| 5 | | | | | | Í. | 1 | Ind | d. | | | | |
|--|--|---|---|---|--|---------------------------------------|--|---|-------------------------------------|--|--|--|--|
| ÷ | | Pacific Gas Electric Con | and Ibany | Lea | k Survey | 7 <i>Qın</i> , Repai | 4 (×) r, Inspec Report | י זע זי tion, and /Form " | ປ Gas Qι ∆") | larterly li | ncident | 82-4000 (Rev 3:03) Gas T&O Utility Standard S41 10 | |
| | · | | <u> </u> | | // | VITIAL L | EAK DAT | A (| | - | | | |
| H |) ·Leak Number | Yezr <u> <u> </u> </u> | B 1 0 | ея 0 4 | | A Ticket # | | 9 | | Vaild Date | Month | Day Year | |
| U. | Date Reporter Respons Date Moratoriu | s / 0 * / 0 - | 21 | 10 | Time Rep Response Til SAP Recheck | ported ./ | 00 | a (24 hr Time) | D Pave | °CC Number d Wall-To- Wall | / / 7 Yes [] | 178 № 8 | |
| | Expire Da Address | Redacted | | | Order# | | | - <u> 4 V_ </u> | th ci | | <u> 1911年</u> 日 ここ | | |
| | Descript | lon of Reading | Location: | Grea | so. Fi | Hring | at 6 | 16ow | | <u> </u> | | | |
| | REPORT | | all-In ool Survey | 口 Mobile 好 Other | Survey Employee ^b | Q | SURFAC | E OVER LI | | phalt | | surfaced her | |
| | PPM 9 | READINGS | nstr ^a Grada ^b | 2% or Less ^e or Suspect Copper | Down Grade Vla Vent (Yest No) | I | DATE | | Time (24 hr Tims) | OPERATO LAN ID | R UNIT SERIAL NUMBER | LOCATION REMARKS (Not needed, If the strip as previous) | |
| 6 | | 100 | ¥ . 7. | E. | DON | 10 | 2121 | 0-1 | 000 | Redacted | | | |
| | | | | | | | | | | | | | |
| J | PRIC | RITY 2+ REQU | ESTED REP | AIR DATE | E (Only needed if an Elamo Ic | iess then 90 day | | uetible Go | (Repa | air required v | within 90 cale | endar days} | |
| R | <u>b</u> Ente | er Grade or er M&C determ "V" and the | ler 2+ for P lnes that th 2% reason | riority Gr ie leak is code wi | ade 2, Ent s non-haza II be "H". | er 0 (zero irdous, ei Use the r |) if no leak nter as a G text line be | is found. If rade 2+. T low to up | a compete he % Gas grade or d | ent first res will be zer owngrade | sponder from o, the Instru the leak. | m other than Iment will be | |
| <u>c</u> 2% or less reason code is required if leak is graded as 1, 2+, or 2: <u>A-Wall to wall and traveling</u>, B-Next to, at or under building, C-Oder and next to public gathering location, D-In foreign structure, <u>E-Audible and/or visible</u>, | | | | | | | | | | | | | |
| | 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 | | | | | | | | | | | | |
| | Leak Location Map Wall Map: 7 Plat: B13 Federal Land Yes QLNo SYSTEM PRESSURE (MAO | | | | | | | | | | RE (MAOP) | | |
| | Normally | ed Location n Cathodically I | nap vvaii Protected E | Map;] Yes □ N | 10 CPA: | Plat: | | MOP (TP on | y 4 | | P(≤10.5" WC) HP(≤ 60 psig) | U SHP(≤25 ps/g) <u> </u> | |
| | Year Inst For Leal | | TP Line # [s: | Main | Connected | Mile fo Servic | Post: | | tems) ☐Origina lic ☐ Stee | al Job # (TP (Installati | Donly) | | |
| | • | | | | | | PIPE DAT | A [| | · · · · · · · · · · · · · · · · · · · | | | |
| | LEAKS | OURCE: | | | | LEAK | CAUSE: | | — | | LINE MA | ATERIAL: | |
| | Body of | n I Pipe | ☐ Valve | it mastic oy | rstent | Cast l | on Fracture | ก | Incorrect | Operation | Steet/W | rought Iron | |
| | Clamp | | | | | Constr | uction Defect | l Facility | Equipme | nt Malfunction | | ictile fron (Tan of Grav) | |
| | Encaps | ulation | | | ł | _ Doma Doma | ge by Liccinica ge by Heavy R | ains/Flood | Lightning | iy Doniayeo | D PE2408 | (Yellow or Orange) | |
| | A-Fitting | .lolot | | | | Dama | ge by Earth Mo na by 3 rd Dadu | vement | Weld Fai | lure | PE2406 | /2708 (Yellow) | |
| • | Ginh W | /eld | | | | | al Corroston | | | 1 | [] PE 4710 |) (Black) | |
| | 🗌 Longitu | C Longitudinal Weld | | | | Internal Corrosion | | | LINE USE: | | 🗖 Olher Pl | Olher Plastic | |
| , | Mechar Dechar | nical Joint | | | | Stress Stress | Corrosion Cra | cking | Distributi | on Main | Other . | | |
| | Olher V | Velds | | | | | Crack Failure | | Single Si | H Brvico | | | |
| | Regula | lor | | | | Plastic Vanda | : Embrillemen Illsm | t | Branch S | Service Islan | | ÷ | |
| | Tap Co | nneclion | 71 | | | | ure Fire | | | | _ | · · · | |
| | ' Siz | | 2 Line A | wove Gi | round | res ₽-No | Interr | al Liner [| | lo Line | Inserted [| | |
| | Incident Report #: Material Problem Report #: | | | | | | | | | Er | , oberated | | |
| | | | | | | | Page 1 of | 3 | OCT | 2 8 201 | 0 | | |

| Repair Location Redacted | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|
| Yes Z No Plueline Engineer Consulted Repair Remarks Greased 7 | Citting | | | | | | | | | |
| Repaired By: Redacted Repair Date / D Repair Time / 4 | Pipe-to Soll (mV) | | | | | | | | | |
| REPAIR CODE: D Mechanical Repair Fillion Denlares Vehice or = 2 Inch. D Fillion | (External Consten Only) | | | | | | | | | |
| □ Reglace Plastic Tes Cap □ Reglace Plastic Tes Cap □ Reglace Plastic Tes Cap □ Patr | the Aouawrap | | | | | | | | | |
| □ Bell Joint Clamp | | | | | | | | | | |
| | Had SleevelCan | | | | | | | | | |
| Or Repair Ordered Descripted Partial Senden Stigner Class | | | | | | | | | | |
| | 000 Sava-A-Veive | | | | | | | | | |
| Decourse in main Q Replace Entire Service G 00 010 m minimum | | | | | | | | | | |
| | B Steeve | | | | | | | | | |
| or more) | | | | | | | | | | |
| SIZE INSTALLED: REPLACED WITH: STEEL [] PE2406/2708 (Yellow) | Copper Entirely Replaced | | | | | | | | | |
| Field Reviewed By: Date 10 20 20 10 Post Repair 1 Yes Check 20 No | Date - | | | | | | | | | |
| • Mapping Reviewed By Redacted Date 111 203 1 | Posting Required 🗆 Yes 🗌 No | | | | | | | | | |
| · OENEDAL MODEOTIONDATA | | | | | | | | | | |
| | | | | | | | | | | |
| Date: Distribution Main Gathering Single Service Branch Service | | | | | | | | | | |
| LINE MATERIAL SOIL TYPE FOT TP Only SURFACE OVER PIPE | FEET EXPOSED 0 2 | | | | | | | | | |
| Soll RESIST (ohm-cm) Clay Clay Concrete C | COVER ON PIPE (Inches) 2.19 | | | | | | | | | |
| Cast/Ductile Iron Cock C 0 - 1,000 Asphall | INTERNAL LINER Ves No | | | | | | | | | |
| Copper Ki Sand I 1,000 - 2,000 Soli (Previously Unsurfaced) P | AVED WALL TO WALL U Yes 1 No | | | | | | | | | |
| \Box Aloyi-A (ran or Gray) \Box Loam \Box 2,000 - 5,000 \Box Exposed \Box EXP | AR PUBLIC ASSEMBLT LI TES MINO | | | | | | | | | |
| | | | | | | | | | | |
| PE 2406/2708 (Yellow) □ Exposed Facility □ >10,000 □ Other | \$ ¢ | | | | | | | | | |
| _ 'PE 3408 (Black) | • | | | | | | | | | |
| PE 47 10 (Black) Other | Line Size | | | | | | | | | |
| | | | | | | | | | | |
| COATING TYPE Bare/None Paint Esingle Wrap Somastic Tar COATING TYPE Bare/None Double Wrap Plastic Coated Other CONDITION Down Down | | | | | | | | | | |
| CIRCUMFERENTIAL WELD Cracked High/Low Observed | | | | | | | | | | |
| CONDITION (Visual) Dimensions not in tolerance (See Numbered Document <u>D-20</u> or <u>D-22</u>) LONG SEAM DOSAW ERW AO Smith Spiral SSAW SSAU Fiash | | | | | | | | | | |
| EXTERNAL INSPECTION | | | | | | | | | | |
| RUST AND I Light Heavy WALL THICKNESS (Req. for TP) (Inches) | KNESS MEASURED Yes No | | | | | | | | | |
| PITTING ANOR LIght Heavy MAX. PIT DEPTH (Req. for TP) (Inches) | ED (CAST IRON) | | | | | | | | | |
| GOUGING 🛃 None 🗌 Light 📋 Heavy MAX, GOUGE DEPTH (Req. for TP) (Inches) | | | | | | | | | | |
| INTERNAL INSPECTION | | | | | | | | | | |
| RUST [] None [] Light [] Heavy | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| GOUGING TNO UNDER STRESS/BENT No DISCOLORING/TO GRAY No CRACKING No HARD OBJECTS No | | | | | | | | | | |
| ESTIMATE GOUGE DEPTH VISUAL BEAD APPEARANCE (SEE NUMBERED DOCUMENT D-21) TEE CAP CRACKING I Yes I No | | | | | | | | | | |
| | | | | | | | | | | |
| Damaging Party Address City | | | | | | | | | | |
| Damaging Party Working For PG&E Yes No Zin C | code | | | | | | | | | |
| Phone () | | | | | | | | | | |
| # INJURED: DAMAGE # Cust. # Cust. # Fire 'IPLOYEESOTHERSS \$InterruptedHours # Cust. # Cust. | Yes No EXPLOSION Yes No | | | | | | | | | |
| _ ATAL: EMPLOYEES OTHERS Media ☐ Yes ☐ No Media Type ☐ TV ☐ Red/s JOT REPORTABLE (Fatality, In-patient Hospitalization, ≥\$50K Property Damage) ☐ Yes ☐ No CPUC REPO | o 🔲 Newspaper Name/Channel: RTABLE (Major News Media) 🔲 Yes 🔲 No | | | | | | | | | |

📲 LOCATION SKETCH 🖡 QUIRED for new or returned to service segments of main and/or service; WELDED BY: Oato: (if any fittings are used, then text 🗋 On-Site Test 🗋 Pre-Test and/or sketch must show location) WELDING INSPECTED TESTED AT _____ PSIG FOR _____ Hour/Minutes PER PG&E NUMBERED DOCUMENT 0-40 TEST in accordance with A-34 BY ____ __DATE TYPE OF PLASTIC MATERIAL MFG. DATE BY: _Date: TEST QUALIFIES PIPE FOR /INSTALLED (RWOOM) PSIG MAOP Manufacturer Name <u>___</u> INSPECTOR (Polypipe, US Poly, Performance, or KWH) See Numbered Document A-93 COMMENTS: Leaking Grease Fitting at Value. Greased to stop hears 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). ł Redacted 1.7 Note: EMS Markers are to be installed for Deactivated Facilities and where plastic is found without wire. All EMS markers shall be clearly dimensioned. Page 3 of 3