

**INITIAL LEAK DATA**

56  
 Leak Number: 10-810043  
 Date Reported: 10-28-10  
 Response Date: 10-23-10  
 USA Ticket #: 1000SP1028  
 Valid Date: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 PCC Number: 11778  
 Paved Wall-To-Wall: Yes  No   
 SAP Recheck Order #: 1100SP  
 SAP Repair Order #: A141103  
 Address: Redacted  
 Description of Reading Location: Gas Gauge Valve in Manhole

REPORTED BY:  Call-In  Mobile Survey  Other Employee  
 Foot Survey  SURFACE OVERLEAK  Concrete  Unsurfaced  Other  
 Asphalt

READINGS				2% or Less <sup>a</sup> 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 <sup>a</sup>							
		150	V	1	E	10-20-10	1000	Redacted		

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

- 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 over, 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: [ ] [ ] [ ] [ ] 7 Plat: 813 Federal Land  Yes  No  
 Recorded Location Map Wall Map: [ ] [ ] [ ] [ ] Plat: [ ] [ ] [ ] [ ] Block: 49  
 Normally Cathodically Protected  Yes  No CPA: [ ] [ ] [ ] [ ] MOP (TP only) [ ] [ ] [ ] [ ]  
 SYSTEM PRESSURE (MAOP) Req'd for Grade 1, 2, & 2+ Downgrades to Grade 0  
 LP (≤10.5" WC)  SHP (≤ 25 psig)  
 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:**  
 Bell Joint  SS Fitting in Plastic System  
 Body of Pipe  Valve  
 Clamp  Unknown  
 Drip  Other  
 Encapsulation  
 Fitting  
 Fusion Joint  
 Girth Weld  
 Longitudinal Weld  
 Mechanical Joint  
 Plastic Tee Cap  
 Other Welds  
 Regulator  
 Riser  
 Tap Connection

**LEAK CAUSE:**  
 Atmospheric Corrosion  
 Cast Iron Fracture  
 Construction Defect  
 Damage by Electrical Facility  
 Damage by Heavy Rains/Flood  
 Damage by Earth Movement  
 Damage by 3<sup>rd</sup> Party  
 External Corrosion  
 Internal Corrosion  
 Stress Corrosion Cracking  
 Material Failure  
 Plastic Crack Failure  
 Plastic Embrittlement  
 Vandalism  
 Structure Fire

**LINE MATERIAL:**  
 Copper  
 Steel/Wrought Iron  
 Cast/Ductile Iron  
 Al-dyl A (Tan or Gray)  
 PE2406 (Yellow or Orange)  
 PE2406/2708 (Yellow)  
 PE 3408 (Black)  
 PE 4710 (Black)  
 Other Plastic

**LINE USE:**  
 Distribution Main  
 Gathering  
 Single Service  
 Branch Service  
 Transmission

Line Size [ ] [ ] [ ] [ ] 50 Lines Above Ground  Yes  No Internal Liner  Yes  No  
 High Consequence Area  Yes  No (Transmission Only) EFV Installed  Yes  No  
 Incident Report #: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Material Problem Report #: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 Line Inserted  Yes  No EFV Operated  Yes  No

OCT 28 2010

REPAIR DATA

Repair Location Redacted

Yes  No Pipeline Engineer Consulted

Repair Remarks *Re-doped & Re-install 1/2" Valve*

Repaired By: *[Signature]* Repair Date 10 23 10 Repair Time 13 00 Pipe-to Soil (mV) 560

- REPAIR CODE: *10-231*
- Bell Joint Seal
  - Bell Joint Clamp
  - CI Repair Sleeve
  - BJ PermaBond
  - Deactivate TP Main
  - Replace TP Main
  - Deactivate Dist Main (1 foot or more)
  - Mechanical Repair Filling
  - Replace Dist Main < 100 ft.
  - Replace Dist Main > or = 100 ft
  - Deactivated Entire Service
  - Deactivated Partial Service
  - Replace Entire Service
  - Replace Partial Service
  - Replace Valve < 2-inch
  - Replace Valve > or = 2-inch
  - Replace Plastic Tee Cap
  - Tighten Cap/Bolt
  - Aldyl Electrofusion Overcap
  - Skinner Clamp
  - SS Clamp w/Anode
  - Soap and/or Tape
  - Tee Fused Over Defect
  - Fill Weld
  - Patch Weld
  - Direct Deposition Weld
  - Welded Sleeve/Can
  - Welded Save-A-Valve
  - Type A Sleeve
  - Type B Sleeve
  - Grinding
  - Clockspring
  - Aquawrap
  - Other *Re-doped & Re-installed 1/2" Valve*

SIZE INSTALLED: [ ] [ ] [ ] [ ] REPLACED WITH:  STEEL  PE2408/2708 (Yellow)  Copper Entirely Replaced  
 PE 4710 (Black)

Field Reviewed By: Redacted Date 10 28 10 Post Repair Check  Yes  No Date [ ] [ ] [ ] [ ]  
Mapping Reviewed By: Redacted Date 11 03 10 Posting Required  Yes  No

GENERAL INSPECTION DATA

Date: 10 23 10 Inspected by: Redacted Line Use:  Distribution Main  Gathering  Single Service  Branch Service  
 Transmission

- LAN ID: [ ] [ ] [ ] [ ]
- LINE MATERIAL:  Steel/Wrought Iron  Cast/Ductile Iron  Copper  Aldyl-A (Tan or Gray)  PE 2406 (Yellow or Orange)  PE 2406/2708 (Yellow)  3408 (Black)  PE 4710 (Black)  Other
- SOIL TYPE:  Clay  Rock  Sand  Loam  Wet
- For TP Only SOIL RESIST (ohm-cm):  0 - 1,000  1,000 - 2,000  2,000 - 5,000  5,000 - 10,000  >10,000
- SURFACE OVER PIPE:  Concrete  Asphalt  Soil (Previously Unsurfaced)  Exposed  Other

FEET EXPOSED	<u>0</u>	<u>4</u>
COVER ON PIPE (Inches)	<u>2</u>	<u>4</u>
INTERNAL LINER	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
PAVED WALL TO WALL	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
NEAR PUBLIC ASSEMBLY	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Line Size	[ ]	<u>50</u>

METALLIC PIPE CONDITION

- COATING TYPE:  Bare/None  Epoxy  Paint  Tape  Single Wrap  Double Wrap  Somatic  Plastic Coated  Tar  Other
- COATING CONDITION:  Excellent  Fair  Good  Poor
- CIRCUMFERENTIAL WELD CONDITION (Visual):  Acceptable  Cracked  High/Low Observed  Dimensions not in tolerance (See Numbered Document D-20 or D-22)
- LONG SEAM:  DSAW  ERW  AO Smith  Spiral  SSAW  SMLS  LAP  Flash
- EXTERNAL INSPECTION
- RUST:  None  Light  Heavy
- WALL THICKNESS (Req. for TP) (Inches): [ ] [ ] [ ] [ ] WALL THICKNESS MEASURED:  Yes  No
- PITTING:  None  Light  Heavy
- MAX. PIT DEPTH (Req. for TP) (Inches): [ ] [ ] [ ] [ ] GRAPHITIZED (CAST IRON):  Yes  No
- GOUGING:  None  Light  Heavy
- MAX. GOUGE DEPTH (Req. for TP) (Inches): [ ] [ ] [ ] [ ]
- INTERNAL INSPECTION
- RUST:  None  Light  Heavy
- PITTING:  None  Light  Heavy
- MAX. PIT DEPTH (Req. for TP) (Inches): [ ] [ ] [ ] [ ]

PLASTIC PIPE CONDITION

- PRINTLINE VISIBLE:  Yes  No
- PIPE MANUFACTURER (LOCATED ON PIPE): [ ] [ ] [ ] [ ] MANUFACTURE DATE (MM/DD/YY): [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
- GOUGING:  Yes  No UNDER STRESS/BENT:  Yes  No DISCOLORING TO GRAY:  Yes  No
- CRACKING:  Yes  No IN CONTACT WITH HARD OBJECTS:  Yes  No
- ESTIMATE GOUGE DEPTH:  <10%  10-50%  >50% VISUAL BEAD APPEARANCE (SEE NUMBERED DOCUMENT D-21):  Acceptable  Unacceptable
- TEE CAP CRACKING:  Yes  No

GAS QUARTERLY INCIDENT DATA

Damaging Party: [ ] [ ] [ ] [ ] Address: [ ] [ ] [ ] [ ] City: [ ] [ ] [ ] [ ]

Damaging Party Working For PG&E:  Yes  No Zip Code: [ ] [ ] [ ] [ ]

Phone ( ) - -

# INJURED: [ ] EMPLOYEES [ ] OTHERS [ ] DAMAGE \$ [ ] [ ] [ ] # Cust. Interrupted [ ] # Cust. Hours [ ]

FIRE:  Yes  No EXPLOSION:  Yes  No

Media:  Yes  No Media Type:  TV  Radio  Newspaper Name/Channel: [ ] [ ] [ ] [ ]

NOT REPORTABLE (Fatality, In-patient Hospitalization, ≥\$50K Property Damage):  Yes  No CPUC REPORTABLE (Major News Media):  Yes  No

## LOCATION SKETCH

<p>REQUIRED for new or returned to service segments of main and/or service:</p> <p><input type="checkbox"/> On-Site Test    <input type="checkbox"/> Pre-Test</p> <p>TESTED AT _____ PSIG FOR _____ Hour/Minutes</p> <p>TEST in accordance with <u>A-34</u></p> <p>BY _____ DATE _____</p> <p>TEST QUALIFIES PIPE FOR _____ PSIG MAOP</p>	<p>(If any fittings are used, then text and/or sketch must show location)</p>	<p>WELDED BY: _____ Date: _____</p> <p style="text-align: center;">WELDING INSPECTED PER PG&amp;E NUMBERED DOCUMENT D-40</p> <p>BY: _____ Date: _____</p> <p style="text-align: center;">INSPECTOR</p>
<p>TYPE OF PLASTIC MATERIAL INSTALLED</p> <p>Manufacturer Name _____</p> <p>(Polypipe, US Poly, Performance, or KWh)</p>		<p>MFG. DATE (MM/DD/YY)</p> <p style="text-align: center;">/ /</p> <p>See Numbered Document A-93</p>
<p>COMMENTS: <i>stopped Pin-off Muller tee at Main &amp; Removed 1/2 Valve. cleaned threads &amp; Re-Install 1/2" Valve.</i></p> <div style="border: 1px solid black; width: 150px; height: 20px; margin-left: 50px; margin-top: 10px;">Redacted</div>		

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

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