical fitting failure form.

395 Clark Est.

County: Tompkinsville / Monroe State: Ky



Gas	Grade	Grade	Grade
Material	Material	Material	Material
Manufacturer	Manufacturer	Manufacturer	Manufacturer
Location	Location	Location	Location



#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

Clark Est.

Defect	Location	Material	Condition	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 (51-60)	✓ Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CG/EGD	Undergrad	✓ Valve	Loam	PPM (61-99.9)	Concrete	CSST	6.0-1.0	Cold (0-40)
Smell	✓ Atmosphere	Meter	Sand	(100-399)	Sidewalk	PVCB	10.0-12.0	
Defect	Component	Part of System	Material	Location	Repair Date			
Corrosion	Pipe	✓ Transmission	Steel	Residential	✓ 1-5 Bare			
Outside Force	✓ Valve	Main	Cast Iron	Rural	5-Greater Coated			
Crack/Defect	Fitting	Service	✓ Ductile Iron	Commercial	Date Repaired: 7-30-15			
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked:			
Other	Tap Connection	Customer Pipe	Plastic	✓				

If you find a mechanical fitting failure, please fill out a mechanical fitting failure form.

395 Clark Est.

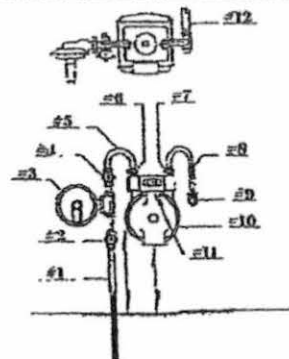
CO. COUNTY

Tompkinsville / Monroe

Stat Ky



OS/ID	Day	8-10-15
Classification	Grade	Grade
Material	Inside	Outside
Manufacturer		



#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	Flammable	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	Underground	Valve	Loam	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Sniff	Atmosphere	Meter	Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	
Failure Mode	Component/Explanation		Part of System	Typ. Material	Location/Use	Repair Data			
Corrosion	Pipe	Transmission	Steel	Residential	1-5	Bar			
Outside Force	Valve	Main	Cast Iron	Rural	5-Greater	Coated			
Const/Defect	Fitting	Service	Ductile Iron	Commercial	Date Repaired: 8-10-15				
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked:				
Other	Tap Connection	Customer Pipe	Plastic						

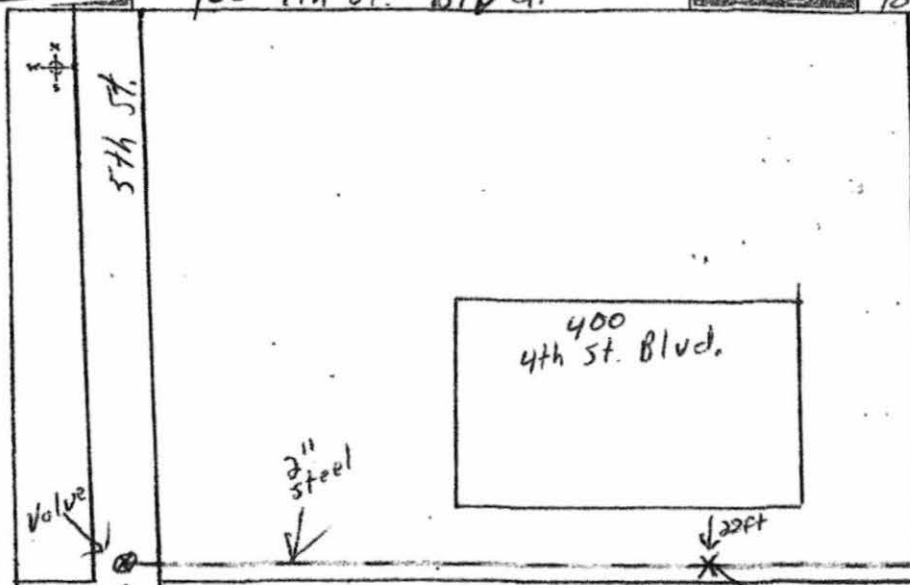
If you find a mechanical fitting failure, please fill out a mechanical fitting failure form.

400 4th St. Blvd.

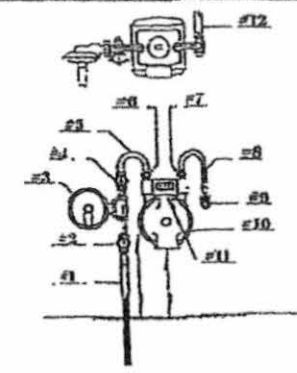
Tompkinsville / Monroe

State KY

Date 7-30-15



Classification	Grade	Grade	Grade
Material		Inside	
Manufacturer		Outside	



#1 Riser	#7 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

4th St. Blvd

12ft from Valve

leak

405

Category	Location	Soil/Surface	Material	Size	Weather			
Mobile FI	Inside Bldg	Main	Rock	% Gas (0-1)	Grass	Steel	5-2.8	Clear
Flame Pack	Outside Bldg	Service	Cloder	LEL (1-30)	Dir	FE	2.0-3.0	Wet
Visual	Manhole	Tap	Clay	UEL (31-68)	Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CG/EGD	Undergrnd	Valve	Lean	PPM (61-89.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Small	Atmosphere	Meter	Sand	(100-399)	Sidewalk	PVCH	10.0-12.0	

Category	Location	Material	System	Weather	Remarks
Corrosion	Pipe	Transmission	Steel	Residential	1-5 Bare
Outside Force	Valve	Main	Cast Iron	Rural	5-Greater Coated
Coast/Dched	Fitting	Service	Ductile Iron	Commercial	Date Rechecked: 7-30-15
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked:
Other	Tap Connection	Customer Pipe	Plastic		

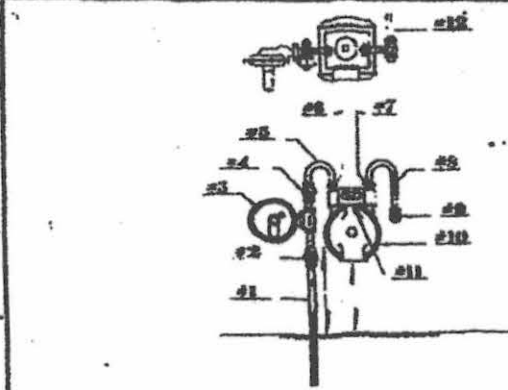
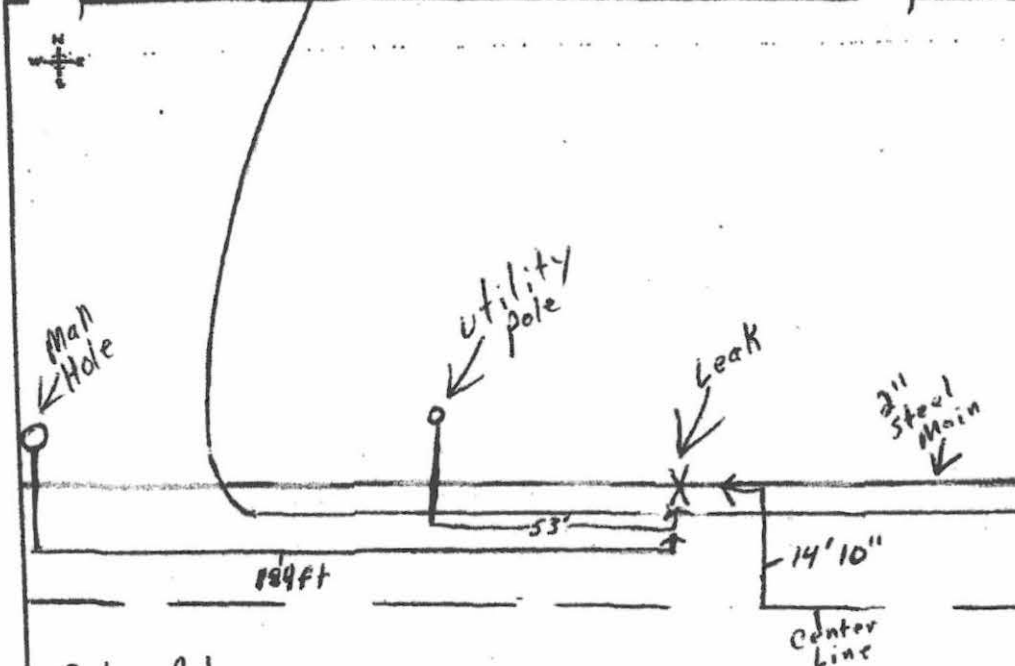
If you find a mechanical fitting failure, please fill out a mechanical fitting failure form.

415 East 4th St.

Tompkinsville/Monroe

Ky  
8-24-15

Grade 1	Grade 2	Grade 3
		<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

Celina Rd.

P&L meters  
415 E. 4th St.

Mobile DJ	Inside Bldg	Main	<input checked="" type="checkbox"/> Rock	% Gas	(0-1)	Grass	<input checked="" type="checkbox"/> Steel	5-2.0	<input checked="" type="checkbox"/> Clear
Flame Pack	Outside Bldg	Service	Cloder	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	Undergrad	<input checked="" type="checkbox"/> Valve	Lawn	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-60)
Smell	Atmosphere	Meter	Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	

Corrosion	Pipe	Transmission	Steel	<input checked="" type="checkbox"/> Residential	1-5	None
Outside Force	Valve	Main	<input checked="" type="checkbox"/> Cast Iron	Rural	5-Greater	Coated
Const/Defect	Fitting (Clamp)	<input checked="" type="checkbox"/> Service	Ductile Iron	Commercial	Date Rechecked: 8-24-15	
Material Defect	<input checked="" type="checkbox"/> Regulator	Meter Set	Copper	Industrial	Date Rechecked:	
Other	Tap Connection	Customer Pipe	Plastic			

482

Bill Butler Rd

City/County

Tompkinsville / Monroe

State

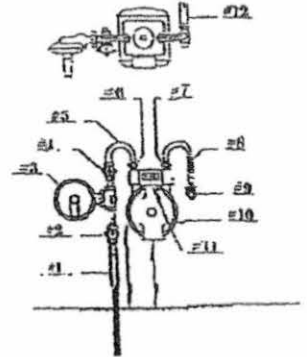
KY



no leak found.

Classification	Grade	Grade	Grade
Material	Inside		Outside
Manufacturer			

Date 3-10



#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	Color/Type	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	Masonry	Tap	Clay	UEL	(31-60)	Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CG/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	

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

If you find a mechanical fitting failure, please fill out a mechanical fitting failure form.

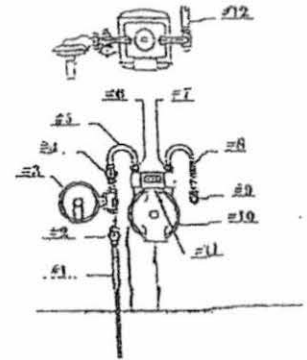
510 4th St. Blvd.

Tompkinsville/Morris

SLIC  
Date 9-1-15



Classification	Grade	Grade	Grade
Material	Material	Material	Material
Manufacturer	Manufacturer	Manufacturer	Manufacturer



#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	Material	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	Masonry	Tap	Clay	UEL	(31-60)	Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CGI/EGD	Undergrnd	Valve	Lawn	PFM	(61-99.9)	Concrete	CSST	4.0-8.0	Cold (0-40)
Smell	Atmosphere	Meter	Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	

Defect Code	Component/Explanation	Part of System	Typical Material	Application Area	Repair Date
Corrosion	Pipe	Transmission	Steel	Residential	1-5
Outside Pipe	Valve	Main	Cast Iron	Rural	5-Greater
Crack/Defect	Fitting	Service	Ductile Iron	Commercial	Date Repaired: 9-1-15
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked:
Other	Tap Connection	Customer Pipe	Plastic		

If you find a mechanical fitting failure, please fill out a mechanical fitting failure form.



602 Magnolia St.

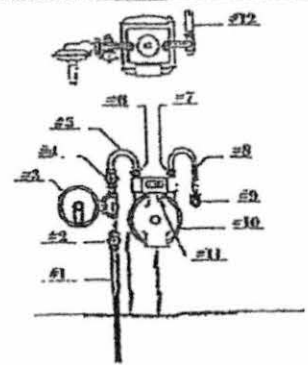
City/County Tompkinsville / Monroe

State KY

Date 3-6-15



Case			
Classification	Grade	Grade	Grade
Material			
Manufacturer			
	Inside		
	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	Notes	Material	Condition	Pressure	Surface	Size	Weather	
Mobile FI	Inside Bldg	✓ Main	Rock	% Gas	(0-2)	Grass	Steel	✓ 5-2.0	Clear
Flame Pk	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)
CGUEGD	Undergrad	Valve	Loam	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	Atmosphere	✓ Meter	Sand		(100-399)	Sidewalk	PVC	10.0-12.0	

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

If you find a mechanical fitting failure, please fill out a mechanical fitting failure form.

605 W. 5th.

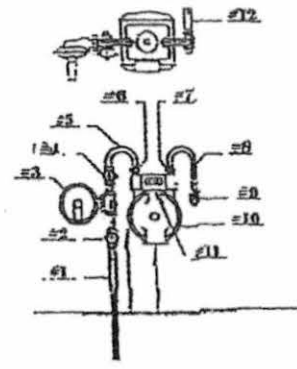
City/County Tompkinsville / Monroec

State KY

Date 9-29-15



Case #	
Classification	
Material	
Manufacturer	
Location	Outside



#1 Regulator	#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

Condition	Location	Material	Soil	Service	Pressure	Surface	Pipe	Size	Weather
Mobile FI	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	Steel	5-2.0	Clear
Flame Fnk	Outside Bldg	Service	Clster	LEL	(3-30)	Dirt	PE	2.0-3.0	Wet
Visual	Manhole	Tap	Clay	UEL	(31-60)	Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CG/EGD	Undergrad	Valve	Loam	PPM	(61-92.5)	Concrete	CSST	6.0-8.0	Cold (0-49)
Smell	Atmosphere	Mftr	Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	

Failure Mode	Component/Location	Part of System	Typical Material	Application Area	Repair/Date
Corrosion	Pipe	Transmission	Steel	Residential	1-5
Outside Burst	Valve	Main	Cast Iron	Rural	5-Greater
Crack/Defect	Fitting	Service	Ductile Iron	Commercial	Date Reported: 9-29-15
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked:
Other	Tap Connection	Customer Pipe	Plastic		

If you find a mechanical fitting failure, please fill out a mechanical fitting failure form.

702 N. Magnolia

Tompkinsville / Monroe

Slip KY

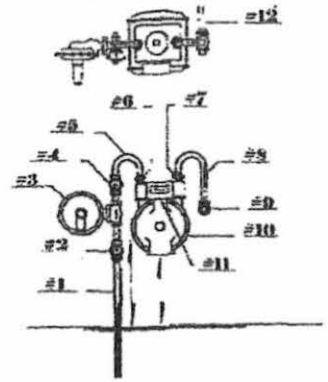


1/2" PE

Pisior Broke above ground.

meter  
T-Ville Fire Dept.  
702 N. Magnolia

seeq fence



#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

Magnolia St.

Detection	Location	Soil Sub	CE/VECT	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: 7-10-15
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked:
Other	Tap Connection	Customer Pipe	Plastic		

836 Celina Rd.

Tompkinsville/Monroe

Ky

7-13-15

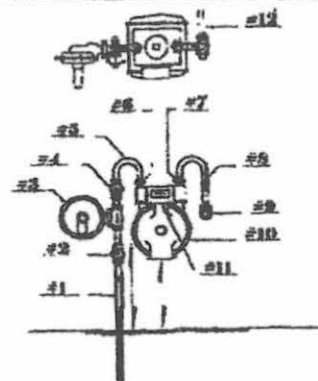
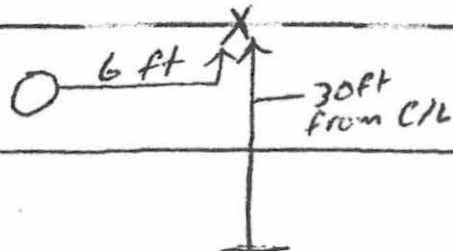
836  
Celina Rd

Grade 1  Grade 2  Grade 3



2" PPE  
↓

Utility pole



Celina Rd.

#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

Mobile FI	Inside Bldg	Main	<input checked="" type="checkbox"/> Rock	% Gas	(0-1)	Grass	<input checked="" type="checkbox"/> Steel	5-2.0	<input checked="" type="checkbox"/> Clear
Flame Pack	Outside Bldg	<input checked="" type="checkbox"/> Service	Clnder	LEL	(1-30)	Dirt	PE	<input checked="" type="checkbox"/> 2.0-3.0	Wet
Visual	<input checked="" type="checkbox"/> 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	Undergrad	<input checked="" type="checkbox"/> Valve	Loam	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	<input checked="" type="checkbox"/> Atmosphere	Meter	Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	

Corrosion	Pipe	<input checked="" type="checkbox"/> Transmission	Steel	Residential	<input checked="" type="checkbox"/> 1-5	Bare
Outside Force	<input checked="" type="checkbox"/> Valve	Main	<input checked="" type="checkbox"/> Cast Iron	Rural	5-Greater	Coated
Const/Defect	Fitting	Service	Ductile Iron	Commercial	Date Repaired: 7-13-15	
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked:	
Other	Tap Connection	Customer Pipe	Plastic	<input checked="" type="checkbox"/>		

New entrance to Belden

Tompkinsville/Monroe

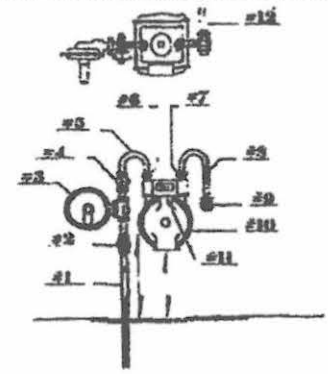
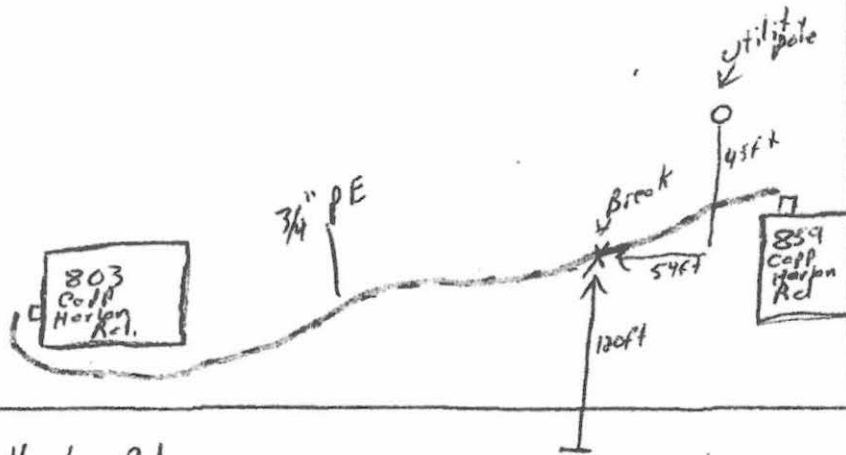
KY  
7-24-15



Belden Building



Grade 1	<input checked="" type="checkbox"/> Grade 2	Grade 3
---------	---	---------



#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

Capp Harlan Rd

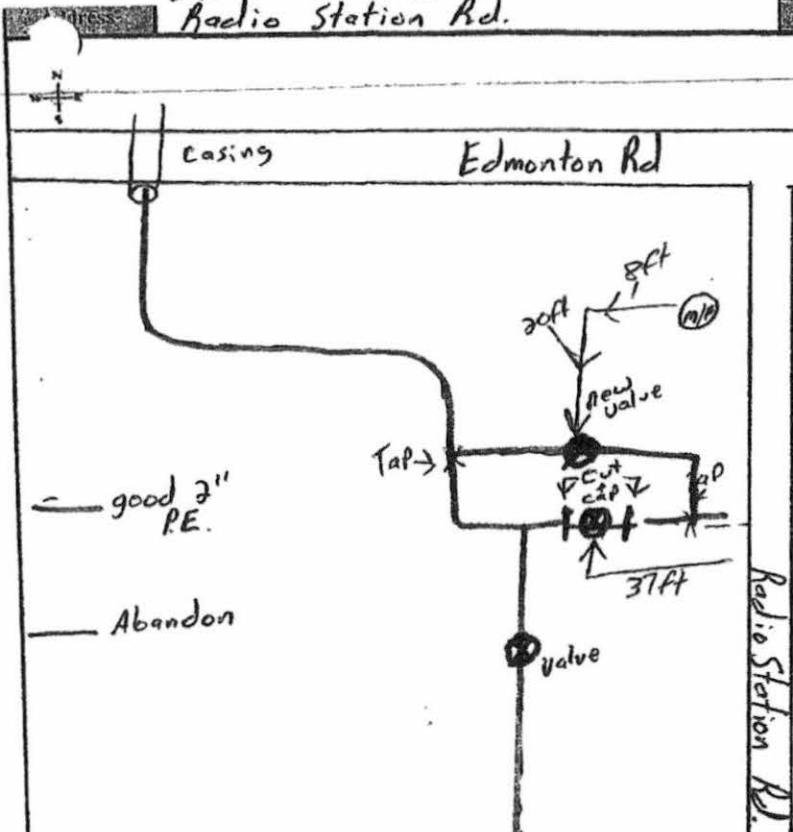
Mobile FI	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	Steel	5-2.0	<input checked="" type="checkbox"/> Clear
Flame Pack	Outside Bldg	Service	<input checked="" type="checkbox"/> Cinder	LEL	(1-30)	Dirt	<input checked="" type="checkbox"/> PE	2.0-3.0	Wet
Visual	<input checked="" type="checkbox"/> Manhole	Tap	Clay	<input checked="" type="checkbox"/> UEL	(31-60)	<input checked="" type="checkbox"/> Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CGI/EGD	Undergrad	<input checked="" type="checkbox"/> Valve	Lawn	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	<input checked="" type="checkbox"/> Atmosphere	Meter	Sand		(100-999)	Sidewalk	PVCB	10.0-12.0	

Corrosion	Pipe	<input checked="" type="checkbox"/> Transmission	Steel	Residential	1-5	None
Outside Force	<input checked="" type="checkbox"/> Valve	Main	Cast Iron	Rural	<input checked="" type="checkbox"/> 5-Greater	Coated
Const/Defect	Fitting	Service	<input checked="" type="checkbox"/> Ductile Iron	Commercial	Date Replaced:	7-24-15
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked:	
Other	Tap Connection	Customer Pipe	Plastic	<input checked="" type="checkbox"/>		

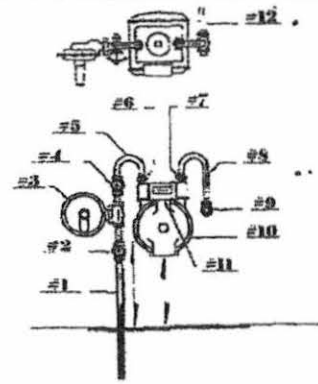
Intersection of Edmonton Rd + Radio Station Rd.

Tompkinsville / Monroe

K4



Classification	Grade 1	Grade 2	Grade 3
Material			
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	SCB/ECL	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: 7-20-15
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked:
Other	Tap Connection	Customer Pipe	Plastic		

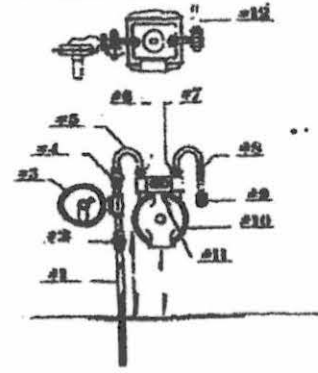
Tompkinsville Elementary School

Tompkinsville/Monroe

KY  
8-20-15



Grade 1	Grade 2	Grade 3
		✓



#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

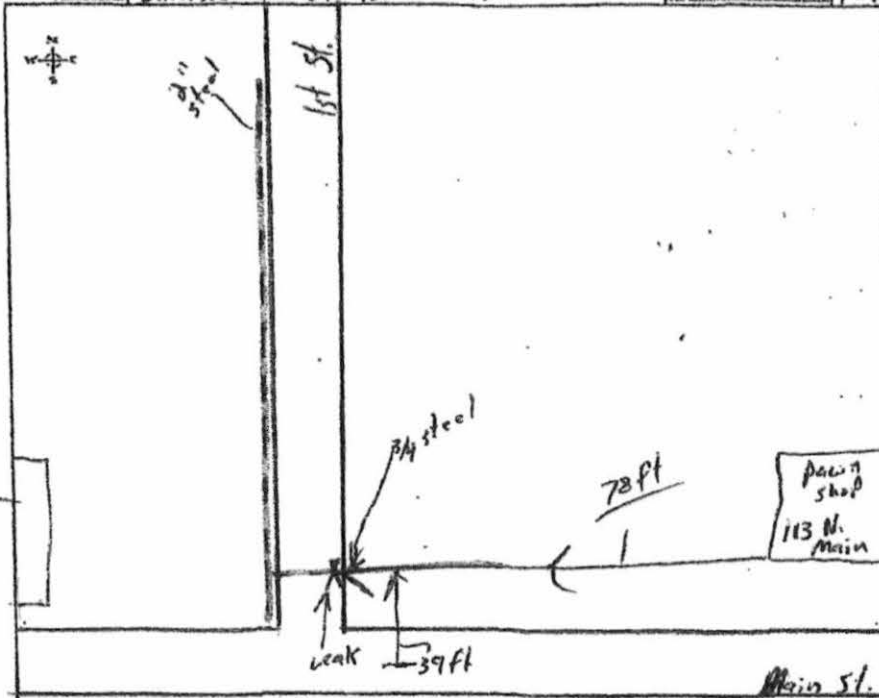
Mobile Pl	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	Steel	✓ 5-2.0	Clear	✓
Flame Pack	Outside Bldg	✓ Service	Cluder	LEL	(1-30)	Dir	PE	2.5-3.0	✓ Wet	
Visual Scrp ✓	Manhole	Tap	Clay	UEL	(31-60)	✓ Asphalt	✓ Cast Iron	3.0-4.0	Hot (85-100)	
CGI/EGD	Undergnd	Valve	Loam	PPM	(61-99.5)	Coverose	CSST	4.0-8.0	Cold (0-40)	
Smell	Atmosphere	Meter	✓ Sand		(100-300)	Sidewalk	PVCB	10.0-12.0		

Corrosion	Pipe	✓ Transmission	Steel	✓ Residential	✓ 1-5	Bare
Outside Force	Valve	Main	Cast Iron	Rural	5-Greater	Coated
Coast/Defect	Fitting	✓ Service	Ductile Iron	Commercial	Date Replaced: 8-20-15	
Material Defect	✓ Regulator	Meter Set	✓ Copper	Industrial	Date Rechecked:	
Other	Tap Connection	Customer Pipe	Plastic			

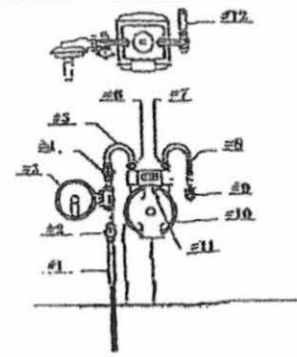
Intersection of 1st & Main

Community Tompkinsville / Monroe State K-1

Rowland Insurance  
107 W. First St.



Case #	Date
Classification	Grade
Material	Inside
Manufacturer	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	Weather	Pressure	Surface	Size	Weather		
Mobile FI	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	Steel	5-2.0	Clear
Flame Pack	Outside Bldg	Service	Cloder	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	PFM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	Atmosphere	Meter	Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	

Failure Mode	Component/Explanation	Part of System	Type Material	Location	Repair Date	
Corrosion	✓ Pipe	✓ Transmission	Steel	✓ Residential	✓ 1-5	Bare
Outside Force	Valve	Main	Cast Iron	Rural	5-Greater	Coated
Cost/Defect	Fitting	Service	✓ Ductile Iron	Commercial	Date Repaired: 7-27-15	
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked:	
Other	Tap Connection	Customer Pipe	Plastic			

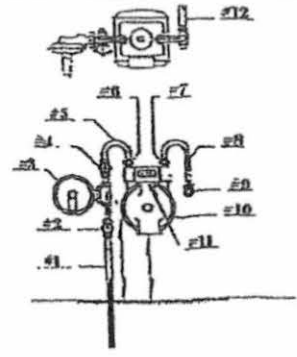
If you find a mechanical fitting failure, please fill out a mechanical fitting failure form.



612 Celina Rd



City		State	
Date		Date	
Classification	Grade	Grade	Grade
Material		Grade	
Manufacturer		Outside	



#1 Riser	#7 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

Branch	Location	Soil Type	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	Cloder	LEL	(1-30)	Dirt	PE	✓ 2.0-3.0	Wet
Visual $\frac{1}{2}$ "	✓ Manhole	Tap	Clay	UEL	(31-60)	✓ Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CGI/EGD	Undergnd	Valve	✓ Loam	PPM	(61-89.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	Atmosphere	Meter	Sand		(100-399)	Slenderk	PVCB	10.0-12.0	

Component	Component/Explanation	Part of System	Typ. Material	Location/Use	Repair Date
Corrosion	Pipe	Transmission	Steel	✓ Residential	1-5
Outside Fuzz	Valve	✓ Main	Cast Iron	Rural	5-Greater
Const/Defect	Fitting	Service	✓ Ductile Iron	Commercial	✓ Date Replaced: 7-21-15
Material Defect	✓ Regulator	Meter Set	Copper	Industrial	Date Rechecked:
Other	Tap Connection	Customer Pipe	Plastic		

If you find a mechanical fitting failure, please fill out a mechanical fitting failure form.

**DISPATCHER SECTION**

Address Intersection of 1st + Main Apt#      City Tombkinsville County Monroe Time Received 9:00pm Date Received 7-24-15

Customer Name      Phone #      Customer Home?  Yes  No Customer Account #     

Received By Jason Leak First Noticed      Date 7-24-15 Time Dispatched 9:00  AM  PM Hear Gas Escaping?  Yes  No

Location of Leak: Leak Site/Property      Source of Call      Nature of Call      Specific Location      CUSTOMER REMARKS Smell of gas at intersection

Inside: Residence  School  Customer  Crew  In  Out  Manhole

Outside:  Public Bldg  Canun/Bldg  Employee  Fire  Meter  Street  Yard

DISPATCHER REMARKS      Response Given  Yes  No Gas Supervisor Notified of Issued Response  Yes  No

If "YES" To Any Questions Below, Issue The Standard Response

Is there a strong odor?  Do you hear gas blowing/leaking?  Are you aware of any damage to the gas line?  Are you feeling dizzy, faint, or ill?

**STANDARD RESPONSE:**  
I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.

**SERVICE PERSONNEL SECTION**

Leak found:  Yes  No Permanent Repair:  Yes  No Customer Referred for Repair:  Yes  No Temporary Repair Safe:  Yes  No Caution Card Left:  Yes  No Warning Card Left:  Yes  No Gas Shut off-Time:  AM  PM Meter:  Yes  No Equipment:  Yes  No

Time Received 9:00  AM  PM Telephone      Time Arrived on Site 9:05  AM  PM Time Departed from Site 9:30  AM  PM Meter Number:      Meter Locked:  Yes  No Meter Red Sealed:  Yes  No

Leak Cause	Component	Location Detected	Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification	
Corrosion	<input checked="" type="checkbox"/> Pipe	<input checked="" type="checkbox"/> Inside	Main	Rock	Main	SP (0-1)	Grass	Cast	1-2"	<input checked="" type="checkbox"/> Clear	<input checked="" type="checkbox"/> Grade 1 (Immediately)
Outside Force	<input type="checkbox"/> Valve	<input type="checkbox"/> Outside	Service	<input checked="" type="checkbox"/> Cinder	Service	<input checked="" type="checkbox"/> IP (1-30)	Dirt	Steel	<input checked="" type="checkbox"/> 3-4"	<input type="checkbox"/> Wet	<input type="checkbox"/> Grade 2 (5 Months)
Const/Defect	<input type="checkbox"/> Fitting	<input type="checkbox"/> Manhole	Valve	Clay	<input checked="" type="checkbox"/> Meter	MP (31-60)	<input checked="" type="checkbox"/> Asphalt	<input checked="" type="checkbox"/> PE	6-8"	<input type="checkbox"/> Hot	<input type="checkbox"/> Grade 3 (12 Months)
Material/Defect	<input type="checkbox"/> Regulator	<input type="checkbox"/> Under/gd	<input checked="" type="checkbox"/> Meter	Sand	Cast/Pipe	HP (61-92,9)	Concrete	PVC	18-12"	<input type="checkbox"/> Cold	<input type="checkbox"/> Grade 4 (18 Months)

Number of Gas Utilization Equipment Worked On      **SERVICEMAN REMARKS:** Police Dept. called & said there was a smell of gas at the intersection. Eddie check it out at the time of the call & found nothing in the aped. We returned to work on 7-27-15 & rechecked it. We found gas present in the ground at the intersection that showed 1/8 on the CGI. We dug it out & found a 1/4 service leaking. We clamped it off & stopped the leak. The line is scheduled to be killed. Repair Data: Leaks Total: 1

Service Representative Name Jason Wane Date 7-27-15

## DISPATCHER SECTION

Address	3rd St & N. Magnolia		Apt#		City	Tompkinsville		County	Monroe		Time Received	9:15		Date Received	8-3-15																		
Customer Name	Tompkinsville Fire Dept.				Phone #				Customer Home?	Yes		Customer Account #																					
Received By	Jason				Leak First Noticed	Date	8-2-15		Time Dispatched	9:15	AM	Hear Gas Escaping?	Yes		No																		
Location of Leak	Leak Site/Property	Source of Call	Nature of Call			Specific Location			CUSTOMER REMARKS																								
Inside	Residence	School	Customer	Crew	In	Out	Manhole	Smell of gas in the area.																									
Outside	Public Bldg	Comm/Bldg	Employee	Fire	Meter	Street	Yard																										
DISPATCHER REMARKS								Response Given	Yes		Gas Supervisor Notified of Issued Response	Yes		No																			
If "YES" To Any Questions Below, Issue The Standard Response																STANDARD RESPONSE																	
Y	Is there a strong odor?																I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.																
N	Do you hear gas blowing/leaking?																																
N	Are you aware of any damage to the gas line?																																
N	Are you feeling dizzy, faint, or ill?																																
SERVICE PERSONNEL SECTION																																	
Leak found	Yes	Permanent Repair	Yes	Customer Referred for Repair	Yes	Temporary Repair Safe	Yes	Caution Card Left	Yes	Warning Card Left	Yes	Gas Shut off-Time	AM	Meter	No	Equipment																	
	No		No		No		No		No		No		PM																				
Time Received	AM	Radio	Time Arrived on Site	AM	Time Departed from Site	AM	Meter Number:	Meter Locked	Yes	No																							
	PM	Telephone		PM		PM		Meter Red Sealed	Yes	No																							
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification																						
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cast	1-2"	Clear	Grade 1 (Immediately)																						
Outside Force	Valve	Outside	Service	Clay	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)																						
Const/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)																						
Material/Defect	Regulator	Under/gd	Meter	Sand	Cast/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold																							
Number of Gas Utilization Equipment Worked On																SERVICEMAN REMARKS																Repair Data	
Stove/Range				Radiant Heater												Leaks Total:	1																
Hot Water Heater				Ceiling Heater																													
Floor Furnace				Clothes Dryer																													
Forced Air-Furnace				Boiler																													
Service Representative Name																Jason W.		Date	8-2-15														

DISPATCHER SECTION																													
Address		26 Louise Dr.			Apt#		City	Tombkinsville		County	Monroe		Time Received	8:06		Date Received	9/4/15												
Customer Name		Danny Thompson				Phone #			Customer Home?		Yes	<input checked="" type="checkbox"/>	Customer Account #		3-0910-1														
Received By		Amanda				Leak First Noticed		Date		Time Dispatched		8:06	AM	<input checked="" type="checkbox"/>	Hear Gas Escaping?		Yes	<input checked="" type="checkbox"/>											
Location of Leak		Leak Site/Property		Source of Call		Nature of Call			Specific Location			CUSTOMER REMARKS																	
Inside		Residence		School		Customer		Crew		In		Out		Manhole		Can smell gas around meter													
Outside		Public Bldg		Comm/Bldg		Employee		Fire		Meter		Street		Yard															
DISPATCHER REMARKS										Response Given		Yes	<input type="checkbox"/>	Gas Supervisor Notified of Issued Response		Yes	<input type="checkbox"/>												
										No		<input type="checkbox"/>	<input type="checkbox"/>	No		<input type="checkbox"/>	<input type="checkbox"/>												
If "YES" To Any Questions Below, Issue The Standard Response										STANDARD RESPONSE																			
Yes		Is there a strong odor?			I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.																								
No		Do you hear gas blowing/leaking?																											
No		Are you aware of any damage to the gas line?																											
No		Are you feeling dizzy, faint, or ill?																											
SERVICE PERSONNEL SECTION																													
Leak found		Yes	<input checked="" type="checkbox"/>	Permanent Repair		Yes	<input checked="" type="checkbox"/>	Customer Referred for Repair		Yes	<input type="checkbox"/>	Temporary Repair Safe		Yes	<input type="checkbox"/>	Caution Card Left		Yes	<input type="checkbox"/>	Warning Card Left		Yes	<input type="checkbox"/>	Gas Shut off-Time		AM	Meter		
		No	<input type="checkbox"/>			No	<input type="checkbox"/>			No	<input type="checkbox"/>			No	<input type="checkbox"/>			No	<input type="checkbox"/>			No	<input type="checkbox"/>			PM	Equipment		
Time Received		8:07 AM		Radio		Time Arrived on Site		8:15 AM		Time Departed from Site		8:41 AM		Meter Number:		Meter Locked		Yes	<input type="checkbox"/>	No		<input type="checkbox"/>	Meter Red Sealed		Yes	<input type="checkbox"/>	No		<input type="checkbox"/>
Leak Cause		Component		Location Detected		Soil Sub		System		Pressure		Ground Surface		Pipe		Pipe Size		Weather		Leak Classification									
Corrosion		Pipe		Inside		Main		Rock		Main		SP (0-1)		Grass		Cast		1-2"		Clear		Grade 1 (Immediately)							
Outside Force		Valve		Outside		Service		Cinder		Service		IP (1-30)		Dirt		Steel		3-4"		Wet		Grade 2 (5 Months)							
Corrosion/Defect		Fitting		Manhole		Valve		Clay		Meter		MP (31-60)		Asphalt		PE		6-8"		Hot		Grade 3 (12 Months)							
Material/Defect		Regulator		Underg		Meter		Sand		Cust/Pipe		HP (61-99.9)		Concrete		PVC		10-12"		Cold									
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS						Repair Data													
Stove/Range				Radiant Heater																		Leak Total:		1					
Hot Water Heater				Ceiling Heater																									
Floor Furnace				Clothes Dryer																									
Forced Air Furnace				Boiler																									
Service Representative Name										Jason W.						Date		9-4-15											

DISPATCH SECTION

Address		101 E. 1st. Street		Apt#		City	Tombkinsville		County	Monroe	Time Received	12:30 PM	Date Received	8-25-15	
Customer Name		Dairy Queen				Phone #		Customer Home?	Yes		Customer Account #				
Received By		Dorothy				Leak First Noticed		Date	8-25-15		Time Dispatched	AM	Hear Gas Escaping?	Yes	
Location of Leak		Leak Site/Property	Source of Call	Nature of Call		Specific Location			CUSTOMER REMARKS						
Inside	<input checked="" type="checkbox"/>	Residence	<input checked="" type="checkbox"/>	School	<input checked="" type="checkbox"/>	Customer	<input checked="" type="checkbox"/>	Crew	In	<input checked="" type="checkbox"/>	Out		Manhole		
Outside		Public Bldg	<input checked="" type="checkbox"/>	Comm/Bldg		Employee		Fire	Meter		Street		Yard		
DISPATCHER REMARKS		Smelling Gas				Response Given	Yes		Gas Supervisor Notified of Issued Response	Yes					

If "YES" to Any Questions Below, Issue The Standard Response		STANDARD RESPONSE			
<input checked="" type="checkbox"/>	Is there a strong odor?	I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.			
	Do you hear gas blowing/leaking?				
	Are you aware of any damage to the gas line?				
	Are you feeling dizzy, faint, or ill?				

SERVICE PERSONNEL SECTION

Leak found	Yes	<input checked="" type="checkbox"/>	Permanent Repair	Yes		Customer Referred for Repair	Yes	<input checked="" type="checkbox"/>	Temporary Repair Safe	Yes	<input checked="" type="checkbox"/>	Caution Card Left	Yes		Warning Card Left	Yes		Gas Shut off-Time	1:13	AM	Meter		Equipment	<input checked="" type="checkbox"/>
	No			No			No			No			No			No								
Time Received		AM	Radio		Time Arrived on Site		AM	Time Departed from Site		AM	Meter Number:	Meter Locked	Yes		No			Meter Red Sealed	Yes		No			<input checked="" type="checkbox"/>
	12:33	PM	Telephone	<input checked="" type="checkbox"/>	12:40	PM	1:15	PM																
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification													
Corrosion	Pipe	<input checked="" type="checkbox"/>	Inside	<input checked="" type="checkbox"/>	Main	Rock	Main	SP (0-1)	<input checked="" type="checkbox"/>	Grass	Cast	1-2"	<input checked="" type="checkbox"/>	Clear	<input checked="" type="checkbox"/>	Grade 1 (Immediately)								
Outside Force	Valve		Outside		Service	<input checked="" type="checkbox"/>	Cinder	Service	IP (1-30)	Dirt	Steel	3-4"		Wet		Grade 2 (5 Months)								
Construction Defect	Fitting		Manhole		Valve		Clay	Meter	MP (31-60)	Asphalt	PE	6-8"		Dry		Grade 3 (12 Months)								
Material Defect	<input checked="" type="checkbox"/>	Regulator	Undergd		Meter		Sand	Cast/Pipe	<input checked="" type="checkbox"/>	HP (61-99.9)	Concrete	PVC	10-12"	Cold										

Number of Gas Utilization Equipment Worked On				SERVICEMAN REMARKS				Repair Data	
Stove/Range		Water Heater	Grill	Small of gas when we arrived. After some investigation, we found a flex hose to the grill was leaking. We shut the valve off going to the grill. Customer referred for repair				Leak Total:	1
Hot Water Heater		Ceiling Heater							
Floor Furnace		Clothes Dryer							
Forced Air Furnace		Boiler							
Service Representative Name				Jason W.				Date	8-25-15

## DISPATCHER SECTION

Address		107 W 1st St		Appl		City	Tompkinsville		County	Monroe	Time Received	4:30	Date Received	9-3-15															
Customer Name		Arlyn Mink				Phone #		Customer Home?		Yes		Customer Account #																	
Received By		Crystal				Leak First Noticed		Date		Time Dispatched		AM		Hear Gas Escaping?	Yes														
Location of Leak		Leak Site/Property		Source of Call		Nature of Call			Specific Location			CUSTOMER REMARKS																	
Inside		Residence		School		Customer		Crew		In		Out		Manhole															
Outside		Public Bldg		Comm/Bldg		Employee		Fire		Meter		Street		Yard															
DISPATCHER REMARKS		Arlyn came by office said he smells gas really strong								Response given		Yes		Gas Supervisor Notified of Issued Response		Yes													
												No				No													
If "YES" To Any Questions Below, Issue The Standard Response										STANDARD RESPONSE																			
<input checked="" type="checkbox"/>		Is there a strong odor?		I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.																									
		Do you hear gas blowing/leaking?																											
		Are you aware of any damage to the gas line?																											
		Are you feeling dizzy, faint, or ill?																											
SERVICE PERSONNEL SECTION																													
Leak found		Yes		Permanent Repair		Yes		Customer Referred for Repair		Yes		Temporary Repair Safe		Yes		Caution Card Left		Yes		Warning Card Left		Yes		Gas Shut off-Time		AM		Meter	
		No				No				No				No				No				No		PM		Equipment			
Time Received		AM		Radio		Time Arrived on Site		AM		Time Departed from Site		AM		Meter Number:		Meter Locked		Yes		No									
		4:30 PM		Telephone		4		4:45 PM		4:50 PM						Meter Red Sealed		Yes		No									
Leak Cause		Component		Location Detected		Soil Sub		System		Pressure		Ground Surface		Pipe		Pipe Size		Weather		Leak Classification									
Corrosion		Pipe		Inside		Main		Rock		Main		SP (0-1)		Grass		Cast		1-2"		Clear		Grade 1 (Immediately)							
Outside Force		Valve		Outside		Service		Under		Service		IP (1-30)		Dirt		Steel		3-4"		Wet		Grade 2 (5 Months)							
Corros/Defect		Fitting		Manhole		Valve		Clay		Meter		MP (31-60)		Asphalt		PE		6-8"		Hot		Grade 3 (12 Months)							
Material Defect		Regulator		Underground		Meter		Sand		Cust/Pipe		HP (61-99.9)		Concrete		PVC		10-12"		Cold									
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS						Repair Data													
Stove/Range				Radiator Heater																		Leak Fatal:		1					
Hot Water Heater				Ceiling Heater																									
Floor Furnace				Clothes Dryer																									
Forced Air Furnace				Boiler																									
Service Representative Name		Eddie Bennett										Date		9-3-15															

DISPATCHER SECTION																																													
Address			108 S. Magnolia			Apt#		City		Tompkinsville		Comty		Monroe		Time Received		1:55 AM		Date Received		8-1-15																							
Customer Name			Head					Phone #			Customer Home?		Yes		No		Customer Account #																												
Received By			Jason. Called by T-Ville P.D.					Leak First Noticed			Date		8-1-15		Time Dispatched		2:03 AM		Hear Gas Escaping?		Yes		No																						
Location of Leak		Leak Site/Property		Source of Call		Nature of Call			Specific Location			CUSTOMER REMARKS																																	
Inside		Residence		School		Customer			Crew			In			Our			Manhole			Carbon Monoxide detector was going off.																								
Outside		Public Bldg		Comm/Bldg		Employee			Fire			Meter			Street			Yard																											
DISPATCHER REMARKS															Response Given		Yes		No		Gas Supervisor Notified of Issued Response				Yes		No																		
If "YES" To Any Questions Below, Issue The Standard Response										STANDARD RESPONSE																																			
N			Is there a strong odor?			I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.																																							
N			Do you hear gas blowing/leaking?																																										
N			Are you aware of any damage to the gas line?																																										
N			Are you feeling dizzy, faint, or ill?																																										
SERVICE PERSONNEL SECTION																																													
Leak found		Yes		No		Permanent Repair		Yes		No		Customer Referred for Repair		Yes		No		Temporary Repair Safe		Yes		No		Caution Card Left		Yes		No		Warning Card Left		Yes		No		Gas Shut off-Time		2:30 AM		Meter		PM		Equipment	
Time Received		2:03 AM		Radio		Telephone		Time Arrived on Site		AM		PM		Time Departed from Site		2:30 AM		PM		Meter Number:		Meter Locked		Yes		No		Meter Red Sealed		Yes		No													
Leak Cause		Component		Location Detected		Soil Sub		System		Pressure		Ground Surface		Pipe		Pipe Size		Weather		Leak Classification																									
Corrosion		Pipe		Inside		Main		Rock		Main		SP (0-1)		Grass		Cast		1-2"		Clear		Grade 1 (Immediately)																							
Outside Force		Valve		Outside		Service		Cinder		Service		IP (1-30)		Dirt		Steel		3-4"		Wet		Grade 2 (5 Months)																							
Const/Defect		Fitting		Manhole		Valve		Clay		Meter		MP (31-60)		Asphalt		PE		6-8"		Hot		Grade 3 (12 Months)																							
Material/Defect		Regulator		Under/2d		Meter		Sand		Cust/Pipe		HP (61-99.9)		Concrete		PVC		10-12"		Cold																									
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS						Repair Data																													
Stove/Range				Radiant Heater																		Leak Total:		0																					
Hot Water Heater				Ceiling Heater																																									
Floor Furnace				Clothes Dryer																																									
Forced Air-Furnace				Boiler																																									
Service Representative Name			Eddie Bennett												Date		8-1-15																												

DISPATCHER SECTION

Address	109 2nd Street	Apt#		City		County		Time Received	9:20AM	Date Received	9-28-15	
Customer Name	Reed Moore Law Office			Phone #		Customer Home?	Yes	Customer Account #				
Received By	Dorothy / Per Jason			Leak First Noticed		Date		Time Dispatched	AM	Hear Gas Escaping?	Yes	
									PM		No	
Location of Leak	Leak Site/Property	Source of Call	Nature of Call		Specific Location			CUSTOMER REMARKS				
Inside	<input checked="" type="checkbox"/> Residence	<input type="checkbox"/> School	<input type="checkbox"/> Customer	<input checked="" type="checkbox"/> Crew	In	Out	Manhole					
Outside	<input type="checkbox"/> Public Bldg	<input checked="" type="checkbox"/> Comm/Bldg	<input type="checkbox"/> Employee	<input checked="" type="checkbox"/> Fire	Meter	Street	Yard					
DISPATCHER REMARKS							Response Given	Yes	Gas Supervisor Notified of Issued Response	Yes		
								No		No		

If "YES" To Any Questions Below, Issue The Standard Response				STANDARD RESPONSE							
<input checked="" type="checkbox"/>	Is there a strong odor?	I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.									
<input type="checkbox"/>	Do you hear gas blowing/leaking?										
<input type="checkbox"/>	Are you aware of any damage to the gas line?										
<input type="checkbox"/>	Are you feeling dizzy, faint, or ill?										

SERVICE PERSONNEL SECTION

Leak found	Yes	<input checked="" type="checkbox"/>	Permanent Repair	Yes	<input type="checkbox"/>	Customer Referred for Repair	Yes	<input type="checkbox"/>	Temporary Repair Safe	Yes	<input type="checkbox"/>	Caution Card Left	Yes	<input type="checkbox"/>	Warning Card Left	Yes	<input type="checkbox"/>	Gas Shut off-Time	AM	Meter
	No			No			No			No			No			No		PM	Equipment	
Time Received	9:20	AM	Radio	Time Arrived on Site	9:35	AM	Time Departed from Site	9:50	AM	Meter Number:		Meter Locked	Yes	No						
		PM	Telephone			PM			PM			Meter Red Sealed	Yes	No						

Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cast	1-2"	Clear	Grade 1 (Immediately)
Outside Fault	Valve	Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)
Construction Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)
Material Defect	Regulator	Underground	Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold	

Number of Gas Utilization Equipment Worked On						SERVICEMAN REMARKS						Repair Data	
Stove/Range		Radiant Heater				Customer smelled gas from construction being done on the main line. The contractor had cut & capped an old main & tied in the new one, releasing some gas. Contractor had notified us & the fire center of what was taking place.						Leak Total:	0
Hot Water Heater		Ceiling Heater											
Floor Furnace		Clothes Dryer											
Forced Air Furnace		Boiler											
Service Representative Name	Marvin Anderson						Date	9-28-15					



## DISPATCHER SECTION

Address	113 Sunset Ave			Apt#		City	Tombknoville County		Time Received	2:05	Date Received	8/4/15		
Customer Name	Mottie Strickler				Phone #		Customer Home?	Yes		Customer Account #				
Received By	Amanda				Leak First Noticed		Date		Time Dispatched	AM	Hear Gas Escaping?	Yes		
										PM		No		
Location of Leak	Leak Site/Property	Source of Call	Nature of Call			Specific Location			CUSTOMER REMARKS					
Inside	Residence	School	Customer	Crew	In	Out	Manhole							
Outside	Public Bldg	Comm/Bldg	Employee	Fire	Meter	Street	Yard							
DISPATCHER REMARKS	Quinton called in gas smell at meter						Response Given	Yes	Gas Supervisor Notified of Issued Response	Yes				
							No		No					
If "YES" to Any Questions Below, Issue The Standard Response				STANDARD RESPONSE										
Yes	Is there a strong odor?			I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.										
No	Do you hear gas blowing/leaking?													
No	Are you aware of any damage to the gas line?													
No	Are you feeling dizzy, faint, or ill?													
SERVICE PERSONNEL SECTION														
Leak found	Yes	Permanent Repair	Yes	Customer Referred for Repair	Yes	Temporary Repair Safe	Yes	Caution Card Left	Yes	Warning Card Left	Yes	Gas Shut off-Time	AM	Meter
	No		No		No		No	No	No	No	No		PM	Equipment
Time Received	AM	Radio	Time Arrived on Site	AM	Time Departed from Site	AM	Meter Number:	Meter Locked	Yes	No				
2:05	PM	Telephone	2:40	PM	2:52	PM		Meter Red Sealed	Yes	No				
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification			
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cast	1-2"	Clear	Grade 1 (Immediately)			
Outside Force	Valve	Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)			
Const/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)			
Material/Defect	Regulator	Under/gd	Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold				
Number of Gas Utilization Equipment Worked On						SERVICEMAN REMARKS					Repair Data			
Stove/Range		Radiant Heater		No leak found					Leak Total:		0			
Hot Water Heater		Ceiling Heater												
Floor Furnace		Clothes Dryer												
Forced Air-Furnace		Boiler												
Service Representative Name	JASON W.								Date	8-4-14				

**DISPATCHER SECTION**

Address 113 Sunset Ave Apt#      City Tombkinsville County Monroe Time Received 2:05 Date Received 8-4-15

Customer Name Motie Strickley Phone #      Customer Home?  Yes  No Customer Account #     

Received By Amanda Leak First Noticed      Date 8-4-15 Time Dispatched 2:05 AM  PM  Hear Gas Escaping?  Yes  No

Location of Leak	Leak Site/Property	Source of Call	Nature of Call		Specific Location			CUSTOMER REMARKS
Inside	<input checked="" type="checkbox"/> Residence	<input checked="" type="checkbox"/> School	<input type="checkbox"/> Customer	<input type="checkbox"/> Crew	In	Out	<input checked="" type="checkbox"/> Manhole	
Outside	<input checked="" type="checkbox"/> Public Bldg	<input type="checkbox"/> Comm/Bldg	<input type="checkbox"/> Employee	<input checked="" type="checkbox"/> Fire	Meter	Street	Yard	

DISPATCHER REMARKS Meter reader could smell gas at the meter. Response Given  Yes  No Gas Supervisor Notified of Issued Response  Yes  No

If "YES" To Any Questions Below, Issue The Standard Response

<input checked="" type="checkbox"/> Y	Is there a strong odor?	I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.
<input checked="" type="checkbox"/> N	Do you hear gas blowing/leaking?	
<input checked="" type="checkbox"/> N	Are you aware of any damage to the gas line?	
<input checked="" type="checkbox"/> N	Are you feeling dizzy, faint, or ill?	

**SERVICE PERSONNEL SECTION**

Leak found	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Permanent Repair	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Customer Referred for Repair	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Temporary Repair Safe	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Caution Card Left	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Warning Card Left	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Gas Shut off-Time	<u>12:00</u> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Meter	<input checked="" type="checkbox"/>
Time Received	<u>2:05</u> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Radio	<input checked="" type="checkbox"/>	Time Arrived on Site	<u>2:30</u> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Time Departed from Site	<u>2:40</u> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Meter Number:	<u>    </u>	Meter Locked	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Meter Red Sealed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Equipment	<input checked="" type="checkbox"/>

Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	<input checked="" type="checkbox"/> Cast	1-2"	<input checked="" type="checkbox"/> Clear	Grade 1 (Immediately)
Outside Force	Valve	Outside	Service	<input checked="" type="checkbox"/> Cinder	Service	IP (1-30)	Dirt	Steel	<input checked="" type="checkbox"/> 3-4"	Wet	Grade 2 (5 Months)
Const/Defect	<input checked="" type="checkbox"/> Fitting	<input checked="" type="checkbox"/> Manhole	Valve	Clay	<input checked="" type="checkbox"/> Meter	MP (31-60)	<input checked="" type="checkbox"/> Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)
Material/Defect	Regulator	Under/rd	<input checked="" type="checkbox"/> Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold	

Number of Gas Utilization Equipment Worked On		SERVICEMAN REMARKS	Repair Data
Stove/Range	<input type="checkbox"/>	We recieved a call on 8-4-15 of the smell of gas. Nothing found. Went back to recheck on 8-5-15 and found gas leak in ground near riser. Found a tap off of service line leaking. Disconnected the tap because it went to an old abandon house. Replaced back section of service line. Meter was left off + locked due to customer not home.	Leaks Total: <u>1</u>
Hot Water Heater	<input type="checkbox"/>		
Floor Furnace	<input type="checkbox"/>		
Forced Air-Furnace	<input type="checkbox"/>		
Service Representative Name	<u>Jason W.</u>	Date	<u>8-5-15</u>

Meter reading: 5954

811 #-1509101370

DISPATCHER SECTION

Address		188 Spring Valley Rd.		Apt#		City		County		Time Received	2:00	Date Received	9-9-15		
Customer Name		W/H/Rhoda Ross				Phone #			Customer Home?	Yes		Customer Account #			
Received By		Dorothy				Leak First Noticed		Date		Time Dispatched		AM		Hear Gas Escaping?	Yes
											PM			No	
Location of Leak		Leak Site/Property	Source of Call	Nature of Call		Specific Location			CUSTOMER REMARKS						
Inside	<input checked="" type="checkbox"/>	Residence		Customer		In	Out	Manhole							
Outside		Public Bldg	Comms/Bldg	Employee	Fire	Meter	Street	Yard							
DISPATCHER REMARKS		Smells Gas							Response Given	Yes		Gas Supervisor Notified of Issued Response	Yes		
									No			No			

If "YES" To Any Questions Below, Issue The Standard Response

<input checked="" type="checkbox"/> Is there a strong odor?	I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.
Do you hear gas blowing/leaking?	
Are you aware of any damage to the gas line?	
Are you feeling dizzy, faint, or ill?	

SERVICE PERSONNEL SECTION

Leak found	Yes	<input checked="" type="checkbox"/>	Permanent Repair	Yes		Customer Referred for Repair	Yes		Temporary Repair Safe	Yes	<input checked="" type="checkbox"/>	Caution Card Left	Yes		Warning Card Left	Yes		Gas Shut off-Time	AM	Meter
	No			No			No	<input checked="" type="checkbox"/>		No			No			No			PM	Equipment
Time Received		AM	Radio		Time Arrived on Site		AM	Time Departed from Site		AM	Meter Number		Meter Locked	Yes		No				
	1:48	PM	Telephone	<input checked="" type="checkbox"/>	2:00	PM	2:15	PM					Meter Red Sealed	Yes		No				
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification									
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	<input checked="" type="checkbox"/> Cast	1-2"	<input checked="" type="checkbox"/> Clear	Grade 1 (Immediately)									
Outside Force	Valve	Outside	Service	<input checked="" type="checkbox"/> Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	<input checked="" type="checkbox"/> Wet	Grade 2 (5 Months)									
Cons/D/Defect	Fitting	Manhole	Valve	Clay	<input checked="" type="checkbox"/> Meter	NIP (31-60)	<input checked="" type="checkbox"/> Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)									
Material Defect	Regulator	Undergd	<input checked="" type="checkbox"/> Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold										

Number of Gas Utilization Equipment Worked On		SERVICEMAN REMARKS		Repair Data		
Stove/Range		Radiant Heater	MADE CHECK ON <del>ALL</del> THE INSIDE OF HOME WITH CGI NOTHING FOUND FOUND IN GROUND LEAK OUTSIDE BY RISER WILL HAVE TO DIG UP		Leak Total:	1
Hot Water Heater		Ceiling Heater				
Floor Furnace		Clothes Dryer				
Forced Air Furnace		Boiler				
Service Representative Name		MARVIN ANDERSON		Date	9-9-15	

9-17-15 Dug out + replaced 60ft of 3/4 steel service line with 3/4 PE pipe. Set a new riser + meter. Customer has had a pressure test done + has a leak on her side. Plumber is going to make repairs. Meter is off + locked. 9-17-15 @ 2:00pm.

## DISPATCHER SECTION

Address		201 Emile Ln.		Apt#		City	Tompkinsville Ky		County	Monroe		Time Received	3:35		Date Received	9-3-15													
Customer Name		Delesia Denton				Phone #			Customer Home?		Yes		Customer Account #																
Received By		201 Emile Ln				Leak First Noticed		Date		Time Dispatched		AM		Hear Gas Escaping?		Yes													
Location of Leak		Leak Site/Property		Source of Call		Nature of Call		Specific Location			CUSTOMER REMARKS																		
Inside		<input checked="" type="checkbox"/> Residence		<input type="checkbox"/> School		<input type="checkbox"/> Customer		<input type="checkbox"/> Crew		In		Out		Manhole															
Outside		<input type="checkbox"/> Public Bldg		<input type="checkbox"/> Comm/Bldg		<input type="checkbox"/> Employee		<input type="checkbox"/> Fire		Meter		Street		Yard															
DISPATCHER REMARKS		Smells Gas										Response Given		Yes		Gas Supervisor Notified of Issued Response		Yes											
If "YES" To Any Questions Below, Issue The Standard Response		STANDARD RESPONSE																											
<input checked="" type="checkbox"/>		Is there a strong odor?		I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.																									
		Do you hear gas blowing/leaking?																											
		Are you aware of any damage to the gas line?																											
		Are you feeling dizzy, faint, or ill?																											
SERVICE PERSONNEL SECTION																													
Leak found		Yes		Permanent Repair		Yes		Customer Referred for Repair		Yes		Temporary Repair Safe		Yes		Caution Card Left		Yes		Warning Card Left		Yes		Gas Shut off-Time		3:47	AM	Meter	
		No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Equipment			
Time Received		3:37		AM	<input checked="" type="checkbox"/> Telephone	Time Arrived on Site		3:42		AM	<input checked="" type="checkbox"/> PST	Time Departed from Site		3:57		AM	<input checked="" type="checkbox"/> PST	Meter Number:		Meter Locked		Yes		No					
																				Meter Red Sealed		Yes		No					
Leak Cause		Component		Location Detected		Soil Sub		System		Pressure		Ground Surface		Pipe		Pipe Size		Weather		Leak Classification									
Corrosion		Pipe		Inside		Main		Rock		Main		MP (8-1)		<input checked="" type="checkbox"/> Grass		Cast		1-2"		Clear		<input checked="" type="checkbox"/> Grade 1 (Immediately)							
Outside Force		Valve		Outside		Service		Cinder		Service		IP (1-30)		Dirt		Steel		3-4"		Wet		Grade 2 (5 Months)							
Constr/Defect		Fitting		Manhole		Valve		Clay		Meter		MP (31-60)		Asphalt		PE		6-8"		Hot		Grade 3 (12 Months)							
Material/Defect		Regulator		Undergd		Meter		Sand		Cust/Pipe		<input checked="" type="checkbox"/> HP (61-99.9)		Concrete		PVC		10-12"		Cold									
Number of Gas Utilization Equipment Worked On									SERVICEMAN REMARKS									Repair Date											
Stove/Range				Radiant Heater																		Leak Total:		1					
Hot Water Heater				Ceiling Heater																									
Flame Furnace				Clothes Dryer																									
Forced Air Furnace				Boiler																									
Service Representative Name		Jason W.										Date		9-3-15															

DISPATCH SECTION

Address		309 S. Magnolia		Apt#		City		County		Time Received	3:00 PM	Date Received	9-10-15			
Customer Name				Phone #				Customer Home?		Yes		Customer Account #				
Received By				Leak First Noticed				Date		Time Dispatched		AM		Hear Gas Escaping?	Yes	
Location of Leak				Leak Site/Property		Source of Call		Nature of Call			Specific Location			CUSTOMER REMARKS		
Inside		Residence		School		Customer		Crew		In		Out		Manhole		
Outside		Public Bldg		Comm/Bldg		Employee		Fire		Meter		Street		Yard		
DISPATCHER REMARKS				two people called in about strong gas order. Eleanor Craig / Robert Whittens				Response Given		Yes		Gas Supervisor Notified of Issued Response		Yes		
IF "YES" To Any Questions Below, Issue The Standard Response				STANDARD RESPONSE												
<input checked="" type="checkbox"/> Is there a strong odor? <input type="checkbox"/> Do you hear gas blowing/leaking? <input type="checkbox"/> Are you aware of any damage to the gas line? <input type="checkbox"/> Are you feeling dizzy, faint, or ill?				I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.												

SERVICE PERSONNEL SECTION

Leak found	Yes	<input checked="" type="checkbox"/>	Permanent Repair	Yes	<input checked="" type="checkbox"/>	Customer Referred for Repair	Yes	<input checked="" type="checkbox"/>	Temporary Repair Safe	Yes	<input checked="" type="checkbox"/>	Caution Card Left	Yes	<input checked="" type="checkbox"/>	Warning Card Left	Yes	<input checked="" type="checkbox"/>	Gas Shut off-Time	AM		Meter	
	No			No			No			No			No			No			PM		Equipment	
Time Received		AM	Radio		Time Arrived on Site		AM	Time Departed from Site		AM	Meter Number:	Meter Locked	Yes	No				Meter Red Sealed	Yes	No		
	3:00	PM	Telephone	<input checked="" type="checkbox"/>	3:10	PM	3:35	PM														
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification											
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cast	1-2"	Clear	Grade 1 (Immediately)											
Outside Force	Valve	Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (3 Months)											
Crack/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)											
Metal/Sol Defect	Regulator	Undergd	Meter	Sand	Cust/Pipe	HP (61-99.7)	Concrete	PVC	10-12"	Cold												
Number of Gas Utilization Equipment Worked On						SERVICEMAN REMARKS						Repair Data										
Stove/Range		Radiant Heater				1 leak found on a bolt on tap on a riser. 1 leak found on a newly installed lock valve. Tightened bolt on tap to repair the 1st leak Tightened lock valve to stop 2nd leak found.						Leak Total:		2								
Hot Water Heater		Ceiling Heater																				
Floor Furnace		Clothes Dryer																				
Forced Air Furnace		Boiler																				
Service Representative Name						Jason Warner						Date		9-10-15								

DISPATCHER SECTION

Address	320 S Magnolia St	Apt#		City		County		Time Received	2:58	Date Received	9/11/15
Customer Name	Priscilla Smith			Phone #		Customer Home?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Customer Account #			
Received By	Amanda			Leak First Noticed		Date		Time Dispatched	AM <input type="checkbox"/> PM <input type="checkbox"/>	Hear Gas Escaping?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Location of Leak	Leak Site/Property	Source of Call	Nature of Call			Specific Location			CUSTOMER REMARKS		
Inside	Residence	School	Customer	Crew	In	Out	Manhole	Smells gas outside near meter			
Outside	Public Bldg	Comm/Bldg	Employee	Fire	Meter	Street	Yard				
DISPATCHER REMARKS								Response Given	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas Supervisor Notified of Issued Response	Yes <input type="checkbox"/> No <input type="checkbox"/>

If "YES" To Any Questions Below, Issue The Standard Response

YES	Is there a strong odor?	I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.
NO	Do you hear gas blowing/leaking?	
NO	Are you aware of any damage to the gas line?	
NO	Are you feeling dizzy, faint, or ill?	

SERVICE PERSONNEL SECTION

Leak found	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Permanent Repair	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Customer Referred for Repair	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Temporary Repair Safe	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Caution Card Left	Yes <input type="checkbox"/> No <input type="checkbox"/>	Warning Card Left	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas Shut off-Time	AM <input type="checkbox"/> PM <input type="checkbox"/>	Meter	Equipment
Time Received	2:58	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Radio	Telephone	Time Arrived on Site	3:05	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Time Departed from Site	3:12	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Meter Number:	Meter Locked	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Meter Red Sealed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification				
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cast	1.2"	Clear	Grade 1 (Immediately)				
Outside Force	Valve	Outside	Service	Under	Service	HP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)				
Construction Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)				
Meter/Valve Defect	Regulator	Unauthorized	Meter	Sand	Custom Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold					

Number of Gas Utilization Equipment Worked On				SERVICEMAN REMARKS				Repair Data	
Stove/Range		Radiant Heater		Small leak detected at lock valve, Tightened old lock valve to stop the leak.				Leak Total:	1
Hot Water Heater		Ceiling Heater							
Floor Furnace		Clothes Drier							
Forced Air Furnace		Boiler							
Service Representative Name				Jason Waver				Date	9-11-15

## DISPATCHER SECTION

Address	329 N. Main			Apt#		City	Tombkinsville	County	Monroe	Time Received	9:15	Date Received	8-27-15		
Customer Name	Becky's Boutique					Phone #		Customer Home?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Customer Account #				
Received By	Jason					Leak First Noticed		Date	8-27-15	Time Dispatched	9:15 AM <input checked="" type="checkbox"/>	PM <input type="checkbox"/>	Hear Gas Escaping?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Location of Leak	Leak Site/Property	Source of Call	Nature of Call			Specific Location			CUSTOMER REMARKS						
Inside	Residence	School	Customer	<input checked="" type="checkbox"/>	Crew	In	Out	<input checked="" type="checkbox"/>	Manhole	Smells gas occasionally outside the store					
Outside	Public Bldg	Comm/Bldg	<input checked="" type="checkbox"/>	Employee	Fire	Meter	Street	Yard							
DISPATCHER REMARKS								Response Given	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Gas Supervisor Notified of Issued Response	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

If "YES" To Any Questions Below, Issue The Standard Response

STANDARD RESPONSE

<input checked="" type="checkbox"/> Y	Is there a strong odor?	I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.
<input type="checkbox"/> N	Do you hear gas blowing/leaking?	
<input type="checkbox"/> N	Are you aware of any damage to the gas line?	
<input type="checkbox"/> N	Are you feeling dizzy, faint, or ill?	

## SERVICE PERSONNEL SECTION

Leak found	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Permanent Repair	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Customer Referred for Repair	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Temporary Repair Safe	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Caution Card Left	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Warning Card Left	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Gas Shut off-Time	AM	Meter
Time Received	9:15 AM <input checked="" type="checkbox"/>	PM <input type="checkbox"/>	Radio	<input checked="" type="checkbox"/>	Telephone	<input checked="" type="checkbox"/>	Time Arrived on Site	9:20 AM <input checked="" type="checkbox"/>	PM <input type="checkbox"/>	Time Departed from Site	9:38 AM <input checked="" type="checkbox"/>	PM <input type="checkbox"/>	Meter Number:		Meter Locked	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Meter Red Sealed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification									
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cast	1-2"	<input checked="" type="checkbox"/>	Clear	<input checked="" type="checkbox"/> Grade 1 (Immediately)								
Outside Force	Valve	Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	<input checked="" type="checkbox"/>	Wet	Grade 2 (5 Months)								
Const/Defect	Fitting	Manhole	Valve	Clay	<input checked="" type="checkbox"/> Meter	MP (31-60)	Asphalt	PE	6-8"	<input checked="" type="checkbox"/>	Hot	Grade 3 (12 Months)								
Material/Defect	Regulator	Under/gd	Meter	Sand	Cast/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	<input type="checkbox"/>	Cold									
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS					Repair Data					
Stove/Range		Radiant Heater			Smell of gas called in at 329 N. Main St. We searched the area & found a lock valve at the bank across the road leaking. The valve had a pin hole in it. We replaced the valve to make repairs.					Leaks Total:		1								
Hot Water Heater		Ceiling Heater																		
Floor Furnace		Clothes Dryer																		
Forced Air-Furnace		Boiler																		
Service Representative Name										Jason W.	Date	8-28-15								

## DISPATCHER SECTION

Address	352 Woodhaven		Apt#		City	Tombkinsville	County	Monroe	Time Received	4:16	Date Received	7/30/15	
Customer Name	Haley Dunn				Phone #	407-9118		Customer Home?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Customer Account #		
Received By	Amanda				Leak First Noticed	Date	7/30/15	Time Dispatched	AM <input type="checkbox"/>	PM <input type="checkbox"/>	Hear Gas Escaping?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Location of Leak	Leak Site/Property	Source of Call	Nature of Call			Specific Location			CUSTOMER REMARKS				
Inside	Residence <input checked="" type="checkbox"/>	School <input type="checkbox"/>	Customer <input checked="" type="checkbox"/>	Crew <input type="checkbox"/>	In <input type="checkbox"/>	Out <input type="checkbox"/>	Manhole <input type="checkbox"/>	Strong gas odor between customer house and neighbor					
Outside	Public Bldg <input checked="" type="checkbox"/>	Comm/Bldg <input type="checkbox"/>	Employee <input type="checkbox"/>	Fire <input type="checkbox"/>	Meter <input type="checkbox"/>	Street <input type="checkbox"/>	Yard <input type="checkbox"/>						
DISPATCHER REMARKS								Response Given	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Gas Supervisor Notified of Issued Response	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If "YES" To Any Questions Below, Issue The Standard Response

STANDARD RESPONSE

Is there a strong odor?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.
Do you hear gas blowing/leaking?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Are you aware of any damage to the gas line?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Are you feeling dizzy, faint, or ill?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	

## SERVICE PERSONNEL SECTION

Leak found	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Permanent Repair	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Customer Referred for Repair	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Temporary Repair Safe	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Caution Card Left	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Warning Card Left	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Gas Shut off-Time	AM <input type="checkbox"/>	Meter	Equipment	
Time Received	AM <input type="checkbox"/>	Radio	Telephone	Time Arrived on Site	AM <input type="checkbox"/>	PM <input checked="" type="checkbox"/>	Time Departed from Site	AM <input type="checkbox"/>	PM <input checked="" type="checkbox"/>	Meter Number:	Meter Locked	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Meter Red Sealed	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
Leak Cause	Component	Location Detected	Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification												
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cast	1-2"	Clear	Grade 1 (Immediately)											
Outside Force	Valve	Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)											
Crack/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)											
Material Defect	Regulator	Underground	Meter	Sand	Cast/Pipe	HD (61-99.9)	Concrete	PVC	10-12"	Cold												
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS										Repair Data		
Stove/Range			Radiant Heater		Leak has been reported already. Parts are ordered. Waiting on tap machine to make repairs. Leak is under a concrete drive. Continuing to monitor until we get the machine here.										Leak Total:		1					
Hot Water Heater			Ceiling Heater																			
Floor Furnace			Clothes Dryer																			
Forced Air Furnace			Boiler																			
Service Representative Name										Jason W.										Date		7-30-15



DISPATCH SECTION  
 Address 367 Woodhaven Dr. Apt. City Tompkinsville County Monroe Time Received 9:11:15 Type Received 9:11:15

Customer Name Carolyn Houchens  
 Received By Jason  
 Leak First Noticed Date 9-11-15  
 Customer Home? Yes  
 Customer Account #  
 Leak Gas Escaping? Yes

Location of Leak Leak Site/Property Source of Call Nature of Call Specific Location  
 Inside Residence School Customer Crew In Yard  
 Outside Public Bldg Community Employee Fire Meter Street Yard  
 DISPATCHER REMARKS Response given Yes  
 (Gas Supervisor Notified of Issue) Response Yes

STANDARD RESPONSE  
 If "YES" to Any Questions Below, Issue the Standard Response  
 I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches.  
 Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service.  
 Are you aware of any damage to the gas line?  
 Are you hearing gas blowing/leaking?  
 Is there a strong odor?  
 If YES, issue the Standard Response

SERVICE PERSONNEL SECTION  
 Leak Found Yes Permanent Repair No  
 Temporary Repair No  
 Caution Card Left Yes  
 Warning Card Left No  
 Gas Shut off-Time No  
 Meter Equipment No  
 Meter Found Yes Permanent Repair No  
 Temporary Repair No  
 Caution Card Left Yes  
 Warning Card Left No  
 Gas Shut off-Time No  
 Meter Equipment No  
 Leak Yes Permanent Repair No  
 Temporary Repair No  
 Caution Card Left Yes  
 Warning Card Left No  
 Gas Shut off-Time No  
 Meter Equipment No

Leak Category Location Perceived Soil Sub System Pressure Ground Surface Pipe Pipe Size Weather Leak Classification  
 Time Received 10:30 AM Radio 10:40 AM  
 Time Arrived on Site  
 Meter Lock Yes  
 Meter Reset Signal No  
 Equipment No

Leak Category	Location Perceived	Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification
Corrosion	Inside	Main	Rock	Main	Grass	Cast	1.2"	Clear	(Grade 1 (Immediately))
Inside Force	Outside	Service	Under	Service	Dir	Steel	1.4"	Wet	(Grade 2 (5 Months))
Transducer	Fitting	Mainline	Valve	Atter	Asphalt	PE	6.3"	Hum	(Grade 3 (12 Months))
Miscellaneous	Reservoir	Isolated	Meter	Cast/Type	Concrete	PVC	1.12"	Cloud	

Number of Gas Utilization Equipment Worked On  
 SERVICEMAN REMARKS  
 Repair Date  
 Leaks Total 1  
 Date 9-11-15  
 Service Representative Name Jason W.

Contractor called & said they thought there was a strong smell of gas inside the home. We shut off gas at the meter & notified the customer. Customer was a meter & said they had smelled gas for a while. Meter is off & locked.

## DISPATCHER SECTION

Address	388 Woodhaven Rd			Apt#		City		County		Time Received		Date Received	
Customer Name	Bill (Barbara Travis)				Phone #		Customer Home?	Yes		Customer Account #			
Received By	Dorothy				Leak First Noticed		Date		Time Dispatched	AM		Hear Gas Escaping?	Yes
										PM			No
Location of Leak	Leak Site/Property	Source of Call	Nature of Call			Specific Location			CUSTOMER REMARKS				
Inside	Residence	School	Customer	Crew	In	Out	Manhole						
Outside	Public Bldg	Comm/Bldg	Employee	Fire	Meter	Street	Yard						
DISPATCHER REMARKS	Smells gas							Response Given	Yes		Gas Supervisor Notified of Issued Response	Yes	
									No			No	

If "YES" To Any Questions Below, Issue The Standard Response

STANDARD RESPONSE

<input checked="" type="checkbox"/>	Is there a strong odor?	I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.
<input checked="" type="checkbox"/>	Do you hear gas blowing/leaking?	
<input checked="" type="checkbox"/>	Are you aware of any damage to the gas line?	
<input checked="" type="checkbox"/>	Are you feeling dizzy, faint, or ill?	

## SERVICE PERSONNEL SECTION

Leak found	Yes	Permanent Repair	Yes	Customer Referred for Repair	Yes	Temporary Repair Safe	Yes	Caution Card Left	Yes	Warning Card Left	Yes	Gas Shut off-Time	AM	Meter
	No	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No		No		No		PM	Equipment
Time Received	AM	Radio	Time Arrived on Site	AM	Time Departed from Site	AM	Meter Number:	Meter Locked	Yes	No	Meter Red Sealed	Yes	No	
	2:59	<input checked="" type="checkbox"/>	Telephone	<input checked="" type="checkbox"/>	3:15	<input checked="" type="checkbox"/>								
Leak Cause	Component	Location Detected	Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification				
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cast	1-2"	Clear	Grade 1 (Immediately)			
Outside Force	Valve	Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)			
Crack/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)			
Material Defect	Regulator	Undergd	Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold				
Number of Gas Utilization Equipment Worked On						SERVICEMAN REMARKS					Repair Data			
Stove/Range		Radiant Heater				We are aware that there is a leak. The leak is under the driveway of the residence. The 1/4" line will have to be re laid to fix it. As of now, we have no way to shut the line down to make the repairs. We have all the parts & are waiting on an 1/4" tap machine so we can bypass it.					Leak Total:	1		
Hot Water Heater		Ceiling Heater												
Floor Furnace		Clothes Dryer												
Forced Air Furnace		Boiler												
Service Representative Name	Susan W.					We will continue to monitor the situation until we receive it.					Date	3-25-15		

**DISPATCHER SECTION**

Address	395 Clark Est.		Apt#		City	Tompkinsville	County	Monroe	Time Received	12:17	Date Received	7-30-15
Customer Name					Phone #			Customer Home?	Yes <input checked="" type="checkbox"/>	Customer Account #		
Received By	Eddie Bennett				Leak First Noticed	Date		Time Dispatched	12:17	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Hear Gas Escaping?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Location of Leak	Leak Site/Property	Source of Call	Nature of Call		Specific Location			CUSTOMER REMARKS				
Inside	Residence	<input checked="" type="checkbox"/> School	Customer	<input checked="" type="checkbox"/> Crew	In	Out	<input checked="" type="checkbox"/> Manhole	Phone contractor called & said they hit a 3/4 service line.				
Outside	<input checked="" type="checkbox"/> Public Bldg	Comm/Bldg	Employee	Fire	Meter	Street	Yard					
DISPATCHER REMARKS								Response Given	Yes <input type="checkbox"/>	Gas Supervisor Notified of Issued Response	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If "YES" To Any Questions Below, Issue The Standard Response	STANDARD RESPONSE								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align:center;">Y</td> <td>Is there a strong odor?</td> </tr> <tr> <td style="text-align:center;">Y</td> <td>Do you hear gas blowing/leaking?</td> </tr> <tr> <td style="text-align:center;">Y</td> <td>Are you aware of any damage to the gas line?</td> </tr> <tr> <td style="text-align:center;">N</td> <td>Are you feeling dizzy, faint, or ill?</td> </tr> </table>	Y	Is there a strong odor?	Y	Do you hear gas blowing/leaking?	Y	Are you aware of any damage to the gas line?	N	Are you feeling dizzy, faint, or ill?	<p>I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.</p>
Y	Is there a strong odor?								
Y	Do you hear gas blowing/leaking?								
Y	Are you aware of any damage to the gas line?								
N	Are you feeling dizzy, faint, or ill?								

**SERVICE PERSONNEL SECTION**

Leak found	Yes <input type="checkbox"/>	Permanent Repair	Yes <input checked="" type="checkbox"/>	Customer Referred for Repair	Yes <input type="checkbox"/>	Temporary Repair Safe	Yes <input checked="" type="checkbox"/>	Caution Card Left	Yes <input type="checkbox"/>	Warning Card Left	Yes <input type="checkbox"/>	Gas Shut off-Time	12:25	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Meter	Equipment	
Time Received	12:17	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Radio	Telephone	Time Arrived on Site	12:25	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Time Departed from Site	1:10	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Meter Number:	Meter Locked	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Meter Red Sealed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Leak Cause	Component	Location Detected	Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification							
Corrosion	Pipe	<input checked="" type="checkbox"/> Inside	Main	Rock	Main	SP (0-1)	Grass	<input checked="" type="checkbox"/> Cast	3/4"	<input checked="" type="checkbox"/> Clear	Grade 1 (Immediately)						
Outside Force	<input checked="" type="checkbox"/> Valve	Outside	<input checked="" type="checkbox"/> Service	<input checked="" type="checkbox"/> Cinder	Service	<input checked="" type="checkbox"/> IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)						
Const/Defect	Fitting	Manhole	Valve	Clay	<input checked="" type="checkbox"/> Meter	MP (31-60)	<input checked="" type="checkbox"/> Asphalt	PE	<input checked="" type="checkbox"/> 6-8"	Hot	<input checked="" type="checkbox"/> Grade 3 (12 Months)						
Material/Defect	Regulator	Undergrd	Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	18-12"	Cold							

Number of Gas Utilization Equipment Worked On	SERVICEMAN REMARKS	Repair Date								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Stove/Range</td> <td>Radiant Heater</td> </tr> <tr> <td>Hot Water Heater</td> <td>Ceiling Heater</td> </tr> <tr> <td>Floor Furnace</td> <td>Clothes Dryer</td> </tr> <tr> <td>Forced Air-Furnace</td> <td>Boiler</td> </tr> </table>	Stove/Range	Radiant Heater	Hot Water Heater	Ceiling Heater	Floor Furnace	Clothes Dryer	Forced Air-Furnace	Boiler	<p>Squeezed off service line, Made repair using 2ft of 3/4 PE &amp; 2 couplings. Aelit customers furnace. Line was clearly marked.</p>	<p>Leak Total: 1</p>
Stove/Range	Radiant Heater									
Hot Water Heater	Ceiling Heater									
Floor Furnace	Clothes Dryer									
Forced Air-Furnace	Boiler									
Service Representative Name	Jason W.	Date								
		7-30-15								

**DISPATCHER SECTION**

Address <b>395 Clark Estates</b>		Apt#	City <b>Tompkins</b>	County	Time Received <b>9:00AM</b>	Date Received <b>8-10-15</b>
Customer Name	<b>Jim Finley</b>		Phone #	Customer Home?	Yes	Customer Account #
Received By	<b>Dorothy</b>		Leak First Noticed	Date	Time Dispatched	AM
					PM	Hear Gas Escaping?
						Yes
						No

Location of Leak	Leak Site/Property	Source of Call	Nature of Call	Specific Location			CUSTOMER REMARKS
Inside	Residence	School	Customer	Crew	In	Out	Manhole
Outside	Public Bldg	Comm/Bldg	Employee	Fire	Meter	Street	Yard
DISPATCHER REMARKS						Response Given	Gas Supervisor Notified of Issued Response
						Yes	Yes
						No	No

If "YES" To Any Questions Below, Issue The Standard Response		STANDARD RESPONSE	
<input checked="" type="checkbox"/> Is there a strong odor?	I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone. DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.		
<input type="checkbox"/> Do you hear gas blowing/leaking?			
<input type="checkbox"/> Are you aware of any damage to the gas line?			
<input type="checkbox"/> Are you feeling dizzy, faint, or ill?			

**SERVICE PERSONNEL SECTION**

Leak found	Yes	<input checked="" type="checkbox"/>	Permanent Repair	Yes	<input checked="" type="checkbox"/>	Customer Referred for Repair	Yes	<input checked="" type="checkbox"/>	Temporary Repair Safe	Yes	<input checked="" type="checkbox"/>	Caution Card Left	Yes	<input checked="" type="checkbox"/>	Warning Card Left	Yes	<input checked="" type="checkbox"/>	Gas Shut off-Time	<b>9:15</b>	AM	Meter	<input checked="" type="checkbox"/>
	No			No			No			No			No			No			PM	Equipment		
Time Received	<b>9:00</b>	AM	Radio		Time Arrived on Site	<b>9:10</b>	AM	Time Departed from Site	<b>9:45</b>	AM	Meter Number:	Meter Locked	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	Meter Red Sealed	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	
		PM	Telephone	<input checked="" type="checkbox"/>			PM			PM												

Leak Cause	Component	Location Detected	Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification	
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cast	1-2"	Clear	Grade 1 (Immediately)
Outside Force	Valve	Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)
Construction Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)
Material Defect	Regulator	Underground	Meter	Sand	Cast/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold	

Number of Gas Utilization Equipment Worked On		SERVICEMAN REMARKS		Repair Data	
Stove/Range		Radiant Heater	<b>Regulator Venting OFF Replaced with new Regulator Everything in working order Restored Services.</b>		Leak Total:
Hot Water Heater		Ceiling Heater			1
Floor Furnace		Clothes Dryer			
Forced Air-Furnace		Boiler			
Service Representative Name	<b>MARVIN</b>			Date	<b>8-10-15</b>

*Marvin Adams*

## DISPATCHER SECTION

Address	400 4th St. Blvd		Apt#		City	Tompkinsville	County	Monroe	Time Received	8:30	Date Received	7-29		
Customer Name	Joe Mc George				Phone #		Customer Home?	Yes		Customer Account #				
Received By	Jason				Leak First Noticed		Date	7-29	Time Dispatched	8:30 AM	Hear Gas Escaping?	Yes		
											No			
Location of Leak	Leak Site/Property	Source of Call	Nature of Call		Specific Location			CUSTOMER REMARKS						
Inside	Residence	<input checked="" type="checkbox"/> School	Customer	<input checked="" type="checkbox"/> Crew	In	Out	<input checked="" type="checkbox"/> Manhole	Customer has smelled gas in the area for a while, especially at night.						
Outside	<input checked="" type="checkbox"/> Public Bldg	Comm/Offdg	<input checked="" type="checkbox"/> Employee	Fire	Meter	Street	Yard							
DISPATCHER REMARKS								Response Given	Yes	Gas Supervisor Notified of Issued Response	Yes			
								No		No	No			
If "YES" To Any Questions Below, Issue The Standard Response				STANDARD RESPONSE										
<input checked="" type="checkbox"/>	Is there a strong odor?			I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.										
<input checked="" type="checkbox"/>	Do you hear gas blowing/leaking?													
<input checked="" type="checkbox"/>	Are you aware of any damage to the gas line?													
<input checked="" type="checkbox"/>	Are you feeling dizzy, faint, or ill?													
SERVICE PERSONNEL SECTION														
Leak found	Yes	<input checked="" type="checkbox"/> Permanent Repair	Yes	<input checked="" type="checkbox"/> Customer Referred for Repair	Yes	<input checked="" type="checkbox"/> Temporary Repair Safe	Yes	<input checked="" type="checkbox"/> Caution Card Left	Yes	<input checked="" type="checkbox"/> Warning Card Left	Gas Shut off-Time	AM	Meter	
	No	No	No	No	No	No	No	No	No	No	PM	Equipment		
Time Received	8:30 AM	Radio in person	Time Arrived on Site	9:00 AM	Time Departed from Site	10:30 AM	Meter Number:		Meter Locked	Yes	No			
	PM	Telephone		PM		PM			Meter Red Sealed	Yes	No			
Leak Cause	Component	Location Detected	Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification				
Corrosion	<input checked="" type="checkbox"/> Pipe	<input checked="" type="checkbox"/> Inside	Main	<input checked="" type="checkbox"/> Rock	Main	<input checked="" type="checkbox"/> SP (0-1)	Grass	Cast	1-2"	<input checked="" type="checkbox"/> Clear	Grade 1 (Immediately)			
Outside Force	Valve	Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	<input checked="" type="checkbox"/> 3-4"	Wet	Grade 2 (5 Months)			
Const/Defect	Fitting	Manhole	Valve	Clay	<input checked="" type="checkbox"/> Meter	MP (31-60)	<input checked="" type="checkbox"/> Asphalt	<input checked="" type="checkbox"/> PE	4-8"	Hot	<input checked="" type="checkbox"/>	Grade 3 (12 Months)		
Mater/Defect	Regulator	Undergd	<input checked="" type="checkbox"/> Meter	Sand	Cast/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold				
Number of Gas Utilization Equipment Worked On						SERVICEMAN REMARKS						Repair Data		
Stove/Range		Radiant Heater		Bar holed the area & found an area that contained gas. We dug out & found a small hole in a 2" steel main. It looked to be from corrosion. What pipe we had exposed looked good. Made the repair using a repair clamp.								Leak Total:		1
Hot Water Heater		Ceiling Heater												
Flame Furnace		Clothes Dryer												
Forced Air-Furnace		Boiler												
Service Representative Name						Jason W.						Date	7-30-15	

"Continued"

DISPATCHER SECTION

Address		415 East 4th Street		Apt#		City	Tompkinsville		County	Monroe		Time Received		Date Received						
Customer Name		Called by T-Ville P.D.				Phone #			Customer Home?		Yes		Customer Account #							
Received By		Jason				Leak First Noticed			Date	8-22-15		Time Dispatched		AM		Hear Gas Escaping?		Yes		
Location of Leak		Leak Site/Property		Source of Call		Nature of Call			Specific Location			CUSTOMER REMARKS								
Inside		Residence		School		Customer		Crew		In		Out		Manhole						
Outside		Public Bldg		Comm/Bldg		Employee		Fire		Meter		Street		Yard						
DISPATCHER REMARKS												Response Given		Yes		Gas Supervisor Notified of Issued Response		Yes		
														No				No		

If "YES" To Any Questions Below, Issue The Standard Response		STANDARD RESPONSE																	
Is there a strong odor?		I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.																	
Do you hear gas blowing/leaking?																			
Are you aware of any damage to the gas line?																			
Are you feeling dizzy, faint, or ill?																			

SERVICE PERSONNEL SECTION

Leak found	Yes	<input checked="" type="checkbox"/>	Permanent Repair	Yes	<input checked="" type="checkbox"/>	Customer Referred for Repair	Yes	<input checked="" type="checkbox"/>	Temporary Repair Safe	Yes	<input checked="" type="checkbox"/>	Caution Card Left	Yes	<input checked="" type="checkbox"/>	Warning Card Left	Yes	<input checked="" type="checkbox"/>	Gas Shut off-Time	AM		Meter	
	No			No			No			No			No			No			PM		Equipment	
Time Received	AM		Radio		Time Arrived on Site	AM		Time Departed from Site	AM		Meter Number:		Meter Locked	Yes		No						
	PM		Telephone			PM			PM				Meter Red Sealed	Yes		No						
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification											
Corrosion	Pipe	<input checked="" type="checkbox"/>	Inside	<input checked="" type="checkbox"/>	Main	Rock	Main	<input checked="" type="checkbox"/>	SP (0-1)	Grass	<input checked="" type="checkbox"/>	Cast	1-2"	<input checked="" type="checkbox"/>	Clear	<input checked="" type="checkbox"/>		Grade 1 (Immediately)				
Outside Force	Valve	<input checked="" type="checkbox"/>	Outside	<input checked="" type="checkbox"/>	Service	Cinder	Service	<input checked="" type="checkbox"/>	IP (1-30)	Dirt	<input checked="" type="checkbox"/>	Steel	3-4"	<input checked="" type="checkbox"/>	Wet	<input checked="" type="checkbox"/>		Grade 2 (5 Months)				
Const/Defect	Fitting	<input checked="" type="checkbox"/>	Manhole	<input checked="" type="checkbox"/>	Valve	Clay	Meter	<input checked="" type="checkbox"/>	MP (31-60)	Asphalt	<input checked="" type="checkbox"/>	PE	6-8"	<input checked="" type="checkbox"/>	Hot	<input checked="" type="checkbox"/>		Grade 3 (12 Months)				
Material/Defect	Regulator	<input checked="" type="checkbox"/>	Undergd	<input checked="" type="checkbox"/>	Meter	Sand	Cont/Pipe	<input checked="" type="checkbox"/>	HP (61-99.9)	Concrete	<input checked="" type="checkbox"/>	PVC	10-12"	<input checked="" type="checkbox"/>	Cold	<input checked="" type="checkbox"/>						

Number of Gas Utilization Equipment Worked On				SERVICEMAN REMARKS										Repair Data		
Stove/Range		Radiant Heater		We dug up a leak yesterday & repaired it on this section of line. Today, we moved just down the road on another possible leak. We dug out & found a mess. We found 3 clamps, a 2" threaded valve & a 2x3/4" tap feeding an entire section of the system. Words don't describe it. We found 2 small pizzer leaks on the taps, but were afraid to touch it. We will replace the entire main.										Leak Total:		
Hot Water Heater		Ceiling Heater														
Floor Furnace		Clothes Dryer														
Forced Air-Furnace		Boiler														
Service Representative Name				Jason W.										Date		8-22-15

## DISPATCH SECTION

Address	415 East 4th Street		Apt#		City	Tombkinsville	County	Monroe	Time Received	6:55 PM	Date Received	8-23-15
Customer Name	Called by T-Ville P. D.				Phone #		Customer Home?	Yes		Customer Account #		
Received By	Jason				Leak First Noticed		Date	8-23-15	Time Dispatched	6:54	AM	PM
Location of Leak	Leak Site/Property	Source of Call	Nature of Call			Specific Location			CUSTOMER REMARKS			
Inside	Residence	School	Customer	<input checked="" type="checkbox"/>	Crew	In	Out	<input checked="" type="checkbox"/>	Manhole	Smell of gas in the area of 415 E. 4th St.		
Outside	<input checked="" type="checkbox"/> Public Bldg	Comm/Bldg	Employee		Fire	Meter	Street		Yard			
DISPATCHER REMARKS								Response Given	Yes		Gas Supervisor Notified of Issued Response	Yes
									No			No

If "YES" To Any Questions Below, Issue The Standard Response

STANDARD RESPONSE

<input checked="" type="checkbox"/> Y	Is there a strong odor?	I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.
<input checked="" type="checkbox"/> N	Do you hear gas blowing/leaking?	
<input checked="" type="checkbox"/> N	Are you aware of any damage to the gas line?	
<input checked="" type="checkbox"/> N	Are you feeling dizzy, faint, or ill?	

## SERVICE PERSONNEL SECTION

Leak found	Yes	<input checked="" type="checkbox"/>	Permanent Repair	Yes	<input checked="" type="checkbox"/>	Customer Referred for Repair	Yes	<input checked="" type="checkbox"/>	Temporary Repair Safe	Yes	<input checked="" type="checkbox"/>	Caution Card Left	Yes	<input checked="" type="checkbox"/>	Warning Card Left	Yes	<input checked="" type="checkbox"/>	Gas Shut off-Time	AM	Meter
	No			No			No			No			No			No			PM	Equipment
Time Received		AM	Radio		Time Arrived on Site		AM	Time Departed from Site		AM	Meter Number:	Meter Locked	Yes	No						
	6:54	PM	Telephone	<input checked="" type="checkbox"/>	7:20	PM	8:15	PM				Meter Red Sealed	Yes	No						
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification									
Corrosion	Pipe	Inside	Main	<input checked="" type="checkbox"/> Rock	Main	<input checked="" type="checkbox"/> SP (0-1)	Grass	<input checked="" type="checkbox"/> Cast	1-2"	<input checked="" type="checkbox"/> Clear	<input checked="" type="checkbox"/> Grade 1 (Immediately)									
Outside Force	Valve	Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	<input checked="" type="checkbox"/> 3-4"	Wet	<input checked="" type="checkbox"/> Grade 2 (5 Months)									
Const/Defect	<input checked="" type="checkbox"/> Clamp Fitting	<input checked="" type="checkbox"/> Manhole	Valve	Clay	<input checked="" type="checkbox"/> Meter	MP (31-60)	<input checked="" type="checkbox"/> Asphalt	PE	6-8"	Hot	<input checked="" type="checkbox"/> Grade 3 (12 Months)									
Material/Defect	<input checked="" type="checkbox"/> Regulator	<input checked="" type="checkbox"/> Under/gd	<input checked="" type="checkbox"/> Meter	Sand	Cast/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold										
Number of Gas Utilization Equipment Worked On							SERVICEMAN REMARKS							Repair Data						
Stove/Range		Radiant Heater		Received the call + dispatched Eddie to the reported area. He said there was a strong sewer odor in the area. He then surveyed the area with the flame pack + found one small area where the flame pack detected gas, but it wasn't much. We went back on 8-24-15 + re-surveyed the area. We found the problem. We dug out an old clamp that was leaking. We were able to tighten it up and stop the leak. The area we dug up was about an 8ft section, + had 4 clamps on it. We will replace it ASAP.							Leaks Total:		1							
Hot Water Heater		Ceiling Heater																		
Floor Furnace		Clothes Dryer																		
Forced Air-Furnace		Boiler																		
Service Representative Name				Jason W.							Date	8-24-15								

DISPATCHER SECTION

Address	482 Bill Butler Rd.		Apt#		City		County		Time Received	12:50	Date Received	8/10/15
Customer Name	Brittany Boeque				Phone #	(270) 427-0845			Customer Home?	Yes	Customer Account #	
Received By	Amanda				Leak First Noticed		Date		Time Dispatched	AM	Hear Gas Escaping?	Yes
									PM		No	
Location of Leak	Leak Site/Property	Source of Call	Nature of Call		Specific Location			CUSTOMER REMARKS				
Inside	<input checked="" type="checkbox"/> Residence	<input checked="" type="checkbox"/> School	Customer	<input checked="" type="checkbox"/> Crew	In	Out	Manhole	Detector going off since 3 AM				
Outside	Public Bldg	Comm/Bldg	Employee	Fire	Meter	Street	Yard					
DISPATCHER REMARKS								Response Given	Yes	Gas Supervisor Notified of Issued Response	Yes	
								No		No		

If "YES" To Any Questions Below, Issue The Standard Response				STANDARD RESPONSE							
No	Is there a strong odor?			I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.							
No	Do you hear gas blowing/leaking?										
No	Are you aware of any damage to the gas line?										
No	Are you feeling dizzy, faint, or ill?										

SERVICE PERSONNEL SECTION

Leak found	Yes	<input checked="" type="checkbox"/> Permanent Repair	Yes	<input checked="" type="checkbox"/> Customer Referred for Repair	Yes	<input checked="" type="checkbox"/> Temporary Repair Safe	Yes	Caution Card Left	Yes	<input checked="" type="checkbox"/> Warning Card Left	Yes	Gas Shut off-Time	AM	Meter
	No		No		No		No		No		No		PM	Equipment
Time Received	AM	Radio	Time Arrived on Site	AM	Time Departed from Site	AM	Meter Number:	Meter Locked	Yes	No				
	PM	Telephone		PM		PM		Meter Red Sealed	Yes	No				
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification			
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cast	1-2"	Clear	Grade 1 (Immediately)			
Outside Force	Valve	Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)			
Construction Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)			
Material Defect	Regulator	Undergd	Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold				

Number of Gas Utilization Equipment Worked On				SERVICEMAN REMARKS						Repair Data	
Stove/Range		Radiant Heater		Meter was already lock off we placed INLET side of meter NO GAS LEAK FOUND ON OUTSIDE						Leak Total:	
Hot Water Heater		Ceiling Heater									
Floor Furnace		Clothes Dryer									
Forced Air-Furnace		Boiler									
Service Representative Name				MARVIN						Date	8-10-15

Mai Adam



## DISPATCHER SECTION

Address	510 4th. St. Blvd		Apt#		City	Tampkinsville	County	Monroe	Time Received	10:45	Date Received	9-1-15		
Customer Name					Phone #			Customer Home?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Customer Account #			
Received By	Dorothy				Leak First Noticed	Date	9-1-15	Time Dispatched	10:45 <input checked="" type="checkbox"/>	PM <input type="checkbox"/>	Hear Gas Escaping?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Location of Leak	Leak Site/Property	Source of Call	Nature of Call		Specific Location			CUSTOMER REMARKS						
Inside	Residence	School	Customer	Crew	In	Out	Manhole	Brake riser off.						
Outside	Public Bldg	Comm/Bldg	Employee	Fire	Meter	Street	Yard							
DISPATCHER REMARKS	Main Gas Line hit <del>while</del> while cleaning up burnt house							Response Given	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Gas Supervisor Notified of Issued Response	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
If "YES" To Any Questions Below, Issue The Standard Response				STANDARD RESPONSE										
<input checked="" type="checkbox"/>	Is there a strong odor?			I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.										
<input checked="" type="checkbox"/>	Do you hear gas blowing/leaking?													
<input checked="" type="checkbox"/>	Are you aware of any damage to the gas line?													
<input type="checkbox"/>	Are you feeling dizzy, faint, or ill?													
SERVICE PERSONNEL SECTION														
Leak found	Yes <input checked="" type="checkbox"/>	Permanent Repair	Yes <input checked="" type="checkbox"/>	Customer Referred for Repair	Yes <input type="checkbox"/>	Temporary Repair Safe	Yes <input checked="" type="checkbox"/>	Caution Card Left	Yes <input type="checkbox"/>	Warning Card Left	Yes <input type="checkbox"/>	Gas Shut off-Time	AM	Meter
	No <input type="checkbox"/>		No <input type="checkbox"/>		No <input checked="" type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>		PM	Equipment
Time Received	10:45 <input checked="" type="checkbox"/>	Radio		Time Arrived on Site	10:55	AM	Time Departed from Site	11:20	PM	Meter Number:		Meter Locked	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		PM	Telephone			PM						Meter Red Sealed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Leak Cause	Component	Location Detected		Soil Sub		System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification		
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)		Grass	Cast	1-2"	Clear	Grade 1 (Immediately)		
Outside Force	Valve	Outside	Service	Cinder	Service	IP (1-30)		Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)		
Const/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)		Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)		
Material Defect	Regulator	Undergd	Meter	Sand	Cust/Pipe	HP (61-99.9)		Concrete	PVC	10-12"	Cold			
Number of Gas Utilization Equipment Worked On						SERVICEMAN REMARKS						Repair Data		
Stove/Grange		Radiant Heater										Leak Total:   1		
Hot Water Heater		Ceiling Heater												
Floor Furnace		Clothes Dryer												
Forced Air Furnace		Boiler												
Service Representative Name	MARVIN ANDERSON										Date	9-1-15		

*Marvin Anderson*

2676

DISPATCHER SECTION

Address	6002 Magnolia	Apt#		City		County		Time Received		Date Received		
Customer Name	Ky Tenn Tractor			Phone #		Customer Home?	Yes		Customer Account #			
Received By	Dorothy			Leak First Noticed		Date		Time Dispatched	AM	Hear Gas Escaping?	Yes	
									PM		No	
Location of Leak	Leak Site/Property	Source of Call	Nature of Call		Specific Location			CUSTOMER REMARKS				
Inside	Residence	School	Customer	Crew	In	Out	Manhole					
Outside	Public Bldg	Comm/Bldg	Employee	Fire	Meter	Street	Yard					
DISPATCHER REMARKS	Check meter for Leak: Not using gas but has 4200 cu. ft. of usage (Reading 12656)						Response Given	Yes		Gas Supervisor Notified of Issued Response	Yes	
							No				No	

If "YES" to Any Questions Below, Issue The Standard Response

STANDARD RESPONSE

- Is there a strong odor?
- Do you hear gas blowing/leaking?
- Are you aware of any damage to the gas line?
- Are you feeling dizzy, faint, or ill?

I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.

SERVICE PERSONNEL SECTION

Leak found	Yes	Permanent Repair	Yes	Customer Referred for Repair	Yes	Temporary Repair Safe	Yes	Caution Card Left	Yes	Warning Card Left	Yes	Gas Shut off-Time	AM	Meter	
	No	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No	3:10	PM	Equipment	
Time Received	AM	Radio	Time Arrived on Site	AM	Time Departed from Site	AM	Meter Number:	Meter Locked	Yes	<input checked="" type="checkbox"/>	No	Meter Red Sealed	Yes	No	
	2:25	PM Telephone		2:55	PM	3:10	PM								
Leak Cause	Component	Location Detected	Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification					
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cust	1-2"	Clear	Grade 1 (Immediately)				
Outside Force	Valve	Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)				
Const/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)				
Material/Defect	Regulator	Under/gd	Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold					

Number of Gas Utilization Equipment Worked On

SERVICEMAN REMARKS

Repair Data

Stove/Range		Radiant Heater		Checked for leak at meter. Customer said nothing inside was using gas, but the dial on the meter was moving. We locked off & plated the meter to stop gas. Customer was called by City Hall to notify of the leak.	Leak Total:	1?
Hot Water Heater		Ceiling Heater				
Floor Furnace		Clothes Dryer				
Forced Air-Furnace		Boiler				
Service Representative Name	Jason W.				Date	8-6-15

DISPATCHER SECTION

Address: **605 W. 5th** City: **Tombkinsville** County: **Monroe** Time Received: **9:00** Date Received: **9-29-15**

Customer Home?  Yes  No Customer Account # \_\_\_\_\_

Leak First Noticed Date: **9-29-15** Time Dispatched: **9:00** AM  PM  Hear Gas Escaping?  Yes  No

Received By: **Jason**

Location of Leak: **Leak Site/Property**  Residence  School  Public Bldg  Comm/Bldg

Nature of Call:  Customer  Fire  In  Out  Manhole  Meter  Street  Yard

CUSTOMER REMARKS: **Smells gas at the meter.**

Response Given:  Yes  No Gas Supervisor Notified of Issued Response:  Yes  No

DISPATCHER REMARKS: \_\_\_\_\_

STANDARD RESPONSE: **I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.**

If "YES" To Any Questions Below, Issue The Standard Response

Is there a strong odor?

Do you hear gas blowing/leaking?

Are you aware of any damage to the gas line?

Are you feeling dizzy, faint, or ill?

SERVICE PERSONNEL SECTION

Leak found:  Yes  No Permanent Repair:  Yes  No Customer Referred for Repair:  Yes  No Temporary Repair Safe:  Yes  No Caution Card Left:  Yes  No Warning Card Left:  Yes  No Gas Shut off Time: \_\_\_\_\_ AM \_\_\_\_\_ PM Meter: \_\_\_\_\_ AM \_\_\_\_\_ PM

Time Received: **9:00** AM  PM  Telephone: \_\_\_\_\_

Time Arrived on Site: **9:00** AM  PM  Time Departed from Site: **10:50** AM  PM  Meter Number: \_\_\_\_\_ Meter Locked:  Yes  No Meter Red Sealed:  Yes  No

Leak Cause	Component	Location Detected	Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification
Corrosion	<input checked="" type="checkbox"/> Pipe	<input checked="" type="checkbox"/> Inside	Rock	Main	SP (0-1)	Grass	<input checked="" type="checkbox"/> Cast	1-2"	Clear	Grade 1 (Immediately)
Outside Force	Valve	Outside	<input checked="" type="checkbox"/> Under	Service	IP (1-30)	Dirt	<input checked="" type="checkbox"/> Steel	3-4"	Wet	Grade 2 (5 Months)
Conn/D defect	Fitting	Manhole	Clay	Meter	MP (31-60)	<input checked="" type="checkbox"/> Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)
Material Defect	<input checked="" type="checkbox"/> Regulator	<input checked="" type="checkbox"/> Under/gd	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold	

SERVICEMAN REMARKS: **Leak found on a repair clamp on the riser. Replaced clamp to repair the leak.**

Repair Data: Leaks Total: **1**

Number of Gas Utilization Equipment Worked On:

Stove/Range	<input type="checkbox"/>	Radiant Heater	<input type="checkbox"/>
Hot Water Heater	<input type="checkbox"/>	Ceiling Heater	<input type="checkbox"/>
Floor Furnace	<input type="checkbox"/>	Clothes Dryer	<input type="checkbox"/>
Forced Air-Downer	<input type="checkbox"/>	Boiler	<input type="checkbox"/>

Date: **9-29-15**

Service Representative Name: **Jason W.**

DISPATCHER SECTION																					
Address		612 Celina Rd.			Apt#		City		County		Time Received	9:32	Date Received	7-21-15							
Customer Name		Southern Toy Interiors				Phone #				Customer Home?	Yes		Customer Account #								
Received By		Dorothy				Leak First Noticed			Date		Time Dispatched		AM		Hear Gas Escaping?	Yes					
Location of Leak		Leak Site/Property	Source of Call	Nature of Call			Specific Location			CUSTOMER REMARKS											
Inside	Residence	School	Customer		Crew	In		Out	Manhole												
Outside	Public Bldg	Comm/Bldg	Employee	Fire	Meter	Street	Yard														
DISPATCHER REMARKS		Still Smells gas								Response Given	Yes		Gas Supervisor Notified of Found Response	Yes		No					
If "YES" To Any Questions Below, Issue The Standard Response										STANDARD RESPONSE											
<input checked="" type="checkbox"/>	Is there a strong odor?		I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.																		
<input checked="" type="checkbox"/>	Do you hear gas blowing/leaking?																				
<input checked="" type="checkbox"/>	Are you aware of any damage to the gas line?																				
<input checked="" type="checkbox"/>	Are you feeling dizzy, faint, or ill?																				
SERVICE PERSONNEL SECTION																					
Leak found	Yes	<input checked="" type="checkbox"/>	Permanent Repair	Yes	<input checked="" type="checkbox"/>	Customer Referred for Repair	Yes	<input checked="" type="checkbox"/>	Temporary Repair Safe	Yes	<input checked="" type="checkbox"/>	Caution Card Left	Yes	<input checked="" type="checkbox"/>	Warning Card Left	Yes	<input checked="" type="checkbox"/>	Gas Shut off-Time	AM	Meter	
	No			No			No			No			No			No			PM	Equipment	
Time Received	9:32	<input checked="" type="checkbox"/>	Radio		Time Arrived on Site	9:45	<input checked="" type="checkbox"/>	Time Departed from Site	10:00	<input checked="" type="checkbox"/>	Meter Number:		Meter Locked	Yes	<input checked="" type="checkbox"/>	No					
			PM	Telephone	<input checked="" type="checkbox"/>																
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification										
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	<input checked="" type="checkbox"/>	Cast	1-2"	<input checked="" type="checkbox"/>	Clear	<input checked="" type="checkbox"/>								
Outside Force	Valve	<input checked="" type="checkbox"/>	Outside	<input checked="" type="checkbox"/>	Service	<input checked="" type="checkbox"/>	Cinder	Service	<input checked="" type="checkbox"/>	IP (1-30)	Dirt	Steel	<input checked="" type="checkbox"/>	3-4"	Wet	Grade 2 (5 Months)					
Const/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	<input checked="" type="checkbox"/>	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)									
Material/Defect	<input checked="" type="checkbox"/>	Regulator	Undergnd	Meter	Sand	Cast/Tipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold										
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS						Repair Data					
Stove/Range		Radiant Heater		Found faulty lock valve that allowed gas to pass through. We changed the lock valve & turned off the curb valve to make sure gas was off to the building												Leaks Total:	1				
Hot Water Heater		Ceiling Heater																			
Floor Furnace		Clothes Dryer																			
Forced Air Furnace		Boiler																			
Service Representative Name												Jason W.				Date	7-21-15				

**DISPATCHER SECTION**

Address 702 N. Magnolia Apt#          City Tombkinsville County Monroe Time Received 1:37 Date Received 7-10-15

Customer Name Tombkinsville Fire Dept. Phone #          Customer Home? Yes  No  Customer Account #         

Received By Jason Leak First Noticed          Date 7-10-15 Time Dispatched 1:37 AM  PM  Hear Gas Escaping? Yes  No

Location of Leak	Leak Site/Property	Source of Call	Nature of Call	Specific Location	CUSTOMER REMARKS
Inside	Residence	School	Customer	In <input type="checkbox"/> Out <input type="checkbox"/> Manhole <input checked="" type="checkbox"/>	<u>Hit riser while bush hogging behind the building.</u>
Outside	<input checked="" type="checkbox"/> Public Bldg	<input checked="" type="checkbox"/> Comm/Bldg	Employee	Meter <input type="checkbox"/> Street <input checked="" type="checkbox"/> Yard <input checked="" type="checkbox"/>	

DISPATCHER REMARKS          Response Given Yes  No  Gas Supervisor Notified of Issued Response Yes  No

If "YES" To Any Questions Below, Issue The Standard Response

<input checked="" type="checkbox"/> Is there a strong odor?	<p align="center"><b>STANDARD RESPONSE</b></p> <p>I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.</p>
<input checked="" type="checkbox"/> Do you hear gas blowing/leaking?	
<input checked="" type="checkbox"/> Are you aware of any damage to the gas line?	
<u>NO</u> Are you feeling dizzy, faint, or ill?	

**SERVICE PERSONNEL SECTION**

Leak found	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Permanent Repair	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Customer Referred for Repair	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Temporary Repair Safe	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Caution Card Left	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Warning Card Left	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gas Shut off-Time	<del>1:50</del> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Meter	<input checked="" type="checkbox"/>
Time Received	<u>1:37</u> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Radio	<input type="checkbox"/>	Telephone	<input checked="" type="checkbox"/>	Time Arrived on Site	<u>1:42</u> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Time Departed from Site	<u>4:20</u> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Meter Number:	<u>        </u>	Meter Locked	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Meter Red Sealed	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Leak Cause	Component	Location Detected	Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification	
Corrosion	Pipe	Inside	Main	Rock	Main	SP (0-1)	Grass	Cast	1-2"	Clear	Grade 1 (Immediately)
Outside Force	<input checked="" type="checkbox"/> Valve	Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)
Crack/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)
Material/Defect	Regulator	Under/gd	Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold	

Number of Gas Utilization Equipment Worked On				SERVICEMAN REMARKS	Repair Data
Stove/Range		Radiant Heater		<p><u>We arrived &amp; found the riser had been broke off just under the regulator. We squeezed off the line &amp; completely rebuilt the meter set. We tested the indoor plumbing to be sure there was no damage &amp; restored service.</u></p>	Leaks Total: <u>1</u>
Hot Water Heater		Ceiling Heater			
Floor Furnace		Clothes Dryer			
Forced Air-Furnace		Boiler			
Service Representative Name <u>Jason W.</u>				Date	<u>7-10-15</u>

## DISPATCHER SECTION

Address		703 N. Main		Apt#		City		County		Time Received	7:45	Date Received	9-9-15																
Customer Name		Edmonton State Bank				Phone #			Customer Home?		Yes		Customer Account #																
Received By		Dorothy				Leak First Noticed			Date		Time Dispatched		AM		Hear Gas Escaping?	Yes		No											
Location of Leak		Leak Site/Property		Source of Call		Nature of Call			Specific Location			CUSTOMER REMARKS																	
Inside		Residence		School		Customer		In		Out		Manhole																	
Outside		Public Bldg		Comm/Bldg		Employee		Fire		Meter		Street		Yard															
DISPATCHER REMARKS		Employee smells gas @ back door Customer mentioned smelling gas @ front door on 9-8-15								Response Given		Yes		Gas Supervisor Notified of Issued Response		Yes		No											
If "YES" To Any Questions Below, Issue The Standard Response										STANDARD RESPONSE																			
Is there a strong odor?		I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.																											
Do you hear gas blowing/leaking?																													
Are you aware of any damage to the gas line?																													
Are you feeling dizzy, faint, or ill?																													
SERVICE PERSONNEL SECTION																													
Leak found		Yes		Permanent Repair		Yes		Customer Referred for Repair		Yes		Temporary Repair Safe		Yes		Caution Card Left		Yes		Warning Card Left		Yes		Gas Shut off-Time		Meter			
		No		✓		No		✓		No		✓		No		N/A		No		No		No		No		No		No	
Time Received		7:46		AM		Radio		Time Arrived on Site		8:00		AM		Time Departed from Site		8:20		AM		Meter Number:		Meter Locked		Yes		No		✓	
		PM		Telephone		✓		PM		PM		PM		PM		PM		PM		PM		Meter Red Sealed		Yes		No		✓	
Leak Cause		Component		Location Detected		Soil Sub		System		Pressure		Ground Surface		Pipe		Pipe Size		Weather		Leak Classification									
Corrosion		Pipe		Inside		Main		Rock		Main		SP (0-1)		Grass		Cast		1-2"		Clear		Grade 1 (Immediately)							
Outside Force		Valve		Outside		Service		Cinder		Service		IP (1-30)		Dirt		Steel		3-4"		Wet		Grade 2 (5 Months)							
Cause/Defect		Fitting		Manhole		Valve		Clay		Meter		MP (31-60)		Asphalt		PE		6-8"		Hot		Grade 3 (12 Months)							
Material Defect		Regulator		Undergd		Meter		Sand		Cast/Pipe		HP (61-99,7)		Concrete		PVC		10-12"		Cold									
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS										Repair Data									
Stove/Range				Radiant Heater																		Leaks Total:							
Hot Water Heater				Ceiling Heater																									
Floor Furnace				Clothes Dryer																									
Forced Air Furnace				Boiler																									
Service Representative Name		MARVIN ANDERSON										Date		9-9-15															

## DISPATCHER SECTION

Address	836 Celina Rd		Apt#		City	Templeville	County	Monroe	Time Received	3:17	Date Received	7-13-15
Customer Name					Phone #			Customer Home?	Yes		Customer Account #	
								No				
Received By	Jason				Leak First Noticed	Date	7-13-15	Time Dispatched	3:17	AM	Hear Gas Escaping?	Yes
										PM	No	No
Location of Leak	Leak Site/Property	Source of Call	Nature of Call		Specific Location			CUSTOMER REMARKS				
Inside	Residence	<input checked="" type="checkbox"/> School	Customer	<input checked="" type="checkbox"/> Crew	In	Out	<input checked="" type="checkbox"/> Manhole	Hit 2" PE main line while digging in telephone cable.				
Outside	<input checked="" type="checkbox"/> Public Bldg	Comm/Bldg	Employee	Fire	Meter	Street	Yard					
DISPATCHER REMARKS								Response Given	Yes	<input checked="" type="checkbox"/>	Gas Supervisor Notified of Issued Response	Yes
								No			No	No

If "YES" To Any Questions Below, Issue The Standard Response

STANDARD RESPONSE

<input checked="" type="checkbox"/> Y	Is there a strong odor?	I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.
<input checked="" type="checkbox"/> Y	Do you hear gas blowing/leaking?	
<input checked="" type="checkbox"/> Y	Are you aware of any damage to the gas line?	
<input checked="" type="checkbox"/> N	Are you feeling dizzy, faint, or ill?	

## SERVICE PERSONNEL SECTION

Leak found	Yes	<input checked="" type="checkbox"/>	Permanent Repair	Yes	<input checked="" type="checkbox"/>	Customer Referred for Repair	Yes	<input checked="" type="checkbox"/>	Temporary Repair Safe	Yes	<input checked="" type="checkbox"/>	Caution Card Left	Yes	<input checked="" type="checkbox"/>	Warning Card Left	Yes	<input checked="" type="checkbox"/>	Gas Shut off-Time	3:25	AM	Meter	
	No		No	No		No			No			No			No				PM	Equipment		
Time Received	3:17	AM	Radio	Telephone	Time Arrived on Site	3:20	AM	Time Departed from Site	3:00	AM	Meter Number:	Meter Locked	Yes		No	Meter Red Sealed	Yes		No			
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification											
Corrosion	Pipe	<input checked="" type="checkbox"/> Inside	Main	<input checked="" type="checkbox"/> Rock	Main	SP (0-1)	Grass	<input checked="" type="checkbox"/> Cast	1-2"	<input checked="" type="checkbox"/> Clear	Grade 1 (Immediately)											
Outside Force	<input checked="" type="checkbox"/> Valve	Outside	<input checked="" type="checkbox"/> Service	Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)											
Const/Defect	Fitting	Manhole	Valve	Clay	<input checked="" type="checkbox"/> Meter	MP (31-60)	<input checked="" type="checkbox"/> Asphalt	PE	<input checked="" type="checkbox"/> 6-8"	Hot	<input checked="" type="checkbox"/>	Grade 3 (12 Months)										
Material/Defect	Regulator	Under/gd	<input checked="" type="checkbox"/> Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold												
Number of Gas Utilization Equipment Worked On					SERVICEMAN REMARKS							Repair Data										
Stove/Range					Radiant Heater	p/c contracting hit a 2" PE gas main while digging to bury phone cable. We lost 14 customers. We used 4ft of 2" pipe + 2- 2" electrofuse couplings to 2 men 4 1/2 hrs. repair.							Leaks Total:	1								
Hot Water Heater					Ceiling Heater																	
Floor Furnace					Clothes Dryer																	
Forced Air-Furnace					Boiler																	
Service Representative Name					Jason W.							Date	7-13-15									

## DISPATCHES SECTION

Address		1610 Capp Harlon Rd.		Appl		City	Tombkinsville	County	Monroe	Time Received		Date Received	9-1-15				
Customer Name		P4C Contracting.				Phone #		Customer Home?	Yes		Customer Account #						
Received By		Jason				Leak First Noticed		Date		Time Dispatched	2:28	AM	PM	Hear Gas Escaping?	Yes	No	
Location of Leak		Leak Site/Property	Source of Call	Name of Call		Specific Location			CUSTOMER REMARKS								
Inside	Residence	<input checked="" type="checkbox"/> School	<input type="checkbox"/> Customer	<input checked="" type="checkbox"/> Crew	In	Out	Manhole	Hit service line while putting in phone cable.									
Outside	<input checked="" type="checkbox"/> Public Bldg	<input type="checkbox"/> Comm/Bldg	<input type="checkbox"/> Employee	<input type="checkbox"/> Fire	Meter	Street	Yard										
DISPATCHER REMARKS						Response Given	Yes		Gas Supervisor Notified of Issued Response	Yes		No					
If "YES" To Any Questions Below, Issue The Standard Response		STANDARD RESPONSE															
<input checked="" type="checkbox"/>	Is there a strong odor?	I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.															
<input checked="" type="checkbox"/>	Do you hear gas blowing/leaking?																
<input checked="" type="checkbox"/>	Are you aware of any damage to the gas line?																
<input type="checkbox"/>	Are you feeling dizzy, faint, or ill?																
SERVICE PERSONNEL SECTION																	
Leak found	Yes	<input checked="" type="checkbox"/> Permanent Repair	Yes	<input checked="" type="checkbox"/> Customer Referred for Repair	Yes	<input checked="" type="checkbox"/> Temporary Repair Safe	Yes	<input checked="" type="checkbox"/> Caution Card Left	Yes	<input type="checkbox"/> Warning Card Left	Yes	Gas Shut off-Time	2:40	AM	PM	Meter	Equipment
Time Received	2:28	AM	Radio	<input checked="" type="checkbox"/> Telephone	Time Arrived on Site	2:40	AM	Time Departed from Site	3:10	AM	Meter Number:	Meter Locked	Yes	No	Meter Red Sealed	Yes	No
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification						
Corrosion	Pipe	<input checked="" type="checkbox"/> Inside	Main	Rock	Main	SP (0-1)	Grass	<input checked="" type="checkbox"/> Cast	1-2" $\frac{3}{4}$	<input checked="" type="checkbox"/> Clear	<input checked="" type="checkbox"/> Grade 1 (Immediately)						
Outside Force	<input checked="" type="checkbox"/> Valve	Outside	Service	<input checked="" type="checkbox"/> Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)						
Const/Defect	Fitting	Manhole	Valve	Clay	<input checked="" type="checkbox"/> Meter	MP (31-60)	<input checked="" type="checkbox"/> Asphalt	PE	<input checked="" type="checkbox"/> 6-8"	Hot	Grade 3 (12 Months)						
Material/Defect	Regulator	Undergd	<input checked="" type="checkbox"/> Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold							
Number of Gas Utilization Equipment Worked On					SERVICEMAN REMARKS					Repair Data							
Stove/Range		Radiant Heater			P4C Contracting hit a 3/4" service line while digging out a bore for the phone cable. The line was marked & had been spotted. Contractor just forget it was there. Line was squeezed off & repaired using 3ft of line & 2 couplings. Service was restored & pellet.					Leak Total:		1					
Hot Water Heater		Ceiling Heater															
Floor Furnace		Clothes Dryer															
Forced Air-Furnace		Boiler															
Service Representative Name		Marvin Andersson							Date	9-1-15							



## DISPATCHER SECTION

Address	CAMP LARIAN Rd		Apt#		City	Tompkinsville	County	Monroe	Time Received	10:10	Date Received	7-24-15	
Customer Name	Jeff Sprowel Dozing				Phone #		Customer Home?	Yes		Customer Account #			
Received By	Jason				Leak First Noticed		Date	7-24-15	Time Dispatched	10:10 AM	Hear Gas Escaping?	Yes	
										PM	No	No	
Location of Leak	Leak Site/Property	Source of Call	Nature of Call			Specific Location			CUSTOMER REMARKS				
Inside	Residence	<input checked="" type="checkbox"/> School	Customer	<input checked="" type="checkbox"/> Crew	In		Out	<input checked="" type="checkbox"/> Manhole	Hit service line while dozing.				
Outside	<input checked="" type="checkbox"/> Public Bldg	Comm/Bldg	Employee	Fire	Meter		Street	Yard					
DISPATCHER REMARKS								Response Given	Yes	Gas Supervisor Notified of Issued Response		Yes	<input checked="" type="checkbox"/>
								No				No	

If "YES" To Any Questions Below, Issue The Standard Response

STANDARD RESPONSE

<input checked="" type="checkbox"/> Is there a strong odor?	I am required to issue this standard response: Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.
<input checked="" type="checkbox"/> Do you hear gas blowing/leaking?	
<input checked="" type="checkbox"/> Are you aware of any damage to the gas line?	
<input type="checkbox"/> Are you feeling dizzy, faint, or ill?	

## SERVICE PERSONNEL SECTION

Leak found	Yes	<input checked="" type="checkbox"/>	Permanent Repair	Yes	<input checked="" type="checkbox"/>	Customer Referred for Repair	Yes	<input checked="" type="checkbox"/>	Temporary Repair Safe	Yes	<input checked="" type="checkbox"/>	Caution Card Left	Yes	<input checked="" type="checkbox"/>	Warning Card Left	Yes	<input checked="" type="checkbox"/>	Gas Shut off-Time	10:	AM	Meter	
	No			No			No			No			No			No			PM	Equipment		
Time Received	10:10	AM	Radio		Time Arrived on Site	10:18	AM	Time Departed from Site	11:30	PM	Meter Number:		Meter Locked	Yes		No						
		PM	Telephone	<input checked="" type="checkbox"/>			PM						Meter Red Sealed	Yes		No						
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification											
Corrosion	Pipe	<input checked="" type="checkbox"/> Inside	Main	Rock	Main	SP (0-1)	Grass	Cast	<del>4-2</del> 3/4	Clear	Grade 1 (Immediately)											
Outside Force	<input checked="" type="checkbox"/> Valve	Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)											
Const/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)											
Material/Defect	Regulator	Under/gd	Meter	Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold												
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS					Repair Data							
Stove/Range		Radiant Heater		Jeff had called in a locate on the job site. There was a service line running across the site that no one knew about. We replaced 50ft of 3/4" service line & retit the customer.							Leaks Total:		1									
Hot Water Heater		Ceiling Heater																				
Floor Furnace		Clothes Dryer																				
Forced Air-Furnace		Boiler																				
Service Representative Name										Jason W					Date	7-24-15						

## DISPATCHER SECTION

Address		Cherry + Magnolia St.		Appl#		City	Tombkinsville		County	Monroe		Time Received	12:21		Date Received	9-10-15												
Customer Name				Phone #				Customer Home?		Yes		Customer Account #																
Received By				Leak First Noticed				Date	9-10-15		Time Dispatched	12:21		AM		Hear Gas Escaping?	Yes											
											PM					No												
Location of Leak		Leak Site/Property		Source of Call		Nature of Call		Specific Location				CUSTOMER REMARKS																
Inside		Residence		<input checked="" type="checkbox"/> School		<input checked="" type="checkbox"/> Customer		<input checked="" type="checkbox"/> Crew		In	Out	<input checked="" type="checkbox"/> Manhole		Smelled gas at intersection,														
Outside		<input checked="" type="checkbox"/> Public Bldg				<input type="checkbox"/> Comm/Bldg		<input type="checkbox"/> Employee		<input type="checkbox"/> Fire		Meiter	Street	<input checked="" type="checkbox"/> Yard														
DISPATCHER REMARKS		In route										Response Given		Yes		Gas Supervisor Notified of Issued Response		Yes										
												No				No												
If "YES" To Any Questions Below, Issue The Standard Response										STANDARD RESPONSE																		
<input checked="" type="checkbox"/>		Is there a strong odor?		I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.																								
NO		Do you hear gas blowing/leaking?																										
NO		Are you aware of any damage to the gas line?																										
NO		Are you feeling dizzy, faint, or ill?																										
SERVICE PERSONNEL SECTION																												
Leak found		Yes		Permanent Repair		Yes		Customer Referred for Repair		Yes		Temporary Repair Safe		Yes		Caution Card Left		Yes		Warning Card Left		Yes		Gas Shut off-Time		AM	Meter	
		No	<input checked="" type="checkbox"/>			No	<input checked="" type="checkbox"/>			No	<input checked="" type="checkbox"/>			No	<input checked="" type="checkbox"/>			No	<input checked="" type="checkbox"/>			No	<input checked="" type="checkbox"/>			PM	Equipment	
Time Received		12:21		AM		Radio Telephone		Time Arrived on Site		12:25		AM		Time Departed from Site		12:10		AM		Meter Number:		Meter Locked		Yes		No		
				PM	<input checked="" type="checkbox"/>							PM	<input checked="" type="checkbox"/>					PM	<input checked="" type="checkbox"/>			Meter Red Sealed		Yes		No		
Leak Cause		Component		Location Detected		Soil Sub		System		Pressure		Ground Surface		Pipe		Pipe Size		Weather		Leak Classification								
Corrosion		Pipe		Inside		Main		Rock		Main		SP (0-1)		Grass		Cust		1-2"		Clear		Grade 1 (Immediately)						
Outside Force		Valve		Outside		Service		Cinder		Service		IP (1-30)		Dirt		Steel		3-4"		Wet		Grade 2 (5 Months)						
Const/Defect		Fitting		Manhole		Valve		Clay		Meter		MP (31-60)		Asphalt		PE		6-8"		Hot		Grade 3 (12 Months)						
Material/Defect		Regulator		Under/gd		Meter		Sand		Cust/Pipe		HP (61-99.9)		Concrete		PVC		10-12"		Cold								
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS						Repair Data												
Stove/Range				Radiant Heater																		Leak Total:		0				
Hot Water Heater				Ceiling Heater																								
Floor Furnace				Clothes Dryer																								
Forced Air Furnace				Boiler																								
Service Representative Name		Jason Warner										Date		9-10-15														

## DISPATCHER SECTION

Address		Emberton Street #574 Apt#			City		County		Time Received		12:10		Date Received		9-21-15																										
Customer Name				Phone #				Customer Home?		Yes		Customer Account #																													
Received By				Leak First Noticed				Date		Time Dispatched		AM		Hear Gas Escaping?		Yes																									
Dorothy												PM				No																									
Location of Leak		Leak Site/Property		Source of Call		Nature of Call		Specific Location				CUSTOMER REMARKS																													
Inside		Residence		School		Customer		Crew		In		Out		Manhole																											
Outside		Public Bldg		Comm/Bldg		Employee		Fire		Meter		Street		Yard																											
DISPATCHER REMARKS		Mike Gee smells strong Gas Smell										Response Given		Yes		Gas Supervisor Notified of Issued Response		Yes																							
												No				No																									
If "YES" To Any Questions Below, Issue The Standard Response				near apts. STANDARD RESPONSE																																					
<input checked="" type="checkbox"/> Is there a strong odor?				I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.																																					
<input type="checkbox"/> Do you hear gas blowing/leaking?																																									
<input type="checkbox"/> Are you aware of any damage to the gas line?																																									
<input type="checkbox"/> Are you feeling dizzy, faint, or ill?																																									
SERVICE PERSONNEL SECTION																																									
Leak found		Yes		<input checked="" type="checkbox"/>		Permanent Repair		Yes		<input checked="" type="checkbox"/>		Customer Referred for Repair		Yes		<input checked="" type="checkbox"/>		Temporary Repair Safe		Yes		<input checked="" type="checkbox"/>		Caution Card Left		Yes		<input checked="" type="checkbox"/>		Warning Card Left		Yes		<input checked="" type="checkbox"/>		Gas Shut off-Time		AM		Meter	
		No						No						No				No				No				No				No				PM		Equipment					
Time Received		AM		Radio		Time Arrived on Site		AM		12:30		Time Departed from Site		AM		9:45		Meter Number:		Meter Locked		Yes		No		Meter Re-Sealed		Yes		No											
12:10		PM		Telephone		<input checked="" type="checkbox"/>		12:30		PM		9:45		PM								Yes		No				Yes		No											
Leak Cause		Component		Location Detected		Soil Sub		System		Pressure		Ground Surface		Pipe		Pipe Size		Weather		Leak Classification																					
Corrosion		Pipe		Inside		Main		Rock		Main		SP (B-1)		Grass		1-2"		(Clear)		Grade 1 (Immediately)																					
Outside Force		Valve		Outside		Service		Cinder		Service		IP (1-30)		Dirt		3-4"		Wet		Grade 2 (5 Months)																					
Construction Defect		Fitting		Manhole		Valve		Clay		Meter		MP (31-60)		Asphalt		6-8"		Hot		Grade 3 (12 Months)																					
Material Defect		Regulator		Underground		Meter		Sand		Cust/Pipe		HP (61-99,9)		Concrete		10-12"		Cold																							
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS								Repair Data																							
Stove/Range				Radiant Heater																Leak Total:		1																			
Hot Water Heater				Ceiling Heater																																					
Floor Furnace				Clothes Dryer																																					
Forced Air Furnace				Boiler																																					
Service Representative Name										Jesse Warner								Date																							
																		9-21-15																							

## DISPATCH SECTION

Address				Apt#		City	Tombkinsville	County	Monroe	Time Received	2:00	Date Received	8-19-15			
Customer Name	Tombkinsville Elementary School					Phone #		Customer Home?	Yes		Customer Account #					
Received By	Jason					Leak First Noticed		Date	8-19-15	Time Dispatched	2:00	AM	PM	Hear Gas Escaping?	Yes	No
Location of Leak	Leak Site/Property	Source of Call	Nature of Call			Specific Location			CUSTOMER REMARKS							
Inside	Residence	School	<input checked="" type="checkbox"/> Customer	<input type="checkbox"/> Crew	In	Out	Manhole	Small leak on boiler room meter set.								
Outside	<input checked="" type="checkbox"/> Public Bldg	Comm/Bldg	<input checked="" type="checkbox"/> School Employee	<input checked="" type="checkbox"/> Fire	Meter	<input checked="" type="checkbox"/> Street	Yard									
DISPATCHER REMARKS									Response Given	Yes		Gas Supervisor Notified of Issued Response	Yes	No		

If "YES" To Any Questions Below, Issue The Standard Response

STANDARD RESPONSE

<input checked="" type="checkbox"/> Is there a strong odor? Slight odor	I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.
<input checked="" type="checkbox"/> Do you hear gas blowing/leaking?	
<input checked="" type="checkbox"/> Are you aware of any damage to the gas line?	
<input checked="" type="checkbox"/> Are you feeling dizzy, faint, or ill?	

## SERVICE PERSONNEL SECTION

Leak found	Yes	<input checked="" type="checkbox"/>	Permanent Repair	Yes	<input checked="" type="checkbox"/>	Customer Referred for Repair	Yes	<input checked="" type="checkbox"/>	Temporary Repair Safe	Yes	<input checked="" type="checkbox"/>	Caution Card Left	Yes	<input checked="" type="checkbox"/>	Warning Card Left	Yes	<input checked="" type="checkbox"/>	Gas Shut off-Time	AM	Meter	<input checked="" type="checkbox"/>
	No			No			No			No			No			No			PM	Equipment	
Time Received	2:00	AM	PM	Time Arrived on Site	2:30	AM	PM	Time Departed from Site	2:40	AM	PM	Meter Number:	Meter Locked	Yes	No	Meter Red Sealed	Yes	No			
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification										
Corrosion	Pipe	<input checked="" type="checkbox"/> Inside	Main	Rock	Main	SP (0-1)	Grass	Cast	1-2"	<input checked="" type="checkbox"/> Clear	<input checked="" type="checkbox"/> Grade 1 (Immediately)										
Outside Force	Valve	<input checked="" type="checkbox"/> Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	<input checked="" type="checkbox"/> 3-4"	<input checked="" type="checkbox"/> Wet	<input checked="" type="checkbox"/> Grade 2 (5 Months)										
Const/Defect	Fitting	<input checked="" type="checkbox"/> Manhole	Valve	Clay	Meter	MP (31-60)	<input checked="" type="checkbox"/> Asphalt	<input checked="" type="checkbox"/> PE	6-8"	<input checked="" type="checkbox"/> Hot	<input checked="" type="checkbox"/> Grade 3 (12 Months)										
Material/Defect	<input checked="" type="checkbox"/> Regulator	<input checked="" type="checkbox"/> Under/pt	Meter	<input checked="" type="checkbox"/> Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	<input checked="" type="checkbox"/> Cold											
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS										Repair Data	
Stove/Range				Radiant Heater				Found a leak just below below the regulator. We broke the meter down, replaced the meter + put it back together. We then checked for leaks + restored service.										Leak Total:	1		
Hot Water Heater				Ceiling Heater																	
Floor Furnace				Clothes Dryer																	
Forced Air-Furnace				Boiler																	
Service Representative Name										Jason W										Date	8-20-15

**DISPATCHER SECTION**

Address <u>Intersection of 2nd + Spruce</u>		Apt#	City <u>Tombkinsville</u>		County <u>Monroe</u>	Time Received <u>11:50</u>	Date Received <u>8-20-15</u>
Customer Name			Phone #		Customer Home?	Yes	Customer Account #
Received By <u>Jason</u>			Leak First Noticed		Date <u>8-15-19</u>	Time Dispatched <u>11:50</u> (AM)	Hear Gas Escaping? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Location of Leak	Leak Site/Property	Source of Call	Nature of Call		Specific Location		CUSTOMER REMARKS
Inside	Residence	School	Customer	<input checked="" type="checkbox"/> Crew	In	Out	<u>Smells gas on occasion at the intersection.</u>
Outside	<input checked="" type="checkbox"/> Public Bldg	<input checked="" type="checkbox"/> Comm/Bldg	<input checked="" type="checkbox"/> Employee	Fire	Meter	Street	
DISPATCHER REMARKS					Response Given	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gas Supervisor Notified of Ismed Response
					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

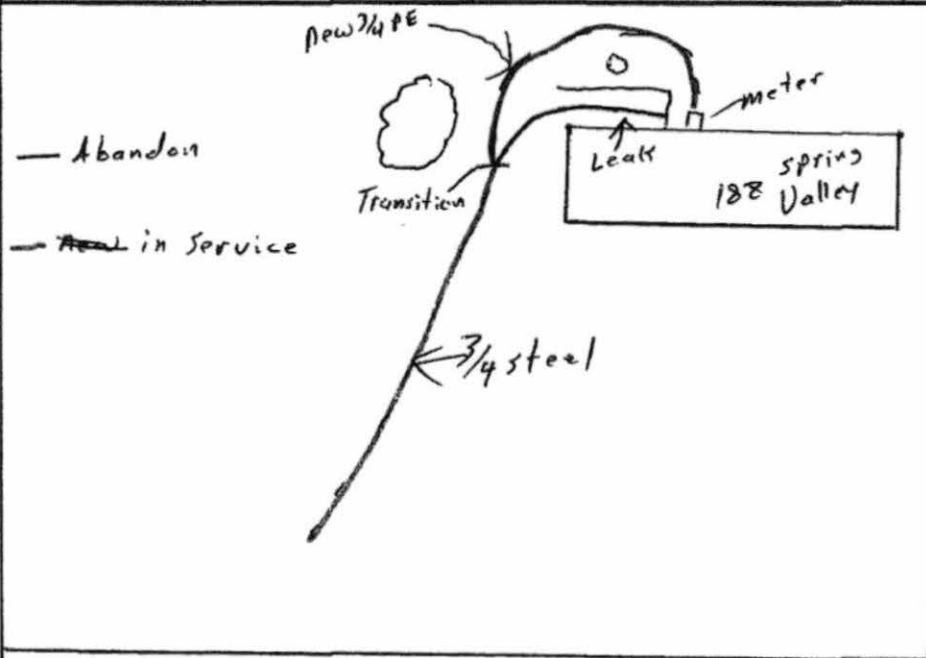
If "YES" To Any Questions Below, Issue The Standard Response		STANDARD RESPONSE	
<input checked="" type="checkbox"/> Is there a strong odor?	<p>I am required to issue this standard response. Do not operate electrical switches, operate light switches, or light matches. Lay down the phone, DO NOT hang up the phone nor use it again. Leave the premises, but be available for our service person. After evacuation, locate to a safe distance beyond the affected structure. Keep a safe look out as you leave the premises. Watch for traffic at street, sidewalks and driveways.</p>		
<input checked="" type="checkbox"/> Do you hear gas blowing/leaking?			
<input checked="" type="checkbox"/> Are you aware of any damage to the gas line?			
<input checked="" type="checkbox"/> Are you feeling dizzy, faint, or ill?			

**SERVICE PERSONNEL SECTION**

Leak found	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Permanent Repair	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Customer Referred for Repair	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Temporary Repair Safe	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Caution Card Left	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Warning Card Left	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gas Shut off-Time	AM	Meter
Time Received	<u>11:50</u> (AM)	<u>in person</u>	Time Arrived on Site	<u>12:30</u> (PM)	Time Departed from Site	<u>12:50</u> (PM)	Meter Number:	Meter Locked	Yes <input type="checkbox"/> No <input type="checkbox"/>	Meter Red Sealed	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Leak Cause	Component	Location Detected		Soil Sub	System	Pressure	Ground Surface	Pipe	Pipe Size	Weather	Leak Classification			
Corrosion	Pipe	Inside	Main	<input checked="" type="checkbox"/> Rock	Main	SP (0-1)	Grass	Cast	1-2"	<input checked="" type="checkbox"/> Clear	<input checked="" type="checkbox"/> Grade 1 (Immediately)			
Outside Force	Valve	Outside	Service	Cinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	<input checked="" type="checkbox"/> Grade 2 (5 Months)			
Const/Defect	<input checked="" type="checkbox"/> Fitting	<input checked="" type="checkbox"/> Manhole	Valve	Clay	<input checked="" type="checkbox"/> Meter	MP (31-60)	<input checked="" type="checkbox"/> Asphalt	PE	6-8"	Hot	<input checked="" type="checkbox"/> Grade 3 (12 Months)			
Material/Defect	<input checked="" type="checkbox"/> Regulator	<input checked="" type="checkbox"/> Under/gd	<input checked="" type="checkbox"/> Meter	Sand	Cast/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold				
Number of Gas Utilization Equipment Worked On						SERVICEMAN REMARKS						Repair Data		
Stove/Range	Radiant Heater		<p>Found problem area using the CGI on 8-20-15. Came back on 8-21-15 &amp; dug it out. We found an old tap that was abandon leaking. Unfortunately, we found it the hard way. We hit the tap while digging it out. We were able to put a clamp on it to stop the leak.</p>						Leaks Total:		1			
Hot Water Heater	Ceiling Heater													
Floor Furnace	Clothes Dryer													
Forced Air-Furnace	Boiler													
Service Representative Name			<u>Jason W.</u>						Date		<u>8-21-15</u>			

NATURAL GAS MAIN AND SERVICE INSTALLATION RECORDS

Address	188 Spring Valley	Apt#		City	Tompkinsville	City	Monroe	Time Received	2:00	Date Received	9-9-15
Customer Name	<del>Jason W</del> Rhoda Ross			Phone#		Customer Account#					
Installer Name	Jason W.			Date Received		Date Installed	9-17-15				
Date Tested	9-17-15		Test Pressure psig	90psi		Test Medium	Natural Gas		Property 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#	14Y880196			Meter Mfg#		Index Reading	0000		

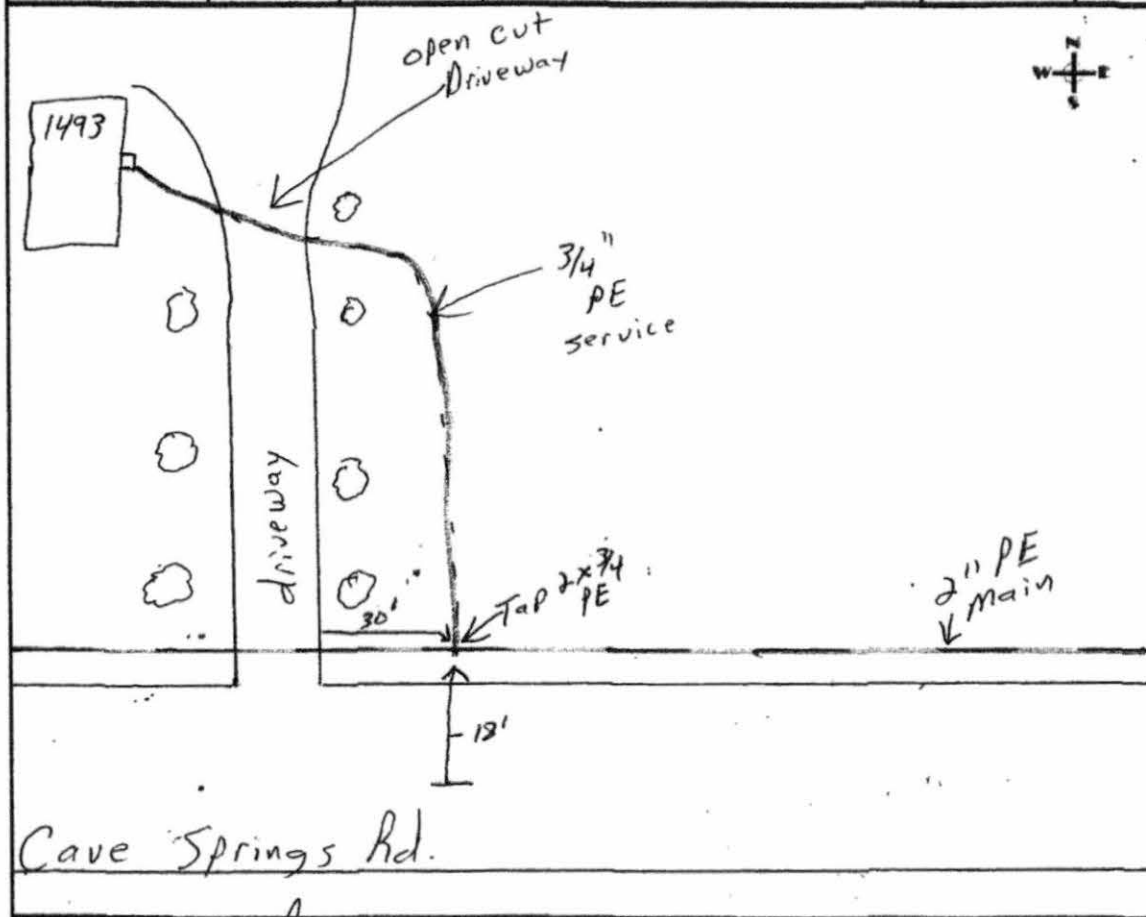


Meter Locked	Yes	<input checked="" type="checkbox"/>	No	Card Left	Yes	No
LOCATION						
Gas Main Location	Spring Valley					
Mainline Valve Installed	Yes		No	<input checked="" type="checkbox"/>		
Service Location	Same					
Service Valve		Tapping Tee				
REMARKS						
Replaced 40 ft of 3/4" steel with 60 ft of 3/4" PE. Set a new riser & meter.						

Signature	Jason W.	Date	9-17-15
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**NATURAL GAS MAIN AND SERVICE INSTALLATION RECORDS**

Address	1493 Cave Springs Rd	Apt#		City	Tompkinsville	County	Monroe	Time Received		Date Received	8-31-15	
Customer Name	Nyoka Hestand			Phone#				Customer Account#				
Installer Name	Jason W.			Date Received	8-31-15			Date Installed	9-21-15			
Date Tested	9-21-15		Test Pressure psig	90 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 type="checkbox"/>	No <input checked="" type="checkbox"/>	Meter Co#				Meter Mfg#				Index Reading	



Meter Locked	Yes	No	Card Left	Yes	No
<b>LOCATION</b>					
Gas Main Location	Cave Springs Rd				
Mainline Valve Installed	Yes	No	<input checked="" type="checkbox"/>		
Service Location	1493 Cave Springs Rd				
Service Valve	Tapping Tee		<input checked="" type="checkbox"/>		
<b>REMARKS</b>					
Laid 143 ft of 3/4" PE service line. Made a 2"x3/4" electrofusion tap, installed an EFV, & set the riser. Line was tested @ 90psi for 10 min.					

Signature	Jason W.	Date	9-21-15
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**MECHANICAL FITTING FAILURE**

GPS Loca		City/Town	Tompkinsville				State	Ky	Failure Date	9-29-15				
Mechanical Fitting Failure	Stab Fitting		Nut Follower		Bolted		Compression		Clamp (temporary)					
Type of Mechanical Fitting	Service		Main Tee		Tapping Tee		Transition Fitting		Riser					
	Coupling		Adapter		Valve		Sleeve	End Cap		Other				
Gas Leak Location	Aboveground		Belowground		Inside		Outside		Main-to-Main					
	Main-to-Service		Service-to-Service		Meter Center		Tap		Other					
Other Remarks:														
Year Installed		Year Mfg.		Decade Installed		Historical Date		Micro-film						
Manufacturer		Part/Model #		Lot Number		Other Attributes								
Material/Composite	Steel	Plastic Type		Plastic/Steel		Brass		Cast Steel		Aluminum		Other		
Specify Material Being Joined (First Pipe Information)														
Nominal (Inches)	.25	.50	.75	1.0	1.25	1.50	1.75	2.0	3.0	4.0	6.0	8.0	10.0	12.0
Material	Steel	Cast/Wrought Iron	Ductile Iron	Copper	Plastic	Stainless Steel	Other							
Type Plastic	Polyethylene (PE)	Polyvinyl Chloride (PVC)	Cross-link Polyethylene (PEX)	Polybutylene (PB)	Polypropylene (PP)	Acrylonitrile Butadiene Styrene	Polyamide (PA)							
Specify Material Being Joined (Second Pipe Information)														
Nominal (Inches)	.25	.50	.75	1.0	1.25	1.50	1.75	2.0	3.0	4.0	6.0	8.0	10.0	12.0
Unit	IPS	CTS	NPS	OTHER	Remarks:									
Material	Steel	Cast/Wrought Iron	Ductile Iron	Copper	Plastic	Stainless Steel	Other							
Type Plastic	Polyethylene (PE)	Polyvinyl Chloride (PVC)	Cross-link Polyethylene (PEX)	Polybutylene (PB)	Polypropylene (PP)	Acrylonitrile Butadiene Styrene	Polyamide (PA)							
Cause of Leak	Corrosion	Natural Forces	Excavation Damage	Outside Force	Welds/Fusion	Equipment	Operator Error							
Was there Thermal Expansion/Contraction?	YES	NO	Excavation Damage?	At the Time of Leak Discovery	Previous/prior to Leak Discovery									
Leak Due To	Construction	Installation	Material(s)	Design	Seismic Events	Subversive	Other							
Record notification number, this number will be auto generated by PHMSA for each submitted mechanical fitting failure report PHMSA F7100.1-2														
Submitted By	Jason W.										Date	9-29-15		