

*Found in Field*

**INITIAL LEAK DATA**

Leak Number: **10 81004 4** USA Ticket # \_\_\_\_\_ Valid Date: \_\_\_\_\_  
 Date Reported: **10 23 10** Time Reported: **8:00** (24 hr Time) POC Number: **11773**  
 Response Date: **10 23 10** Response Time: **8:05** (24 hr Time) Paved Wall-To-Wall: Yes  No   
 Moratorium Expire Date: \_\_\_\_\_ SAP Recheck Order #: **10 055 N 10** SAP Repair Order #: **41411031**  
 Address: **Redacted** City: **SSF.**

Description of Reading Location: **in Manhole V-39-86-2**  
 REPORTED BY:  Call-In  Mobile Survey  Other Employee  
 Foot Survey  SURFACE OVER LEAK  Concrete  Unsurfaced  Asphalt  Other

READINGS			Instr <sup>a</sup>	Grade <sup>b</sup>	2% or Less <sup>c</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									
		<b>100</b>	<b>V</b>	<b>1</b>		<b>N</b>	<b>10 23 10</b>	<b>1000</b>	<b>Redacted</b>		

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 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: **7** Plat: **B 13** Federal Land  Yes  No  
 Recorded Location Map Wall Map: \_\_\_\_\_ Plat: \_\_\_\_\_ Block: **49**  
 Normally Cathodically Protected  Yes  No CPA: \_\_\_\_\_ MOP (TP only) \_\_\_\_\_  
 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  Body of Pipe  Clamp  Drip  Encapsulation  Filling  Fusion Joint  Girth Weld  Longitudinal Weld  Mechanical Joint  Plastic Tee Cap  Other Welds  Regulator  Riser  Tap Connection

SS Fitting In Plastic System  Valve  Unknown  Other **Cap on 3/4" Muller etc.**

**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

Vehicle  Incorrect Operation  Equipment Malfunction  Previously Damaged  Lightning  Weld Failure  Unknown  Other \_\_\_\_\_

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

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

Line Size: **1.5** 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 #: \_\_\_\_\_

**OCT 28 2010**

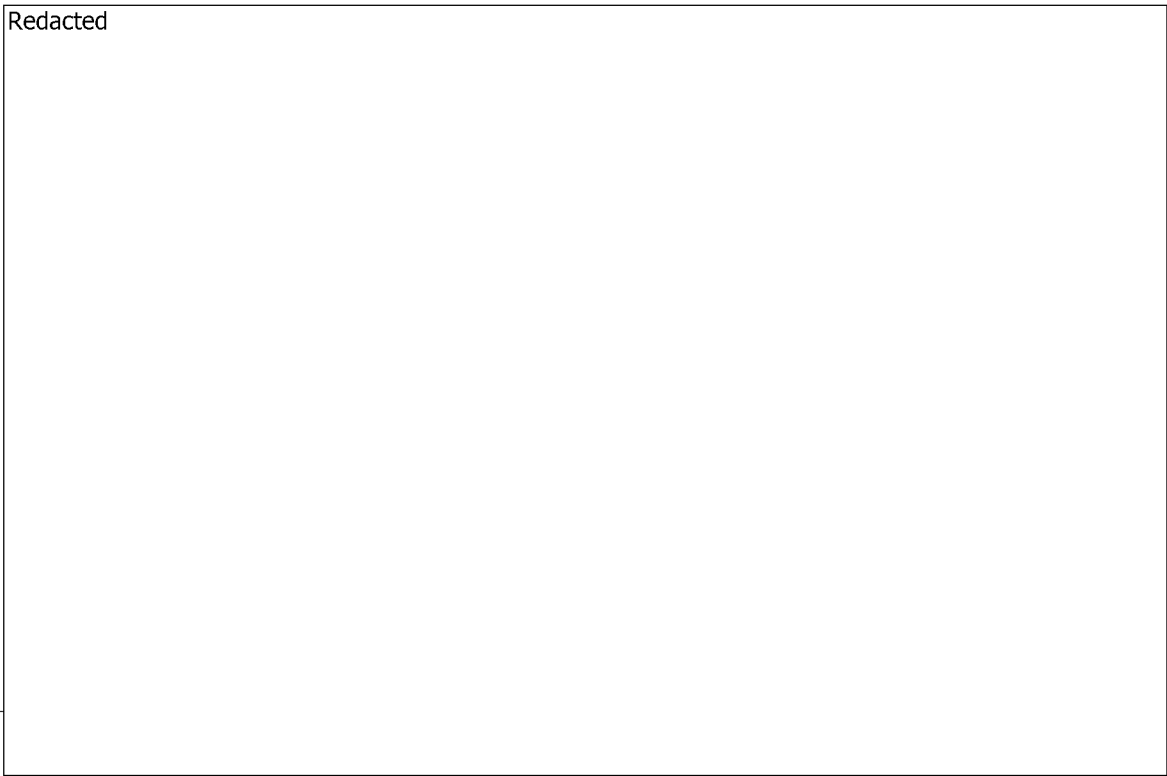


**LOCATION SKETCH**

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 <u>A-34</u> BY _____ DATE _____ TEST QUALIFIES PIPE FOR - _____ PSIG MAOP	(If any fittings are used, then text and/or sketch must show location)  TYPE OF PLASTIC MATERIAL INSTALLED Manufacturer Name (Polypipe, US Poly, Performance, or KWH)  _____	WELDED BY: _____ Date: _____ WELDING INSPECTED PER PG&E NUMBERED DOCUMENT <u>D-40</u>  BY: _____ Date: _____ INSPECTOR _____
MFG. DATE (MM/DD/YY) 11 See Numbered Document A-93		

COMMENTS: *Fixed leak on cap on 3/4" TP Tee.*

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).



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