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PUBLIC SERVICE
COMMISSION

2371 Irvine Road, Richmond, KY 40475

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

A MEASURE OF EXCELLENCE IN UTILITY PROFESSIONAL SERVICES

TO: Kentucky Public Service Commission
Attention: Joel Grugin
211 Sower Blvd
Frankfort, KY 40602

Case No. 2012-00362

December 31, 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) October - December (10 pages)
2. Odorometer Readings - November (1 page)
3. Patrolling - November (5 pages)
4. Visual Inspections of Mains & Service Pipelines – October-December (4 pages)
5. Main & Service Abandonment Records – October-December (2 pages)
6. Leak Repair – October-December (21 pages)
7. Dispatcher Call Reports – October-December (43 pages)
8. Service Line Installations – October-December (5 pages)
9. Facility Failure Reports – October-December (2 pages)
10. Regulator Inspections – December (14 pages)
11. Leakage Survey (Leak Orders) – 14 pages



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A MEASURE OF EXCELLENCE IN UTILITY PROFESSIONAL SERVICES

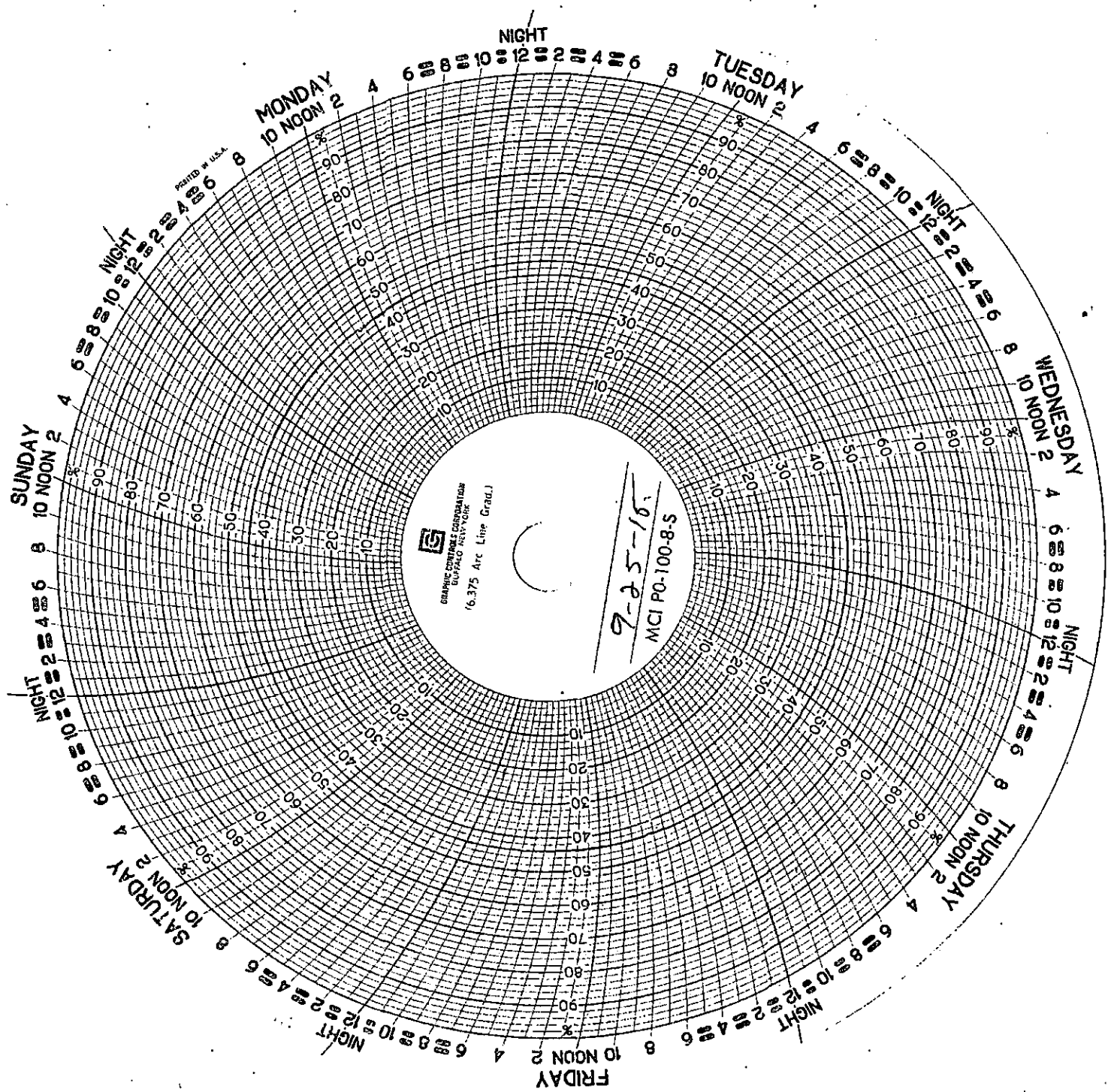
*A hard copy of the above mentioned documents were mailed to the Kentucky Public Service Commission, Attention Joel Grugin on January 6, 2016 by Zane Salyers of RussMar Utility Management, LLC.

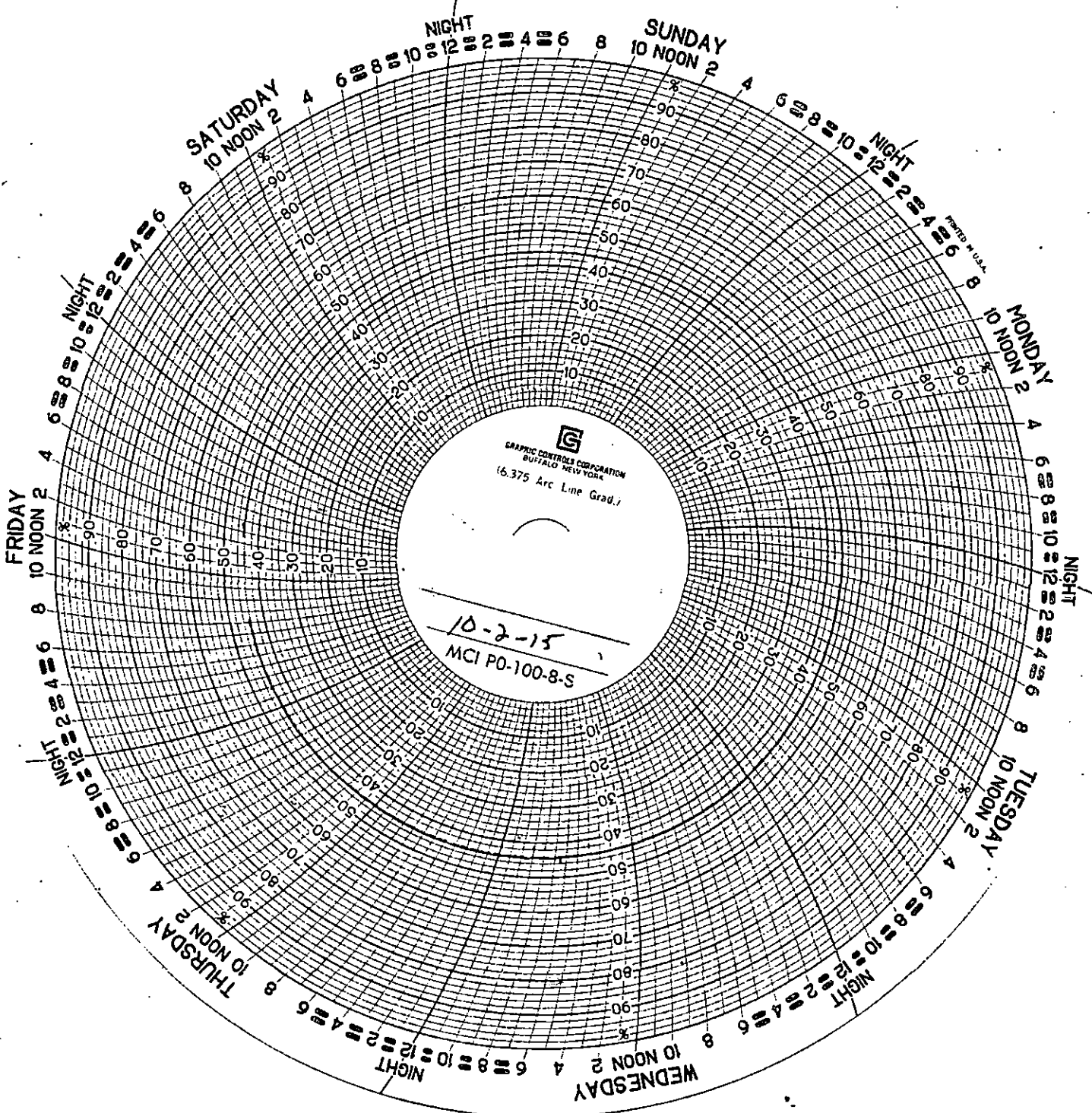
Sincerely,

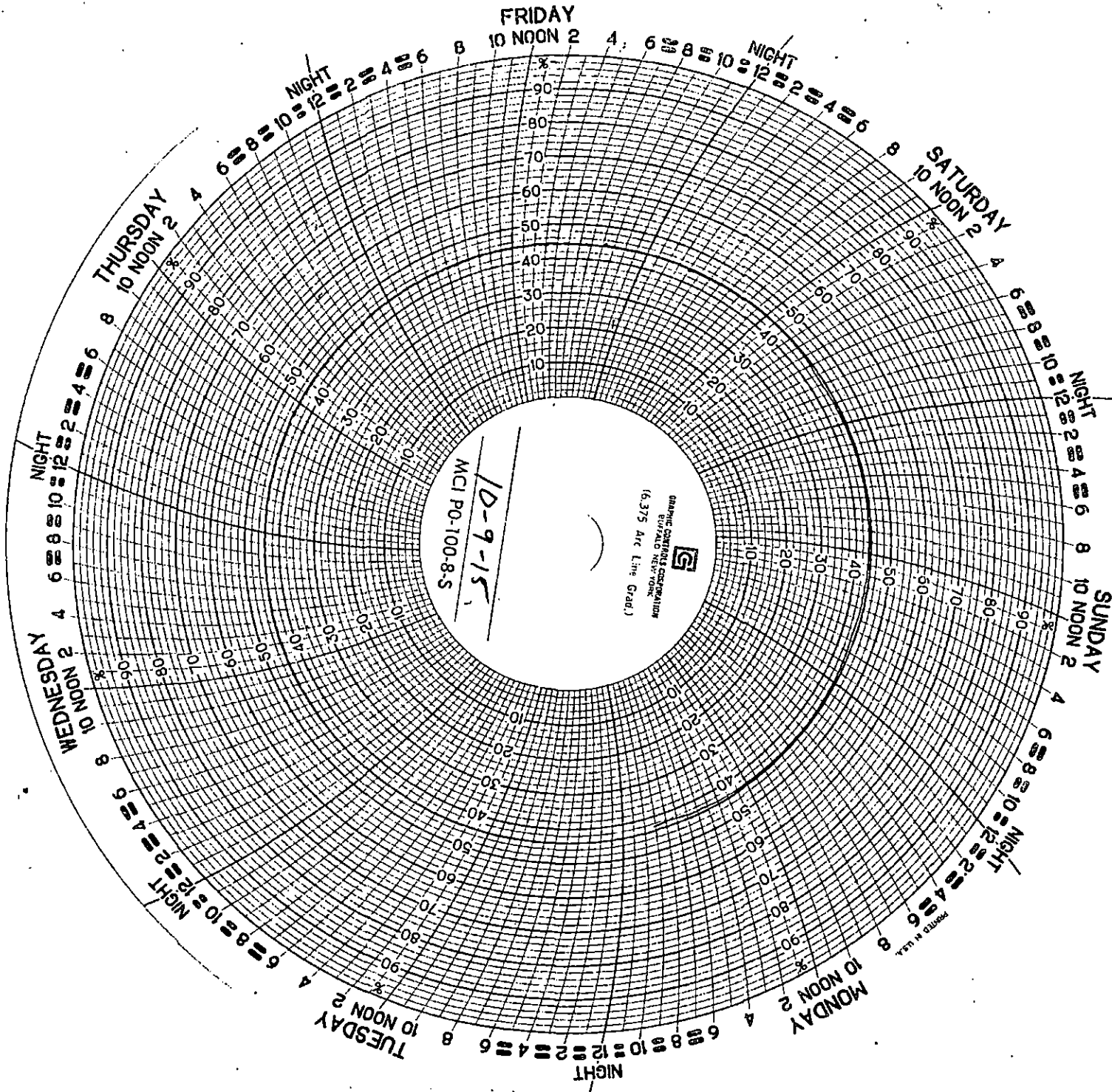
A handwritten signature in blue ink that reads "Zane Salyers".

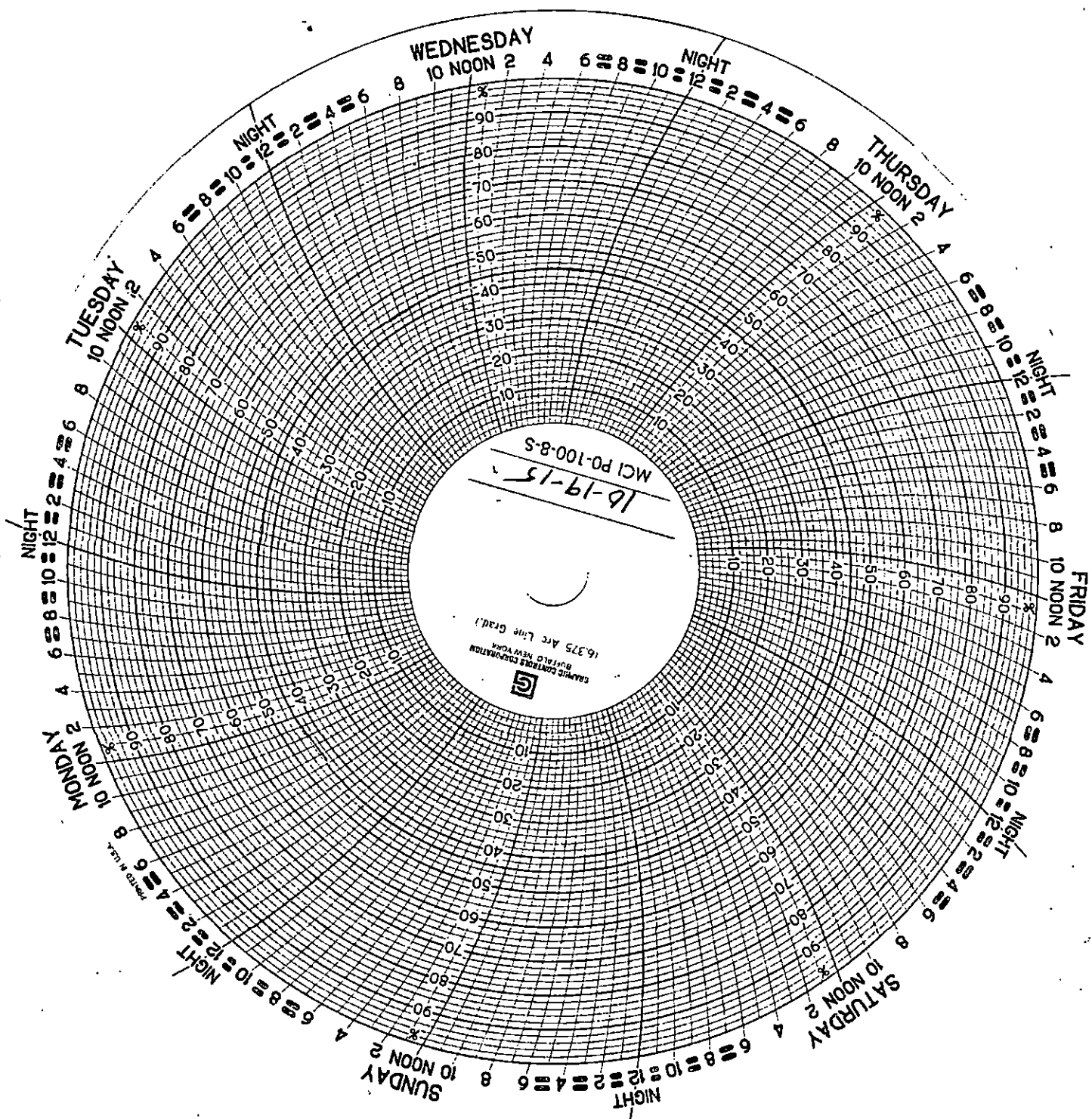
Zane Salyers

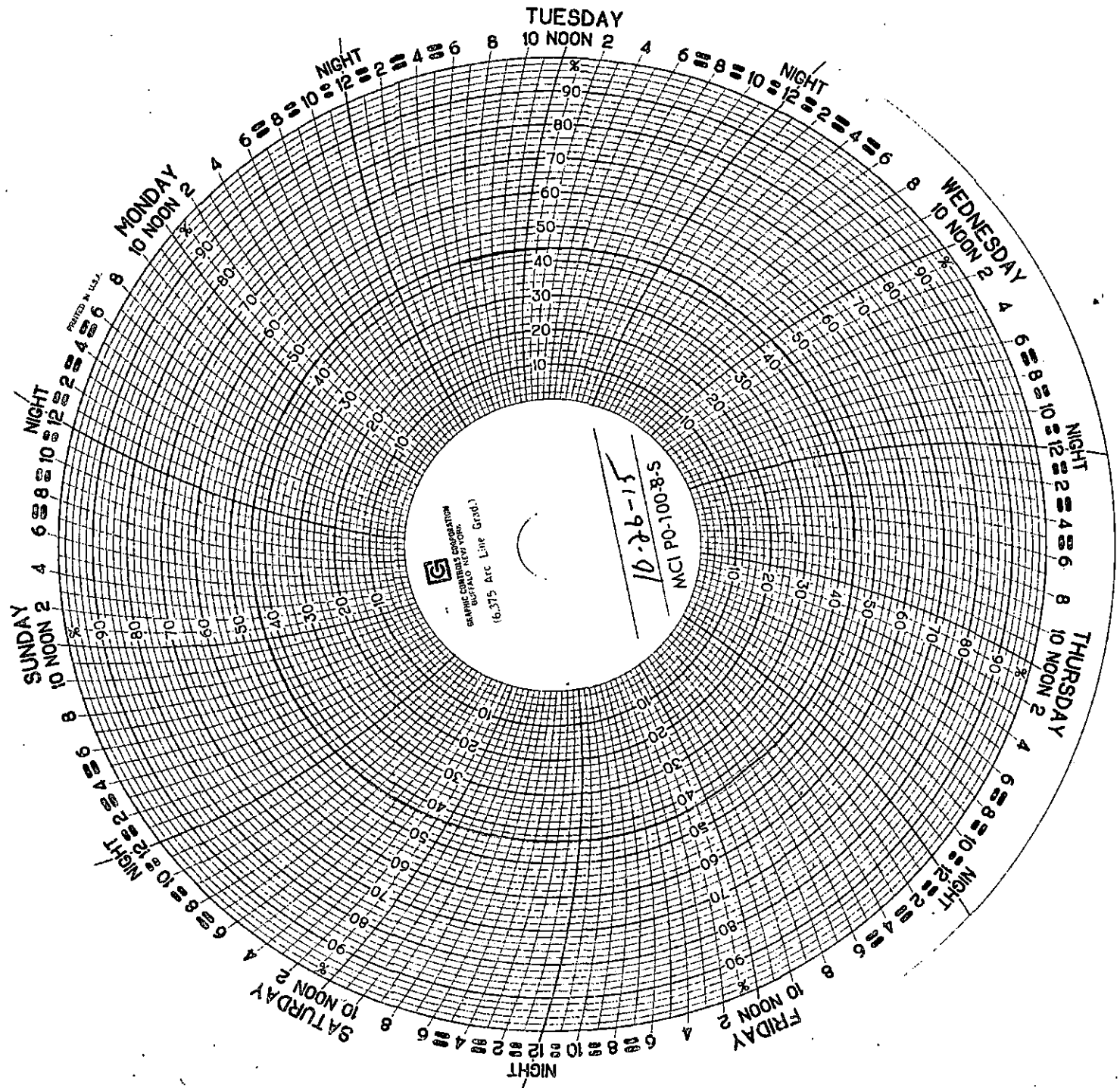
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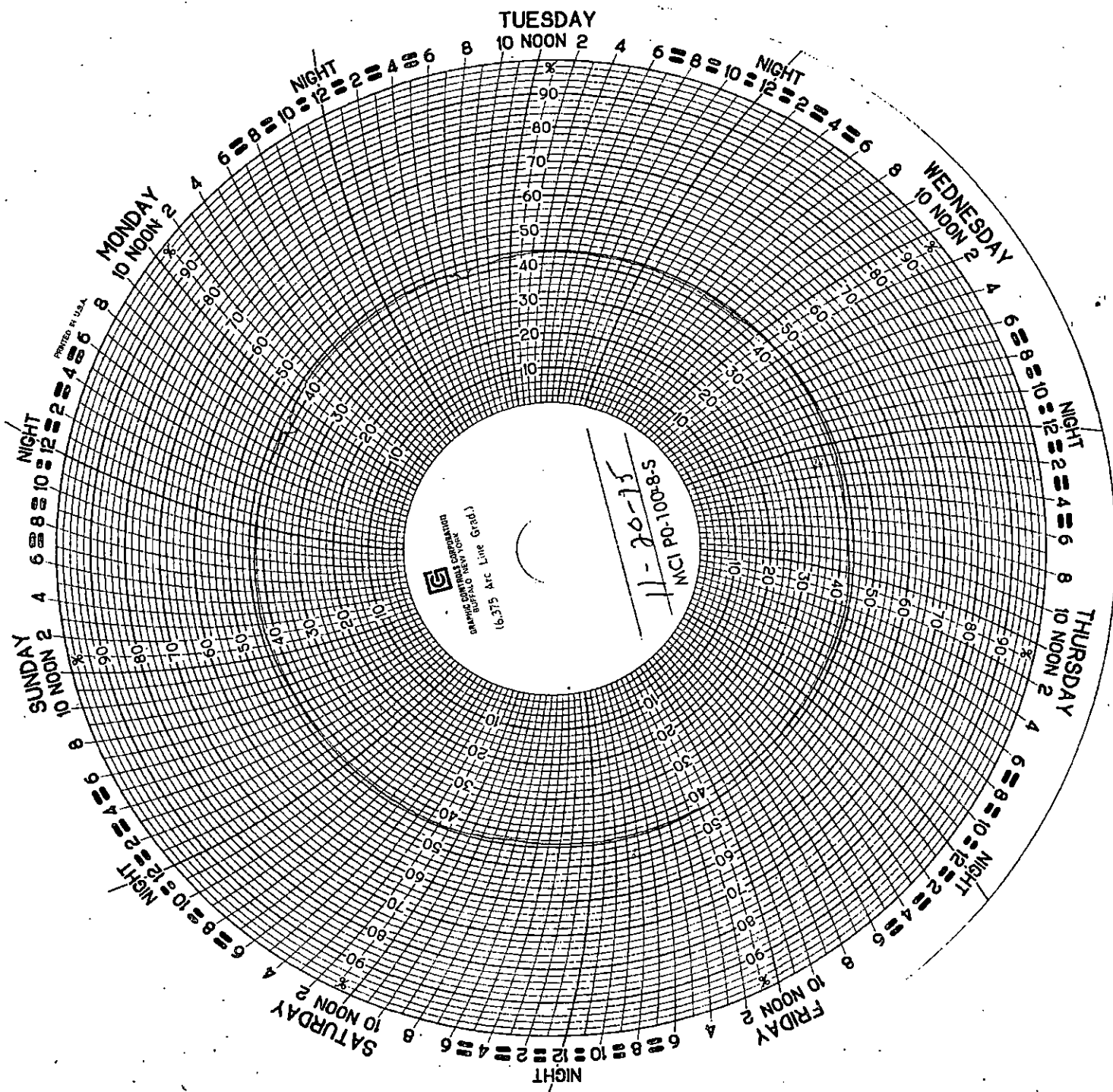








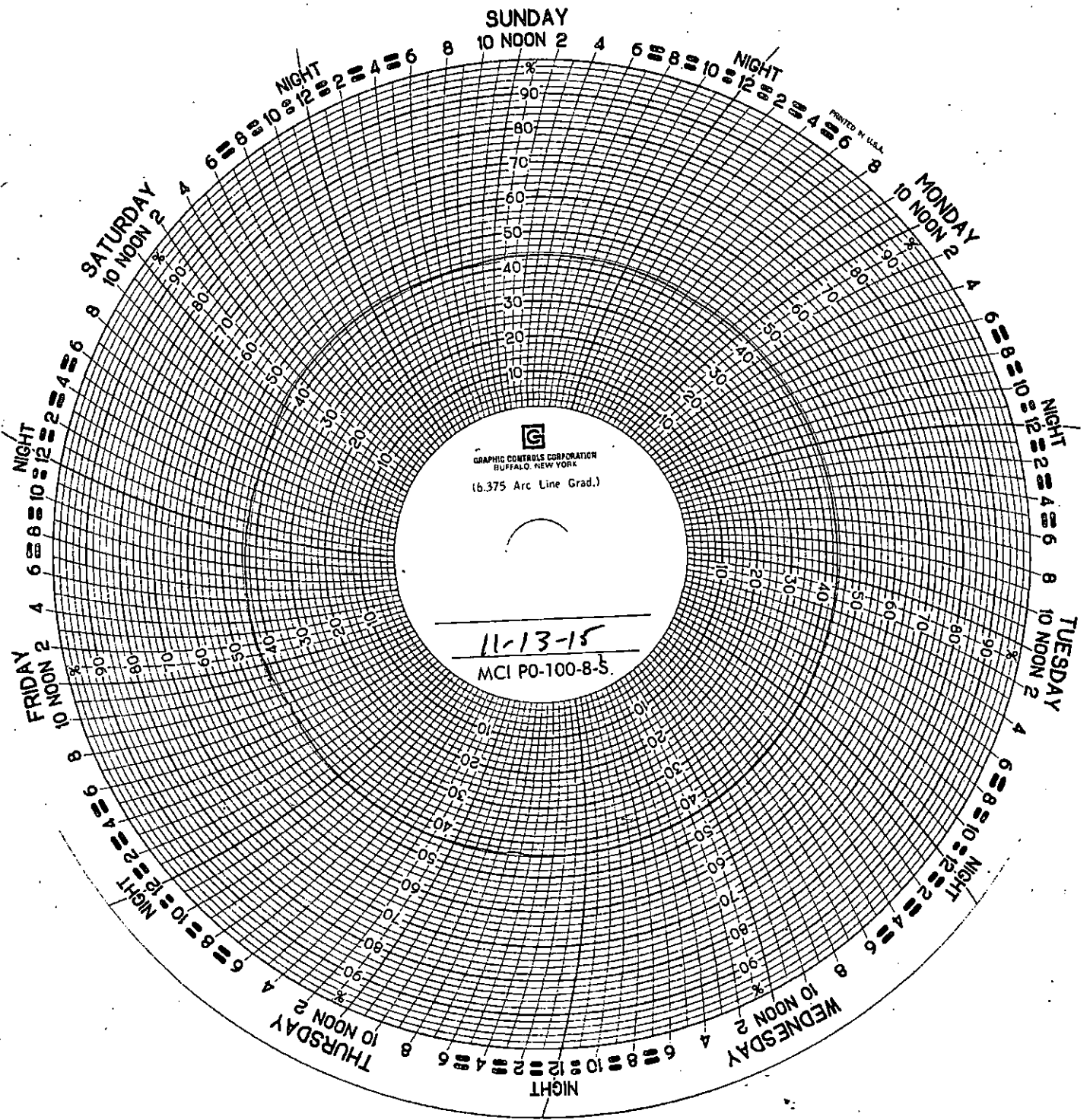
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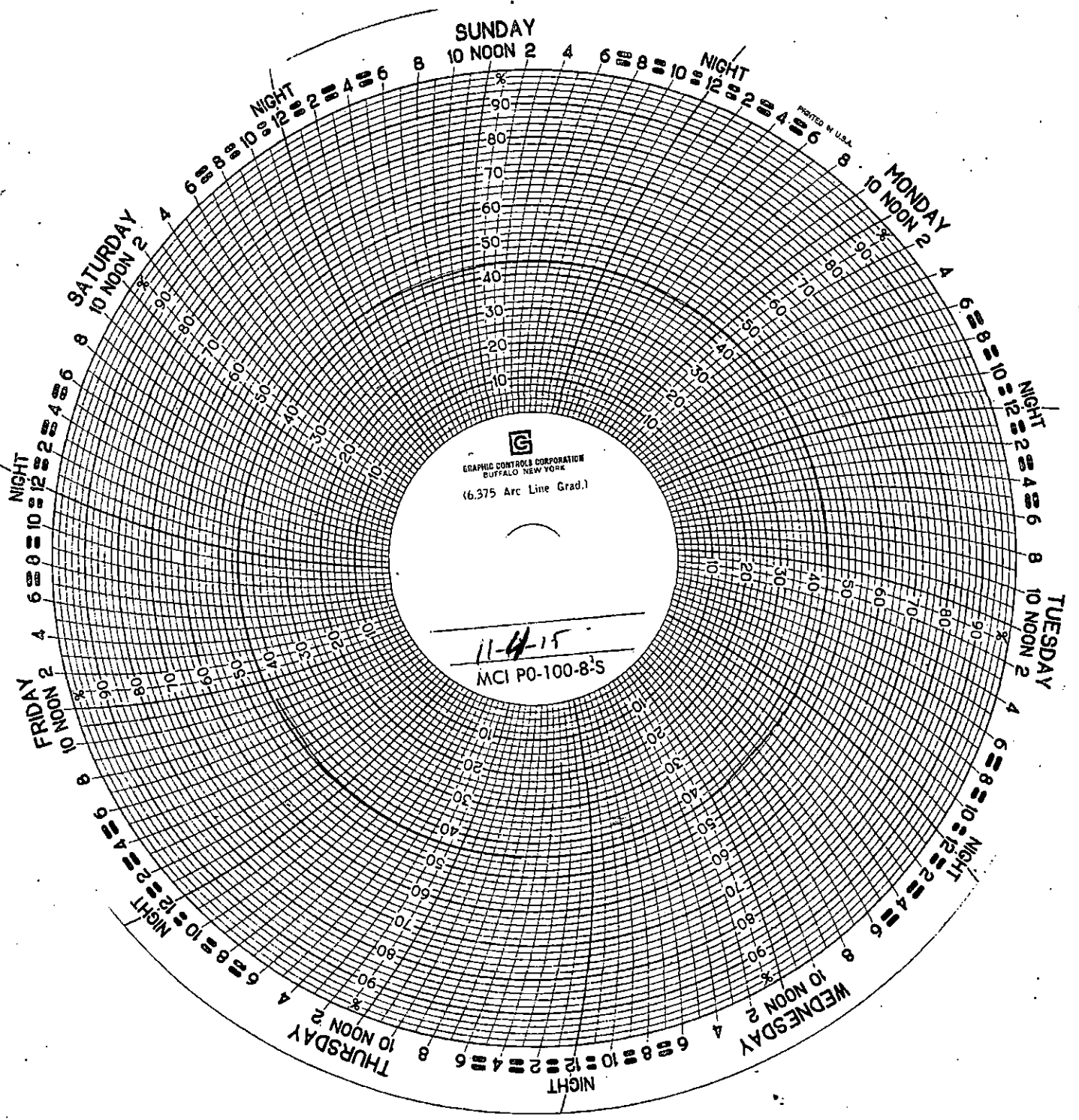


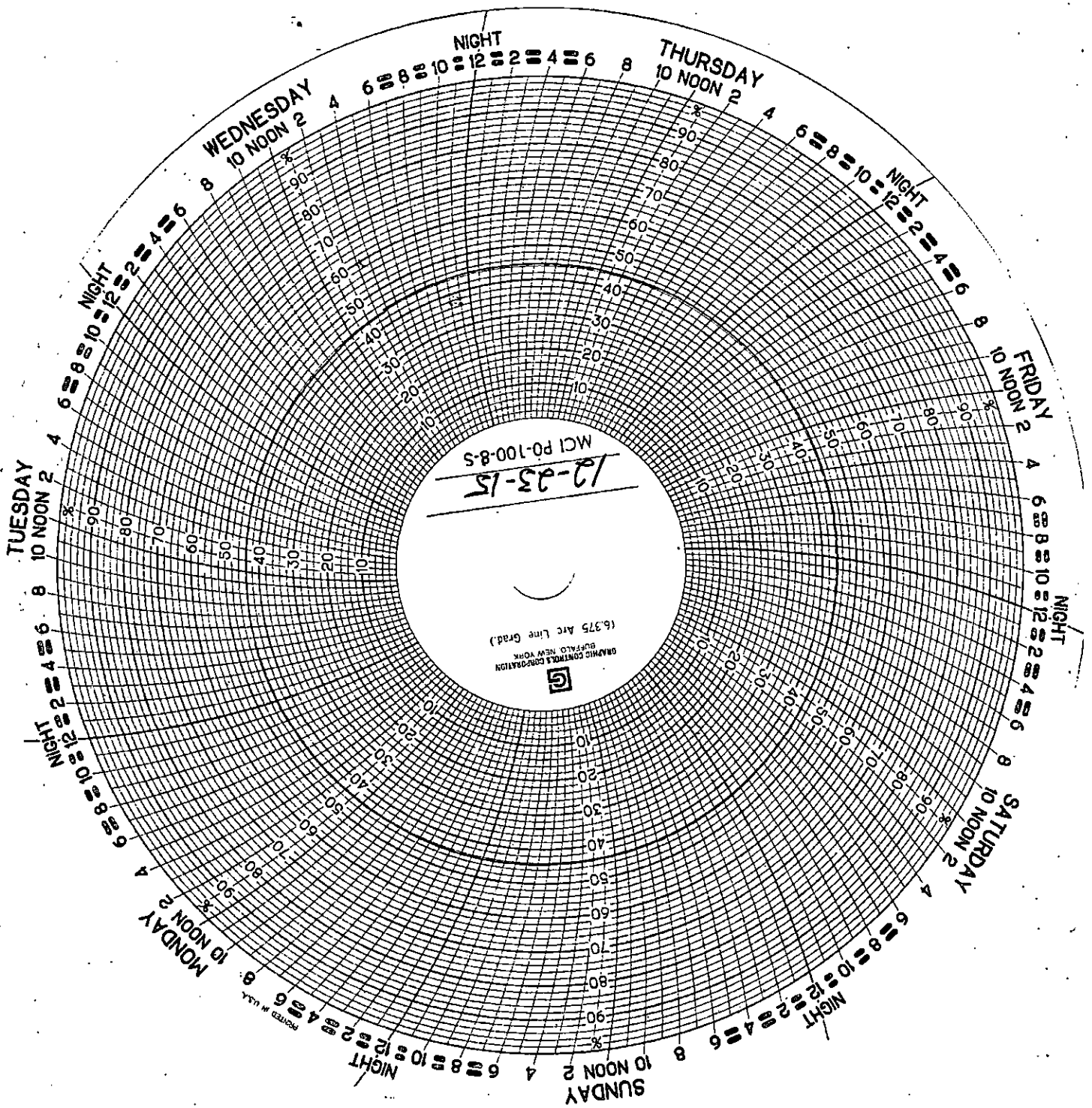
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BUFFALO, NEW YORK

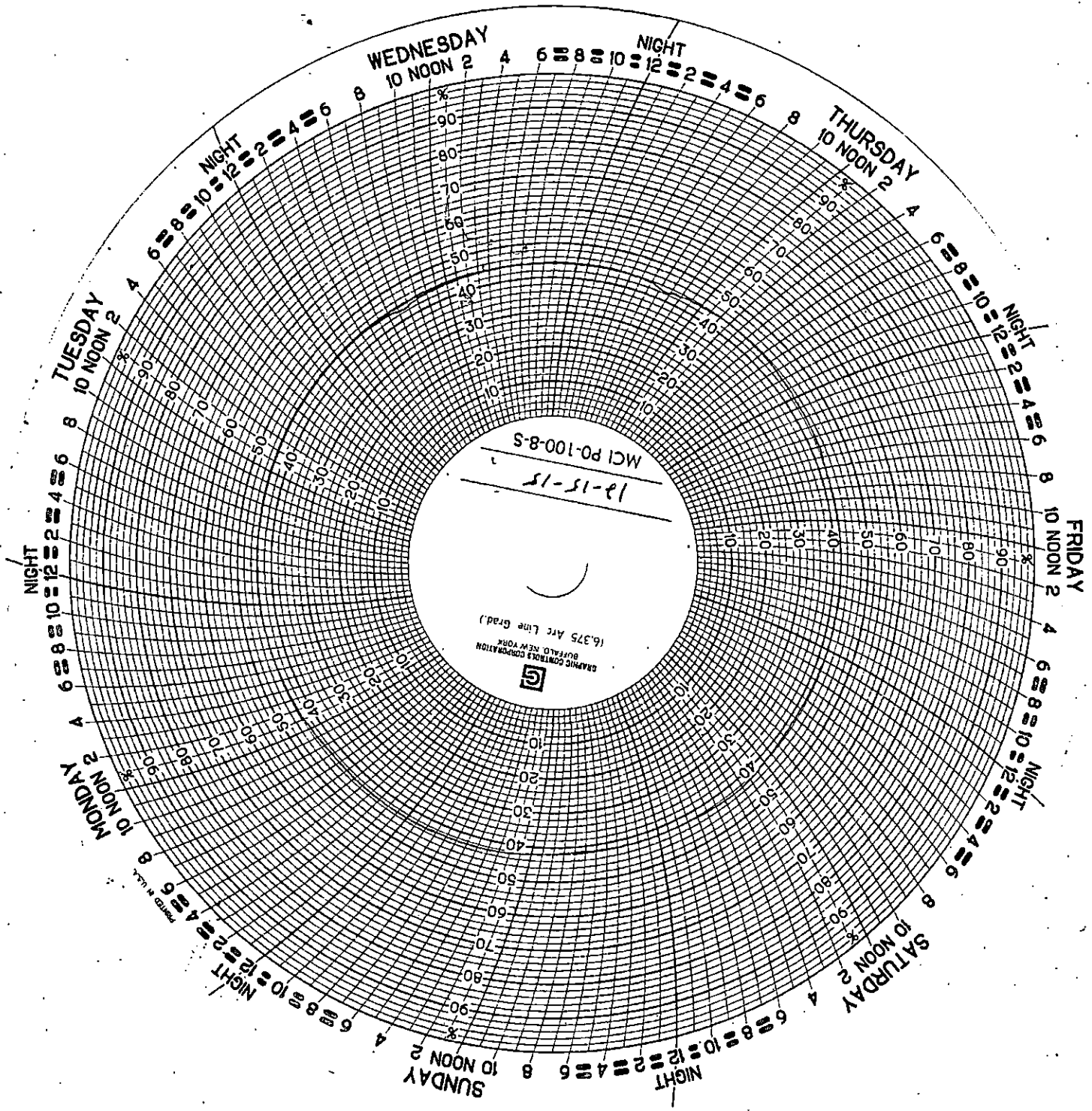
(6,375 Arc Line Grad.)

51-92-11
S-881001-PC1001-NICLN









GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
(6,375 Arc Line Grad)

MCI P0-100-8-S
12-15-15

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ODOROME READINGS

Tompkinsville, Ky

Percent of Gas in Air (1% Scale)

LOCATION	Initial Reading	Actual Reading	Date
24 Executive Drive	.74	.66	11-1-15
342 Old Glasgow Rd	.94	.91	11-1-15
1346 Center Point Rd	.92	.89	11-1-15
1007 Sherry Drive	.88	.83	11-1-15
Remarks:			
Test By	Jason Wane		

VISUAL INSPECTION OF MAINS AND SERVICE PIPELINES

Address 175 Ben Hall Rd		Location Tompkinsville, Ky	
TYPE	CONDITION	CORROSION	COATING TYPE
Steel	Excellent	<input checked="" type="checkbox"/> Localized	Millwrap
PE	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Rock	Dry	Main Extension
Poor	Cinder	Wet/Swampy	Service Tap
Damaged	Clay	<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/> 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:			
		<div style="text-align: right;"> </div>	
Name: Jason W.		Date: 12-16-15	

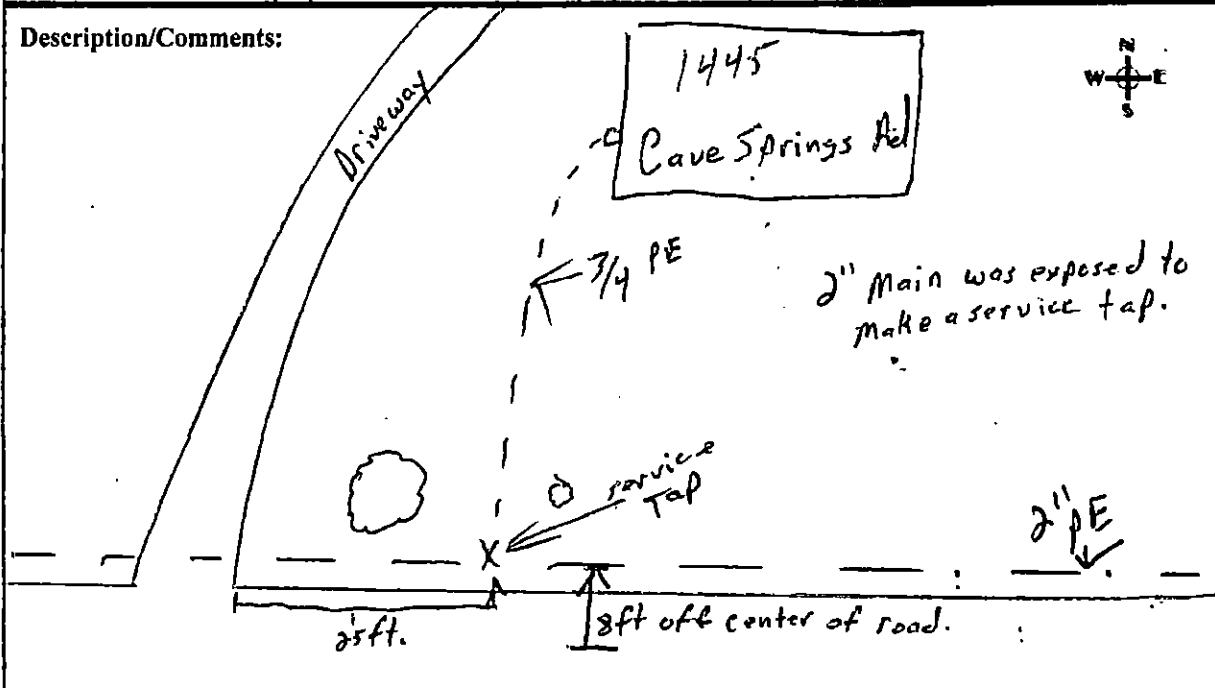
VISUAL INSPECTION OF MAINS AND SERVICE PIPELINES

Address: 1445 Cave Springs Rd **Location:**

TYPE	CONDITION	CORROSION	COATING TYPE
Steel	Excellent	✓ Localized	Millwrap
PE	✓ Good	General	Enamel
Cast Iron	Slight Pitting	Other	Roskote
CSST	Extreme Pitting	Pitting Depth	Oxldemp
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:** 10-22-15

VISUAL INSPECTION OF MAINS AND SERVICE PIPELINES

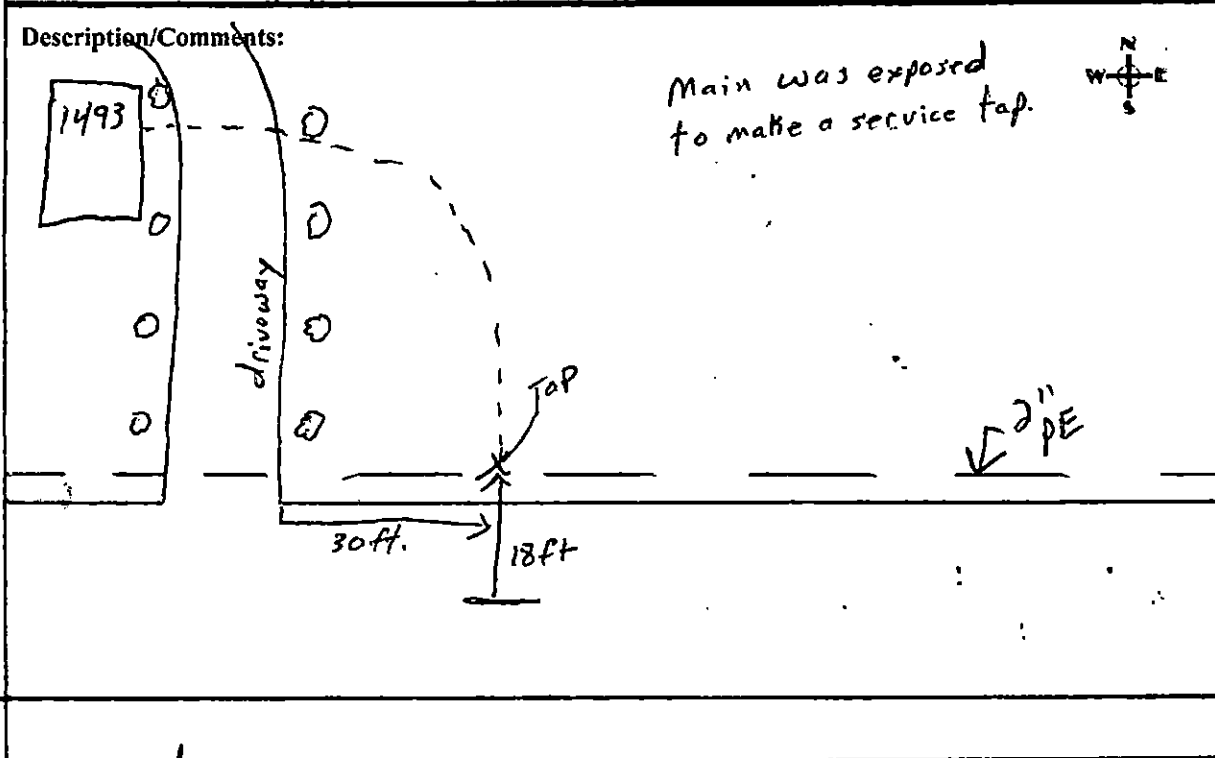
Address 3011 Dragstrip Rd		Location Tompkinsville, Ky	
TYPE	CONDITION	CORROSION	COATING TYPE
Steel	Excellent	<input checked="" type="checkbox"/> Localized	Millwrap
PE	<input checked="" type="checkbox"/> Good	General	Enamel
Cast Iron	Slight Pitting	Other	Roskote
CSST	Extreme Pitting	Pitting Depth	Oxidemp
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	<input checked="" type="checkbox"/> Rock	Dry	Main Extension
Poor	Cinder	Wet/Swampy	Service Tap
Damaged	Clay	<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/> 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 12-4-15		

VISUAL INSPECTION OF MAINS AND SERVICE PIPELINES

Address 1493 Cave Springs Rd. **Location** Tompkinsville, Ky

TYPE	CONDITION	CORROSION	COATING TYPE
Steel	Excellent	<input checked="" type="checkbox"/> Localized	Millwrap
PE	<input checked="" type="checkbox"/> Good	General	Enamel
Cast Iron	Slight Pitting	Other	Roskote
CSST	Extreme Pitting	Pitting Depth	Oxldemp
Main	Hole/Voids		Xtrucoat
Service	Graphitization		Mastic
Other	Bent		Cold Roll
	Broken		Hot Wrap
	Other		Heat Shrink

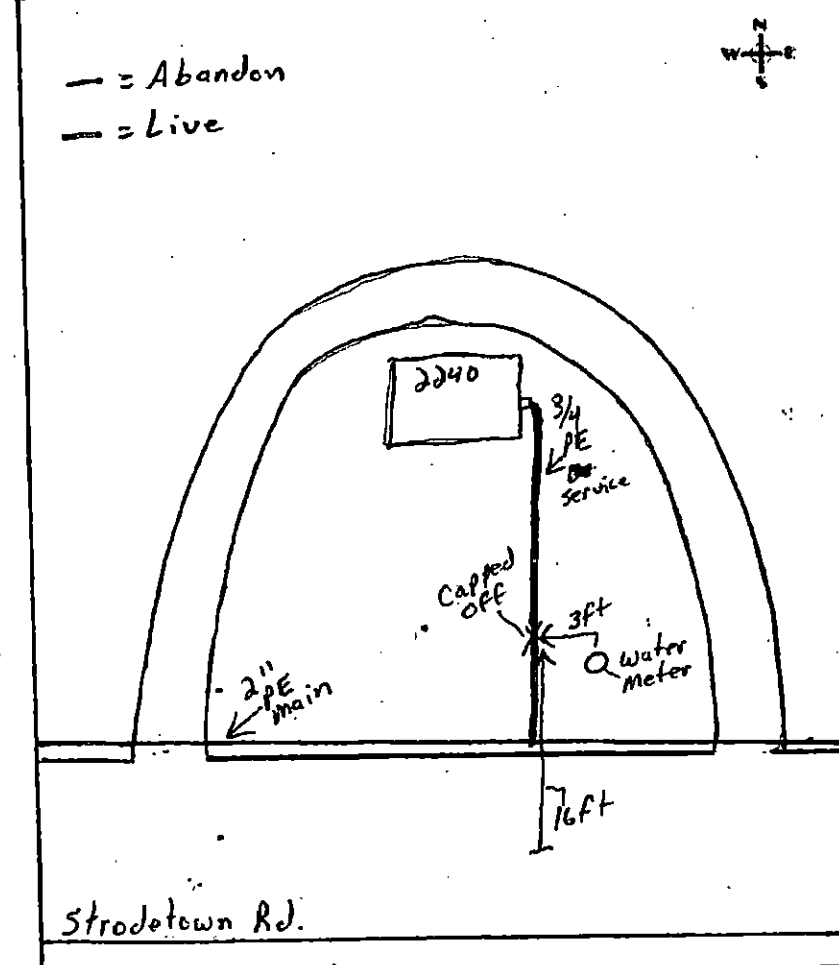
COATING CONDITION	SOIL TYPE	SOIL COMPOSITION	EXCAVATION
Good	<input checked="" type="checkbox"/> Rock	Dry	Main Extension
Poor	Cluder	Wet/Swampy	Service Tap
Damaged	Clay	<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/> Leak Repair
Other	Loam	Moister Range (3-5)	Re-routing
	Sand	Molster Range (5-8)	Third Party
	Alluvion		Abandonment
	Other		Deactivation
			Utility Theft
			Other



Name: Jason W. **Date:** 9-21-15

NATURAL GAS MAIN AND SERVICE ABANDONMENT RECORDS

Address	2240 Strodetown Rd	Apt#		City	Tompkinsville	Cty	Monroe	Time Received		Date Received	12-28-15
Customer Name	Jimmy England				Phone#		Customer Account#				
Crewleader Name	Jason Warren				Date Received		Date Abandoned				
Date Purged	12-28-15	Purged Length	50ft.		Purge Medium	Comp Air <input checked="" type="checkbox"/> Inert Gas <input type="checkbox"/>	Properly Purged	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			



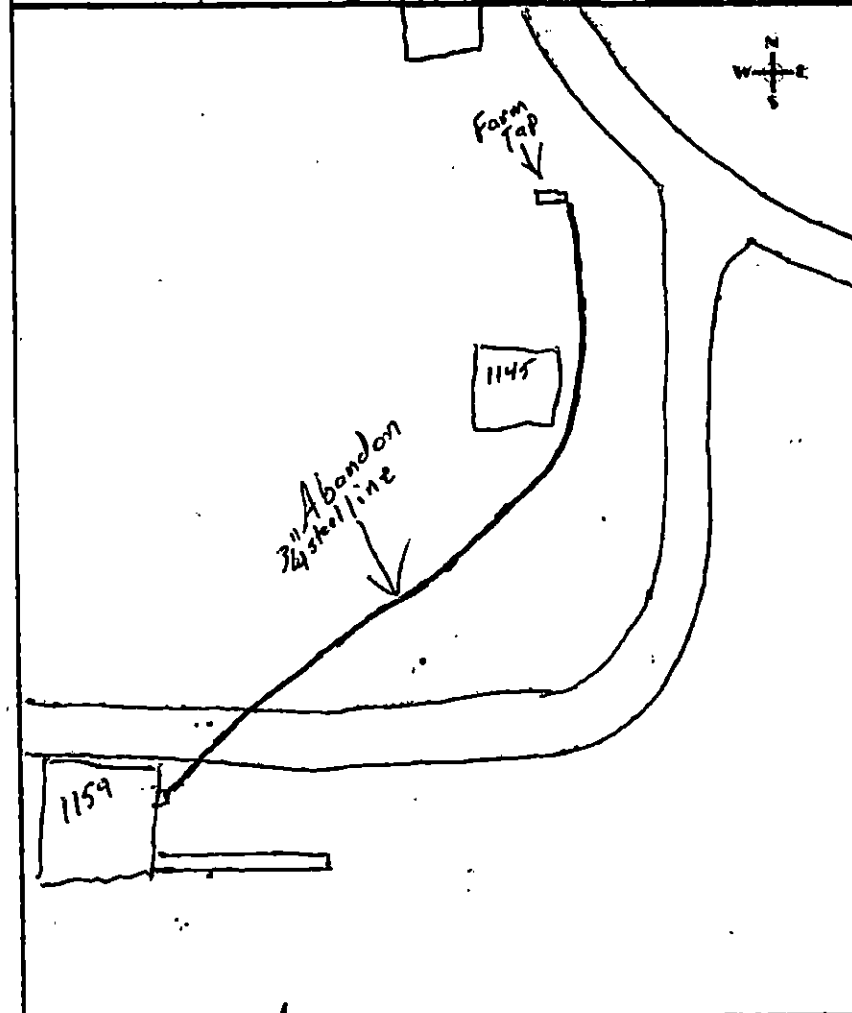
Riser Removed	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Riser Locked	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pipe Size	3/4"	Pipe Type	P.E.
Seal Type/Material			
LOCATION/TYPE TASK RENDERED			
Gas Main Location	Strodetown Rd.		
Removed Valve box/Barricade	Yes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

REMARKS	
Removed riser & meter set. Capped off 3/4" p.e. service line at the road, 16ft from center line. Purged appx. 45ft of line.	

Signature	Jason W.	Date	12-28-15
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NATURAL GAS MAIN AND SERVICE ABANDONMENT RECORDS

Address	1159 Old Glasgow Rd.	Apt#		City	Tompkinsville	Cty	Monroe	Time Received		Date Received	
Customer Name	Freddie Cloyd				Phone#			Customer Account#			
Crewleader Name	Jason Warren				Date Received			Date Abandoned		10-8-15	
Date Purged	10-8-15	Purged Length	600ft.		Purge Medium	Comp Air <input checked="" type="checkbox"/> Inert Gas <input type="checkbox"/>		Properly Purged	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		



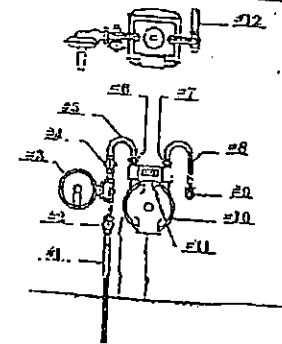
Riser Removed	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Riser Locked	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Pipe Size	3/4"	Pipe Type	Steel
Seal Type/Material			
LOCATION/TYPE TASK RENDERED			
Gas Main Location	Old Glasgow Rd.		
Removed Valve box/Barricade	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Service Location	1159 Old Glasgow Rd.		
Piping Class Removed-	Main Removed <input type="checkbox"/>	Service Removed <input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Drawing of streets relational to removed pipe			

Signature	Jason W.-	Date	10-8-15
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39 Country Club Rd.

Tompkinsville / Monroe

Ky
11-30-15



#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	X 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	Macholt	Tap	Clay	UEL	(31-60)	Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CC/VECD	Underground	Valve	Loam	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	
Corrosion	Pipe	Transmission		Steel		Residential			
Outside Force	Valve	Main		Cast Iron		Rural	1-5	Bare	
Crack/Defect	Fitting	Service		Ductile Iron		Commercial	5-Greater	Coated	
Material Defect	Regulator	Meter Set		Copper		Industrial			
Other	Tap Connections	Customer Pipe		Plastic					

Date Repaired: 11-30-15
Date Rechecked:

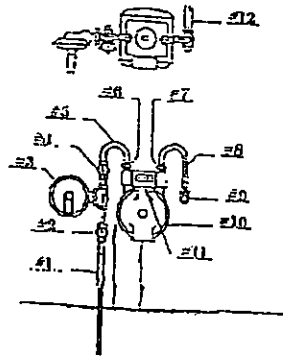
If you find a mechanical fitting failure, please fill out a mechanical fitting failure form.

32 Louise Dr

Tompkinsville / Monroe

KY

10-20-85

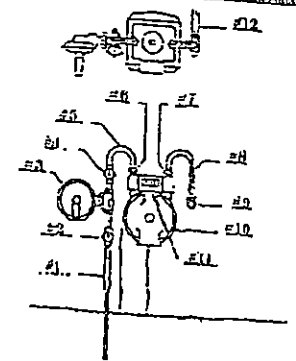


#1 Riser	#2 HP Cock	#3 Regulator
#4 LP Cock	#5 Inlet Loop	#6 Inlet Cap/Swivel
#7 Out Cap/Swivel	#8 Outlet Loop	#9 Fuel Line Fitting
#10 Gas Meter	#11 Index	#12 Fuel Line

Mobile Fl	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	Steel	5-2.0	Clear
Flame Patch	Outside Bldg	Service	Cloder	LEL	(1-10)	Dirt	PE	2.6-3.0	Wet
Visual	Manhole	Tap	Clay	UEL	(11-60)	Asphalt	Cast Iron	3.0-4.0	Hot (75-100)
CGUECD	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	
Corrosion	Pipe	Transmission	Steel	Residential	1-5	Bar			
Outside Ports	Valve	Main	Cast Iron	Rural	5-Greater <td>Coated</td>	Coated			
Coast/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.

110 S. Crow Road Tompkinsville / Monroe Ky



#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

Mobility	Inside Bldg	Main	Rock	% Gas	(0-7)	Grass	Steel	5-2.0	Clear
Flame Pick	Outside Bldg	Service	Cinder	LEL	(1-10)	Dirt	PE	2.0-3.0	Wet
Visual	Manhole	Tap	Clay	UEL	(11-40)	Asphalt	Cast Iron	1.0-4.0	Hot (85-100)
CGI/ECI	Underground	Valve	Loam	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	Atmosphere	Meter	Soil		(100-399)	Sidewalk	PVCB	10.0-12.0	
Corrosion	Pipe	Transmission	Steel	Residential	1-5	Barc			
Outside Furr	Valve	Main	Cast Iron	Rural	5-Greater	Casted			
Crack/Defect	Fitting	Service	Ductile Iron	Commercial					
Material Defect	Regulator	Meter Set	Copper	Industrial					
Other	Tap Connection	Customer Pipe	Plastic						

UNKNOWN

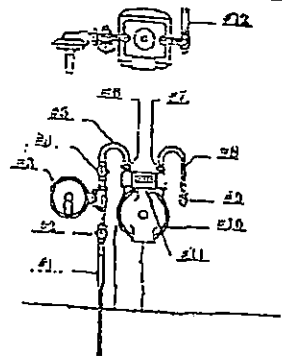
If you find a mechanical fitting failure, please fill out a mechanical fitting failure form.



126 N. Street

Tompkinsville / Monroe

Sub: KY
Date: 10-19



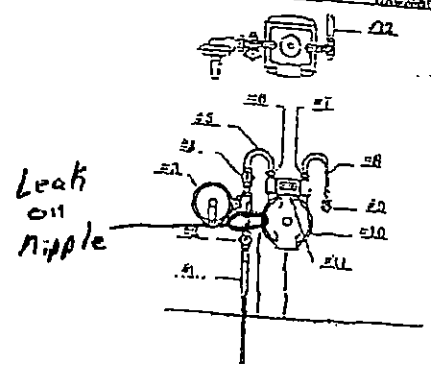
#1 Riser	#2 HP Cock	#3 Regulator
#4 LP Cock	#5 Inlet Loop	#6 Inlet Cap/Swivel
#7 Out Cap/Swivel	#8 Outlet Loop	#9 Fuel Line Fitting
#10 Gas Meter	#11 Index	#12 Fuel Line

Mobile Fl	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	Steel	5-7.0	Clear
Flame Pack	Outside Bldg	Service	Cinder	LEL	(1-30)	Dirt	FE	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	PVC	10.0-12.0	
Corrosion	Pipe	Transmission	Steel	Residential	1-5	Bar			
Outside Face	Valve	Main	Cast Iron	Rural	5-Greater	Coated			
Crack/Defect	Fitting	Service	Ductile Iron	Commercial	Date Repaired:	10-19-15			
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.

130 W. Simpson Ave. **Mounce / Tompkinsville** Ky

10-8-15



#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 Pick	Outside Bldg	Service	Concrete	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 (15-100)
CG/E/C0	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	
Corrosion	Pipe	Transmission	Steel			Residential		1-5	Rare
Outside Fwts	Valve	Main	Cast Iron			Rural		5-Greater	Coated
Crack/Defect	Fitting	Service	Ductile Iron			Commercial		Date Replaced:	10-8-15
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.

155 Sunset Ave

Tompkinsville / Monroe

State Ky

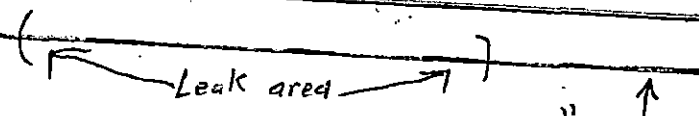
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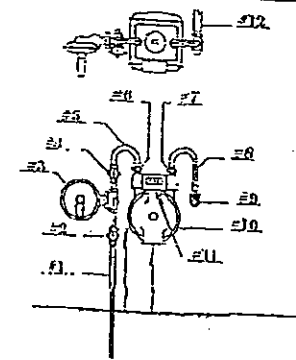
11-27-15



4th St. Blvd.



404



#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

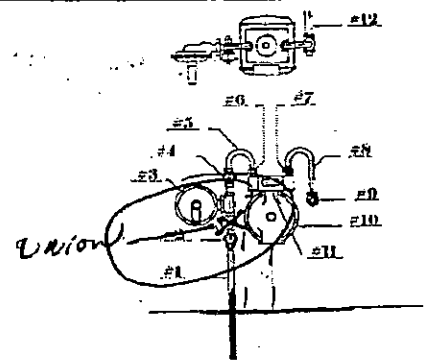
Detector	Location	Material	Pressure	Surface	Size	Weather			
Mobile FI	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	Steel	5-10	Clear
Flame Pack	Outside Bldg	Service	Cinder	LEL	(1-30)	Dirt	PE	2.0-3.0	Wet
Visual	Manhole	Tap	Clay	UEL	(31-60)	Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CGUECB	Undergrad	Valve	Loam	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	Atmosphere	Meter	Sand		(100-299)	Sidewalk	PVCB	10.0-12.0	
Corrosion	Component/Explanation	Part of System	Special Material	Location Area	Repair Date				
Outside Furr	Pipe	Transmission	Steel	Residential	1-5				
Const/Defect	Valve	Main	Cast Iron	Rural	5-Greater				
Material Defect	Fitting	Service	Ductile Iron	Commercial					
Other	Regulator	Meter Set	Copper	Industrial					
	Tap Connection	Customer Pipe	Plastic						

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

Address: 205 Vine St City/County: Tompkinsville State: KY



Case # _____ Date: 11-28-15
 Classification: Grade 1 _____ Grade 2 _____ Grade 3
 Meter # _____ Inside: _____
 Manufacture # _____ Outside:



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

Detection	Location		Soil/Sub	CG/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	FE	2.0-3.0	Wet
Visual	Manhole	Tap	Clay	UEL	(31-60)	Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CG/EGD	Undergrnd	Valve	Loam	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	Atmosphere	Meter	Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	

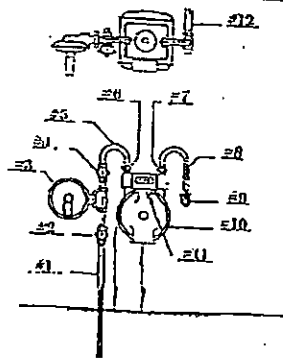
Leak Cause	Component/Explanation	Part of System	Type Material	Location Area	Repair Data
Corrosion	Pipe	Transmission	Steel	Residential	1-5 Bare
Outside Force	Valve	Main *	Cast Iron	Rural	5-Greater Coated
Const/Defect	Fitting	Service	Ductile Iron	Commercial	Date Repaired:
Material Defect	Regulator	Meter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

250 Radio Station Rd. Tompkinsville / Monroe

State KY
Date 11-30-15



City	State	Date
Tompkinsville	KY	11-30-15
Customer Name	Address	City
Installer	Inspector	City



#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

Defect	Location	Material	Pressure	Size	Notes
Mobile FI	Inside Bldg	Main	Rock	% Gas 3.5	
Flame Pack	Outside Bldg	Service	Clender	LEL	(0-1)
Visual	Manhole	Tap	Clay	UEL	(1-30)
CGUEGD	Underground	Valve	Loam	PPM	(31-60)
Smell	Atmosphere	Meter	Sand		(61-99.9)
					(100-999)
Corrosion	Pipe	Transmission	Steel		
Outside Force	Valve	Main	Cast Iron	Residential	1-5
Const/Defect	Fitting	Service	Ductile Iron	Rural	5-Greater
Material Defect	Regulator	Meter Set	Copper	Commercial	Date Repaired:
Other	Tap Connection	Customer Pipe	Plastic	Industrial	Date Rechecked:

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

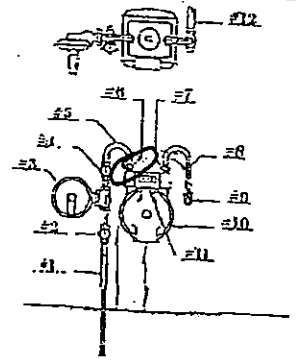
305 Jackson St.

Tompkinsville / Monroe

Key

LEAK OR INLET SPUD

12-3-15



#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

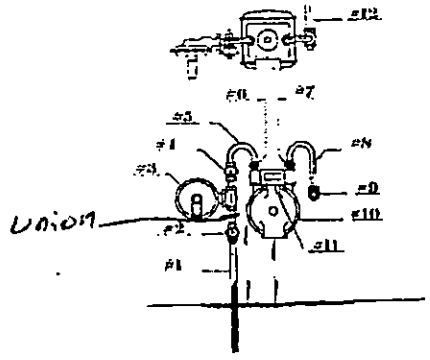
Failure Mode	Location	Component	Material	Condition	Notes
Mobile Fl	Inside Bldg	Main	Rock	% Gas	(0-1)
Flame Pack	Outside Bldg	Service	Cinder	LEL	(1-30)
Visual	Manhole	Tap	Clay	UEL	(31-60)
CG/VECD	Underground	Valve	Loam	PPM	(61-99.9)
Smell	Atmosphere	Meter	Sand		(100-399)
Corrosion	Pipe	Transmission	Steel	Residential	1-5
Outside Force	Valve	Main	Cast Iron	Rural	5-Greater
Caust/Defect	Fitting	Service	Ductile Iron	Commercial	Coated
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Replaced: 12-3-15
Other	Tap Connection	Customer Pipe	Plastic		Date Rechecked:

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

Address: 311 S. MAIN ST City/County: Tompkinsville / Monroe State: KY



Case # _____ Date: 11-17-15
 Classification: Grade 1 Grade 2 Grade 3
 Meter # _____ Inside
 Manufacture # _____ Outside



Tightened union to stop leak.

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

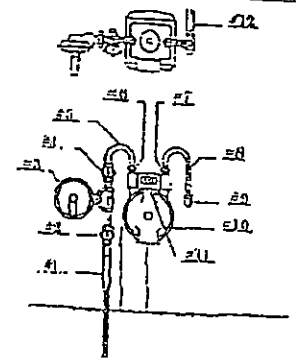
Detection	Location		Soil Sub	CGI/EGD	Pressure	Surface	Pipe	Size	Weather
Mobile FI	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	<input checked="" type="checkbox"/> Steel	5-10	<input checked="" type="checkbox"/> Clear
Flame Pack	Outside Bldg	<input checked="" type="checkbox"/> Service	Cinder	LEL	(1-30)	Dirt	PE	2.0-3.0	Wet
Visual	<input checked="" type="checkbox"/> Manhole	Tap	Clay	UEL	(31-60)	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Atmosphere	Meter	<input checked="" type="checkbox"/> Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	

Leak Cause	Component/Explanation	Part of System	Type Material	Location Area	Repair Data
Corrosion	Pipe	Transmission	Steel	<input checked="" type="checkbox"/> Residential	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	<input checked="" type="checkbox"/> Date Repaired: 11-17-15
Material Defect	Regulator	Meter Set	<input checked="" type="checkbox"/> Copper	Industrial	Date Rechecked:
Other	Tap Connection	Customer Pipe	Plastic		



528 Old Mulkey **Tompkinsville / Monroe** **K7**

10-2



#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 Fl	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	Steel	5-10	Clear
Flame Fack	Outside Bldg	Service	Cinder	LEL	(1-30)	Dirt	PE	1.8-3.0	Wet
Visual	Manhole	Tap	Clay	UEL	(31-64)	Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CGU/EGU	Underground	Valve	Loam	PPM	(61-99.9)	Concrete	CSST	4.0-8.0	Cold (0-40)
Smell	Atmosphere	Meter	Steel		(100-399)	Sidewalk	PVCB	10.0-12.0	
Corrosion	Pipe	Transmission	Steel	Residential	1-5	Bare			
Outside Pans	Valve	Main	Cast Iron	Rural	5-Greater	Coated			
Coast/Defect	Fitting	Service	Ductile Iron	Commercial					
Material Defect	Regulator	Meter Set	Copper	Industrial					
Other	Tap Connection	Customer Pipe	Plastic						

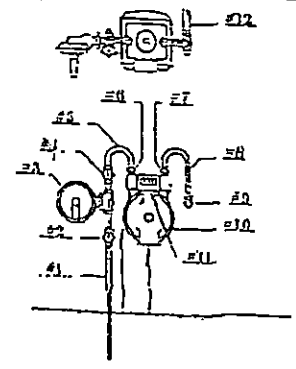
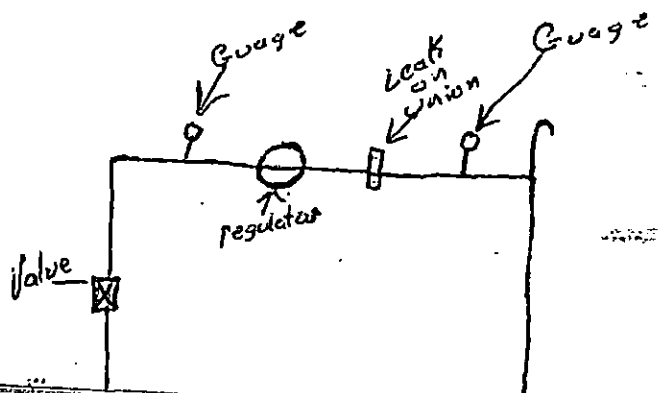
Date Replaced: **10-2-15**
Date Rechecked:

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

711 W. 4th St.

Tompkinsville / Monroe

K-4
10-6-15

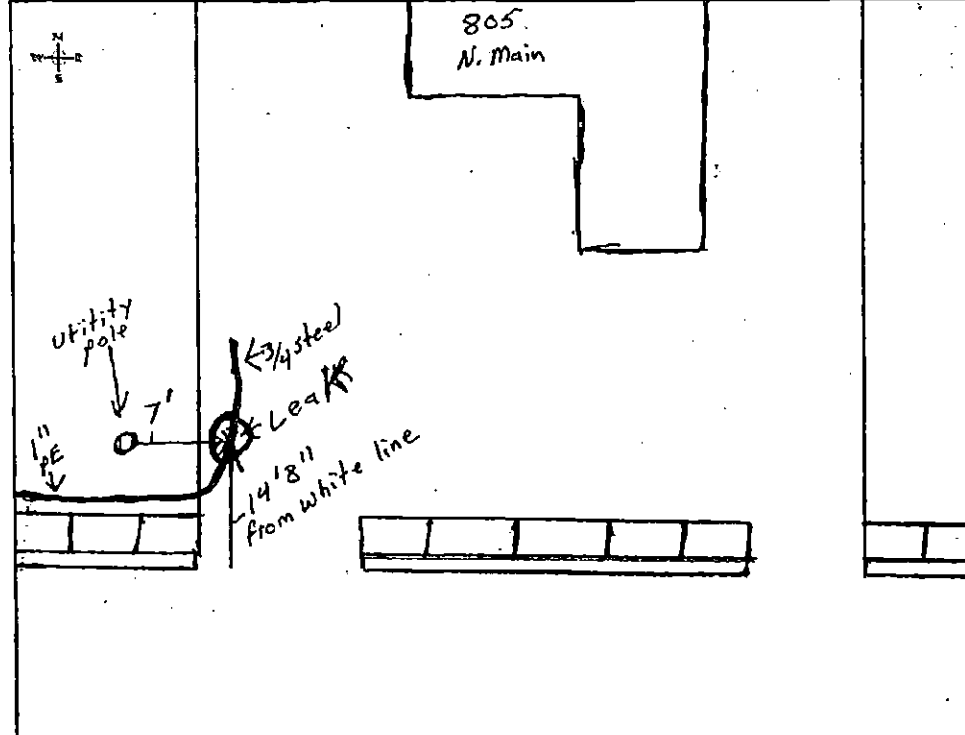


#1 Riser	#2 HP Cock	#3 Regulator
#4 LP Cock	#5 Inlet Loop	#6 Inlet Cap/Swivel
#7 Out Cap/Swivel	#8 Outlet Loop	#9 Fuel Line Fitting
#10 Gas Meter	#11 Index	#12 Fuel Line

Mobile Fl	Inside Bldg	Main	Rock	% Gas	(0-5)	Grass	Steel	5-2.0	Clear
Flame Path	Outside Bldg	Service	Gravel	LEL	(1-30)	Dirt	PE	2.5-3.0	Wet
Visual / soot	Manhole	Tap	Clay	UCL	(31-60)	Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CGUEGD	Underground	Valve	Lawn	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	Atmosphere	Motor	Soil		(100-399)	Sidewalk	PVCB	10.0-12.0	
Corrosion	Pipe	Transmission	Steel	Residential					
Outside Force	Valve	Main	Cast Iron	Rural				1-5	None
Cons/Defect	Fitting	Service	Ductile Iron	Commercial				5-Greater	Coated
Material Defect	Regulator	Meter Set	Copper	Industrial				Date Repaired: 10-6-15	
Other	Tap Connection	Customer Pipe	Elastic					Date Rechecked:	

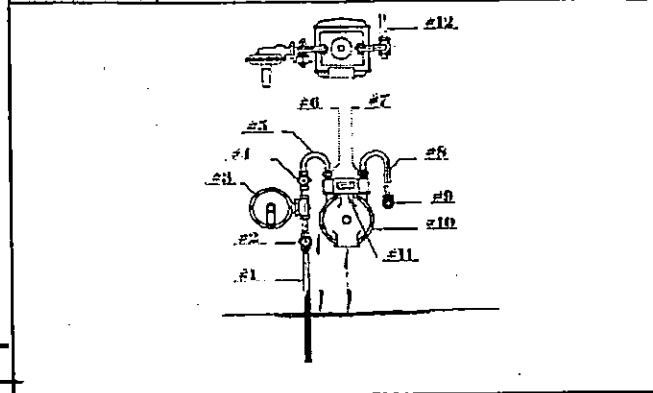
If you find a mechanical fitting failure, please fill out a mechanical fitting failure form.

Address: 805 N. Main City/County: Tompkinsville / Monroe State: Ky



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

Date: 12-3-15



#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

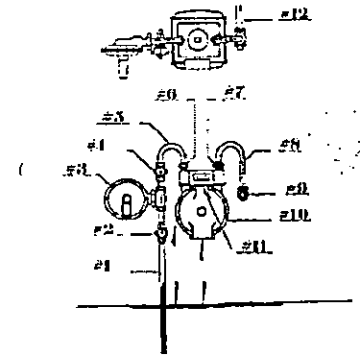
Detection	Location	Soil Sub.	CG/EGD	Pressure	Surface	Pipe	Size	Weather	
Mobile FI	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	Steel	5-2.0	Clear
Flame Pack	Outside Bldg	Service	Clay	LEL	(1-30)	Dirt	PE	2.0-3.0	Wet
Visual	Manhole	Tap	Clay	UEL	(31-60)	Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CG/EGD	Undergrnd	Valve	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 Costed
Const/Defect	Fitting	Service	Ductile Iron	Commercial	Date Repaired: 12-3-15
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked:
Other	Tap Connection	Customer Pipe	Plastic		

Address: 905 Monroe Dr. City/County: Tompkinsville / Monroe State: Ky



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



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

Detection	Location		Soil Sub	CG/EGD	Pressure	Surface	Pipe	Size	Weather
Mobile FI	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	Outside Bldg	<input checked="" type="checkbox"/> Service	Clnder	LEL	(1-30)	<input checked="" type="checkbox"/> Dirt	PE	2.0-3.0	Wet
Visual	<input checked="" type="checkbox"/> Manhole	Tap	Clay	<input checked="" type="checkbox"/> UEL	(31-60)	Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CG/EGD	Undergrnd	Valve	Loam	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-49)
Smell	<input checked="" type="checkbox"/> Atmosphere	Meter	<input checked="" type="checkbox"/> Sand		(100-399)	Sidewalk	PVCB	10.0-12.0	

Leak Cause	Component/Explanation	Part of System	Type Material	Location Area	Repair Data
Corrosion	Pipe	Transmission	Steel	Residential	1-5 Bare
Outside Force	Valve	Main	Cast Iron	Rural	5-Greater Coated
Const/Defect	Fitting	Service	Ductile Iron	Commercial	Date Repaired: <u>10-20-15</u>
Material Defect	<input checked="" type="checkbox"/> Regulator	<input checked="" type="checkbox"/> Meter Set	<input checked="" type="checkbox"/> Copper	Industrial	Date Rechecked:
Other	Tap Connection	Customer Pipe	Plastic		

915 Pearl St.

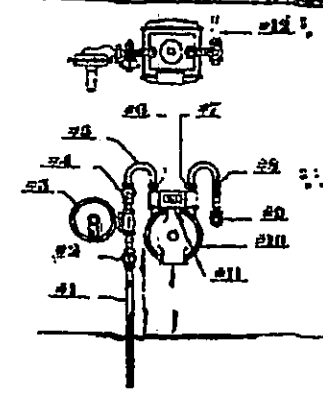
Tompkinsville / Monroe

KY

10-6-15



Grade 1 Grade 2 Grade 3

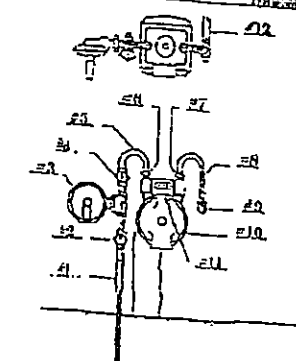
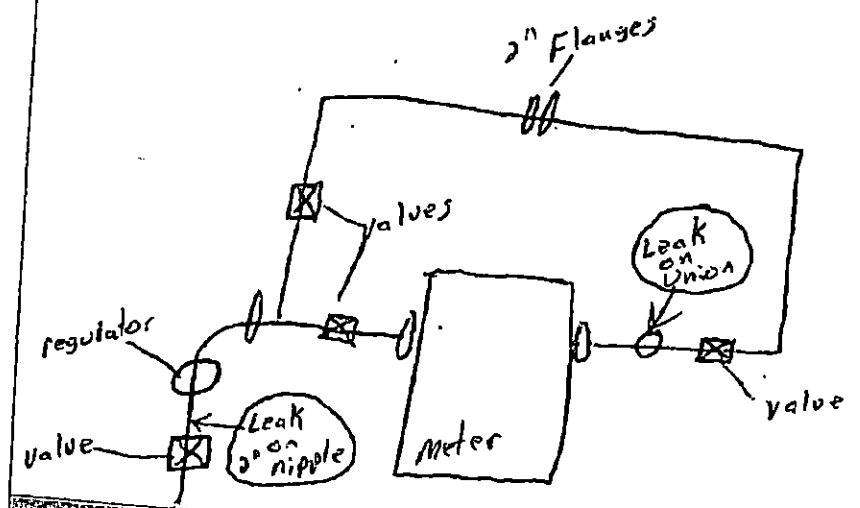


#1 Riser	#2 HP Cock	#3 Regulator
#4 LP Cock	#5 Inlet Loop	#6 Inlet Cap/Swivel
#7 Out Cap/Swivel	#8 Outlet Loop	#9 Fuel Line Fitting
#10 Gas Meter	#11 Index	#12 Fuel Line

Mobile FI	Inside Bldg	Main	Rack	% 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 / soap	Machole	Tap	Clay	UEL	(31-60)	Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CGI/RGD	Undergrad	Valve	Leam	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	

Corrosion	Pipe	Transmission	Steel	Residential	1-5	Bare
Outside Force	Valve	Main	Cast Iron	Rural	5-Greater	Ceated
Consu/Defect	Fitting	Service	Ductile Iron	Commercial	Date Repaired: 10-6-15	
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked:	
Other	Tap Connectios	Customer Pipe	Plastic			

1001 Capp Horton Rd Tompkinsville/Monroe



#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

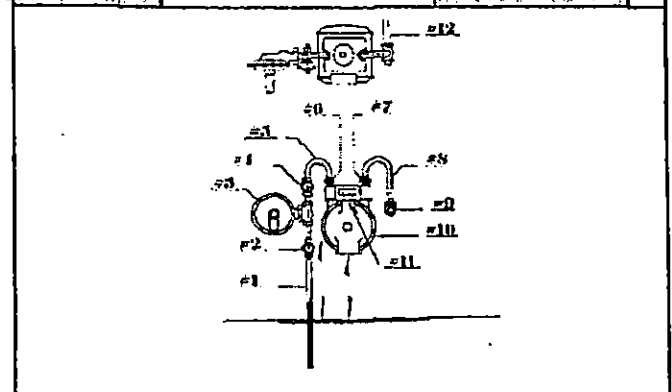
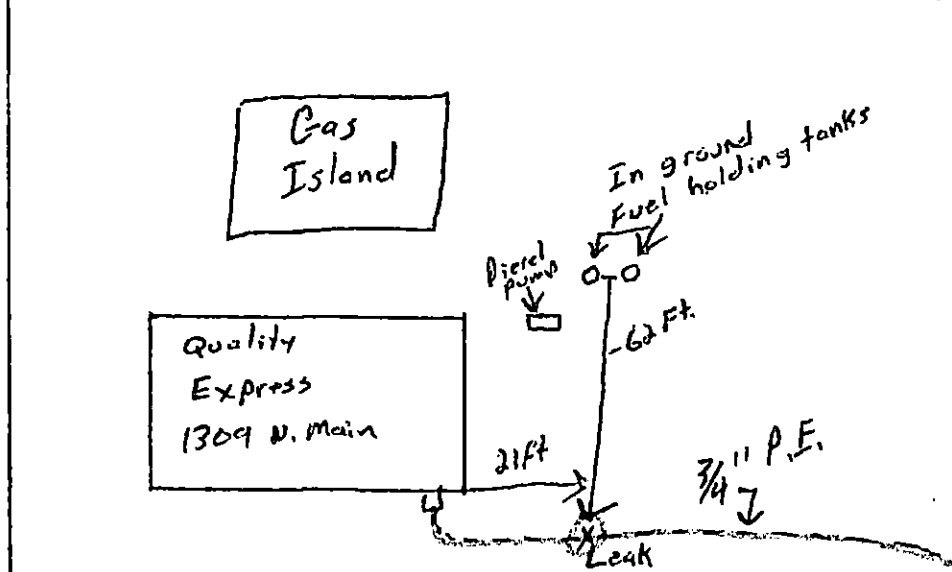
Mobile Fl	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	Steel	5-2.0	Clear
Flame Patch	Outside Bldg	Service	Cluder	LEL	(1-30)	Dirt	PE	2.0-3.0	Wet
Visual	Manhole	Tap	Clay	UEL	(31-60)	Asphalt	Cast Iron	3.0-4.0	Hot (95-100)
CGI/EGD	Undergrnd	Valve	Loam	PPM	(61-99.5)	Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	Atmosphere	Meter	Sand		(100-399)	Sidewalk	PVCs	10.0-11.0	
Corrosion	Pipe	Transmission	Steel	Residential					
Outside Potts	Valve	Main	Cast Iron	Rural					
Coast/Defect	Fitting	Service	Ductile Iron	Commercial					
Material Defect	Regulator	Meter Set	Copper	Industrial					
Other	Tap Connection	Customer Pipe	Plastic						
									Date Rechecked: 10-9-15

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

Address **1309 N. Main** City/County **Tompkinsville / Monroe** State **KY**

Case # _____ Date _____
 Classification Grade 1 Grade 2 Grade 3

Meter # _____ Inside
 Manufacture # _____ Outside

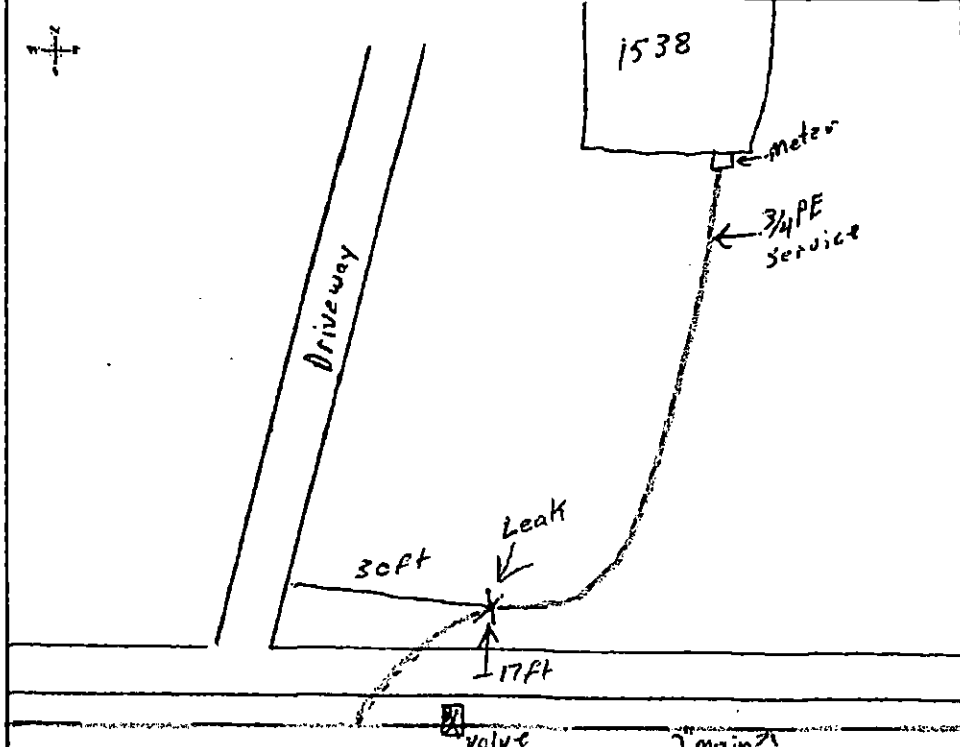


- #1 Riser
- #2 HP Cock
- #3 Regulator
- #4 LP Cock
- #5 Inlet Loop
- #6 Inlet Cap/Swivel
- #7 Out Cap/Swivel
- #8 Outlet Loop
- #9 Fuel Line Fitting
- #10 Gas Meter
- #11 Index
- #12 Fuel Line

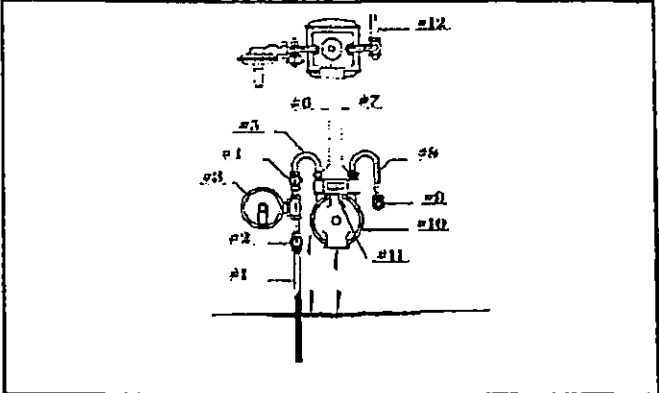
Detection	Location	Soil Sub.	CGUEGD	Pressure	Surface	Pipe	Size	Weather	
Mobile FI	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	Steel	5-2.0	Clear
Flame Pack	Outside Bldg	Service	Cinder	LEL	(1-30)	Dir	PE	2.0-3.0	Wet
Visual	Manhole	Tap	Clay	UEL	(31-60)	Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CGUEGD	Undergrnd	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
Outside Force	Valve	Main	Cast Iron	Rural	5-Greater
Const/Defect	Fitting	Service	Ductile Iron	Commercial	Date Repaired: 10-16-15
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked:
Other	Tap Connection	Customer Pipe	Plastic		

Address: 1538 Cave Springs Rd. City/County: Tompkinsville / Monroe State: KY



Case # _____ Date: 10-15-15
 Classification: Grade 1 Grade 2 Grade 3
 Meter # _____ Inside
 Manufacture # _____ Outside



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

Deflection	Location		Soil Sub	CGI/EGD	Pressure	Surface	Pipe	Size	Weather
Mobile FT	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	Steel	5-2.0	Clear
Flame Pack <input checked="" type="checkbox"/>	Outside Bldg	Service	Cinder	LEL	(1-30)	Dirt	PE <input checked="" type="checkbox"/>	2.0-3.0	Wet
Visual	Manhole	Tap	Clay	UEL <input checked="" type="checkbox"/>	(31-60)	Asphalt <input checked="" type="checkbox"/>	Cast Iron	3.0-4.0	Hot (85-100)
CGI/EGD	Undergrad	Valve	Loam	FFM	(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	

Leak Cause	Component/Explanation	Part of System	Type Material	Location Area	Repair Data	
Corrosion	Pipe <input checked="" type="checkbox"/>	Transmission	Steel	Residential	1-5 <input checked="" type="checkbox"/>	Bare
Outside Force	Valve <input checked="" type="checkbox"/>	Main	Cast Iron	Rural	5-Greater	Costed
Const/Defect	Fitting	Service	Ductile Iron <input checked="" type="checkbox"/>	Commercial	Date Repaired: 10-15-15	
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked:	
Other	Tap Connection	Customer Pipe	Plastic <input checked="" type="checkbox"/>			

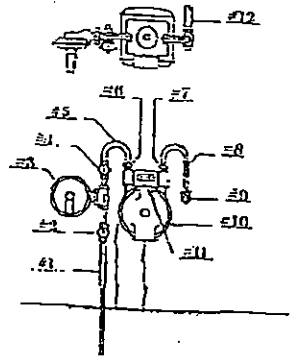
1881 Center Point Rd.

TempKinsville / Monroe

Ky
12-2-15



City	State
County	Zip
Address	City
Street	City
City	City
City	City
City	City

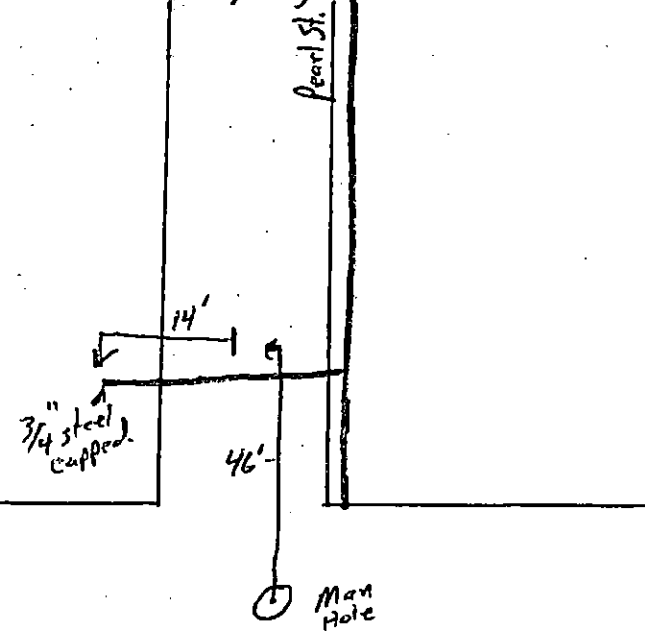


#1 Riser	#2 HP Cock	#3 Regulator
#4 LP Cock	#5 Inlet Loop	#6 Inlet Cap/Swivel
#7 Out Cap/Swivel	#8 Outlet Loop	#9 Fuel Line Fitting
#10 Gas Meter	#11 Index	#12 Fuel Line

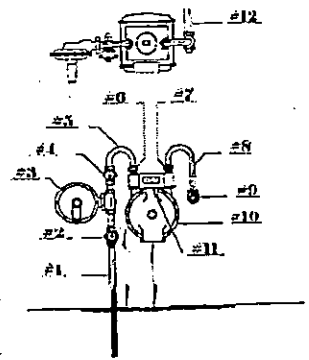
Direction	Location	System	Material	Pressure	Temperature	Environment	Notes
Mobile Fl	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	Steel
Flame Pad	Outside Bldg	Service	Cinder	LEL	(1-30)	Dirt	PE
Visual	Manhole	Tap	Clay	UEL	(31-60)	Asphalt	Cast Iron
CG/EGD	Undergrad	Valve	Loam	PPM	(61-99.9)	Concrete	CSST
Smell	Atmosphere	Meter	Sand		(100-399)	Sidewalk	PVCB
Corrosion	Pipe	Transmission	Steel			Residential	1-5
Outside Force	Valve	Main	Cast Iron			Rural	5-Greater
Const/Defect	Fitting	Service	Ductile Iron			Commercial	Coated
Material Defect	Regulator	Meter Set	Copper			Industrial	Date Replaced: 12-2-15
Other	Tap Connection	Customer Pipe	Plastic				Date Rechecked:

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

Address: Intersection of Pearl + Pedigo City/County: Tompkinsville / Monroe State: KY



Case #				Date	<u>11-25-15</u>
Classification	Grade 1	<input checked="" type="checkbox"/> Grade 2	Grade 3		
Meter #				Inside	
Manufacture #				Outside	<input checked="" type="checkbox"/>



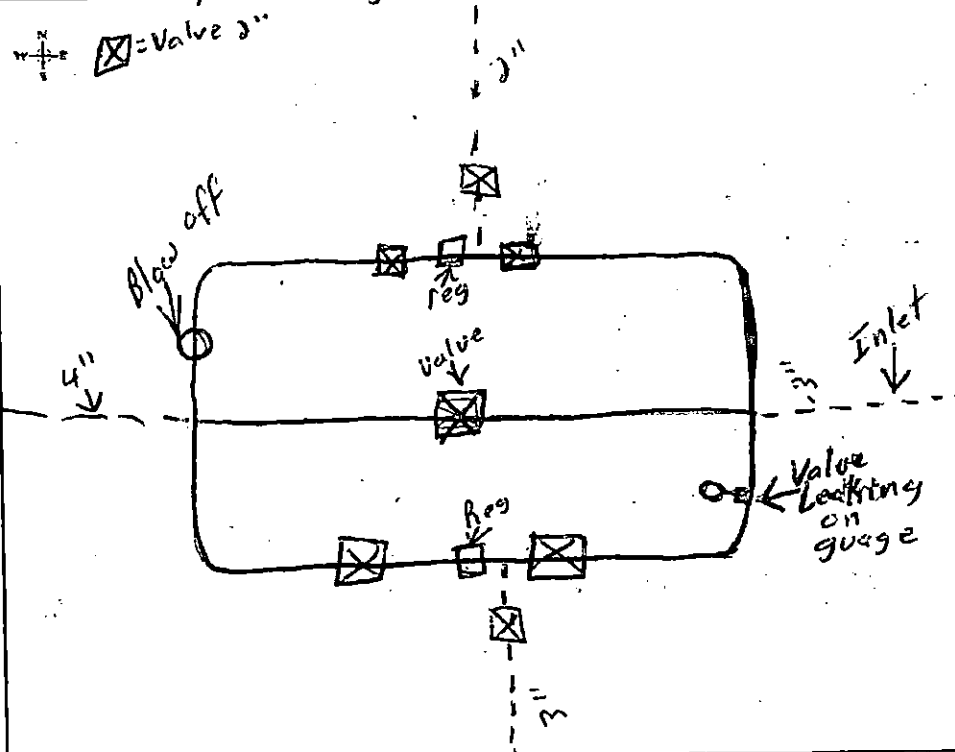
#1 Riser	#2 HP Cock	#3 Regulator
#4 LP Cock	#5 Inlet Loop	#6 Inlet Cap/Swivel
#7 Out Cap/Swivel	#8 Outlet Loop	#9 Fuel Line Fitting
#10 Gas Meter	#11 Index	#12 Fuel Line

Pedigo St.

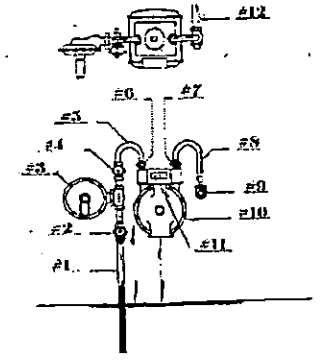
Detection	Location		Soil/Sub	CGUEGD	Pressure	Surf. Face	Pipe	Size	Weather
Mobile FI	Inside Bldg	Main	Rock	% Gas	(0-1)	Grass	Steel	5-2.0	Clear
Flame Pack	Outside Bldg	Service	Cinder	LEL	(1-30)	Dirt	PE	2.0-3.0	Wet
Visual <input checked="" type="checkbox"/>	Manhole	Tap	Clay	UEL	(31-60)	Asphalt	Cast Iron	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	PVCB	10.0-12.0	

Break Cause	Component/Explanation	Part of System	Type/Material	Location/Area	Repair Data
Corrosion	Pipe	<input checked="" type="checkbox"/> Transmission	Steel	<input checked="" type="checkbox"/> Residential	1-5 Bare
Outside Force	<input checked="" type="checkbox"/> Valve	Main	Cast Iron	Rural	5-Greater Coated
Const/Defect	Fitting	Service	<input checked="" type="checkbox"/> Ductile Iron	Commercial	Date Repaired: <u>11-25-15</u>
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked:
Other	Tap Connection	Customer Pipe	Plastic		

Address: Popular Log Bld. City/County: Tompkinsville / Monroe State: Ky



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



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

Detection	Location		Soil Sub	CG/EGD	Pressure	Surface	Pipe	Size	Weather
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	Service	Cinder	LEL	(1-30)	Dirt	PE	2.0-3.0	Wet
Visual	<input checked="" type="checkbox"/> Manhole	Tap	Clay	UEL	(31-40)	Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CG/EGD	Undergrnd	Valve	Loam	FFM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	<input checked="" type="checkbox"/> Atmosphere	<input checked="" type="checkbox"/> Meter	Sand		(100-399)	<input checked="" type="checkbox"/> Sidewalk	PVCB	10.0-12.0	

Leak Cause	Component/Explanation	Part of System	Type/Material	Location/Area	Repair Data
Corrosion	Pipe	Transmission	Steel	<input checked="" type="checkbox"/> Residential	1-5 Bare
Outside Force	Valve	<input checked="" type="checkbox"/> Main	<input checked="" type="checkbox"/> Cast Iron	Rural	<input checked="" type="checkbox"/> 5-Greater Coated
Const/Defect	Fitting	Service	Ductile Iron	Commercial	Date Repaired: 11-13-15
Material Defect	<input checked="" type="checkbox"/> Regulator	Meter Set	Copper	Industrial	Date Rechecked:
Other	Tap Connection	Customer Pipe	Plastic		

DISPATCHER SECTION																													
Address		410 Woodhaven			Apt#		City		Tombpkinsville		County		Monroe		Time Received		12:33		Date Received		12-19-15								
Customer Name				Phone#				Customer Home?		Yes		Customer Account #																	
Received By				Jason				Leak First Noticed		Date		12-19-15		Time Dispatched		12:33		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		His gas service while installing cable to home													
Outside		Public Bldg		Comm/Bldg		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																									
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.																									
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		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																													
Time Received		12:33		AM		Radio		Telephone		Time Arrived on Site		12:45		AM		Time Departed from Site		1:15		AM		Meter Number:		Meter Locked		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" 1/4		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"		Dry		Grade 3 (12 Months)							
Material/Defect		Regulator		Undergnd		Meter		Sand		Cust/Pipe		HP (61-97.9)		Concrete		PVC		10-12"		Cold									
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS								Repair Data											
Stove/Range				Radiant Heater								Media Com hit a service line while plowing in TV cable. Locates were called in. The service line ran behind the home. There was no way to trace it out. A compression was used for a temporary fix.				Leak Total:		1											
Hot Water Heater				Ceiling Heater																									
Floor Furnace				Clothes Drier																									
Forced Air-Furnace				Boiler																									
Service Representative Name				Eddie Bennett								Date		12-19-15															

DISPATCHER SECTION																					
Address		706 Magnolia			Appt		City		County		Time Received	3:50	Date Received	12-23-15							
Customer Name		Monroe Health / Signature					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	<input checked="" type="checkbox"/>	Residence	<input type="checkbox"/>	School	<input type="checkbox"/>	Customer	<input type="checkbox"/>	Crew	<input type="checkbox"/>	In	<input checked="" type="checkbox"/>	Out	<input type="checkbox"/>	Mantle							
Outside	<input type="checkbox"/>	Public Bldg	<input checked="" type="checkbox"/>	Comm/Bldg	<input type="checkbox"/>	Employee	<input checked="" type="checkbox"/>	Fire	<input type="checkbox"/>	Meter	<input type="checkbox"/>	Street	<input type="checkbox"/>	Yard							
DISPATCHER REMARKS		Smells gas kitchen area										Response Given	Yes		Gas Supervisor Notified of Isolated 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.																			
<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"/>	Permanently Repair	<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 checked="" type="checkbox"/>	Gas Shut off-Time	AM	<input checked="" type="checkbox"/>	Meter	
Time Received		AM	Radio		Time Arrived on Site		AM	Time Departed from Site		AM	Meter Number:		Meter Locked	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Equipment			
	3:59	PM	Telephone	<input checked="" type="checkbox"/>	3:00	PM	3:00	PM					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	SI* (0-1)	Grass	Cast	1-2"	Clear	Grade 1 (Immediately)										
Outside Fault	Valve	Outside	Service	Clay	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)										
Construction Defect	Fitting	Mantle	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)										
Material Defect	Regulator	Underground	Meter	Sand	Cast Pipe	IP (61-99.9)	Concrete	PVC	10-12"	Cold											
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS											
Stove/Range		Radiant Heater		No LEAKS FOUND USING CGI								Repair Data									
Hot Water Heater		Ceiling Heater										Leaks Total:									
Floor Furnace		Clothes Dryer																			
Forced Air Furnace		Boiler																			
Service Representative Name		T. Mai										Date	12-23-15								

DISPATCHER SECTION																													
Address		Willadean Hollinsworth				City		County		Time Received		4:17		Date Received															
Customer Name		554 Country Club Rd.				Phone #		(270) 487-5804		Customer Home?		Yes <input checked="" 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 <input checked="" type="checkbox"/>		School <input type="checkbox"/>		Customer <input checked="" type="checkbox"/>		Crew <input checked="" type="checkbox"/>		In <input type="checkbox"/> Out <input type="checkbox"/> Manhole <input type="checkbox"/>			Strong odor outside in whole area																
Outside		Public Bldg <input checked="" type="checkbox"/>		Comm/Bldg <input type="checkbox"/>		Employer <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 checked="" type="checkbox"/>		Gas Supervisor Notified of Issued Response		Yes <input checked="" 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 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 <input type="checkbox"/>		Gas Shut off-Time		4:10 AM		Meter	
Time Received		4:17 PM		Radio		Telephone		Time Arrived on Site		4:40 PM		Time Departed from Site		5:25 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		Rock		Main		SP (0-1)		Grass		Cust		1-2"		Clear		Grade 1 (Immediately) <input checked="" type="checkbox"/>							
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		Undeveloped		Meter		Sand		Cust/Pipe		HP (61-92.7)		Concrete		PVC		10-12"		Cold		<input checked="" type="checkbox"/>							
Number of Gas Utilization Equipment Worked On								SERVICEMAN REMARKS								Repair Data													
Stove/Range				Radiant Heater				Vent on interior gas furnace was putting off an excessive amount of gas to the outside through the vent system. We shut off gas to the furnace until the customer could have repairs made.								Leak Total:		1											
Hot Water Heater				Ceiling Heater																									
Floor Furnace				Clothes Dryer																									
Forced Air Furnace				Boiler																									
Service Representative Name		Jason W.								Date		12-30-15																	

DISPATCHER SECTION														
Address <u>Center Point Rd.</u>														
Address <u>188 Lyons Chapel Rd.</u> Apt. <u></u> City <u></u> County <u></u> Time Received <u>10:45</u> Date Received <u>12-2-15</u>														
Customer Name <u>Rondal Bartley</u> Phone # <u></u> Customer Home? Yes <input type="checkbox"/> No <input type="checkbox"/> Customer Account # <u></u>														
Received By <u>Dorothy</u> Leak First Noticed <u></u> Date <u></u> Time Dispatched <u></u> 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 <u></u> Source of Call <u></u> Nature of Call <u></u> Specific Location <u></u> CUSTOMER REMARKS <u></u>														
Inside <input type="checkbox"/> Residence <input type="checkbox"/> School <input type="checkbox"/> Customer <input type="checkbox"/> Crew <input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Manhole <input type="checkbox"/>														
Outside <input checked="" type="checkbox"/> Public Bldg <input 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 <u>Smells gas in back</u> Response Given Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Supervisor Notified of Usual 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"/> 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 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 type="checkbox"/> Warning Card Left Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Shut off-Time <u>11:10</u> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Meter <input checked="" type="checkbox"/> Equipment <input type="checkbox"/>														
Time Received <u>10:45</u> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Telephone <input type="checkbox"/> Time Arrived on Site <u>11:05</u> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Time Departed from Site <u>11:17</u> AM <input type="checkbox"/> PM <input 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 <u></u> Component <u></u> Location Detected <u></u> Soil Sub <u></u> System <u></u> Pressure <u></u> Ground Surface <u></u> Pipe <u></u> Pipe Size <u></u> Weather <u></u> Leak Classification <u></u>														
Corrosion <input type="checkbox"/> Pipe <input type="checkbox"/> Inside <input type="checkbox"/> Main <input type="checkbox"/> Rock <input type="checkbox"/> Main <input type="checkbox"/> SP (0-1) <input checked="" type="checkbox"/> Grass <input checked="" type="checkbox"/> Cast <input type="checkbox"/> 1-2" <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Grade 1 (Immediately)														
Outside Face <input type="checkbox"/> Valve <input type="checkbox"/> Outside <input checked="" type="checkbox"/> Service <input type="checkbox"/> Cinder <input type="checkbox"/> Service <input type="checkbox"/> IP (1-30) <input type="checkbox"/> Dirt <input type="checkbox"/> Steel <input type="checkbox"/> 3-4" <input type="checkbox"/> Wet <input type="checkbox"/> Grade 2 (5 Month)														
Crack/Defect <input type="checkbox"/> Fitting <input type="checkbox"/> Manhole <input type="checkbox"/> Valve <input type="checkbox"/> Clay <input type="checkbox"/> Meter <input checked="" type="checkbox"/> MP (31-60) <input type="checkbox"/> Asphalt <input type="checkbox"/> PE <input checked="" type="checkbox"/> 6-8" <input type="checkbox"/> Hot <input type="checkbox"/> Grade 3 (12 Month)														
Material/Defect <input checked="" type="checkbox"/> Regulator <input checked="" type="checkbox"/> Under/2d <input type="checkbox"/> Meter <input checked="" type="checkbox"/> Sand <input type="checkbox"/> Cast/Type <input type="checkbox"/> 10" (61-99.9) <input type="checkbox"/> Concrete <input type="checkbox"/> PVC <input checked="" type="checkbox"/> 10-12" <input type="checkbox"/> Cold <input checked="" type="checkbox"/>														
Number of Gas Utilization Equipment Worked On <u></u> SERVICEMAN REMARKS <u>Regulator was venting. We rebuilt the meter set & replaced the regulator. We checked for leaks & relit the furnace.</u> Repair Date <u></u>														
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-Furnace <input type="checkbox"/> Boiler <input type="checkbox"/>														
Service Representative Name <u>Jason W.</u> Date <u>12-2-15</u>														

DISPATCH SECTION																							
Address	38 Louise Dr.					Appt		City		County	Monroe	Time Received	11:50	Date Received	10/20/15								
Customer Name	Louise Dyer					Phone #	487-6045			Customer Home?	Yes	<input checked="" type="checkbox"/>	Customer Account #										
Received By	Amanda					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	<input checked="" type="checkbox"/> 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																
Outside	<input type="checkbox"/> Public Bldg	<input type="checkbox"/> Comm/Bldg	<input type="checkbox"/> Employee	<input type="checkbox"/> Fire	<input type="checkbox"/> Meter	<input type="checkbox"/> Street	<input type="checkbox"/> Yard																
DISPATCHER REMARKS										Response Given	Yes		Gas Supervisor Notified of Issued Response	Yes		No							
IF "YES" To Any Questions Below, Use 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	2:01	AM		Meter	<input checked="" type="checkbox"/>
Time Received	1:55	PM	Radio		Time Arrived on Site	2:00	PM	Time Departed from Site	2:15	PM	Meter Number		Meter Locked	Yes	<input checked="" type="checkbox"/>	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 1/2"	Clear	Grade 1 (Immediately)												
Outside Fault	Valve	Outside	Service	Cinder	Service	HP (1-30)	Dirt	Steel	1-4"	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										SERVICE/MAINT REMARKS													
Stove/Range	Radiant Heater					We arrived & smelled gas immediately outside the house. We ran to the meter which was near the hot unit to shut it off. We could not get the meter inside the unit. We shut off & tagged the meter. Customer was informed & said she would have it fixed. Meter is off & locked.																	
Hot Water Heater	Ceiling Heater																						
Floor Furnace	Clothes Dryer																						
Forced Air Furnace	Boiler																						
Service Representative Name										Amanda W.					Date					10-20-15			

DISPATCHER SECTION

Address	66 Adams Bowles Rd.	Apt#	7	City		County		Time Received	9:45	Date Received	11/25
Customer Name	Tex Wheat			Phone #		Customer Home?	Yes <input checked="" type="checkbox"/>	Customer Account #			
Received By	Danny Stinson			Leak First Noticed	Date	11-25-15	Time Dispatched	9:45 AM	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	<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	Strong smell of gas inside home.				
Outside	Public Bldg	Comm/Bldg	Employee	Fire	Meter	Street	Yard					

DISPATCHER REMARKS	I recommended for the customer to open a window as soon as I arrived. Jason W.						Response Given	Yes <input checked="" type="checkbox"/>	Gas Supervisor Notified of Issued Response	Yes <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 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
Time Received	9:38 AM	Radio		Time Arrived on Site	9:45 AM	Time Departed from Site	9:57 AM	Meter Number		Meter Locked	Yes <input checked="" type="checkbox"/>	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		No leak detected inside or out. Customer was using ventless heater on high with no fresh air entering the home. Recommended customer to open a window & leave cracked when heat is going.						Leak Total	0
Hot Water Heater		Ceiling Heater									
Floor Furnace		Clothes Dryer									
Forced Air Furnace		Boiler									

Service Representative Name	Jason Warner	Date	11-25-15
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DISPATCH SECTION																																									
Address		101 E 1st St				Apt#		City		County		Time Received		12:29		Date Received		10/5/15																							
Customer Name		Dairy Queen (Mary)				Phone #		487-8845		Customer Home?		Yes <input checked="" 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"/>																							
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		<input type="checkbox"/> In		<input type="checkbox"/> Out		<input type="checkbox"/> Manhole		Smells gas near water heater																									
Outside		<input type="checkbox"/> 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																											
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																															
YAD		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 type="checkbox"/>		No <input checked="" 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		Meter	
Time Received		12:30		AM		Radio		Telephone		Time Arrived on Site		12:40		AM		Time Departed from Site		12:51		AM		Meter Number:		Meter Locked		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		Meter Re-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 Fault		Valve		Outside		Service		Cinder		Service		IP (1-30)		Dirt		Steel		3-4"		Wet		Grade 2 (6 Months)																			
Constr/Defect		Fitting		Manhole		Valve		Clay		Meter		MP (31-60)		Asphalt		PE		6-8"		Dry		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																				Leak Total:		0															
Hot Water Heater				Ceiling Heater																																					
Floor Furnace				Clothes Dryer																																					
Forced Air-Furnace				Boiler																																					
Service Representative Name										Jason W.										Date		10-5-15																			

DISPATCHER SECTION																					
Address		101 E. 1st St.				Apt#		City				County		Time Received		10:03		Date Received			
Customer Name		Dairy Queen				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		talked to Mary. they smell gas around grill								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	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					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	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		No leak detected. We checked around the grill as well as the water heater.													Leak Total:		0		
Hot Water Heater		Ceiling Heater																			
Floor Furnace		Clothes Dryer																			
Forced Air-Furnace		Boiler																			
Service Representative Name		Jason W.								Date:		11-13-15									

DISPATCH SECTION																													
Address		101 E. 1st Street				Apt#		City		County		Time Received		8:20		Date Received		12-3-15											
Customer Name		Dairy Queen				Phone #		Customer Home?		Yes		Customer Account #		No															
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		Crew		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															
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		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				No		<input checked="" type="checkbox"/>		No		No		No		No		No				PM		Equipment	
Time Received		8:20		AM		Radio		Time Arrived on Site		8:25		AM		Time Departed from Site		8:35		AM		Meter Number:		Meter Locked		Yes		No			
				PM		Telephone		<input checked="" type="checkbox"/>				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		Clmtr		Service		IP (1-30)		Dirt		Steel		3-4"		Wet		Grade 2 (5 Months)							
Const/Defect		Firing		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																			
Stove/Range					Radiant Heater					Customer had a small leak repaired on the water heater. They thought they smelled gas again. We used the CGI to check. No leak detected. Possibly a venting issue.					Repair Data														
Hot Water Heater					Ceiling Heater										Leak Total:					0									
Floor Furnace					Clothes Dryer																								
Forced Air-Furnace					Boiler																								
Service Representative Name										Jason Warner										Date					12-3-15				
										customer was advised to have it checked.																			

DISPATCH SECTION																																	
Address		110 S. Crawford						App#		City		County		Time Received	4:10 PM	Date Received	10-8-15																
Customer Name		Ricky Bartley						Phone #			Customer Home?		Yes		Customer Account #																		
Received By		Dorothy 110 S. Crawford Street						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		Carbon Monoxide Detector going off						Response Given		Yes		Gas Supervisor Notified of Issued Response		Yes																			
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		<input checked="" type="checkbox"/>			
Time Received		4:07 PM		AM		Radio		Telephone		Time Arrived on Site		4:20 PM		AM		Time Departed from Site		4:47 PM		AM		Meter Number:		Meter Locked		Yes	<input checked="" type="checkbox"/>	No					
Leak Cause		Component		Location Detected		Soil Sub		System		Pressure		Ground Surface		Pipe		Pipe Size		Weather		Leak Classification													
Corrosion		Pipe		Inside		Main		Block		Main		SP (0-1)		Grass		Copper		1-2"		Clear		Grade 1 (Immediately)											
Outside Cause		Valve		Outside		Service		Clay		Service		IP (1-30)		Dirt		Steel		3-3"		Wet		Grade 2 (5 Months)											
Cans/Defect		Fitting		Manhole		Valve		Clay		Meter		MP (31-40)		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																		SERVICE MAN REMARKS		Repair Date													
Stove/Range				Radiant Heater																													
Hot Water Heater				Ceiling Heater																													
Flue Furnace				Clothes Dryer																													
Forced Air Furnace				Boiler																													
Service Representative Name		Jason W.																															
																		Date		10-8-15													

DISPATCHER SECTION														PM			
Address	124 Berea Church Rd			Apt#		City	Tombkinsville		County	Monroe		Time Received	5:58	Date Received	11-24-15		
Customer Name						Phone #				Customer Home?	Yes	<input checked="" type="checkbox"/>	Customer Account #				
Received By	Jason					Leak First Noticed	Date	11-24-15		Time Dispatched	5:58	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	<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	Smells gas inside + outside the home.									
Outside	<input checked="" type="checkbox"/> Public Bldg	Comm/Bldg	Employee	Fire	Meter	<input checked="" type="checkbox"/> Street	Yard										
DISPATCHER REMARKS											Response Given	Yes	<input checked="" type="checkbox"/>	Gas Supervisor Notified of Issued Response	Yes	<input checked="" 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 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"/>
	No			No			No			No			No				
Time Received	AM	<input checked="" type="checkbox"/>	Radio	Telephone	Time Arrived on Site	AM	<input checked="" type="checkbox"/>	Turn Departed from Site	AM	<input checked="" type="checkbox"/>	Meter Number	Meter Locked	Yes	<input checked="" type="checkbox"/>	No		
	5:58	PM				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)						
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							
Stove/Range				Radiant Heater				No leak detected.								Leak Total:	0
Hot Water Heater				Ceiling Heater													
Floor Furnace				Clothes Dryer													
Forced Air Furnace				Boiler													
Service Representative Name	Max O'Neil															Date	11-24-15

DISPATCHER SECTION																													
Address		126 North Street				Appt		City		County		Time Received	10:30 AM	Date Received	10-19-15														
Customer Name		Michael / Jade Fricks						Phone #				Customer Home?		Yes		Customer Account #													
Received by		Lesley						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		<input checked="" type="checkbox"/> School		Customer		Crew		In		Out		Manhole															
Outside		<input checked="" type="checkbox"/> Public Bldg		Comm/Bldg		Employee		Fire		Meter		Street		Yard															
DISPATCHER REMARKS		Smells gas around meter										Response Given		Yes		Gas Supervisor Notified of Issued Response		Yes		No									
If "YES" To Any Questions Below, Use 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 hissing/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	
Time Received		10:38 AM		Radio		Time Arrived on Site		10:40 AM		Time Departed from Site		10:55 AM		Meter Number:		Meter Locked		Yes		Meter Red Sealed		Yes		Equipment					
Leak Cause		Component		Location Detected		Soil Sub		System		Pressure		Ground Surface		Pipe		Pipe Size		Weather		Leak Classification									
Corrosion		Pipe		Inside		Main		Rock		Main		Grass		Cast		1-2"		Clear		Grade 1 (Immediately)									
Double Fault		Valve		Outside		<input checked="" type="checkbox"/> Service		Cinder		Service		Dirt		Steel		3-4"		Wet		Grade 2 (6 Months)									
Const/Defect		<input checked="" type="checkbox"/> Fitting		<input checked="" type="checkbox"/> Manhole		Valve		Clay		<input checked="" type="checkbox"/> Meter		Asphalt		PE		6-8"		Hot		Grade 3 (12 Months)									
Material Defect		Regulator		Unretd		Meter		<input checked="" type="checkbox"/> Sand		Cast/Pipe		Concrete		PVC		10-12"		Cold											
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS																			
Stove/Range				Radium Heater																				Repair Data		Leak Total:		1	
Hot Water Heater				Ceiling Heater																									
Floor Furnace				Cabinet Drier																									
Forced Air Furnace				Boiler																									
Service Representative Name		Marvin																		Date		10-19-15							

407-3777

DISPATCHER SECTION																						
Address		130 W. Simpson Rd.			Apt#	City	County			Time Received		Date Received										
Customer Name		Benny Simpson					Phone #		Customer Home?	Yes	No	Customer Account #										
Received By		Dorothy					Leak First Noticed		Date		Time Dispatched	AM	PM	Hear Gas Escaping?								
Location of Leak		Leak Site/Property	Source of Call		Nature of Call			Specific Location			CUSTOMER REMARKS											
Inside	Residence	School	Customer	Crew	In	Out	Manhole	Meter	Street	Yard												
Outside	Public Bldg	County/Bldg	Employee	Fire																		
DISPATCHER REMARKS		Smells gas around gas meter								Response Given	Yes	No	Gas Supervisor Notified of Issued Response		Yes	No						
If "YES" to Any Questions Below, Use The Standard Response																						
✓	Is there a strong odor?	STANDARD RESPONSE																				
	Do you hear gas blowing/leaking?	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.																				
	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	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							
4:03 PM		Telephone	4:05 PM		4:10 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	Cast	1-2"	Clear	Grade 1 (Immediately)											
Outside Fault	Valve	Outside	Service	Clinder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)											
Const/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (21-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)											
Mater/Defect	Regulator	Unrepa	Meter	Sand	Cust/Pipe	HP (61-92.9)	Concrete	PVC	10-12"	Cold												
Number of Gas Utilization Equipment Worked On																						
Stove/Range	Italian Heater	SERVICE MAN REMARKS																				
Hot Water Heater	Ceiling Heater	Leak found on nipple below regulator. We redoped the nipple + tightened it to make the repair. We then lit the water heater back.																				
Floor Furnace	Clothes Dryer	Leak Total:	1																			
Forced Air Furnace	Boiler																					
Service Representative Name		Joan Warr										Date	10-8-15									

DISPATCHER SECTION																				
Address		155 Sunset Ave			Ap#		City		County		Time Received	3:38	Date Received	11/23/15						
Customer Name		Wanda Wood				Phone #		487-1511		Customer Home?	Yes	<input checked="" type="checkbox"/>	Customer Account #							
Received By		Amanda				Leak First Noticed	Date	Since 10/23/15		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	<input type="checkbox"/>	Residence	School	Customer	Crew	In	Out	Manhole	Mottley at night											
Outside	<input checked="" type="checkbox"/>	Public Bldg	Comm/Bldg	Employee	Fire	Meter	Street	Yard												
DISPATCHER REMARKS		Smells gas on fourth st close to Stephens							Response Given	Yes		Gas Supervisor Notified of Issued Response	Yes		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	<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							
	PM	Telephone		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)									
Const/Defect	Fitting	Manhole	Valve	Clay	Meter	MP (31-60)	Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)									
Material/Defect	Regulator	Undergnd	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 detected in ground near main. Line is scheduled to be replaced. We will monitor the area area.						Leaks Total:		1								
Hot Water Heater		Ceiling Heater																		
Floor Furnace		Clothes Dryer																		
Forced Air-Furnace		Boiler																		
Service Representative Name				James W.						Date				11-23-15						

DISPATCHER SECTION																							
Address		175 Ben Hall Rd			Ap#		City	Templinsville		County	Monroe		Time Received	2:30	Date Received	12-16-15							
Customer Name				Phone #			Customer Home?		Yes	<input checked="" type="checkbox"/>	Customer Account #												
Received By				Jason Warren			Leak First Noticed	Date	12-16-15		Time Dispatched	2:30	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		<input checked="" type="checkbox"/>	School	Customer	<input checked="" type="checkbox"/>	Crew	In	Out	<input checked="" type="checkbox"/>	Smells gas near driveway.											
Outside	<input checked="" type="checkbox"/>	Public Bldg		Comms/Bldg	Employee	Fire	Meter	Street	Yard														
DISPATCHER REMARKS										Response Given		Yes	<input checked="" type="checkbox"/>	Gas Supervisor Notified of Issued Response		Yes	<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 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	2:50	AM	<input checked="" type="checkbox"/>	Meter	<input checked="" type="checkbox"/>
Time Received	2:30	PM	Telephone	Time Arrived on Site	3:00	PM	Time Departed from Site	3:15	PM	Meter Number	Meter Locked	Yes	<input checked="" type="checkbox"/>	No	Meter Red Sealed	Yes	<input checked="" type="checkbox"/>	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"/>	Cut	1-2" $\frac{1}{2}$	<input checked="" type="checkbox"/>	Clear	<input checked="" type="checkbox"/>	Grade 1 (Immediately)									
Outside Force	Valve	Outside	Service	<input checked="" type="checkbox"/>	Clinder	Service	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	6-8"	Hot	<input checked="" type="checkbox"/>	Grade 3 (12 Months)						
Material/Defect	Regulator	Underg	<input checked="" type="checkbox"/>	Meter	Sand	Cust/Pipe	UP (61-99.9)	Concrete	PVC	10-12"	Cold												
Number of Gas Utilization Equipment Worked On										SERVICE MAN REMARKS					Repair Data								
Stove/Range		Radiant Heater			We found a compression fitting leaking on the tap. The nut on the compression was very loose. We were able to tighten the nut to stop the leak.					Leak Total:		1											
Hot Water Heater		Ceiling Heater																					
Floor Furnace		Clothes Dryer																					
Forced Air-Furnace		Boiler																					
Service Representative Name										Jason Warren			Date	12-16-15									

DISPATCHER SECTION																															
Address		Center Point Rd.			Appt#		City		County		Time Received		Date Received																		
Customer Name		1881 Lyons Chapel Rd			Phone #		Customer Home?		Yes		Customer Account #		12-21-15																		
Received By		Rondal Bartley			Leak First Noticed		Date		Time Dispatched		AM		Hear Gas Escaping?																		
Location of Leak		Leak Site/Property		Source of Call		Nature of Call		Specific Location		AM		PM		Yes																	
Inside		Residence		School		Customer		Crew		In		Out		Manhole																	
Outside		Public Bldg		Comm/Bldg		Employee		Fire		Meter		Street		Yard																	
DISPATCHER REMARKS		Smells gas in back										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.																											
<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		Permanent Repair		Yes		Customer Referred for Repair		Yes		Temporary Repair Safe		Yes		Caution Card Left		Yes		Warning Card Left		Yes		Gas Shut off-Time		11:10 AM		Meter		✓	
Time Received		10:45 AM		Radio		PM		Telephone		Time Arrived on Site		11:05 AM		Time Departed from Site		11:47 AM		Meter Number:		Meter Locked		Yes		No		Equipment		✓			
Leak Cause		Component		Location Detected		Soil Sub		System		Pressure		Ground Surface		Pipe		Pipe Size		Weather		Meter Red Sealed		Yes		No		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		UP (61-99.7)		Concrete		PVC		10-12"		Cold		✓									
Number of Gas Utilization Equipment Worked On															SERVICEMAN REMARKS																
Stove/Range					Radiant Heater					Repair Date					Leak Total: 1																
Hot Water Heater					Ceiling Heater					Regulator was venting. We rebuilt the meter set + replaced the regulator. We checked for leaks + relit the furnace.																					
Floor Furnace					Clothes Dryer																										
Forced Air-Furnace					Boiler																										
Service Representative Name															Date																
Jason W.															12-2-15																

DISPATCHER SECTION																					
Address		205 E Vine St.			Apt#		City				County		Time Received		Date Received						
Customer Name		John Fultz					Phone #					Customer Home?	Yes		Customer Account #						
Received By		Danny Stinson					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		<input checked="" type="checkbox"/>	School		Customer	<input checked="" type="checkbox"/>	Crew		In		Out		Manhole						
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																				
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	<input checked="" type="checkbox"/>	Customer Referred for Repair	Yes	<input checked="" type="checkbox"/>	Temporary Repair Safe	Yes	N/A	Caution Card Left	Yes	<input checked="" type="checkbox"/>	Warning Card Left	Yes	N/A	Gas Shut off Time	AM	Meter	
	No			No			No			No		No		No		No		PM	Equipment		
Time Received		10:45	AM	Radio		Time Arrived on Site		10:50	AM	Time Departed from Site		11:03	AM	Meter Number		Meter Locked		Yes		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	Cast	1-2"	<input checked="" type="checkbox"/>	Clear	<input checked="" type="checkbox"/>	Grade 1 (Immediately)								
Outside Force	Valve	Outside	<input checked="" type="checkbox"/>	Service	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	Meter	<input checked="" type="checkbox"/>	Asphalt	PE		6-8"	Hot		Grade 3 (12 Months)							
Material/Defect	Regulator	Undergd	Meter	<input checked="" type="checkbox"/>	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				UNION AT Meter SET LEAKING REPAIR FITTING				Leaks Total:									
Hot Water Heater				Ceiling Heater																	
Floor Furnace				Clothes Dryer																	
Forced Air Furnace				Boiler																	
Service Representative Name			M. Anderson										Date		11-24-15						

DISPATCHER SECTION																																													
Address		205 Spruce St.			Apt#		City		County			Time Received		11:03		Date Received			12-3-11																										
Customer Name		Carmon Killman					Phone#			Customer Home?		Yes		Customer Account #																															
Received By		205 Spruce St.					Leak First Noticed		Date		Time Dispatched		AM		PM		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		Leaking @ pipe on outside										Response Given		Yes		Gas Supervisor Notified of Issued Response		Yes																											
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		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		Equipment	
Time Received		3:00		AM		Radio		Telephone		Time Arrived on Site		3:05		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		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)																							
Conn/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 (61-99.9)		Concrete		PVC		10-12"		Cold																									
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS																																			
Stove/Range					Radiant Heater					No leak detected. Customer was hearing gas going through the meter when the heat unit was running					Repair Date																														
Hot Water Heater					Ceiling Heater										Leak Total: 0																														
Floor Furnace					Clothes Dryer																																								
Forced Air-Furnace					Boiler																																								
Service Representative Name										Jason W.										Date		12-3-11																							

DISPATCH SECTION

Address: 206 S. Main, City: _____, County: _____

Customer Name: Wanda Hurt, Phone #: _____

Received By: _____

Location of Leak: _____

Customer Name: Wanda Hurt, 206 S. Main

Received By: _____

Location of Leak: _____

Leak: _____

Leak First Notified: _____ Date: _____

Dispatched: _____

Customer: _____

Leak: _____

Leak First Notified: _____ Date: _____

Dispatched: _____

Customer: _____

Leak: _____

Leak First Notified: _____ Date: _____

Dispatched: _____

Customer: _____

Leak: _____

Leak First Notified: _____ Date: _____

Dispatched: _____

Customer: _____

DISPATCHER REMARKS: Smells Gas Coming out of meter

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 dizziness, faint, or ill? _____

LOCAL: Yes/No, Temporary Repair/No, Customer Reported/No, Meter Checked/No

Time Received: 12:35 PM, AMI: _____, Time Arrived on Site: _____

Location Directed: _____

System: _____

Pressure: _____

Ground Surface: _____

Type: _____

Type Size: _____

Weather: _____

Leak Classification: _____

Leak Cause	Component	Location Directed	Soil Sat	System	Pressure	Ground Surface	Type	Type Size	Weather	Leak Classification
Corrosion	Inside	Rock	Main	SP (1.1)	Grass	Grass	1.2"	1.2"	Clear	Grade 1 (Immediate)
Flange/Leaker	Valve	Outside	Service	11-11-30g	Dir	Dir	3.4"	3.4"	Wet	Grade 2 (5 Minutes)
Manufactured	Leakage	Water	Water	MP (11-60g)	Asphalt	Asphalt	6.5"	6.5"	Hot	Grade 3 (12 Minutes)

DISPATCHER REPRESENTATIVE NAME: _____

DATE: 11-5-15

Found 2 leaks on the meter jet. One on a union above the lock valve & one on a nipple coming out of the regulator. Tightened fittings to repair. Re lit furnace & wall heater.

Jason W.

DISPATCHER SECTION																			
Address		250 Radio Station Rd			Apt#		City		County		Time Received	3:00	Date Received	11/30/15					
Customer Name		Jouandes Segurda-Bautista					Phone #	(270) 925-7732		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	<input checked="" type="checkbox"/>	Residence	<input checked="" type="checkbox"/>	School	Customer	<input checked="" type="checkbox"/>	Creep	In		Out		Manhole							
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										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 type="checkbox"/>	Caution Card Left	Yes <input type="checkbox"/>	Warning Card Left	Yes <input type="checkbox"/>	Gas Shut off-Time	3:15	AM	Meter	<input checked="" type="checkbox"/>	Equipment		
Time Received	3:05	AM	Radio	Telephone	Time Arrived on Site	3:08	AM	Time Departed from Site	3:27	AM	Meter Number:	Meter Locked	Yes <input checked="" type="checkbox"/>	No <input 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	Copper	Pipe Size	Weather	Leak Classification								
Corrosion	Pipe	Inside	<input checked="" type="checkbox"/>	Main	Rock	Main	SP (0-1)	Grass	1-2"	Clear	Grade 1 (Immediately)								
Double Force	Valve	Outside		Service	Cinder	Service	IP (1-30)	Dir	Steel	3-4"	Wet	Grade 2 (5 Months)							
Crack/Defect	Fitting	Manhole	<input checked="" type="checkbox"/>	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										
Stove/Range			Radiant Heater			Found GAS LEAK ON COPPER TEE INSIDE CLOSET, METER WAS LOCK OFF UNTILL LINE CAN BE REPAIRED AND TESTED HAD 3.5 READING ON CGF									Repair Data				
Hot Water Heater			Ceiling Heater												Leak Total:		1		
Floor Furnace			Clothes Dryer																
Forced Air-Furnace			Boiler																
Service Representative Name									Y. Mai Chel									Date	11-30-15

DISPATCHER SECTION																																											
Address		305 JACKSON ST			Apt#		City		County		Time Received	10:25	Date Received	12-3-15																													
Customer Name							Phone #				Customer Home?	Yes	Customer Account #																														
Received By		JASON					Leak First Noticed		Date		Time Dispatched	10:25	AM	Hear Gas Escaping?		Yes																											
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																													
Outside		<input checked="" type="checkbox"/> Public Bldg		Comms/Bldg		Employee		Fire		Meter		<input checked="" type="checkbox"/> 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.																																									
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																																											
Time Received		10:25		AM		Radio				Time Arrived on Site		10:30		AM		Time Departed from Site		10:36		AM		Meter Number:		Meter Locked		Yes		No		Equipment													
PM		Telephone		<input checked="" type="checkbox"/>						PM		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		1-2"		Clear		Grade 1 (Immediately)																							
Outside Force		Valve		Outside		Service		Cinder		Service		IP (1-30)		Dirt		3-4"		Wet		Grade 2 (5 Months)																							
Consd/Defect		<input checked="" type="checkbox"/> Fitting		<input checked="" type="checkbox"/> Manhole		Valve		Clay		Meter		MP (31-60)		Asphalt		PE		Hot		Grade 3 (12 Months)																							
Material/Defect		Regulator		Undergd		Meter		<input checked="" type="checkbox"/> Sand		Cust/Pipe		HP (61-99.9)		Concrete		PVC		Cold																									
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS																																	
Stove/Range				Radiant Heater																																		Repair Data					
Hot Water Heater				Ceiling Heater																																Leak Total:							
Floor Furnace				Clothes Dryer																																							
Forced Air-Furnace				Boiler																																							
Service Representative Name		Mai Oehl										Date		12-3-15																													

DISPATCHER SECTION																													
Address		307 N. Jackson				Apt#		City		Tom, Knoxville		County		Monroe		Time Received		Date Received		11-24-15									
Customer Name		Polly Harper				Phone #		Customer Home?		Yes		Customer Account #		No		✓													
Received By		Jason				Leak First Noticed		Date		11-24-15		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		Crew		In		✓ Out		Manhole		Terry Arnette reported a possible smell of gas in the home while working there, but wasn't sure.													
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																			
✓		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		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		Meter Red Sealed		Yes		No	
		PM		Telephone				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 Forre		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																			
Stove/Range		Radiant Heater		No leak detected inside or out.										Repair Data															
Hot Water Heater		Ceiling Heater												Leak Total:		0													
Floor Furnace		Clothes Dryer																											
Forced Air-Furnace		Boiler																											
Service Representative Name		Jason W. work by Marvin Anderson										Date		11-24-15															

DISPATCHER SECTION

Address _____ Apt# _____ City _____ County _____ Time Received 10:00AM Date Received 11-17-15

Customer Name Save A Lot / Tropical Tan Phone # _____ Customer Home? Yes No Customer Account # _____
 Received By Dorothy 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 (Between Building) Danny @ Save A Lot say strong odor of gas Response Given Yes No 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?
 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 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 _____ Meter _____
 Time Received 9:55 AM Radio _____ Time Arrived on Site 10:05 AM Time Departed from Site 10:10 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	Inside	Main	Rock	Main	SP (0-1)	Grass	<input checked="" type="checkbox"/> Cast	1-2" ^{7/8}	Clear	Grade 1 (Immediately)
Outside Force	Valve	Outside	<input checked="" type="checkbox"/> Service	Cinder	Service	IP (1-30)	Dirt	Steel	<input checked="" type="checkbox"/> 3-4"	Wet	Grade 2 (5 Months)
Cons/Defect	<input checked="" type="checkbox"/> Fitting	<input checked="" type="checkbox"/> Manhole	Valve	Clay	Meter	<input checked="" type="checkbox"/> MP (31-50)	<input checked="" type="checkbox"/> Asphalt	PE	6-8"	Hot	Grade 3 (12 Months)
Material/Defect	Regulator	Under/gd	Meter	<input checked="" type="checkbox"/> Sand	Cust/Pipe	HP (61-99.9)	Concrete	PVC	10-12"	Cold	

Number of Gas Utilization Equipment Worked On _____ SERVICEMAN REMARKS Union was leaking. Tightened union to repair. Repair Data Leaks Total: 1

Stove/Range	Radiant Heater
Hot Water Heater	Ceiling Heater
Floor Furnace	Clothes Dryer
Forced Air-Furnace	Boiler

Service Representative Name Marvin Anderson Date 11-17-15

DISPATCHING SECTION																				
Address		328 Old Glasgow Road			Appt		City		County		Time Received	9:08	Date Received	12-8-15						
Customer Name		Curtis Murphee					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		<input checked="" type="checkbox"/> School		Customer	<input checked="" type="checkbox"/> Crew	In		Out	<input checked="" type="checkbox"/> Manhole									
Outside	<input checked="" type="checkbox"/>	Public Bldg		Comm/Bldg		Employee	Fire	Meter	Street	Yard										
DISPATCHER REMARKS		Smells gas @ unit										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	<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		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	9:08	AM	Radio		Time Arrived on Site	9:14	AM	Time Departed from Site	9:27	AM	Meter Number:		Meter Locked	Yes		No				
		PM	Telephone	<input checked="" type="checkbox"/>			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)	<input checked="" type="checkbox"/> Grass	<input checked="" type="checkbox"/> Cast	1-2"	<input checked="" type="checkbox"/> Clear	Grade 1 (Immediately)								
Outside Force	Valve	Outside	<input checked="" type="checkbox"/> Service		Cinder	Service	IP (1-30)		Steel	3-4"	Wet	Grade 2 (5 Months)								
Corros/Defect	Fitting	Manhole	Valve		Clay	Meter	MP (31-60)		PE	6-8"	Hot	Grade 3 (12 Months)								
Material/Defect	Regulator	Undergd	Meter		Sand	Cast/Pipe	HP (61-99.9)	<input checked="" type="checkbox"/> Concrete	PVC	18-12"	Cold									
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS										
Stove/Range		Radiant Heater																		
Hot Water Heater		Ceiling Heater																		
Floor Furnace		Clothes Dryer																		
Forced Air-Furnace		Boiler																		
Service Representative Name		Jason W.										Repair Data		Leak Total:	21					
												Date	12-8-15							

DISPATCH SECTION																						
Address		388 Old Mulkey Rd			Appt		City		County		Time Received		Date Received									
Customer Name		Neva West Reagan					Phone #			Customer Home?		Yes		Customer Account #								
Received By		Neva West Reagan					Leak First Noticed			Date	10-2-15	Time Dispatched		2:05	AM	PM	Hose 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		Smelling Gas										Response Given		Yes		Gas Supervisor Notified of Issued Response		Yes	No			
If "YES" To Any Questions Below, Issue The Standard Response																						
Y		Is there a strong odor?		STANDARD RESPONSE																		
N		Do you hear gas blowing/leaking?		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		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			No			No			No			No			No			PM	Equipment	
Time Received		2:05	AM	Radio		Time Arrived on Site		AM	Time Departed from Site	2:20	PM	Meter Number	229	PM	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 Fault		Valve		Outside		Service		Cinder		Service		10" (1-30)		Dir		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		Cast/Pipe		10" (61-92.7)		Concrete		PVC		10-12"		Cold		
Number of Gas Utilization Equipment Worked On																						
SERVICEMAN REMARKS																						
Stove/Range		Radiant Heater		Repaired leak on meter set at union below the regulator. We tightened the union to make the repair.														Repair Date				
Hot Water Heater		Ceiling Heater																Leak Total:		1		
Flame Furnace		Clothes Dryer																				
Forced Air Furnace		Boiler																				
Service Representative Name		Jason W.										Date		10-2-15								

DISPATCHER SECTION																							
Address		706 Magnolia			Apt#		City		Tompkinsville		County	Monroe		Time Received	5:00PM	Date Received	11-4-15						
Customer Name		Monroe Health + Rehab					Phone #					Customer Home?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Customer Account #								
Received By		Dorothy					Leak First Noticed		Date			Time Dispatched	5:00	AM <input type="checkbox"/>	PM <input checked="" 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	<input checked="" type="checkbox"/>	Residence	<input type="checkbox"/>	School	<input type="checkbox"/>	Customer	<input checked="" type="checkbox"/>	Crew	<input type="checkbox"/>	In	<input checked="" type="checkbox"/>	Out	<input type="checkbox"/>	Manhole	<input type="checkbox"/>								
Outside	<input type="checkbox"/>	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		Possible Leak in Kitchen area										Response Given	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Gas Supervisor Notified of Issued Response	Yes <input checked="" type="checkbox"/>	No <input 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 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"/>	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 Repairs 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:		5:00	AM <input type="checkbox"/>	PM <input checked="" type="checkbox"/>	Radio	Telephone	Time Arrived on Site	5:15	AM <input type="checkbox"/>	PM <input checked="" type="checkbox"/>	Time Departed from Site	5:30	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	<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	<input type="checkbox"/>	Service	Cinder	Service	IP (1-30)	<input type="checkbox"/>	Dirt	Steel	3-4"	<input type="checkbox"/>	Wet	<input type="checkbox"/>	Grade 2 (5 Months)								
Const/Defect	Fitting	Manhole	<input type="checkbox"/>	Valve	Clay	Meter	MP (31-60)	<input type="checkbox"/>	Asphalt	PE	6-8"	<input type="checkbox"/>	Hot	<input type="checkbox"/>	Grade 3 (12 Months)								
Material/Defect	Regulator	Under/gd	<input type="checkbox"/>	Meter	Sand	Cast/Pipe	<input checked="" type="checkbox"/>	HP (61-99.9)	Concrete	PVC	10-12"	<input type="checkbox"/>	Cold	<input type="checkbox"/>									
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS													
Stove/Range		<input checked="" type="checkbox"/>	Radiant Heater																				
Hot Water Heater		<input type="checkbox"/>	Ceiling Heater																				
Floor Furnace		<input type="checkbox"/>	Clothes Dryer																				
Forced Air-Furnace		<input type="checkbox"/>	Boiler																				
Service Representative Name		Jesse W.										Worked done by Eddie Bennett										Date	11-4-15

DISPATCHER SECTION																							
Address		711 W. 4th. Street			Ap#		City	Tombkinsville		County		Time Received	10:48		Date Received	10-6-15							
Customer Name		Stephens Mfg					Phone #	69			Customer Home?	Yes		Customer Account #									
Received By		Dorothy					Leak First Noticed				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/Offg	✓	Employee	✓	Fire		Meter		Street		Yard									
DISPATCHER REMARKS		Says there is leak on high pressure line										Response Given	Yes		Gas Supervisor Notified of Issued Response	Yes							
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		No		No	No		No		No		No		No		No				PM		Equipment	
Time Received	10:48		AM	Radio		Time Arrived on Site	11:05		AM	Time Departed from Site	12:05		PM	Meter Number			Meter Locked	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	✓	SI (0-1)	Grass	CU	1-2"	Clear	Grade 1 (Immediately)										
Outside Force	Valve	Outside	✓	Service	Cinder	Service		IP (1-30)	Dir	✓	Steel	✓	3-4"	Wet	Grade 2 (5 Months)								
Construction Defect	✓	Fitting	✓	Manhole	Valve	✓	Tap	✓	Meter	MP (31-40)	✓	Asphalt		PE	6-8"	Dry	Grade 3 (12 Months)						
Material Defect	Regulator	Undergnd		Meter	Sand	Cust/pipe		IP (61-92.7)	Concrete		PVL		10-12"	Cold									
Number of Gas Utilization Equipment Worked On															SERVICEMAN REMARKS								
Stove/Range		Radiant Heater								Leak was at the union on the down stream side of the regulator. We shut the regulator station down & redoped the fitting to stop the leak.													
Hot Water Heater		Ceiling Heater								Repair Data													
Floor Furnace		Clothes Dryer								Leak Total: 1													
Forced Air Furnace		Boiler																					
Service Representative Name															Jesse W.								
															Date	10-6-15							

DISPATCHER SECTION																													
Address		905 Monroe Drive				Apt#		City		County		Time Received		2:30 PM		Date Received		10-20-15											
Customer Name		Sheryl Conkin						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		Smells gas outside										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		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" 3/4"		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																			
Stove/Range		Radiant Heater		Regulator venting. Replaced regulator.																Leak Total:		1							
Hot Water Heater		Ceiling Heater																											
Floor Furnace		Clothes Dryer																											
Forced Air-Furnace		Boiler																											
Service Representative Name		Jason W.										Date		10-20-15															

DISPATCHER SECTION

Address 911 Pear St. Apt# City County Time Received 9:00 AM Date Received 11-4-15

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

Received By Dorothy Lesley 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 Gas smell in house Response Given Yes No 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?
 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 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 Equipment:

Time Received 9:00 AM PM Radio Telephone Time Arrived on Site 9:10 AM PM Time Departed from Site 9:20 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/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
 Hot Water Heater Ceiling Heater
 Floor Furnace Clothes Dryer
 Forced Air Furnace Boiler

No leak detected inside or out.

Service Representative Name Jason W. Date 11-4-15

DISPATCHER SECTION																															
Address		915 Pearl St.				Apt#		City		Tombkinsville		County		Monroe		Time Received		6:42		Date Received		10-6-15									
Customer Name				Robert Digiovanni				Phone #				Customer Home?		Yes		No		Customer Account #													
Received By				Jason W.				Leak First Noticed		Date		10-6-15		Time Dispatched		6:43		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		Smells gas near meter.															
Outside		Public Bldg		Cannon/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																					
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		No		No		No		No		No		No		No		No		No		No		No		PM		Equipment			
Time Received		6:43		AM		Radio		Telephone		Time Arrived on Site		7:00		AM		Time Departed from Site		7:30		AM		PM		Meter Number		Meter Locked		Yes		No	
		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		Block		Main		SP (0-1)		Grass		Cast		1-2"		Clear		Grade 1 (Immediately)									
Double 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		MIP (31-60)		Asphalt		PE		6-8"		Hot		Grade 3 (12 Months)									
Material Defect		Regulator		Undergd		Meter		Sand		Cast/Type		IIP (61-99.7)		Concrete		PVC		18-12"		Cool											
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS								Repair Data													
Stove/Range				Radiant Heater								Hod turned on gas at the home earlier today. Didn't get the meter nut tight enough. Tightened nut to repair.								Leak Total:				1							
Hot Water Heater				Ceiling Heater																											
Floor Furnace				Clothes Dryer																											
Forced Air Furnace				Boiler																											
Service Representative Name										Eddie Bennett										Date				10-6-15							

DISPATCHER SECTION																							
Address	1001 Capp Harlan Rd.				Ap#		City	Tombkinsville		County	Monroe		Time Received	11:14		Date Received	10-2-15						
Customer Name	Fitzgerald Trucks Sales						Phone #				Customer Home?	Yes	<input checked="" type="checkbox"/>	Customer Account #									
Received By	Jason						Leak First Noticed	Date	10-2-15			Time Dispatched	11:14		<input checked="" type="checkbox"/> AM	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	Creep	In	Dr	Manhole	Smells gas @ meter															
Outside	Public Bldg	Comm/Bldg	Employee	Fire	Meter	Street	Yard																
DISPATCHER REMARKS												Response Given	Yes	<input checked="" type="checkbox"/>	Gas Supervisor Notified of Isolated Response	Yes	<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 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	11:40		<input checked="" type="checkbox"/> AM	Meter	<input checked="" type="checkbox"/>
Time Received	11:14		<input checked="" type="checkbox"/> AM	Radio	Time Arrived on Site	11:30		<input checked="" type="checkbox"/> AM	Time Departed from Site	11:40		<input checked="" type="checkbox"/> AM	Meter Number			Meter Locked	Yes	<input checked="" type="checkbox"/>	No	Equipment			
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"	<input checked="" type="checkbox"/>	Clear	Grade 1 (Immediately)									
Outside Fault	Valve	<input checked="" type="checkbox"/>	Outside	Service	Cinder	Service	IP (1-30)	Dir	<input checked="" type="checkbox"/>	Steel	3-4"	<input checked="" type="checkbox"/>	Wet	Grade 2 (5 Months)									
Const/Defect	Fitting	<input checked="" type="checkbox"/>	Manhole	Valve	Clay	<input checked="" type="checkbox"/>	Meter	Asphalt	<input checked="" type="checkbox"/>	PE	6-8"	<input checked="" type="checkbox"/>	Hot	Grade 3 (12 Months)									
Material Defect	Regulator	<input checked="" type="checkbox"/>	Underg	Meter	Sand	Cust/Type	HP (01-99.9)	Concrete	<input checked="" type="checkbox"/>	PVC	10-12"	<input checked="" type="checkbox"/>	Cold										
Number of Gas Utilization Equipment Worked On															SERVICEMAN REMARKS								
Stove/Range					Radiant Heater					Meter reader called smelling gas. We found a leak just below the regulator on a 3" nipple. Customer did not want gas on. We shut the gas off & will return to make repairs on 10-5-15.					Repair Data								
Hot Water Heater					Ceiling Heater										Leak Total:	1							
Floor Furnace					Clothes Dryer																		
Forced Air Furnace					Boiler																		
Service Representative Name	Jason W.											Date	10-2-15										

DISPATCHER SECTION																						
Address	1095 Magnolia				Ap#		City	Tompkinsville		County	Monroe		Time Received	10:10		Date Received	11-18-15					
Customer Name	Linda Cropper						Phone #				Customer Home?	Yes	<input checked="" type="checkbox"/>	Customer Account #								
Received By	Dorothy						Leak First Noticed	Date				Time Dispatched	1050	AM		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	<input checked="" type="checkbox"/> Residence	<input checked="" type="checkbox"/> School	Customer	Crew	In	Out	Manhole															
Outside	Public Bldg	Comm/Bldg	Employee	Fire	Meter	Street	Yard															
DISPATCHER REMARKS	Odor in basement @ crawl space											Response Given	Yes	<input checked="" type="checkbox"/>	Gas Supervisor Notified of Issued Response	Yes	<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.																	
	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	N/A	AM	Meter	
Time Received	1050		AM	Radio		Time Arrived on Site	1055		AM	Time Departed from Site	1105		AM	Meter Number		Meter Locked	Yes	<input checked="" type="checkbox"/>	Equipment			
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	Clinder	Service	HP (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/gg	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 AND NO SMELL OF GAS USED CGI ALSO WITH NO GAS DETECTED					Leak Total:											
Hot Water Heater					Ceiling Heater																	
Floor Furnace					Clothes Dryer																	
Forced Air-Furnace					Boiler																	
Service Representative Name					Ma John					Date	11-18-15											

DISPATCHER SECTION																							
Address		1309 N. Main			Apt#		City		Tombkinsville		County		Monroe		Time Received		Date Received						
Customer Name		Quality Express					Phone #				Customer Home?	Yes	No	Customer Account #									
Received By							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	Yes	No	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?																						
BY	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	4:00	AM	PM	Meter	Equipment
Time Received		3:45	AM	Radio	Telephone	Time Arrived on Site	4:00	AM	PM	Time Departed from Site	5:30	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" 3/4	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			Contractor was digging in new water line and hit the gas service line that was mark wrong 3/4 service was repaired with new line and gas turn back on										Leak Total:								
Hot Water Heater		Ceiling Heater																					
Floor Furnace		Clothes Dryer																					
Forced Air Furnace		Boiler																					
Service Representative Name		Main Order										Date		10-16-15									

DISPATCHER SECTION																							
Address	1415 Old Glasgow Rd.			Apt#		City	Tompkinsville		County	Monroe		Time Received	2:18		Date Received	12-8-15							
Customer Name	Gary Hall					Phone #				Customer Home?	Yes		Customer Account #										
Received By	Jason					Leak First Noticed	Date	12-8-15			Time Dispatched	2:18		AM		Heard (Gas Escaping?)	Yes						
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 type="checkbox"/>	Crew	<input checked="" type="checkbox"/>	In		Out		Manhole		Smelled gas in the area of 1415 Old Glasgow Rd. While traveling the area.								
Outside	Public Bldg	<input checked="" type="checkbox"/>	Comm/Bldg	<input type="checkbox"/>	Employee	<input type="checkbox"/>	Fire	<input type="checkbox"/>	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 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	2:45	AM		Meter	<input checked="" type="checkbox"/>
	No		No		No		No		No		No		No		No		No					Equipment	
Time Received	2:18		AM	<input checked="" type="checkbox"/>	Radio		Time Arrived on Site	2:25		AM	<input checked="" type="checkbox"/>	Time Departed from Site	3:50		AM	<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	<input checked="" type="checkbox"/>	Inside	Main	Rock	Main	SP (0-1)	Grass	<input checked="" type="checkbox"/>	Cast	1-2" $\frac{1}{8}$ "	<input checked="" type="checkbox"/>	Clear	<input checked="" type="checkbox"/>	Grade 1 (Immediately)								
Outside Force	Valve	<input checked="" type="checkbox"/>	Outside	Service	<input checked="" type="checkbox"/>	Clay	Service	<input checked="" type="checkbox"/>	IP (1-30)	Dirt	Steel	3-4"	Wet		Grade 2 (5 Months)								
Const/Defect	Fitting	<input type="checkbox"/>	Manhole	Valve	Clay	<input checked="" type="checkbox"/>	Meter	<input checked="" type="checkbox"/>	MP (31-60)	Asphalt	PE	<input checked="" type="checkbox"/>	Hot		Grade 3 (12 Months)								
Material/Defect	Regulator	<input type="checkbox"/>	Under/gd	<input checked="" type="checkbox"/>	Meter	Sand	Cust/Pipe	<input type="checkbox"/>	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 found that a $\frac{1}{2}$ " service line going to 1415 Old Glasgow Rd had been cut while a fence row was being cleaned out. Locates had NOT been called in. We repaired the line using $\frac{1}{2}$ " couplings and a 24" piece of line						Leak Total:		1							
Hot Water Heater				Ceiling Heater																			
Floor Furnace				Clothes Dryer																			
Forced Air-Furnace				Boiler																			
Service Representative Name										Jason W.						Date		12-8-15					

Line was cut in 2 places

DISPATCHER SECTION																												
Address		1538 Cave Springs Rd			Apt#		City		Tompkinsville		County	Monroe		Time Received		Date Received	10-15-15											
Customer Name		Johnny Travis					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												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		N/A	Caution Card Left		Yes	<input checked="" type="checkbox"/>	Warning Card Left		Yes	<input checked="" type="checkbox"/>	Gas Shut off-Time		N/A	Meter		
		No				No				No							No				No					Equipment		
Time Received			AM	Radio			Time Arrived on Site			AM	Time Departed from Site			AM	Meter Number		Meter Locked		Yes		No							
		2:00	PM	Telephone			2:00			PM	3:30			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		<input checked="" type="checkbox"/> Cast		1-2" 3/4"		Clear		<input checked="" type="checkbox"/> Grade 1 (Immediately)						
Outside Force		<input checked="" type="checkbox"/> 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		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		Meter		Sand		Cust/Pipe		HP (61-99.9)		Concrete		PVC		10-12"		Cold								
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS																		
Stove/Range				Radiant Heater																				Repair Data				
Hot Water Heater				Ceiling Heater																				Leak Total:		1		
Floor Furnace				Clothes Dryer																								
Forced Air-Furnace				Boiler																								
Service Representative Name		Man Anderson										Date		10-15-15														

DISPATCHER SECTION																																													
Address		2121 Radio Station			Apt#		City		Tompkinsville		County		Monroe		Time Received		2:53		Date Received		11-13-15																								
Customer Name		Ruby Howard						Phone #				Customer Home?		Yes		No		Customer Account #																											
Received By		Dorothy						Leak First Noticed		Date		Time Dispatched		2		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		Smells gas occasionally outside																													
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																																			
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		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		Equipment	
Time Received		AM		PM		Radio		Telephone		Time Arrived on Site		AM		PM		Time Departed from Site		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		Uncrtd		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 detected inside or outside the home. The wind was very high, so we are going to go back & recheck Monday.												Leak Total:		0																											
Hot Water Heater		Ceiling Heater																																											
Floor Furnace		Clothes Dryer																																											
Forced Air-Furnace		Boiler																																											
Service Representative Name		Jason W.										Date		11-13-15																															

DISPATCHER SECTION																													
Address		Apt#		City		County		Time Received		7:45		Date Received		12-10-15															
Customer Name		Corner of Billingsley Road				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 Leak		Specific Location		CUSTOMER REMARKS																			
Inside		Residence		School		Customer		Crew		In		Out		Manhole															
Outside		Public Bldg		Comm/Bldg		Employee		Fire		Meter		Street		Yard															
DISPATCHER REMARKS		Strong smell of 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.																											
<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		Permanent Repair		N/A		Customer Referred for Repair		Yes		Temporary Repair Safe		N/A		Caution Card Left		Yes		Warning Card Left		Yes		Gas Shut off-Time		AM		Meter	
Time Received		7:45		AM		Radio		Time Arrived on Site		7:55		AM		Time Departed from Site		8:30		AM		Meter Number		Meter Locked		Yes		No		Equipment	
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		Undergd		Meter		Sand		Cust/Pipe		IP (61-99.9)		Concrete		PVC		10-12"		Cold									
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS								Repair Date											
Stove/Range				Radiant Heater						CHECK AREA OUT WITH FLAME PACK NO LEAK WAS FOUND.								Leak Total		0									
Hot Water Heater				Ceiling Heater																									
Floor Furnace				Clothes Dryer																									
Furred Air-Burner				Boiler																									
Service Representative Name				Tina Anderson								Date		12-10-15															

DISPATCHER SECTION																													
Address		Appl		City		County		Time Received		Date Received																			
Customer Name		EDC				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		Bob Greer thinks they may have gas leak								Response Given		Yes		Gas Supervisor Notified of Issued Response		Yes													
No										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.																									
		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		<input checked="" type="checkbox"/>		No		No		No		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									
12:26		PM		Telephone		<input checked="" type="checkbox"/>		12:35		PM		12:42		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		SF (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		IIP (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 W.								no leak detected inside or out.								Date		11-5-15									

DISPATCHER SECTION																					
Address		Pearl + State			City	Tampkinsville		County	Monroe		Time Received	10:00		Date Received	11-25-15						
Customer Name					Phone #			Customer Home?		Customer Account #											
Received By					Leak First Noticed			Date		Time Dispatched		Hear Gas Escaping?		Yes							
Jason								11-25-15		10:00		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>							
Location of Leak		Leak Site/Property		Source of Call		Nature of Call		Specific Location			CUSTOMER REMARKS										
Inside		Residence		School		Customer		In			Hit a service line while getting ready for blocktop										
Outside		<input checked="" type="checkbox"/> Public Bldg		<input checked="" type="checkbox"/> Comm/Bldg		Employee		Fire			Meter			Street		Yard					
DISPATCHER REMARKS										Response Given		Gas Supervisor Notified of Issued Response		Yes							
										<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>							
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.																
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		Permanent Repair		Customer Referred for Repair		Temporary Repair Safe		Caution Card Left		Warning Card Left		Gas Shut-off Time		Meter							
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		10:05		<input checked="" type="checkbox"/>							
Time Received		Radio		Time Arrived on Site		Time Departed from Site		Meter Number		Meter Locked		Meter Red Sealed		Equipment							
10:00		<input checked="" type="checkbox"/>		10:01		10:15				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<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	
Outside Force		Valve		Outside		Service		Cinder		Service		IP (1-30)		Dirt		Steel		3-4"		Wet	
Const/Defect		Fitting		Manhole		Valve		Clay		Meter		MP (31-60)		Asphalt		PE		6-8"		Hot	
Material/Defect		Regulator		Undergd		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					Scotty's hit a service line that was abandon while leveling off a parking lot. to blocktop. We were able to put a compression fitting on for a temporary kill. Locates WERE NOT called in.					Leaks Total: 1						
Hot Water Heater					Ceiling Heater																
Floor Furnace					Clothes Dryer																
Forced Air Furnace					Boiler																
Service Representative Name										Jason W.					Date						
															11-25-15						

DISPATCHER SECTION

Address	<i>N Main St</i>	Apt#		City	<i>Tampkinsville</i>	County	<i>Monroe</i>	Time Received	<i>7:30AM</i>	Date Received	<i>11-24-15</i>
Customer Name				Phone #				Customer Home?	Yes	Customer Account #	
Received By	<i>Crystal</i>			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	Crew	In	Out	Manhole				
Outside	Public Bldg	Comm/Bldg	Employee	Fire	Meter	Street	Yard				

DISPATCHER REMARKS	<i>Smell gas between Teresa Sheffield office + Oretly's</i>	Response Given	Yes	Gas Supervisor Notified of Issued Response	Yes
		No		No	No

IF "YES" To Any Questions Below, Issue The Standard Response:

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>
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	No	No	No	No	No		PM	Equipment
Time Received	AM	Radio	Time Arrived on Site	<i>8:00</i>	AM	Time Departed from Site	<i>8:15</i>	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	Cluder	Service	IP (1-30)	Dirt	Steel	3-4"	Wet	Grade 2 (5 Months)			
Const/Defect	Fitting	Manhole	Valve	Clay	Meter	MF (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		<p><i>Leak detected in ground, possibly on service. Will have to dig up + repair leak. 11-24-15</i></p> <p><i>12-3-15 We allowed the area to vent after punching holes in the blacktop. We dug down + found a 1" PE line. We kept following it + found it turned to steel.</i></p>				Leak Total:	<i>1</i>
Hot Water Heater		Ceiling Heater							
Floor Furnace		Clothes Dryer							
Forced Air Furnace		Boiler							

Service Representative Name	<i>Jason W.</i>	Date	<i>11-24-15</i>
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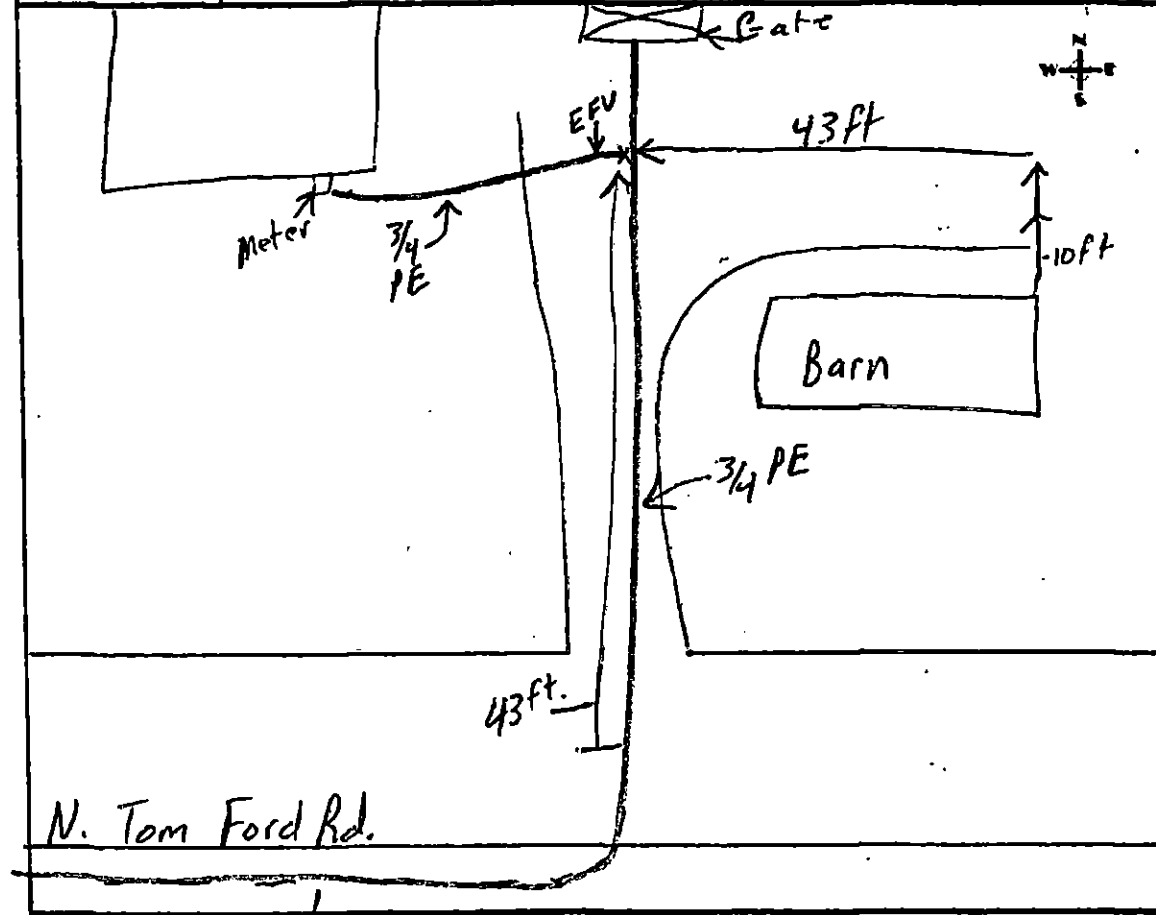
Finally found a hole in the steel line + made the repair. repaired on 12-3-15

DISPATCHER SECTION																					
Address		Popular Log Rd Area			Appt		City	Tompkinsville		County	Monte		Time Received	8:38		Date Received					
Customer Name							Phone #				Customer Home?	Yes		Customer Account #							
Received By		Dorothy					Leak First Noticed		Date	11-13-15		Time Dispatched	8:39 AM		Hear Gas Escaping?	Yes					
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	Smell + gas near caution light at Popular Log Rd.						
Outside		Public Bldg	<input checked="" type="checkbox"/>	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"/>	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		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	8:39 AM		Radio		Time Arrived on Site	8:45 AM		Time Departed from Site	9:00 AM		Meter Number		Meter Locked	Yes		No					
			PM	Telephone																	
Leak Cause	Component		Location Detected		Soil Sub		System		Pressure		Ground Surface		Pipe		Pipe Size		Weather		Leak Classification		
Corrosion	Pipe		Inside		Main		Rock		Main		Grass		Cast		1-2"		Clear		Grade 1 (Immediately)		
Outside Force	Valve		Outside		Service		Cinder		Service		Dirt		Steel		3-4"		Wet		Grade 2 (5 Months)		
Const/Defect	Fitting		Manhole		Valve		Clay		Meter		Asphalt		PE		6-8"		Hot		Grade 3 (12 Months)		
Material/Defect	Regulator		Undertap		Meter		Sand		Cust/Pipe		Concrete		PVC		10-12"		Cold				
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS											
Stove/Range				Radiant Heater																Repair Data	
Hot Water Heater				Ceiling Heater																Leak Total: 1	
Floor Furnace				Clothes Dryer																	
Forced Air Furnace				Boiler																	
Service Representative Name										Jason W.					Date		11-13-15				

DISPATCHER SECTION																																													
Address		Spruce & Cemetery Rd				Apt#		City		Tompkinsville		County		Monroe		Time Received		9:45 AM		Date Received		12-11-15																							
Customer Name				Received By				Phone #		Customer Home?		Yes		No		Customer Account #																													
Location of Leak				Leak Site/Property		Source of Call		Name 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				Strong gas smell				Response Given		Yes		No		Gas Supervisor Notified of Loud Response		Yes		No																											
If "YES" To Any Questions Below, Use 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		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		N/A		AM		Meter			
Time Received		9:50		AM		Radio		Telephone		Time Arrived on Site		10:00		AM		Time Departed from Site		10:20		AM		PM		Meter Number:		Meter Locked		N/A		N/A		N/A		N/A		N/A		N/A							
Leak Cause		Component		Location Detected				Soil Sub		System		Pressure		Ground Surface		Pipe		Pipe Size		Weather		Leak Classification																							
Corrosion		Pipe		Inside		Main		Block		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)																							
Corrod/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 (61-92.9)		Concrete		PVC		10-12"		Cold																									
Number of Gas Utilization Equipment Worked On										SERVICEMAN REMARKS																																			
Stove/Range				Radiant Heater								NO LEAK FOUND NO SMELL OF GAS IN THE AREA WITH FLAME PACK				Repair Data																													
Hot Water Heater				Ceiling Heater				Leaks Total:								0																													
Floor Furnace				Clothes Dryer																																									
Forced Air-Furnace				Boiler																																									
Service Representative Name				Mae Anderson				Date								12-11-15																													

NATURAL GAS MAIN AND SERVICE INSTALLATION RECORDS

Address	736 N. Tom Ford Rd.	Apt#		City	Tombkinsville	Cty	Monroe	Time Received		Date Received	10-9-15
Customer Name	Carolyn Cornwell				Phone#		Customer Account#				
Installer Name					Date Received			Date Installed			
Date Tested	10-30-15	Test Pressure psig	90psi		Test Medium	Natural Gas	Properly Purged	Yes	No		
						Comp Air		Yes	No		
						Inert Gas		Yes	No		
Meter Set	Yes <input type="checkbox"/> No <input type="checkbox"/>	Meter Co#			Meter Mfg#			Index Reading			

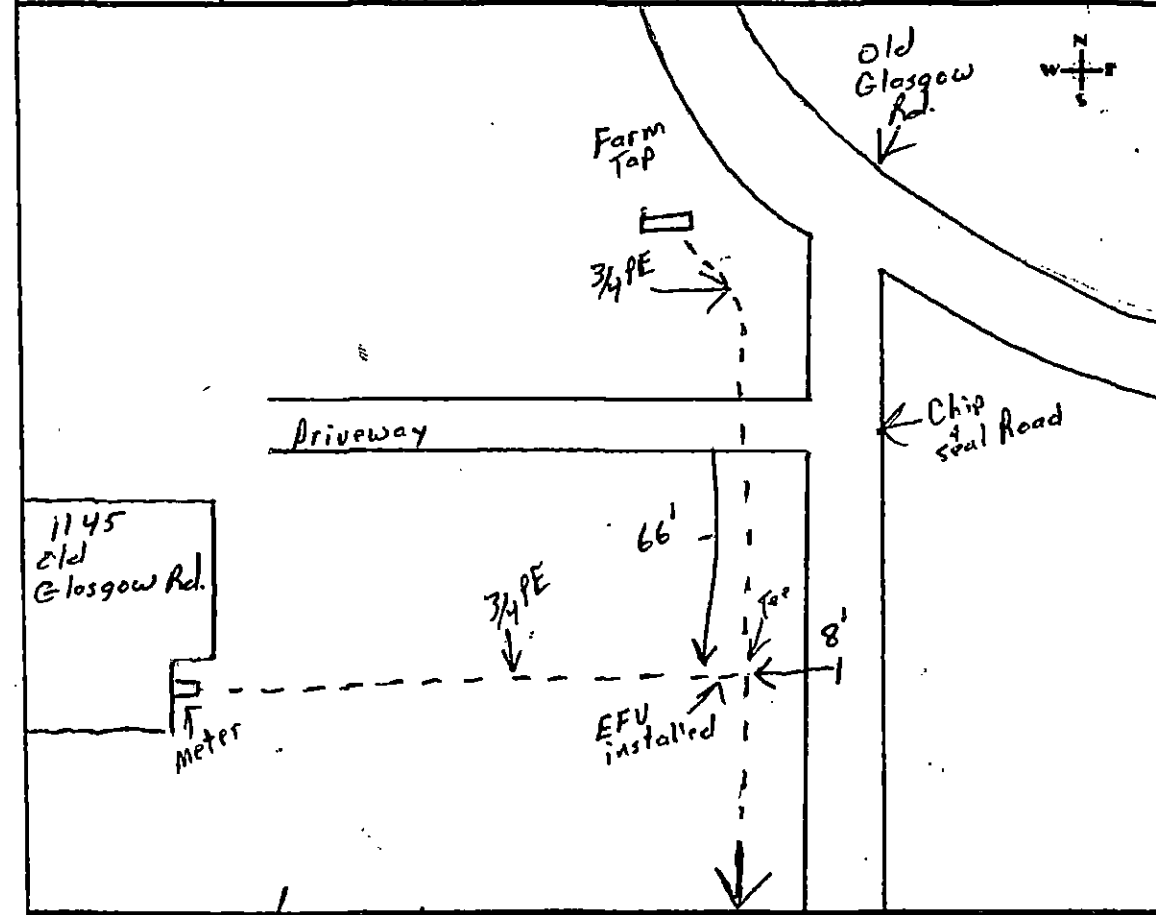


Meter Locked	Yes	No	Card Left	Yes	No
LOCATION					
Gas Main Location	N. Tom Ford Rd.				
Mainline Valve Installed	Yes	No			
Service Location					
Service Valve		Tapping Tee			
REMARKS					
We laid 64ft of service line.					
We tied into an existing service line going through the property that went to N. Tom Ford Rd.					
We installed the Risor + an EFV on the service.					

Signature	Jason W.	Date	10-30-15
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NATURAL GAS MAIN AND SERVICE INSTALLATION RECORDS

Address	1145 Old Glasgow Rd.	Apt#		City	Tompkinsville	City	Monroe	Time Received		Date Received	11-3-15
Customer Name	Ricky Burke				Phone#		Customer Account#				
Installer Name	Jason Warren				Date Received		Date Installed				
Date Tested	11-3-15		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				

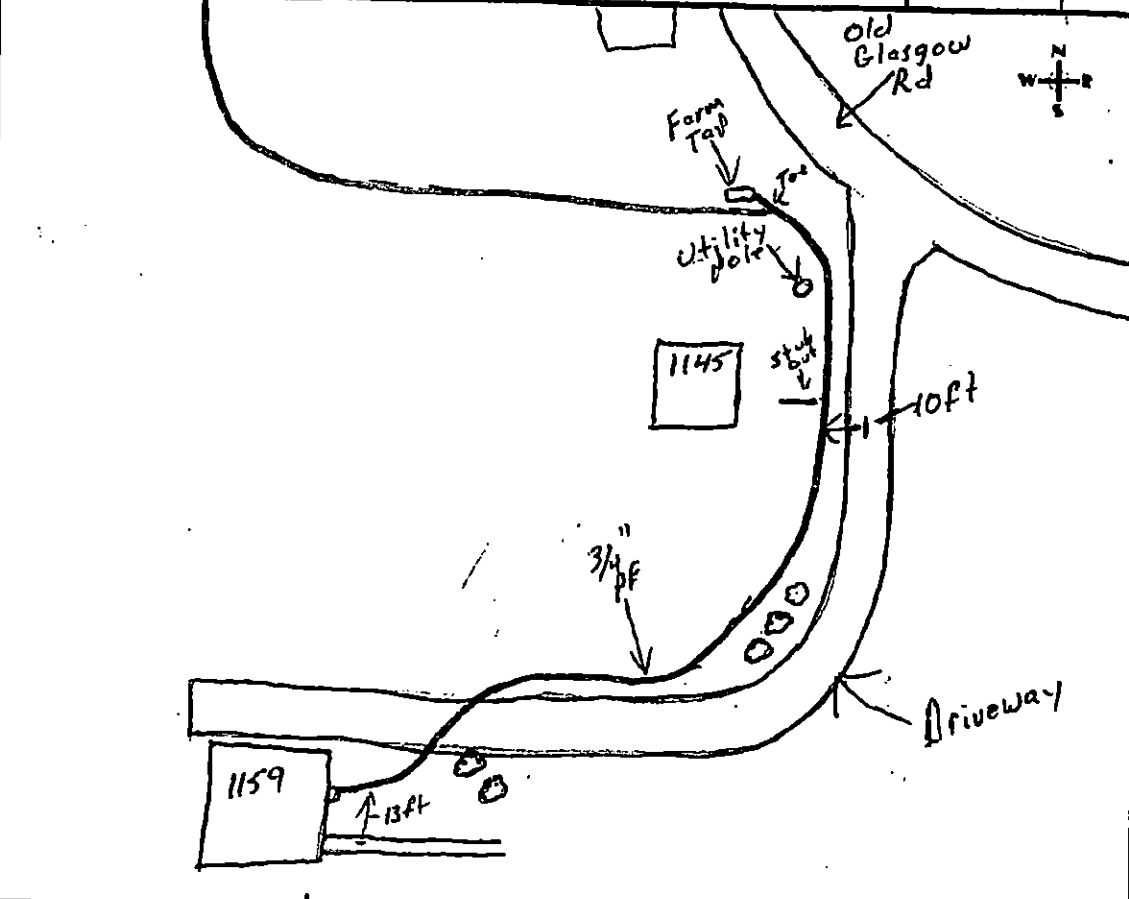


Meter Locked	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Card Left	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
LOCATION									
Gas Main Location	Old Glasgow Rd.								
Mainline Valve Installed	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>					
Service Location	1145 Old Glasgow Rd.								
Service Valve				Tapping Tee					
REMARKS									
We laid 105 ft of 3/4" PE service line. We tied into another 3/4" PE service coming off of a farm tap. We had already stubbed off the tee when we laid the service off of the farm tap earlier last month. We tested the line at 90 psi for 10 min.									

Signature	Jason W.	Date	11-3-15
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NATURAL GAS MAIN AND SERVICE INSTALLATION RECORDS

Address	1159 Old Glasgow Rd	Apt#		City	Tompkinsville	City	Monroe	Time Received		Date Received	
Customer Name	Freddie Cloyd					Phone#					
Installer Name	Jason Warren					Date Received					
Date Tested	10-8-15	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 checked="" type="checkbox"/> No <input type="checkbox"/>	Meter Cof#				Meter Mfg#				Index Reading	0000



Meter Locked	Yes	No	<input checked="" type="checkbox"/>	Card Left	Yes	No
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LOCATION	
Gas Main Location	Old Glasgow Rd
Mainline Valve Installed	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Service Location	Same
Service Valve	Tapping Tee <input type="checkbox"/>

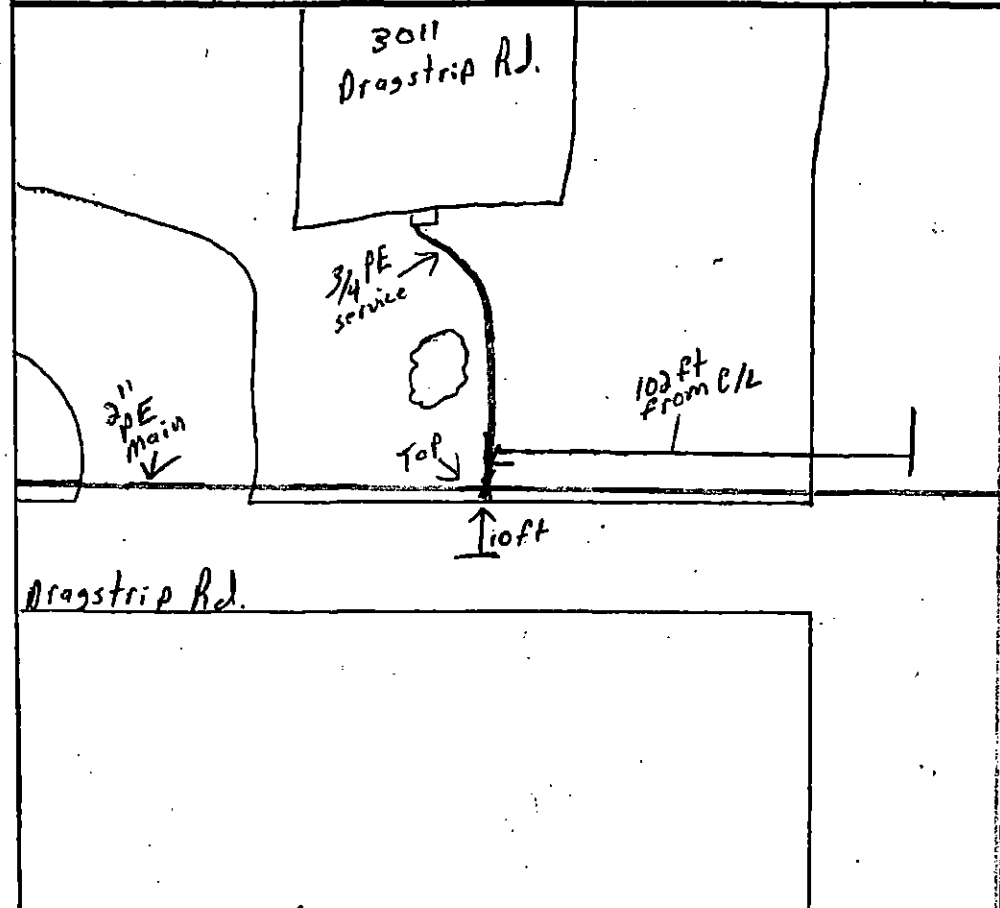
REMARKS

We laid 760ft of 3/4" P.E. service line to replace the old service. We move it due to the line being in the way of a new home build at 1145 Old Glasgow Rd. We stubbed out for a new meter at 1145 while we were in the process.

Signature	Jason W.	Date	10-8-15
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NATURAL GAS MAIN AND SERVICE INSTALLATION RECORDS

Address	3011 Dragstrip Rd		Apt#		City	Tompkinsville	City	Monroe	Time Received		Date Received	11-24
Customer Name	Johnny Tooley					Phone#		Customer Account#				
Installer Name	Jason Warren				Date Received	11-24-15		Date Installed	12-4-15			
Date Tested	12-4-15		Test Pressure psig	90psi		Test Medium	Natural Gas	Properly Purged	Yes	No <input checked="" type="checkbox"/>		
						Comp Air	<input checked="" type="checkbox"/>					
						Inert Gas						
Meter Set	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Meter Cof#			Meter Mfg#	159784129		Index Reading	0000		



Meter Locked	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Card Left	Yes <input type="checkbox"/>	No <input type="checkbox"/>
LOCATION					
Gas Main Location	Dragstrip Rd				
Mainline Valve Installed	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			
Service Location	3011 Dragstrip Rd				
Service Valve	<input type="checkbox"/>	Tapping Tee	<input checked="" type="checkbox"/>		
REMARKS					
Installed 42 ft of 3/4" PE service line. Pressure tested @ 90psi for 10 minutes. Made a 2" x 3/4" tap on the main. Purged the line & hung the meter.					

Signature	Jason Warren				Date	12-4-15
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MECHANICAL FITTING FAILURE

GPS Loc 1 Jackson St, City/Town Tompkinsville, State KY, Failure Date 11-8-15

Mechanical Fitting Failure	Stab Fitting	Nut Follower	Boiled	Compression	Clamp (temporary)
	Service	Main Tee	Tapping Tee	Transition Fitting	Riser
Type of Mechanical Fitting	Coupling	Adapter	Valve	Sleeve	End Cap
	Aboveground	Belowground	Inside	Outside	Main-to-Main
Gas Leak Location	Main-to-Service	Service-to-Service	Meter Center	Tap	Other
	Other Remarks:				

Year Installed	Year Mtg.	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)	.75	1.0	1.25	1.50	1.75	2.0	3.0	4.0	6.0	8.0	10.0	12.0
Material	Cast/Wrought Iron	Ductile Iron	Copper	Plastic	Stainless Steel	Other						
Type Plastic	Polyvinyl Chloride (PVC)	Cross-link Polyethylene (PEX)	Polyethylene (PE)	Polypropylene (PP)	Acrylonitrile Butadiene Styrene	Polyamide (PA)						

Specify Material Being Joined (Second Pipe Information)

Unit	IPS	CTS	NPS	OTHER	Remarks:
Material	Steel	Cast/Wrought Iron	Ductile Iron	Copper	Plastic
Type Plastic	Polyethylene (PE)	Polyvinyl Chloride (PVC)	Cross-link Polyethylene (PEX)	Polyethylene (PE)	Polypropylene (PP)
Cause of Leak	Corrosion	Natural Forces	Excavation Damage	Outside Forces	Welds/Fuses
Was there Thermal Expansion/Contraction?	YES	NO	Excavation Damage?	At the Time of Leak Discovery	Previous/prior to Leak Discovery
Leak Due To	Contractor	Insulation	Material(s)	Design	Setback Events
					Suberative
					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 *John W.* Date *11-8-15*

MECHANICAL FITTING FAILURE

GPS Loc.	175 Ben Hall Rd.		City/Town	Tompkinsville			State	Ky		Failure Date				
Mechanical Fitting Failure	Stub 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: Compression nut loose.					
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		Oxide 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	17-16-15		

**TOMPKINSVILLE GAS SYSTEM
REGULATOR AND RELIEF VALVE INSPECTION REPORT**

SYSTEM Tompkinsville LOCATION Q Dubree
 REGULATOR MANUFACTURER Fisher TYPE 621-101
 BODY SIZE 1" SERIAL NUMBER _____
 ORIFICE SIZE 1/8" TYPE SEAT / SLEEVE Nitrile
 SPRING RANGE 10-25 PSIG TYPE PILOT N/A

	<u>INLET</u>	<u>OUTLET</u>
PRESSURE AS FOUND	<u>235#</u>	<u>24#</u>
PRESSURE AS LEFT	<u>235#</u>	<u>24#</u>
TYPE INSPECTION	TEARDOWN _____	VISUAL & OPERATE <u>XXX</u>

RELIEF

RELIEF VALVE MANUFACTURER Fisher TYPE 1805
 BODY SIZE 1" SERIAL NUMBER _____
 SPRING RANGE Unknown ORIFICE SIZE Unknown
 RELIEF VALVE SET POINT Unknown
 INLET PIPING SIZE 1" VENT STACK SIZE 1"
 IS THERE A WEATHER CAP ON RELIEF STACK? YES _____ NO XXX
 IS THERE A TEST POINT BETWEEN VALVE AND RELIEF? YES _____ NO XXX
 WERE ALL PERTINENT VALVES CHECKED? YES XXX NO _____

COMMENTS: Visual and operate inspection performed.
No way to check relief setting no test point
No outlet valve on station

DATE 12/5/2015 INSPECTED BY: Chris Griffieth

**TOMPKINSVILLE GAS SYSTEM
REGULATOR AND RELIEF VALVE INSPECTION REPORT**

SYSTEM Tompkinsville LOCATION Beside Scott's Rock Quarry - Right Run (gate side)
 REGULATOR MANUFACTURER Mooney TYPE Flowgrid
 BODY SIZE 2" SERIAL NUMBER _____
 ORIFICE SIZE Restricted to 50% TYPE SEAT / SLEEVE 80 duro
 SPRING RANGE 10 - 70# TYPE PILOT Series 20

	<u>INLET</u>	<u>OUTLET</u>
PRESSURE AS FOUND	<u>235#</u>	<u>46#</u>
PRESSURE AS LEFT	<u>235#</u>	<u>43#</u>
TYPE INSPECTION	TEARDOWN <u>XXX</u>	VISUAL & OPERATE _____

RELIEF

RELIEF VALVE MANUFACTURER see left run inspection report TYPE _____
 BODY SIZE _____ SERIAL NUMBER _____
 SPRING RANGE _____ ORIFICE SIZE _____
 RELIEF VALVE SET POINT _____
 INLET PIPING SIZE _____ VENT STACK SIZE _____
 IS THERE A WEATHER CAP ON RELIEF STACK? YES _____ NO _____
 IS THERE A TEST POINT BETWEEN VALVE AND RELIEF? YES _____ NO _____
 WERE ALL PERTINENT VALVES CHECKED? YES _____ NO _____

COMMENTS: Regulator operated and locked up ok.
Replaced boot

DATE 12/5/2015 INSPECTED BY: Chris Griffieth

**TOMPKINSVILLE GAS SYSTEM
REGULATOR AND RELIEF VALVE INSPECTION REPORT**

SYSTEM Tompkinsville LOCATION Beside Scott's Rock Quarry - Left Run)
 REGULATOR MANUFACTURER Mooney TYPE Flowgrid
 BODY SIZE 2" SERIAL NUMBER 6457
 ORIFICE SIZE Restricted 50% TYPE SEAT / SLEEVE 80 duro
 SPRING RANGE 10 - 70# TYPE PILOT Series 20

	<u>INLET</u>	<u>OUTLET</u>
PRESSURE AS FOUND	<u>235#</u>	<u>45#</u>
PRESSURE AS LEFT	<u>235#</u>	<u>46#</u>
TYPE INSPECTION	TEARDOWN <u>XXX</u>	VISUAL & OPERATE <u> </u>

RELIEF

RELIEF VALVE MANUFACTURER Mooney TYPE Flowgrid
 BODY SIZE 3" SERIAL NUMBER 7711
 SPRING RANGE 10 - 70# ORIFICE SIZE 100%
 RELIEF VALVE SET POINT 60#
 INLET PIPING SIZE 3" VENT STACK SIZE 3"
 IS THERE A WEATHER CAP ON RELIEF STACK? YES XXX NO
 IS THERE A TEST POINT BETWEEN VALVE AND RELIEF? YES XXX NO
 WERE ALL PERTINENT VALVES CHECKED? YES XXX NO

COMMENTS: Regulator operated and locked up ok.
Needs sensing line replaced due to deterioration

DATE 12/5/2015 INSPECTED BY: Chris Griffieth

**TOMPKINSVILLE GAS SYSTEM
REGULATOR AND RELIEF VALVE INSPECTION REPORT**

SYSTEM Tompkinsville LOCATION City Gate Station - Left Run (gate side)
 REGULATOR MANUFACTURER American Meter Co. TYPE Axial Flow
 BODY SIZE 2" SERIAL NUMBER 32642
 ORIFICE SIZE Restricted to 40% capacity TYPE SEAT / SLEEVE B7
 SPRING RANGE 10 - 75# TYPE PILOT ZSC 100

	<u>INLET</u>	<u>OUTLET</u>
PRESSURE AS FOUND	<u>235#</u>	<u>47#</u>
PRESSURE AS LEFT	<u>235#</u>	<u>44#</u>
TYPE INSPECTION	TEARDOWN <u> </u>	VISUAL & OPERATE <u>XXX</u>

RELIEF

RELIEF VALVE MANUFACTURER American TYPE Axial Flow
 BODY SIZE 4" SERIAL NUMBER 144178
 SPRING RANGE 10 - 75# ORIFICE SIZE Full Cage
 RELIEF VALVE SET POINT 60#
 INLET PIPING SIZE 3" X 4" VENT STACK SIZE 4"
 IS THERE A WEATHER CAP ON RELIEF STACK? YES xxx NO
 IS THERE A TEST POINT BETWEEN VALVE AND RELIEF? YES xxx NO
 WERE ALL PERTINENT VALVES CHECKED? YES xxx NO

COMMENTS: Regulator operated and locked up ok.
Not able to tear down due to other lines tapped off

DATE 12/5/2015 INSPECTED BY: Chris Griffieth

**TOMPKINSVILLE GAS SYSTEM
REGULATOR AND RELIEF VALVE INSPECTION REPORT**

SYSTEM Tompkinsville LOCATION City Gate Station - Right Run
 REGULATOR MANUFACTURER American Meter Co. TYPE Axial Flow
 BODY SIZE 2" SERIAL NUMBER tag missing
 ORIFICE SIZE Restricted to 50% capacity TYPE SEAT / SLEEVE H7
 SPRING RANGE 10 - 75# TYPE PILOT ZSC - 100

	<u>INLET</u>	<u>OUTLET</u>
PRESSURE AS FOUND	<u>235#</u>	<u>46#</u>
PRESSURE AS LEFT	<u>235#</u>	<u>45#</u>
TYPE INSPECTION	TEARDOWN _____	VISUAL & OPERATE <u>XXX</u>

RELIEF

RELIEF VALVE MANUFACTURER See left run inspection report TYPE _____
 BODY SIZE _____ SERIAL NUMBER _____
 SPRING RANGE _____ ORIFICE SIZE _____
 RELIEF VALVE SET POINT _____
 INLET PIPING SIZE _____ VENT STACK SIZE _____
 IS THERE A WEATHER CAP ON RELIEF STACK? YES _____ NO _____
 IS THERE A TEST POINT BETWEEN VALVE AND RELIEF? YES _____ NO _____
 WERE ALL PERTINENT VALVES CHECKED? YES XXX NO _____

COMMENTS: Regulator operated and locked up ok.
Not able to tear down due to other lines tapped off

DATE 12/5/2015 INSPECTED BY: Chris Griffieth

**TOMPKINSVILLE GAS SYSTEM
REGULATOR AND RELIEF VALVE INSPECTION REPORT**

SYSTEM Tompkinsville LOCATION Poplar Log Road Left Run - Worker
 REGULATOR MANUFACTURER American Meter Co. TYPE Axial Flow
 BODY SIZE 2" SERIAL NUMBER 133816
 ORIFICE SIZE Full Cage TYPE SEAT / SLEEVE H7
 SPRING RANGE 25 - 150# TYPE PILOT ZSC 100

	<u>INLET</u>	<u>OUTLET</u>
PRESSURE AS FOUND	<u>235#</u>	<u>46#</u>
PRESSURE AS LEFT	<u>235#</u>	<u>45#</u>
TYPE INSPECTION	TEARDOWN <u>Partial</u>	VISUAL & OPERATE <u> </u>

RELIEF

RELIEF VALVE MANUFACTURER N/A TYPE N/A
 BODY SIZE N/A SERIAL NUMBER N/A
 SPRING RANGE N/A ORIFICE SIZE N/A
 RELIEF VALVE SET POINT N/A
 INLET PIPING SIZE N/A VENT STACK SIZE N/A
 IS THERE A WEATHER CAP ON RELIEF STACK? YES N/A NO N/A
 IS THERE A TEST POINT BETWEEN VALVE AND RELIEF? YES N/A NO N/A
 WERE ALL PERTINENT VALVES CHECKED? YES N/A NO N/A

COMMENTS: Regulator operated and locked up ok.

DATE 12/5/2015 INSPECTED BY: Chris Griffieth

**TOMPKINSVILLE GAS SYSTEM
REGULATOR AND RELIEF VALVE INSPECTION REPORT**

SYSTEM Tompkinsville LOCATION Poplar Log Road Left Run - Monitor
 REGULATOR MANUFACTURER American Meter Co. TYPE Axial Flow
 BODY SIZE 2" SERIAL NUMBER 133815
 ORIFICE SIZE Full Cage TYPE SEAT / SLEEVE H7
 SPRING RANGE 25 - 150# TYPE PILOT ZSC 100

	<u>INLET</u>	<u>OUTLET</u>
PRESSURE AS FOUND	<u>235#</u>	<u>55#</u>
PRESSURE AS LEFT	<u>235#</u>	<u>55#</u>
TYPE INSPECTION	TEARDOWN <u>Partial</u>	VISUAL & OPERATE <u> </u>

RELIEF

RELIEF VALVE MANUFACTURER N/A TYPE N/A
 BODY SIZE N/A SERIAL NUMBER N/A
 SPRING RANGE N/A ORIFICE SIZE N/A
 RELIEF VALVE SET POINT N/A
 INLET PIPING SIZE N/A VENT STACK SIZE N/A
 IS THERE A WEATHER CAP ON RELIEF STACK? YES N/A NO N/A
 IS THERE A TEST POINT BETWEEN VALVE AND RELIEF? YES N/A NO N/A
 WERE ALL PERTINENT VALVES CHECKED? YES N/A NO N/A

COMMENTS: Regulator operated and locked up ok.

DATE 12/5/2015 INSPECTED BY: Chris Griffieth

**TOMPKINSVILLE GAS SYSTEM
REGULATOR AND RELIEF VALVE INSPECTION REPORT**

SYSTEM Tompkinsville LOCATION Poplar Log Road Right Run - Worker
 REGULATOR MANUFACTURER American Meter Co. TYPE Axial Flow
 BODY SIZE 2" SERIAL NUMBER 133813
 ORIFICE SIZE Full Cage TYPE SEAT / SLEEVE H7
 SPRING RANGE 25 - 150# TYPE PILOT ZSC 100

	<u>INLET</u>	<u>OUTLET</u>
PRESSURE AS FOUND	<u>235#</u>	<u>48#</u>
PRESSURE AS LEFT	<u>235#</u>	<u>46#</u>
TYPE INSPECTION	TEARDOWN <u>Partial</u>	VISUAL & OPERATE <u> </u>

RELIEF

RELIEF VALVE MANUFACTURER N/A TYPE N/A
 BODY SIZE N/A SERIAL NUMBER N/A
 SPRING RANGE N/A ORIFICE SIZE N/A
 RELIEF VALVE SET POINT N/A
 INLET PIPING SIZE N/A VENT STACK SIZE N/A
 IS THERE A WEATHER CAP ON RELIEF STACK? YES N/A NO N/A
 IS THERE A TEST POINT BETWEEN VALVE AND RELIEF? YES N/A NO N/A
 WERE ALL PERTINENT VALVES CHECKED? YES N/A NO N/A

COMMENTS: Regulator operated and locked up ok.

DATE 12/5/2015 INSPECTED BY: Chris Griffieth

**TOMPKINSVILLE GAS SYSTEM
REGULATOR AND RELIEF VALVE INSPECTION REPORT**

SYSTEM Tompkinsville LOCATION Poplar Log Road Right Run - Monitor
 REGULATOR MANUFACTURER American Meter Co. TYPE Axial Flow
 BODY SIZE 2" SERIAL NUMBER 133814
 ORIFICE SIZE Full Cage TYPE SEAT / SLEEVE H7
 SPRING RANGE 25 - 150# TYPE PILOT ZSC 100

	<u>INLET</u>	<u>OUTLET</u>
PRESSURE AS FOUND	<u>235#</u>	<u>55#</u>
PRESSURE AS LEFT	<u>235#</u>	<u>55#</u>
TYPE INSPECTION	TEARDOWN <u>Partial</u>	VISUAL & OPERATE <u> </u>

RELIEF

RELIEF VALVE MANUFACTURER N/A TYPE N/A
 BODY SIZE N/A SERIAL NUMBER N/A
 SPRING RANGE N/A ORIFICE SIZE N/A
 RELIEF VALVE SET POINT N/A
 INLET PIPING SIZE N/A VENT STACK SIZE N/A
 IS THERE A WEATHER CAP ON RELIEF STACK? YES N/A NO N/A
 IS THERE A TEST POINT BETWEEN VALVE AND RELIEF? YES N/A NO N/A
 WERE ALL PERTINENT VALVES CHECKED? YES N/A NO N/A

COMMENTS: Regulator operated and locked up ok.

DATE 12/5/2015 INSPECTED BY: Chris Griffieth

**TOMPKINSVILLE GAS SYSTEM
REGULATOR AND RELIEF VALVE INSPECTION REPORT**

SYSTEM Tompkinsville LOCATION Green Hills Station 2nd Cut
 REGULATOR MANUFACTURER Fisher TYPE EZR
 BODY SIZE 1" SERIAL NUMBER 16003947
 ORIFICE SIZE 60% capacity TYPE SEAT / SLEEVE Nitrile
 SPRING RANGE 30 - 75# TYPE PILOT 161EB

	<u>INLET</u>	<u>OUTLET</u>
PRESSURE AS FOUND	<u>150#</u>	<u>46#</u>
PRESSURE AS LEFT	<u>150#</u>	<u>46#</u>
TYPE INSPECTION	TEARDOWN <u> </u>	VISUAL & OPERATE <u>XXX</u>

RELIEF

RELIEF VALVE MANUFACTURER Fisher TYPE 1808
 BODY SIZE 2# SERIAL NUMBER 16003949
 SPRING RANGE 35 - 125# ORIFICE SIZE 2"
 RELIEF VALVE SET POINT 55#
 INLET PIPING SIZE 2" VENT STACK SIZE 2"
 IS THERE A WEATHER CAP ON RELIEF STACK? YES xxx NO
 IS THERE A TEST POINT BETWEEN VALVE AND RELIEF? YES xxx NO
 WERE ALL PERTINENT VALVES CHECKED? YES xxx NO

COMMENTS: Regulator operated and locked up ok.

DATE 12/5/2015 INSPECTED BY: Chris Griffieth

**TOMPKINSVILLE GAS SYSTEM
REGULATOR AND RELIEF VALVE INSPECTION REPORT**

SYSTEM Tompkinsville LOCATION Green Hills Sta. 1st Cut
 REGULATOR MANUFACTURER Fisher TYPE EZR
 BODY SIZE 1" SERIAL NUMBER 16003945
 ORIFICE SIZE 30% capacity TYPE SEAT / SLEEVE Nitrile
 SPRING RANGE 130 - 200# TYPE PILOT 161EB

	<u>INLET</u>	<u>OUTLET</u>
PRESSURE AS FOUND	<u>235#</u>	<u>150#</u>
PRESSURE AS LEFT	<u>235#</u>	<u>150#</u>
TYPE INSPECTION	TEARDOWN <u> </u>	VISUAL & OPERATE <u>XXX</u>

RELIEF

RELIEF VALVE MANUFACTURER N/A TYPE N/A
 BODY SIZE N/A SERIAL NUMBER N/A
 SPRING RANGE N/A ORIFICE SIZE N/A
 RELIEF VALVE SET POINT N/A
 INLET PIPING SIZE N/A VENT STACK SIZE N/A
 IS THERE A WEATHER CAP ON RELIEF STACK? YES N/A NO N/A
 IS THERE A TEST POINT BETWEEN VALVE AND RELIEF? YES N/A NO N/A
 WERE ALL PERTINENT VALVES CHECKED? YES N/A NO N/A

COMMENTS: Regulator operated and locked up ok.

DATE 12/5/2015 INSPECTED BY: Chris Griffieth

**TOMPKINSVILLE GAS SYSTEM
REGULATOR AND RELIEF VALVE INSPECTION REPORT**

SYSTEM Tompkinsville LOCATION Idrue Station 2nd Cut
 REGULATOR MANUFACTURER Fisher TYPE EZR
 BODY SIZE 1" SERIAL NUMBER 16003946
 ORIFICE SIZE 60% capacity TYPE SEAT / SLEEVE Nitrile
 SPRING RANGE 30 - 75# TYPE PILOT 161EB

	<u>INLET</u>	<u>OUTLET</u>
PRESSURE AS FOUND	<u>150#</u>	<u>46#</u>
PRESSURE AS LEFT	<u>150#</u>	<u>46#</u>
TYPE INSPECTION	TEARDOWN <u> </u>	VISUAL & OPERATE <u>XXX</u>

RELIEF

RELIEF VALVE MANUFACTURER Fisher TYPE 1808
 BODY SIZE 2" SERIAL NUMBER 16003948
 SPRING RANGE 35 - 125# ORIFICE SIZE 2"
 RELIEF VALVE SET POINT 55#
 INLET PIPING SIZE 2" VENT STACK SIZE 2"
 IS THERE A WEATHER CAP ON RELIEF STACK? YES xxx NO
 IS THERE A TEST POINT BETWEEN VALVE AND RELIEF? YES xxx NO
 WERE ALL PERTINENT VALVES CHECKED? YES xxx NO

COMMENTS: Regulator operated and locked up ok.

DATE 12/5/2015 INSPECTED BY: Chris Griffieth

**TOMPKINSVILLE GAS SYSTEM
REGULATOR AND RELIEF VALVE INSPECTION REPORT**

SYSTEM Tompkinsville LOCATION Idrue Station 1st Cut
 REGULATOR MANUFACTURER Fisher TYPE EZR
 BODY SIZE 1" SERIAL NUMBER 16003944
 ORIFICE SIZE 30% capacity TYPE SEAT / SLEEVE Nitrile
 SPRING RANGE 130 - 200# TYPE PILOT 161EB

	<u>INLET</u>	<u>OUTLET</u>
PRESSURE AS FOUND	<u>235#</u>	<u>150#</u>
PRESSURE AS LEFT	<u>235#</u>	<u>150#</u>
TYPE INSPECTION	TEARDOWN <u> </u>	VISUAL & OPERATE <u>XXX</u>

RELIEF

RELIEF VALVE MANUFACTURER N/A TYPE N/A
 BODY SIZE N/A SERIAL NUMBER N/A
 SPRING RANGE N/A ORIFICE SIZE N/A
 RELIEF VALVE SET POINT N/A
 INLET PIPING SIZE N/A VENT STACK SIZE N/A
 IS THERE A WEATHER CAP ON RELIEF STACK? YES N/A NO N/A
 IS THERE A TEST POINT BETWEEN VALVE AND RELIEF? YES N/A NO N/A
 WERE ALL PERTINENT VALVES CHECKED? YES N/A NO N/A

COMMENTS: Regulator operated and locked up ok.

DATE 12/5/2015 INSPECTED BY: Chris Griffieth

**TOMPKINSVILLE GAS SYSTEM
REGULATOR AND RELIEF VALVE INSPECTION REPORT**

SYSTEM Tompkinsville LOCATION Sand Lick
 REGULATOR MANUFACTURER Fisher TYPE 630
 BODY SIZE 1" SERIAL NUMBER _____
 ORIFICE SIZE Unknown TYPE SEAT / SLEEVE Nitrile
 SPRING RANGE Unknown TYPE PILOT N/A

	<u>INLET</u>	<u>OUTLET</u>
PRESSURE AS FOUND	<u>235#</u>	<u>28#</u>
PRESSURE AS LEFT	<u>235#</u>	<u>28#</u>
TYPE INSPECTION	TEARDOWN _____	VISUAL & OPERATE <u>XXX</u>

RELIEF

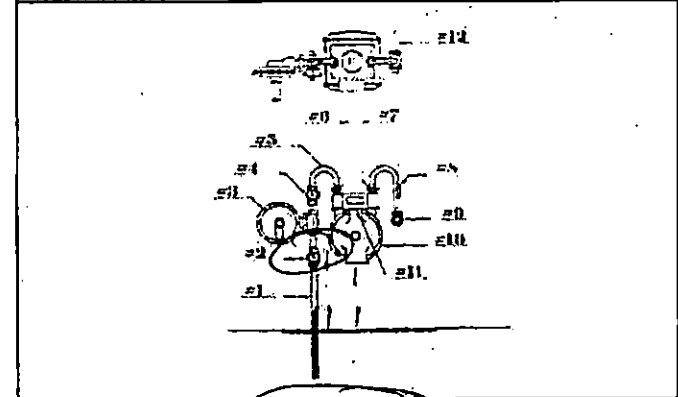
RELIEF VALVE MANUFACTURER Fisher TYPE 630
 BODY SIZE 2" SERIAL NUMBER _____
 SPRING RANGE Unknown ORIFICE SIZE Unknown
 RELIEF VALVE SET POINT 48#
 INLET PIPING SIZE 2" VENT STACK SIZE 2"
 IS THERE A WEATHER CAP ON RELIEF STACK? YES _____ NO _____
 IS THERE A TEST POINT BETWEEN VALVE AND RELIEF? YES _____ NO _____
 WERE ALL PERTINENT VALVES CHECKED? YES _____ NO _____

COMMENTS: Visual and operate inspection performed.
Regulator operated and locked up okay.

DATE 12/5/2015 INSPECTED BY: Chris Griffieth

Customer Name	Phone	Customer Account No.	No.	0100
Address	Date Received	Date Installed		
1918 OLD GLASGOW RD	City/County	Tompkinsville	State	KY

Case #	Date	9-24-15		
Classification	Grade 1	Grade 2	Grade 3	<input checked="" type="checkbox"/>
Meter	Inside	Outside	<input checked="" type="checkbox"/>	



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

Detection	Location	Source	CGI/EGD	Pressure	Surface	Pipe	Size	Weather	
Mobile FI	Inside Bldg	Main	Rock	%Gas	(0-1)	Grass	Steel	5-2.0	Clear
Flame Pack	Outside Bldg	Service	Cinder	LEL	(1-30)	Dirt	PE	2.0-3.0	Wet
Visual	Manhole	Tap	Clay	UEL	(31-60)	Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CCGI/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	10.2-12.0	

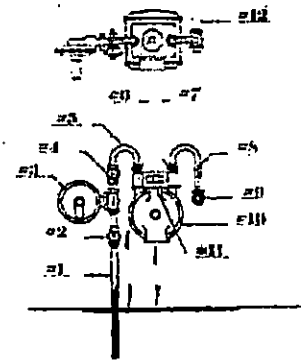
Corrosion	Part of System	Material	Location	Repair Data
Corrosion	Pipe	Transmission	Steel	Residential
Outside Force	Valve LOCK	Main	Cast Iron	Rural
Const/Defect	Fitting	Service	Ductile Iron	Commercial
Material Defect	Regulator	Meter Set	Copper	Industrial
Other	Tap Connection	Customer Pipe	Plastic	

Signature: *[Handwritten Signature]* Date: 9-24-15

Customer Name	Phone #	Customer Account #	No.	0101
Installer	Date Received	Date Installed		
1373 OLD GLASGOW RD		City/County	Tompkinsville	
		State	KY	

IN ground LEAK AT FARM TAP ON High pressure side

Grade 1	Grade 2	Grade 3
Inside		Outside
Manufacturer		Size



#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	Soil/Sun	CGI/EGD	Pressure	Surface	Material	Size	Weather	
Mobile Fl	Inside Bldg	Main	Rock	%Gas	(0-1)	Grass	Steel	5-2.0	Clear
Flame Pack	Outside Bldg	Service	Cinder	LEL	(1-30)	Dirt	PE	2.0-3.0	Wet
Visual	Manhole	Tap	Clay	UEL	(31-60)	Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CCGI/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	10.2-12.0	

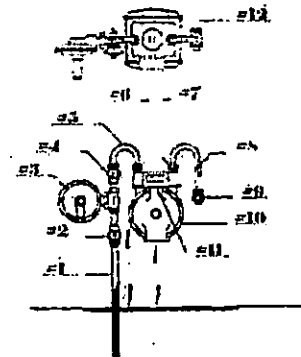
Material	Location	Pressure	Material	Location	Material
Corrosion	Pipe	Transmission	Steel	Residential	1-5
Outside Force	Valve	Main	Cast Iron	Rural	5-Greater
Const/Defect	Fitting	Service	Ductile Iron	Commercial	Date Repaired:
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked:
Other	Tap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

Signature: *M. J. ...* Date: 9-24-15

Customer Name	Phone	Customer Account #	No.	0102
Address	Date Received	Date Installed	State	RY
1296 OLD GLASGOW RD	Thompsonville		Date	9-24-15

IN ground LEAK AT VALVE NEAR THE MAIN

Grade 1	Grade 2	Grade 3
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

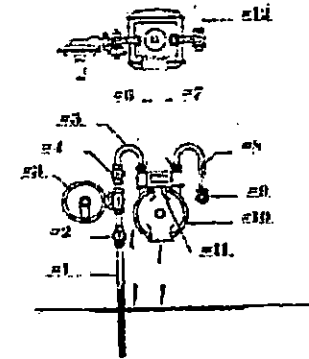
DETECTION	LOCATION	SOIL SUB	CGI/EGD	PRESSURE	SURFACE	PIPE	SIZE	WEATHER	
Mobile Fl	Inside Bldg	Main	Rock	%Gas	(0-1)	Grass	Steel	✓ 5-2.0	Clear
Flame Pack	✓ Outside Bldg	✓ Service	Cinder	LEL	(1-30)	Dirt	PE	2.0-3.0	Wet
Visual	Manhole	Tap	Clay	✓ UEL	(31-60)	Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CCGI/EGD	Undergrnd	✓ Valve	✓ Loam	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	Atmosphere	Meter	Sand		(100-399)	✓ Sidewalk	PVCB	10.2-12.0	
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:				
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked:				
Other	✓ Tap Connection	Customer Pipe	Plastic						

Signature: Mas [Signature] Date: 9-24-15

Phone #	Customer Account #	No.	0103
Date Received	Date Installed		
1167 OLD GLASGOW RD		City/County	Tuckersville
		State	KY
		Date	9-24-15

FARM TAP BLOW OFF HAS SMALL LEAK

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

Detector	Location	Soil Sub	CO/EGD	Pressure	Surface	Pipe	Size	Weather
Mobile Fl	Inside Bldg	Main	Rock	%Gas (0-1)	<input checked="" type="checkbox"/> Grass	<input checked="" type="checkbox"/> Steel	<input checked="" type="checkbox"/> 5-2.0	<input checked="" type="checkbox"/> Clear
Flame Pack	<input checked="" type="checkbox"/> Outside Bldg	<input checked="" type="checkbox"/> Service	<input checked="" type="checkbox"/> 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)
CCGI/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	10.2-12.0	

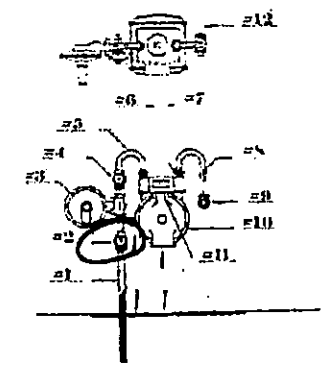
Corrosion	Material	Location Area	Repair Data
Corrosion	Pipe	Transmission	Steel
Outside Force	Valve	Main	Cast Iron
Const/Defect	Fitting	Service	<input checked="" type="checkbox"/> Ductile Iron
Material Defect	Regulator	<input checked="" type="checkbox"/> Meter Set	Copper
Other	<input checked="" type="checkbox"/>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

Signature: _____ Date: _____

Customer Name	Phone	Customer Account No.	0104
Installer Name	Date Received	Date Installed	
Address	501 5 th St	City/County	Tompkinsville
		State	KY

LEAK ON LOCK VALVE

Case #	Date	11-10-15
Classification	Grade 1	Grade 2
Meter	Inside	
Manufacture	Outside	



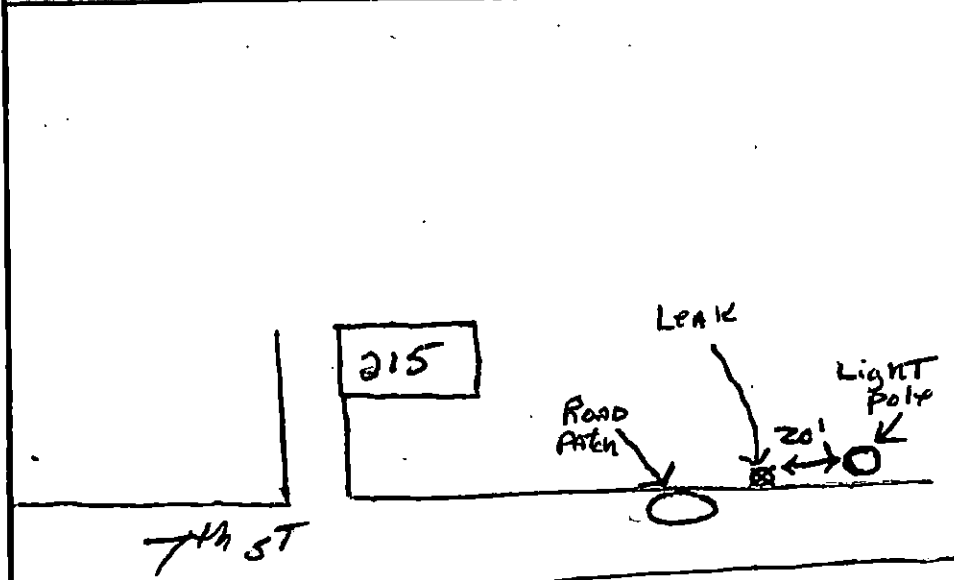
#1 Riser	#2 HP Cock	#3 Regulator
#4 LP Cock	#5 Inlet Loop	#6 Inlet Cap/Swivel
#7 Out Cap/Swivel	#8 Outlet Loop	#9 Fuel Line Fitting
#10 Gas Meter	#11 Index	#12 Fuel Line

LEAK LOCATION	VELOC. LOCATION	SOIL SPEC.	CGI/EGD	PRESSURE	SURFACE	PIPE	SIZE	WEATHER	
Mobile FI	Inside Bldg	Main	Rock	%Gas	(0-1)	Grass	Steel	✓ 5-2.0	✓ Clear
Flame Pack	✓ Outside Bldg	✓ Service	Cinder	LEL	(1-30)	✓ Dirt	PE	2.0-3.0	Wet
Visual	Manhole	Tap	Clay	UEL	(31-60)	Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CCGI/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	10.2-12.0	

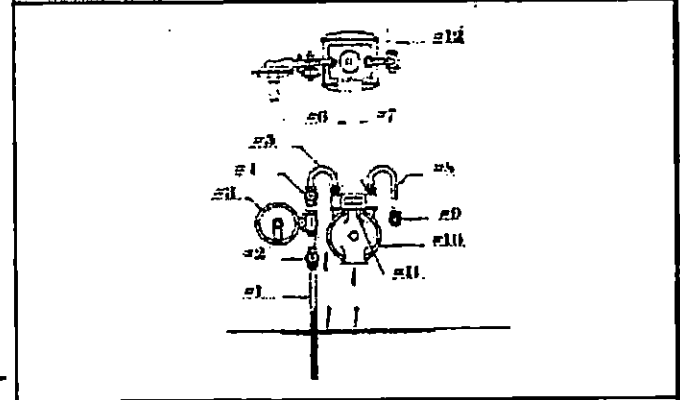
LEAK CAUSE	COMPONENT	PART OF SYSTEM	TYPE MATERIAL	LOCATION AREA	REPAIR DATA
Corrosion	Pipe	Transmission	Steel	✓ Residential	✓ 1-5
Outside Force	Valve	✓ Main	Cast Iron	Rural	5-Greater
Const/Defect	Fitting	Service	Ductile Iron	Commercial	Date Repaired:
Material Defect	Regulator	Meter Set	✓ Copper	Industrial	Date Rechecked:
Other	Tap Connection	Customer Pipe	Plastic		

Signature: Mari Anderson Date: 11-10-15

Phone: _____ Date Received: _____ Date Installed: _____
 Customer Account # _____ No. 0105
 215 7th ST City/County TOMPKINSVILLE State KY
 Date 11-10-15



Case: _____
 Classification: Grade 1 Grade 2 Grade 3
 Manufacture: _____ 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	Service	Soil Sub	CGI/EGD	Pressure	Surface	Pipe	Size	Weather
Mobile FI	Inside Bldg	Main	<input checked="" type="checkbox"/> Rock	%Gas	(0-1)	Grass	<input checked="" type="checkbox"/> Steel	.5-2.0	Clear
Flame Pack	<input checked="" type="checkbox"/> Outside Bldg	Service	Cinder	LEL	(1-30)	<input checked="" type="checkbox"/> Dirt	PE	<input checked="" type="checkbox"/> 2.0-3.0	<input checked="" type="checkbox"/> Wet
Visual	Manhole	Tap	Clay	UEL	(31-60)	Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CCGI/EGD	Undergrnd	<input checked="" type="checkbox"/> Valve	Loam	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	Atmosphere	Meter	Sand		(100-399)	Sidewalk	PVCB	10.2-12.0	

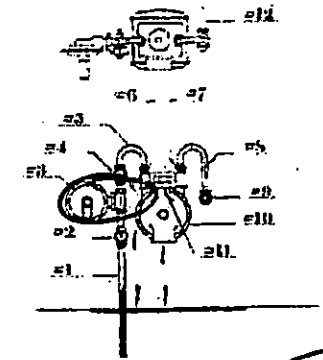
Corrosion	Location	Service	Material	Environment	Repair
Corrosion	Pipe	<input checked="" type="checkbox"/> Transmission	Steel	Residential	<input checked="" type="checkbox"/> 1-5 Bare
Outside Force	Valve	Main	<input checked="" type="checkbox"/> Cast Iron	Rural	5-Greater Coated
Const/Defect	Fitting	Service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

Signature: Max Anderson Date: 11-10-15

Customer Name: _____ Phone: _____ Customer Account No: 0106
 Installer Name: _____ Date Received: _____ Date Installed: _____
 Address: City Library City: Tompkinsville State: KY

LEAK AT Regulator

Classification: Grade 1 Grade 2 Grade 3
 Material: _____ Inside: _____
 Manufacturing: _____ 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

Mobile Fl	Inside Bldg	Main	Rock	%Gas	(0-1)	Grass	Steel	5-2.0	Clear
Flame Pack	<input checked="" type="checkbox"/> Outside Bldg	<input checked="" type="checkbox"/> Service	Cinder	LEL	(1-30)	Dirt	PE	2.0-3.0	Wet
Visual	Manhole	Tap	Clay	UEL	(31-60)	Asphalt	<input checked="" type="checkbox"/> Cast Iron	3.0-4.0	Hot (85-100)
CCGI/EGD	Undergrnd	Valve	Loam	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	Atmosphere	Meter	<input checked="" type="checkbox"/> Sand		(100-399)	Sidewalk	PVCB	10.2-12.0	

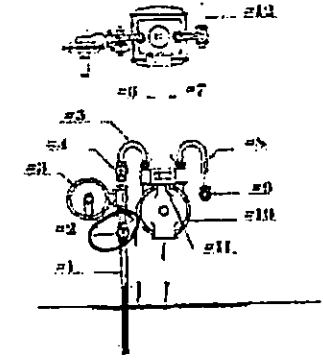
Corrosion	Pipe	Transmission	Steel	Residential	1-5	Bare
Outside Force	Valve	Main	Cast Iron	Rural	5-Greater	Coated
Const/Defect	Fitting	<input checked="" type="checkbox"/> Service	Ductile Iron	Commercial	Date Repaired:	
Material Defect	Regulator	<input checked="" type="checkbox"/> Meter Set	<input checked=""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

Signature: Maria Anderson Date: 11-10-15

Customer Name: _____ Phone: _____ Customer Account #: _____ No. 0107
 Installer Name: _____ Date Received: _____ Date Installed: _____
 Address: 128 NORTH ST City/County: TOMPKINSVILLE State: KY

LEAK ON BOTTOM OF LOCK VALVE

Case No. _____ Date: 11-24-15
 Classification: Grade 1 Grade 2 Grade 3
 Meter: _____ 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	SOIL	CGI/EGD	PRESSURE	SURFACE	PIPE	SIZE	WEATHER	
Mobile FI	Inside Bldg	Main	Rock	%Gas	(0-1)	Grass	Steel	✓ .5-2.0	✓ Clear
Flame Pack	✓ Outside Bldg	✓ Service	Cinder	LEL	(1-30)	Dirt	PE	2.0-3.0	Wet
Visual	✓ Manhole	Tap	Clay	UEL	(31-60)	✓ Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CCGI/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	10.2-12.0	

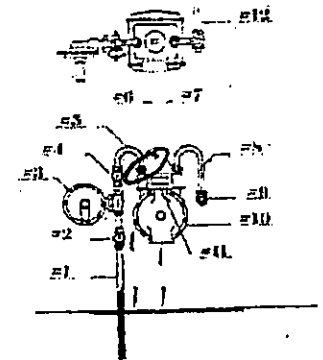
TYPE	MATERIAL	LOCATION AREA	REPAIR DATA			
Corrosion	Pipe	Transmission	Steel	✓ Residential	✓ 1-5	Bare
Outside Force	Valve	✓ Main	Cast Iron	Rural	5-Greater	Coated
Const/Defect	Fitting	Service	Ductile Iron	Commercial	Date Repaired:	
Material Defect	Regulator	Meter Set	✓ Copper	Industrial	Date Rechecked:	
Other	✓ Tap Connection	Customer Pipe	Plastic			

Signature: Mas Anderson Date: 11-24-15

Phone # _____ Customer Account # _____ No. 0108
 Date Received _____ Date Installed _____
 City/County **TOMPKINSVILLE** State **KY**

126 North St
LEAK ON INLET SPUD

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



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

DETECTION	LOCATION	SOIL TYPE	CGI/EGD	PRESSURE	SURFACE	PIPE	SIZE	WEATHER
Mobile FI	Inside Bldg	Main	Rock	%Gas (0-1)	Grass	Steel	5-2.0	Clear
Flame Pack	Outside Bldg	Service	Cinder	LEL (1-30)	Dirt	PE	2.0-3.0	Wet
Visual	Manhole	Tap	Clay	UEL (31-60)	Asphalt	Cast Iron	3.0-4.0	Hot (85-100)
CCGI/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	10.2-12.0	

PIPE OR SYSTEM	TYPE MATERIAL	LOCATION AREA	REPAIR DATA
Corrosion	Pipe	Transmission	Steel Residential 1-5 Bare
Outside Force	Valve	Main	Cast Iron Rural 5-Greater Coated
Const/Defect	Fitting	Service	Ductile Iron Commercial Date Repaired:
Material Defect	Regulator	Meter Set	Copper Industrial Date Rechecked:
Other	Tap Connection	Customer Pipe	Plastic

Signature: *Ma. Waters* Date: *11-24-15*

Phone		Customer Account #		No. 0109	
Date Received		Date Installed			
City/County		TOMPKINSVILLE		State KY	
Date		11-24-15			
Classification		Grade 1	Grade 2	<input checked="" type="checkbox"/> Grade 3	
Installation		Inside		<input checked="" type="checkbox"/> 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

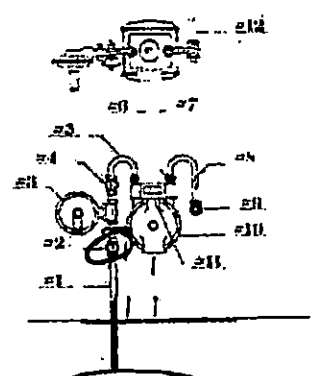
TYPE	SOIL	CCG/EGD	Pressure	Service	PIPE	SIZE	WEATHER			
Mobile F1	Inside Bldg	Main	<input checked="" type="checkbox"/> Rock	%Gas	(0-1)	Grass	<input checked="" type="checkbox"/> Steel	5-2.0	Clear	<input checked="" type="checkbox"/>
Flame Pack	<input checked="" type="checkbox"/> Outside Bldg	<input checked="" type="checkbox"/> Service	Cinder	LEL	(1-30)	<input checked="" type="checkbox"/> Dirt	PE	<input checked="" type="checkbox"/> 2.0-3.0	Wet	
Visual	Manhole	Tap	Clay	<input checked="" type="checkbox"/> UEL	(31-60)	<input checked="" type="checkbox"/> Asphalt	Cast Iron	3.0-4.0	Hot (85-100)	
CCG/EGD	Undergrnd	<input checked="" type="checkbox"/> Valve	<input checked="" type="checkbox"/> Loam	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40)	
Smell	Atmosphere	Meter	Sand		(100-399)	Sidewalk	PVCB	10.2-12.0		

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

Signature: Maria Anderson

Date: 11-24-15

Customer Name: [] Phone: [] Customer Account No: 0110
 Date Received: [] Date Installed: []
 Address: 1500 Edmondson Rd City/County: Tompkinsville State: KY
 LEAK ON TOP OF LOCK VALVE (T-VILLE INN) Meter/SET Date: 11-24-15
 Classification: Grade 1 Grade 2 Grade 3
 Location: Inside Outside
 #1 Riser #2 HP Cook #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	Soil	CGI/EGD	Pressure	Surface	Pipe	Size	Weather
Mobile F1	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)
CCGI/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	10.2-12.0	

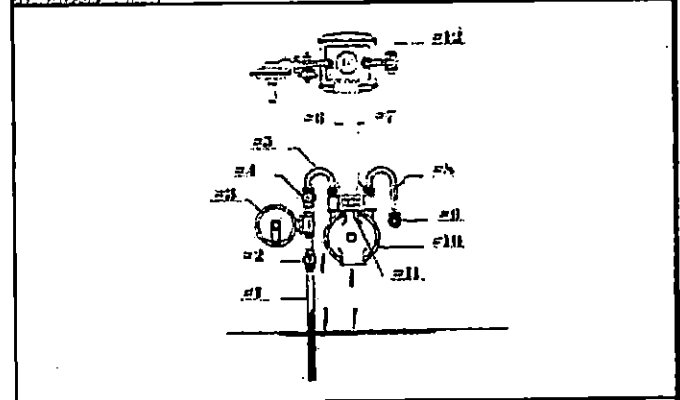
Corrosion	Material	Location	Material	Environment	REPAIR DATA
Corrosion	Pipe	Transmission	Steel	Residential	1-5 Bare
Outside Force	Valve	Main	Cast Iron	Rural	5-Greater Coated
Const/Defect	Fitting	Service	Ductile Iron	Commercial	Date Repaired:
Material Defect	Regulator	Meter Set	Copper	Industrial	Date Rechecked:
Other	Tap Connection	Customer Pipe	Plastic		

Signature: Ma Anderson Date: 11-24-15

Phone # _____ Customer/Account # _____ No. 0111
 Date Received _____ Date Installed _____
 Location: TEVILLE Elementary school TOMPKINSVILLE State KY
 Date: 11-24-15

LEAK ON UNION ABOVE LOCK VALVE

Classification: Grade 1 Grade 2 Grade 3
 Manufacture: Inside Outside



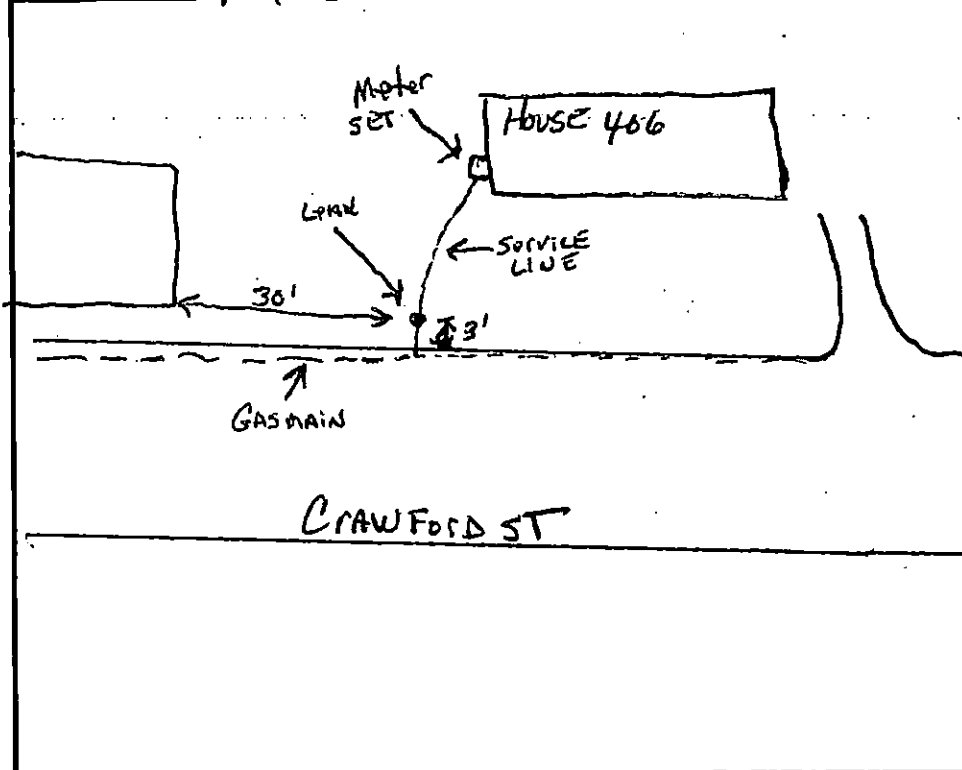
#1 Riser	#2 HP Cock	#3 Regulator
#4 LP Cock	#5 Inlet Loop	#6 Inlet Cap/Swivel
#7 Out Cap/Swivel	#8 Outlet Loop	#9 Fuel Line Fitting
#10 Gas Meter	#11 Index	#12 Fuel Line

Detector	Location	Soil	CGI/EGD	Pressure	Surface	Pipe	Size	Weather	
Mobile FI	Inside Bldg	Main	Rock	%Gas	(0-1)	Grass	Steel	✓ 5-2.0	Clear
Flame Pack	✓ Outside Bldg	✓ Service	Cinder	LEL	(1-30)	Dirt	PE	2.0-3.0	✓ Wet
Visual	✓ Manhole	Tap	Clay	UEL	(31-60)	✓ Asphalt	✓ Cast Iron	3.0-4.0	Hot (85-100)
CCGI/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	10.2-12.0	

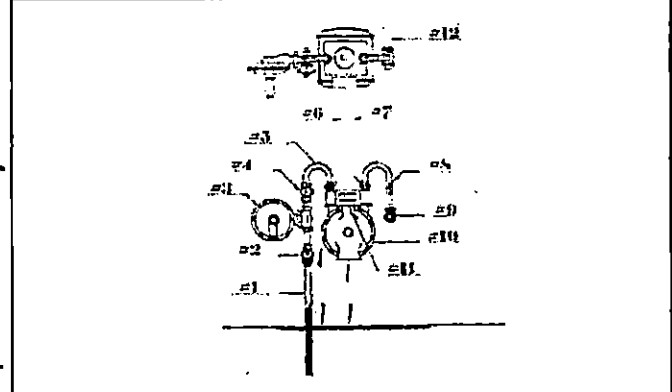
Corrosion	Pipe	Transmission	Material	Location Area	Repair Data
	Pipe	Transmission	Steel	✓ Residential	1-5 Bare
Outside Force	Valve	Main	Cast Iron	Rural	5-Greater Coated
Const/Defect	Fitting	✓ Service	Ductile Iron	Commercial	✓ Date Repaired:
Material Defect	Regulator	Meter Set	✓ Copper	Industrial	Date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

Signature: Mari Chelton Date: 11-24-15

Customer Name: 406 CRAWFORD ST Phone: Customer Account #: 0112
 Date Received: Date Installed:
 City/County: TOMPKINSVILLE State: KY
 Date: 11-24-15



Classification: Grade 1 Grade 2 Grade 3
 Location: Inside Outside



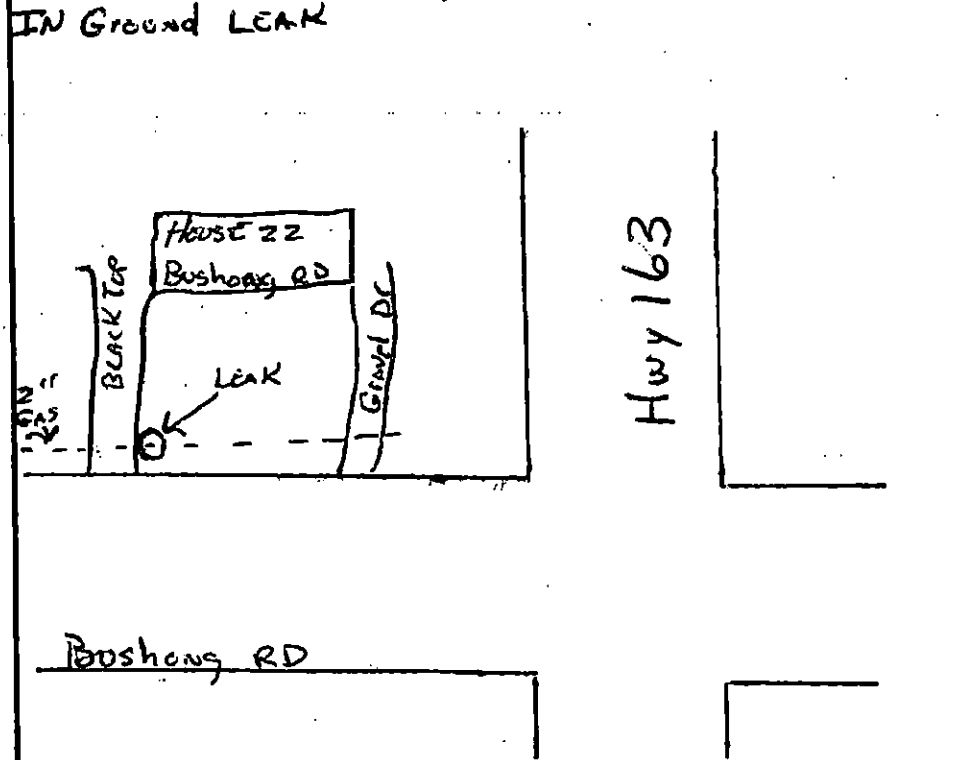
#1 Riser	#2 HP Cock	#3 Regulator
#4 LP Cock	#5 Inlet Loop	#6 Inlet Cap/Swivel
#7 Out Cap/Swivel	#8 Outlet Loop	#9 Fuel Line Fitting
#10 Gas Meter	#11 Index	#12 Fuel Line

Disturbance	Location	Soil/Sea	CG/EGD	Pressure	Surface	Pipe	Size	Weather	
Mobile F1	Inside Bldg	Main	Rock	%Gas	(0-1)	Grass	<input checked="" type="checkbox"/> Steel	<input checked="" type="checkbox"/> .5-2.0	<input checked="" type="checkbox"/> Clear
Flame Pack	<input checked="" type="checkbox"/> Outside Bldg	<input checked="" type="checkbox"/> Service	<input checked="" type="checkbox"/> Cinder	LEL	(1-30)	Dirt	PE	2.0-3.0	Wet
Visual	Manhole	Tap	Clay	<input checked="" type="checkbox"/> UEL	(31-60)	<input checked="" type="checkbox"/> Asphalt	<input checked="" type="checkbox"/> Cast Iron	3.0-4.0	Hot (85-100)
CCG/EGD	Undergrnd	<input checked="" type="checkbox"/> Valve	Loam	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40)
Smell	Atmosphere	Meter	Sand		(100-399)	Sidewalk	PVCB	10.2-12.0	

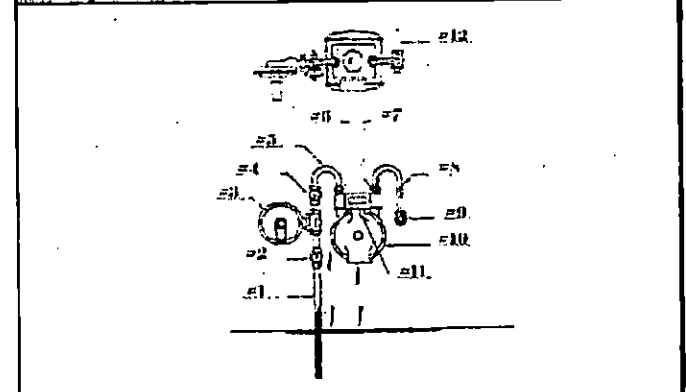
Disturbance	Component	Part of System	Dist. Material	Location Area	Repair Date	
Corrosion	Pipe	Transmission	Steel	<input checked="" type="checkbox"/> Residential	<input checked="" type="checkbox"/> 1-5	Bare
Outside Force	Valve	Main	<input checked="" type="checkbox"/> Cast Iron	Rural	5-Greater	Coated
Const/Defect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

Signature: Mari Anderson Date: 11-24-15

Customer Name: _____ Phone: _____ Customer Account #: _____ No. 0113
 Date Received: _____ Date Installed: _____
 Address: 22 Bushong RD City/County: Tompkinsville State: KY
 Date: 12-9-15



Case: _____
 Classification: Grade 1 Grade 2 Grade 3
 Manhole: _____ 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	Soil Sub	CGI/EGD	PRESSURE	SURFACE	PIPE	SIZE	WEATHER		
Mobile FI	Inside Bldg	Main	<input checked="" type="checkbox"/>	Rock	%Gas	(0-1)	Grass	<input checked="" type="checkbox"/> Steel	5-2.0	Clear
Flame Pack	<input checked="" type="checkbox"/> Outside Bldg	<input checked="" type="checkbox"/> Service		Cinder	LEL	(1-30)	Dirt	PE	<input checked="" type="checkbox"/> 2.0-3.0	<input checked="" type="checkbox"/> Wet
Visual	Manhole	Tap	?	Clay	<input checked="" type="checkbox"/> UEL	(31-60)	<input checked="" type="checkbox"/> Asphalt	<input checked="" type="checkbox"/> Cast Iron	3.0-4.0	Hot (85-100)
CCGI/EGD	Undergrnd	<input checked="" type="checkbox"/> Valve		Loam	PPM	(61-99.9)	Concrete	CSST	6.0-8.0	Cold (0-40) <input checked="" type="checkbox"/>
Smell	Atmosphere	Meter		Sand		(100-399)	Sidewalk	PVCB	10.2-12.0	

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

Signature: _____ Date: _____