

INITIAL LEAK DATA

Leak Number: **50** 10 810042 USA Ticket # _____ Valid Date: _____
 Date Reported: 10 21 10 Time Reported: 10 00 (24 hr Time) PCC Number: 11778
 Response Date: 10 21 10 Response Time: 8:00 (24 hr Time) Paved Wall-To-Wall: Yes No
 Moratorium Expire Date: _____ SAP Recheck Order #: 1005555 SAP Repair Order #: 41411031
 Address: Redacted City: South city SSF.

Description of Reading Location: Grease Fitting at Elbow
 REPORTED BY: Call-In Mobile Survey Other Employee
 Foot Survey SURFACE OVER LEAK Concrete Unsurfaced Asphalt Other

READINGS				2% or Less ^a or Suspect Copper (S)	Down Grade Via Vent (Yes/No)	DATE	Time (24 hr Time)	OPERATOR LAN ID	UNIT SERIAL NUMBER (Last 4 Digits)	LOCATION REMARKS (Not needed, if the same as previous)
PPM	% LEL	% GAS	Instr ^a							
		100	V	1	E	10 21 10	10:30	Redacted		

PRIORITY 2+ REQUESTED REPAIR DATE (Only needed if less than 90 days) _____ (Repair required within 90 calendar days)

B (3) 49

- a Instrument Type: Enter H for Hydrogen Flame Ionization, C for Combustible Gas Indicator, or V for Visual.
 b Enter Grade or enter 2+ for Priority Grade 2. Enter 0 (zero) if no leak is found. If a competent first responder from other than M&C determines that the leak is non-hazardous, enter as a Grade 2+. The % Gas will be zero, the instrument will be "V" and the 2% reason code will be "H". Use the next line below to upgrade or downgrade the leak.
 c 2% or less reason code is required if leak is graded as 1, 2+, or 2:
 A-Wall to wall and traveling, B-Next to, at or under building, C-Odor and next to public gathering location, D-In foreign structure, E-Audible and/or visible, F-On facility in extremely poor condition, G-At least second customer call out, H-Leak is reported as 0% Gas Visual, J-Leak within the scope of work by others, S-Leak is suspected to be on a copper service

MAPPING DATA

Leak Location Map Wall Map: _____ Plat: B13 Federal Land Yes No SYSTEM PRESSURE (MAOP) R'qd for Grade 1, 2, & 2+ Downgrades to Grade 0
 Recorded Location Map Wall Map: _____ Plat: _____ Block: 49 LP (≤ 10.5" WC) SHP (≤ 25 psig)
 Normally Cathodically Protected Yes No CPA: _____ MOP (TP only) _____ HP (≤ 60 psig) TP (> 60 psig)
 Year Inst. _____ TP Line # _____ Mile Post: _____ Original Job # (TP Only) _____
 For Leaks On Services: Main Connected to Service Cast Iron Plastic Steel Installation Year of Main _____

PIPE DATA

LEAK SOURCE: <input type="checkbox"/> Bell Joint <input type="checkbox"/> Body of Pipe <input type="checkbox"/> Clamp <input type="checkbox"/> Drip <input type="checkbox"/> Encapsulation <input checked="" type="checkbox"/> Fitting <input type="checkbox"/> Fusion Joint <input type="checkbox"/> Girth Weld <input type="checkbox"/> Longitudinal Weld <input type="checkbox"/> Mechanical Joint <input type="checkbox"/> Plastic Tee Cap <input type="checkbox"/> Other Welds <input type="checkbox"/> Regulator <input type="checkbox"/> Riser <input type="checkbox"/> Tap Connection	LEAK CAUSE: <input type="checkbox"/> Atmospheric Corrosion <input type="checkbox"/> Cast Iron Fracture <input checked="" type="checkbox"/> Construction Defect <input type="checkbox"/> Damage by Electrical Facility <input type="checkbox"/> Damage by Heavy Rains/Flood <input type="checkbox"/> Damage by Earth Movement <input type="checkbox"/> Damage by 3 rd Party <input type="checkbox"/> External Corrosion <input type="checkbox"/> Internal Corrosion <input type="checkbox"/> Stress Corrosion Cracking <input type="checkbox"/> Material Failure <input type="checkbox"/> Plastic Crack Failure <input type="checkbox"/> Plastic Embrittlement <input type="checkbox"/> Vandalism <input type="checkbox"/> Structure Fire	LINE MATERIAL: <input type="checkbox"/> Copper <input checked="" type="checkbox"/> Steel/Wrought Iron <input type="checkbox"/> Cast/Ductile Iron <input type="checkbox"/> Alanyl A (Tan or Gray) <input type="checkbox"/> PE2406 (Yellow or Orange) <input type="checkbox"/> PE2406/2708 (Yellow) <input type="checkbox"/> PE 3408 (Black) <input type="checkbox"/> PE 4710 (Black) <input type="checkbox"/> Other Plastic
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Size: _____ Line Above Ground Yes No Internal Liner Yes No Line Inserted Yes No
 Consequence Area Yes No (Transmission Only) EFV Installed Yes No EFV Operated Yes No
 Incident Report #: _____ Material Problem Report #: _____

LOCATION SKETCH

REQUIRED for new or returned to service segments of main and/or service: <input type="checkbox"/> On-Site Test <input type="checkbox"/> Pre-Test TESTED AT _____ PSIG FOR _____ Hour/Minutes TEST in accordance with A-34 BY _____ DATE _____ TEST QUALIFIES PIPE FOR _____ PSIG MAOP	(if any fittings are used, then text and/or sketch must show location)	WELDED BY: _____ Date: _____ WELDING INSPECTED PER PG&E NUMBERED DOCUMENT D-40 BY: _____ Date: _____ INSPECTOR _____
TYPE OF PLASTIC MATERIAL INSTALLED Manufacturer Name (Polypipe, US Poly, Performance, or KWH)		MFG. DATE (MM/DD/YY) / / See Numbered Document A-93

COMMENTS:

Leaking Grease Fitting at Valve. Greased to stop leak

A sketch is required for all repairs (or directions as to where to find the sketch is required, if it is located on another record).

Redacted

Note: EMS Markers are to be installed for Deactivated Facilities and where plastic is found without wire. All EMS markers shall be clearly dimensioned.