



Hydrostatic Test Log Sheet

Owner Company	PG + E	Job Number	44474079
Construction Co.	ARB	Job Number	0629-53-3500
Testing Co.	AKRT	Job Number	PG + E 6-09-11

Test Section	Name	Station (0+00)	Elevation (Feet)
	Test Location	125 + 00	44
	Begin	125 + 00	44
	End	00 + 00	171
	High Elevation	25 + 75	366
	Low Elevation	111 + 50	41

Pipe Data	Section	Length (ft.)	O. D. (in.)	W.T. (in.)	Restrained (ft.)	Unrestrained (ft.)	Grade	Seam/Joint Type
	1	33	36	0.500		33	X-65	DSAW Arc Weld
	2	75	30	0.375		75	X-65	DSAW Arc Weld
	3	8	30	0.375	8		X-42	DSAW Arc Weld
	4	2575	36	0.360	2575		X-60	DSAW Arc Weld
	5	857	36	0.360	857		X-52	DSAW Arc Weld
	6	8317	30	0.375	8317		X-52	DSAW Arc Weld
	7	641	30	0.3125	641		X-52	DSAW Arc Weld
	8	10	4.5	0.237		10	61B	Sm Arc Weld
	9	148	36	0.406	148		X-52	DSAW Arc Weld
	10							
11								

Test Period	Begin	Date	Time	Test Medium	Water
					<input checked="" type="checkbox"/>
					Nitrogen
End	6/9/11	6/9/11	12:00 midnite	Other	<input type="checkbox"/>

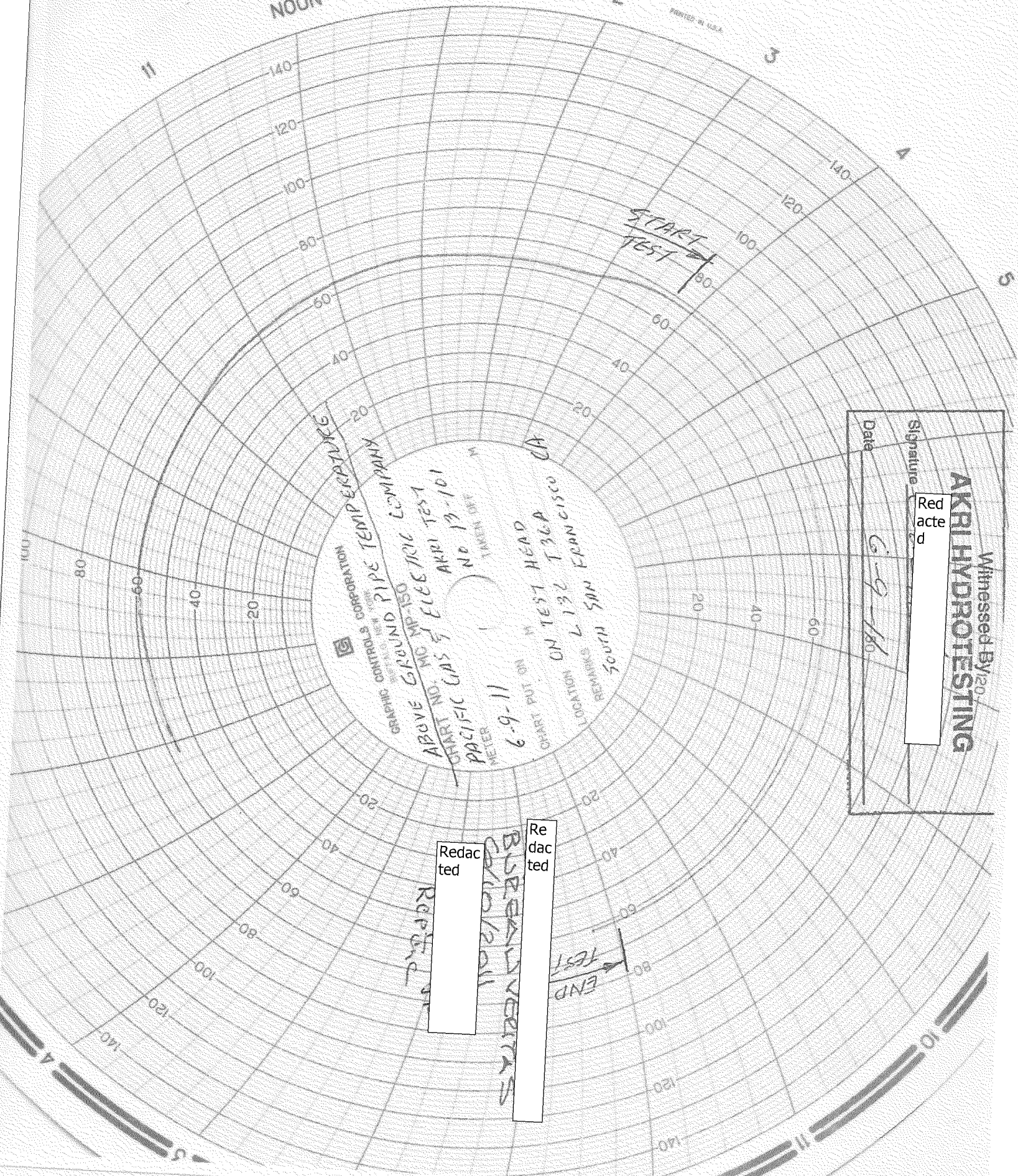
Test Instrumentation	Description	Calibration Checked	Serial Number	Date Calibrated/Certified	Installation Correct
	CHANDLER Dead Weight Pressure Tester		21495	10-26-10	<input checked="" type="checkbox"/> Yes
	BARTON Pressure Recorder	<input checked="" type="checkbox"/> Yes	242E-39611	6-7-11	<input checked="" type="checkbox"/> Yes
	DKI-SENSE Ambient Temperature Recorder	<input checked="" type="checkbox"/> Yes	298002476	9-16-10	<input checked="" type="checkbox"/> Yes
	CLIP MOLE Restrained Pipe Temperature Recorder	<input checked="" type="checkbox"/> Yes	3561	2-4-11	<input checked="" type="checkbox"/> Yes
	Unrestrained Pipe Temperature Recorder	<input checked="" type="checkbox"/> Yes	265-27758	6-7-11	<input checked="" type="checkbox"/> Yes

Hydrostatic Test Log

Log No.	Time	Test Pressure (psig)	Temperature (°F)			Volume		Comments	Model Check: Is test good?
			Ambient	Pipe		<input type="checkbox"/> Ounces <input type="checkbox"/> Gallons			
				Restrained	Unrestrained	Bleed	Inject		
1	9:05 A	488	59	60	60			Ramp to Spike	
2	9:06 A	498	59	60	60				<input type="checkbox"/> Yes <input type="checkbox"/> No NA
3	9:07 A	508	59	60	60				<input type="checkbox"/> Yes <input type="checkbox"/> No NA
4	9:14 A	518	59	60	60				<input type="checkbox"/> Yes <input type="checkbox"/> No NA
5	9:17 A	528	59	60	60				<input type="checkbox"/> Yes <input type="checkbox"/> No NA
6	9:18 A	538	59	60	60				<input type="checkbox"/> Yes <input type="checkbox"/> No NA
7	9:19 A	548	59	60	60				<input type="checkbox"/> Yes <input type="checkbox"/> No NA
8	9:21 A	558	59	60	60				<input type="checkbox"/> Yes <input type="checkbox"/> No NA
9	9:23 A	568	59	60	60				<input type="checkbox"/> Yes <input type="checkbox"/> No NA
10	9:25 A	578	59	60	60				<input type="checkbox"/> Yes <input type="checkbox"/> No NA
11	9:27 A	588	59	60	60				<input type="checkbox"/> Yes <input type="checkbox"/> No NA

NOON

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Witnessed By AKRI HYDROTESTING
 Signature [Redacted]
 Date 6-9-11

Report by [Redacted]
 Re [Redacted]
 Re [Redacted]



PART I - DESIGN DATA (TO BE PREPARED BY PROJECT ENGINEER)

Feeder Main Number, Line Number, or Station Name L-132	Area 1	Division/District Peninsula	Job Number 41474078-T36A2	Date Job Authorized 5/17/11
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Description of Job -- Include Reference Drawing Numbers, and Pipeline Mileposts
 T-36 South-Hydrostatically test tie-in piping, hydrostatic test piping and existing 30" and 36" L-132. Existing material listed; ie. pipe, elbows, sleeves, are from the "Material of Record". (refer to DWG 41474078,Sht .9).

Location Class 3	Design Factor (F) .5	MAOP to be Established for this Piping by this Test 300 PSIG	Future Design Pressure 300 PSIG
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STATIC HEAD DUE TO ELEVATION DIFFERENCE (WHERE APPLICABLE)	Max. Elevation 366 Ft.	Static Head Calculation	
	Min. Elevation 41 Ft.	For Water	0.433 X Elev. Diff. = 141 PSIG
	Elev. Diff. 325 Ft.	Other (Specify)	X Elev. Diff. = PSIG

Size		API or ASTM Grade	Footage to Be Tested	Pipe Spec. and Footage Verified In Field	% of SMYS			Pressure to Give 90% SMYS
O.D.	W.T.	Long Seam (ERW, DSAW, Seamless, Etc.)			At MAOP	At Min. Test Press.	At Max. Test Press.	
30	.532	Sleeve, 50,000 SMYS (Item 17)	3 Ea.		16.92	28.76	41.73	1596
36	.511	Sleeve, 50,000 SMYS (Item 19)	1 Ea.		21.14	35.93	52.13	1277
30	.312	Sleeve, 50,000 SMYS (Item 21)	2 Ea.		28.85	49.04	71.15	936

Minimum Test Pressure @ Max. Elevation	510 PSIG	Test Fluid To Be Used WATER	MINIMUM TEST DURATION - UNDER 30% SMYS (1 HR. MINIMUM) - 30% SMYS & OVER (8 HRS. MINIMUM) - PREINSTALLATION TEST (SEE ATTACHMENT 'A', GAS STD. A-34)	8 HOURS
Maximum Test Pressure @ Min. Elevation	740 PSIG			

Prepared By: Redacted	Date: 06/03/11	For Information or Changes, Call: Redacted	Approved By: Redacted	Date: 6/17/11
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PART II - TEST DATA (TO BE PREPARED BY PERSON SUPERVISING TEST AT TIME OF TEST)

Note: Minimum test pressure and duration are not to be changed without written approval.

Time and Date Test Pressure Reached	Elevation at Test Point	FT	Min. Required Test Press. At Test Point (1)	PSIG	Max. Allowable Test Press at Test Point (4)	PSIG
Time and Date Test Ended	Max. Elevation in Test Section	FT	Min. Indicated Test Pressure (2)	PSIG	Max. Indicated Test Pressure (5)	PSIG
Actual Duration of Test	Min. Elevation in Test Section	FT	Min. Test Pressure at Max. Elevation (3)	PSIG	Max. Test Pressure at Min. Elevation (6)	PSIG

Test Fluid Used	Pipe Specification and Footage Verified (See Part I)				
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Make, Range, and Serial No. of Pressure Recording Gauge	Date Last Calibrated	Make, Range, and Serial No. of Dead Weight Tester (See Note 7)	Date Last Calibrated
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Test Supervised By:	Date:	Approved By:	Date:
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PUT SCHEMATIC PIPING SKETCH ON BACK OF THIS SHEET
 SHOW LOCATION OF FACILITY TESTED, MINIMUM AND MAXIMUM ELEVATION IN FEET, MILE POINTS, VALVE NUMBERS AND INCORPORATED AREAS. USE AN ADDITIONAL SHEET IF NECESSARY (SHOW REFERENCE NUMBERS ON FACE OF ALL DRAWINGS AND ATTACHMENTS). FOR STATION PIPING, FABRICATED UNITS AND SHORT SECTIONS OF PIPE, ALSO SHOW A DETAILED SKETCH OF EACH ASSEMBLY TESTED.

NOTES:	DISTRIBUTION
(1) Add the static head due to elevation difference (between test point and maximum elevation) to "minimum test pressure at maximum elevation" from PART I.	JOB FILE (AT SPONSORING ORGANIZATION)
(2) Use lowest pressure on test gauge at any time during test.	GSM&TS RESPONSIBLE DISTRICT SUPERINTENDENT
(3) Subtract static head due to elevation difference (between test point and maximum elevation) from minimum indicated test pressure.	PROJECT MANAGER/PROJECT ENGINEER
(4) Subtract static head due to elevation difference (between test point and minimum elevation) from "maximum test pressure at minimum elevation" from PART I.	TECHNICAL & CONSTRUCTION SERVICES - ASSIGNED JOBS ONLY
(5) Highest pressure on test gauge at any time during test.	CAPITAL ACCOUNTING (FOREMAN'S COPY OF JOB)
(6) Add static head due to elevation difference (between test point and minimum elevation) to maximum indicated test pressure.	RECORDS SECTION (WC), GMS&TS
(7) A dead weight tester is only required when testing to a pressure which produces a stress level of 90% of SMYS or greater. However, if a dead weight tester is used on any test, enter the information in the space provided above.	REPORT FAILURES UNDER TEST TO GAS ENGINEERING & PLANNING



Pacific Gas and Electric Company
Gas Pipeline Facilities Strength Test Pressure Report
 (For Pipeline Facilities Designed to Operate over 100 PSIG)

62-4921 (Rev. 2/04)
 California Gas Transmission
 (Use in Accordance with Gas Standard A-34 and GO 112-D)

Sheet 2 of 3

PART I - DESIGN DATA (TO BE PREPARED BY PROJECT ENGINEER)

Feeder Main Number, Line Number, or Station Name L-132	Area 1	Division/District Peninsula	Job Number 41474078-T36A2	Date Job Authorized 5/17/11
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Description of Job -- Include Reference Drawing Numbers, and Pipeline Mileposts
 T-36 South-Hydrostatically test tie-in piping, hydrostatic test piping and existing 30" and 36" L-132. Existing material listed; ie. pipe, elbows, sleeves, are from the "Material of Record". (refer to DWG 41474078, Sht .9).

Location Class 3	Design Factor (F) .5	MAOP to be Established for this Piping by this Test 300 PSIG	Future Design Pressure 300 PSIG
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STATIC HEAD DUE TO ELEVATION DIFFERENCE (WHERE APPLICABLE)	Max. Elevation 366 Ft.	Static Head Calculation	
	Min. Elevation 41 Ft.	For Water	0.433 X Elev. Diff. = 141 PSIG
	Elev. Diff. 325 Ft.	Other (Specify)	X Elev. Diff. = PSIG

Size		Pipe Specification		Footage to Be Tested	Pipe Spec. and Footage Verified In Field	% of SMYS			Pressure to Give 90% SMYS
O.D.	W.T.	API or ASTM Grade Long Seam (ERW, DSAW, Seamless, Etc.)				At MAOP	At Min. Test Press.	At Max. Test Press.	
30.00	.3125	API 5L, X-52, DSAW (Item #6)		641'		27.69	47.08	68.31	975
4.500	.237	API 5L, Gr B, SMLS (Item #8)		2'		8.12	13.80	20.03	3325
36.00	.375	Elbow, Y-42 (Item #10)		1 Ea.		34.29	58.29	84.57	787
36.00	.375	Elbow, Y-52 (item #11)		23 Ea.		27.69	47.08	68.31	975
30.00	.375	Elbow, Y-33 (item #12)		14 Ea.		36.36	61.82	89.70	742
30.00	.375	Elbow, Y-52 (Item #13)		8 Ea.		23.08	39.23	56.92	1170
30.00	.3125	Elbow, Y-52 (Item #15)		4 Ea.		27.69	47.08	68.31	975

Minimum Test Pressure @ Max. Elevation	510 PSIG	Test Fluid To Be Used WATER	MINIMUM TEST DURATION - UNDER 30% SMYS (1 HR. MINIMUM) - 30% SMYS & OVER (8 HRS. MINIMUM) - PREINSTALLATION TEST (SEE ATTACHMENT 'A', GAS STD. A-34)	8 HOURS
Maximum Test Pressure @ Min. Elevation	740 PSIG			

Prepared By: Redacted	Date: 6/03/11	For Information or Changes, Call: Redacted	Approved: Redacted	Date: 6/4/11
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PART II - TEST DATA (TO BE PREPARED BY PERSON SUPERVISING TEST AT TIME OF TEST)

Note: Minimum test pressure and duration are not to be changed without written approval.

Time and Date Test Pressure Reached	Elevation at Test Point	FT	Min. Required Test Press. At Test Point (1)	PSIG	Max. Allowable Test Press at Test Point (4)	PSIG
Time and Date Test Ended	Max. Elevation in Test Section	FT	Min. Indicated Test Pressure (2)	PSIG	Max. Indicated Test Pressure (5)	PSIG
Actual Duration of Test	Min. Elevation in Test Section	FT	Min. Test Pressure at Max. Elevation (3)	PSIG	Max. Test Pressure at Min. Elevation (6)	PSIG

Test Fluid Used	Pipe Specification and Footage Verified (See Part I)
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Make, Range, and Serial No. of Pressure Recording Gauge	Date Last Calibrated	Make, Range, and Serial No. of Dead Weight Tester (See Note 7)	Date Last Calibrated
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Test Supervised By:	Date:	Approved By:	Date:
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PUT SCHEMATIC PIPING SKETCH ON BACK OF THIS SHEET
 SHOW LOCATION OF FACILITY TESTED, MINIMUM AND MAXIMUM ELEVATION IN FEET, MILE POINTS, VALVE NUMBERS AND INCORPORATED AREAS. USE AN ADDITIONAL SHEET IF NECESSARY (SHOW REFERENCE NUMBERS ON FACE OF ALL DRAWINGS AND ATTACHMENTS). FOR STATION PIPING, FABRICATED UNITS AND SHORT SECTIONS OF PIPE, ALSO SHOW A DETAILED SKETCH OF EACH ASSEMBLY TESTED.

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| <p>NOTES:</p> <ol style="list-style-type: none"> Add the static head due to elevation difference (between test point and maximum elevation) to "minimum test pressure at maximum elevation" from PART I. Use lowest pressure on test gauge at any time during test. Subtract static head due to elevation difference (between test point and maximum elevation) from minimum indicated test pressure. Subtract static head due to elevation difference (between test point and minimum elevation) from "maximum test pressure at minimum elevation" from PART I. Highest pressure on test gauge at any time during test. Add static head due to elevation difference (between test point and minimum elevation) to maximum indicated test pressure. A dead weight tester is only required when testing to a pressure which produces a stress level of 90% of SMYS or greater. However, if a dead weight tester is used on any test, enter the information in the space provided above. | <p>DISTRIBUTION</p> <p>JOB FILE (AT SPONSORING ORGANIZATION)</p> <p>GSM&TS RESPONSIBLE DISTRICT SUPERINTENDENT</p> <p>PROJECT MANAGER/PROJECT ENGINEER</p> <p>TECHNICAL & CONSTRUCTION SERVICES - ASSIGNED JOBS ONLY</p> <p>CAPITAL ACCOUNTING (FOREMAN'S COPY OF JOB)</p> <p>RECORDS SECTION (WC), GSM&TS</p> <p>REPORT FAILURES UNDER TEST TO GAS ENGINEERING & PLANNING</p> |
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PART I - DESIGN DATA (TO BE PREPARED BY PROJECT ENGINEER)

Feeder Main Number, Line Number, or Station Name L-132	Area 1	Division/District Peninsula	Job Number 41474078-T36A2	Date Job Authorized 5/17/11
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Description of Job -- Include Reference Drawing Numbers, and Pipeline Mileposts
 T-36 South-Hydrostatically test tie-in piping, hydrostatic test piping and existing 30" and 36" L-132. Existing material listed; ie. pipe, elbows, sleeves, are from the "Material of Record". (refer to DWG 41474078, Sht. 9).

Hydro test I-132 from MP 40.08 to MP 42.34, San Bruno, Ca (Test-Section 36 South-Location A to B)

Location Class 3	Design Factor (F) .5	MAOP to be Established for this Piping by this Test 300 PSIG	Future Design Pressure 300 PSIG
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STATIC HEAD DUE TO ELEVATION DIFFERENCE (WHERE APPLICABLE)	Max. Elevation 366 Ft.	Min. Elevation 41 Ft.	Elev. Diff. 325 Ft.	Static Head Calculation For Water 0.433 X Elev. Diff. = 141 PSIG	Other (Specify) _____ X Elev. Diff. = PSIG
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Size		Pipe Specification		Footage to Be Tested	Pipe Spec. and Footage Verified In Field	% of SMYS			Pressure to Give 90% SMYS
O.D.	W.T.	API or ASTM Grade Long Seam (ERW, DSAW, Seamless, Etc.)				At MAOP	At Min. Test Press.	At Max. Test Press.	
36.00	0.500	API 5L, X-65, DSAW (Item#27)		23'		16.62	28.25	40.98	1625
30.00	0.375	API 5L, X-65, DSAW (Item#28)		38'		18.46	31.38	45.54	1462
30.00	0.375	API 5L, X-42, DSAW (item #1)		8'		28.57	48.57	70.48	945
36.00	0.360	API 5L, X-60, DSAW (item # 2)		2574.5'		25.00	42.50	61.67	1080
36.00	0.360	API 5L, X-52, DSAW (item #3)		857'		28.85	49.04	71.15	936
36.00	0.406	API 5L, X-52, DSAW (Item#4)		148'		25.58	43.48	63.09	1055
30.00	0.375	API 5L, X-52 DSAW (Item#5)		8317'		23.08	39.23	56.92	1170

Minimum Test Pressure @ Max. Elevation 510 PSIG	Maximum Test Pressure @ Min. Elevation 740 PSIG	Test Fluid To Be Used WATER	MINIMUM TEST DURATION - UNDER 30% SMYS (1 HR. MINIMUM) - 30% SMYS & OVER (8 HRS. MINIMUM) - PREINSTALLATION TEST (SEE ATTACHMENT 'A', GAS STD. A-34)	8 HOURS
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Prepared By: Redacted	Date: 06/03/11	For Information or Changes, Call: Redacted	App: Redacted	Date: 6/4/11
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PART II - TEST DATA (TO BE PREPARED BY PERSON SUPERVISING TEST AT TIME OF TEST)

Note: Minimum test pressure and duration are not to be changed without written approval.

Time and Date Test Pressure Reached	Elevation at Test Point	FT	Min. Required Test Press. At Test Point (1)	PSIG	Max. Allowable Test Press at Test Point (4)	PSIG
Time and Date Test Ended	Max. Elevation in Test Section	FT	Min. Indicated Test Pressure (2)	PSIG	Max. Indicated Test Pressure (5)	PSIG
Actual Duration of Test	Min. Elevation in Test Section	FT	Min. Test Pressure at Max. Elevation (3)	PSIG	Max. Test Pressure at Min. Elevation (6)	PSIG

Test Fluid Used _____ Pipe Specification and Footage Verified (See Part I)

Make, Range, and Serial No. of Pressure Recording Gauge	Date Last Calibrated	Make, Range, and Serial No. of Dead Weight Tester (See Note 7)	Date Last Calibrated
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Test Supervised By: _____	Date: _____	Approved By: _____	Date: _____
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PUT SCHEMATIC PIPING SKETCH ON BACK OF THIS SHEET
 SHOW LOCATION OF FACILITY TESTED, MINIMUM AND MAXIMUM ELEVATION IN FEET, MILE POINTS, VALVE NUMBERS AND INCORPORATED AREAS. USE AN ADDITIONAL SHEET IF NECESSARY (SHOW REFERENCE NUMBERS ON FACE OF ALL DRAWINGS AND ATTACHMENTS). FOR STATION PIPING, FABRICATED UNITS AND SHORT SECTIONS OF PIPE, ALSO SHOW A DETAILED SKETCH OF EACH ASSEMBLY TESTED.

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| <p>NOTES:</p> <ol style="list-style-type: none"> Add the static head due to elevation difference (between test point and maximum elevation) to "minimum test pressure at maximum elevation" from PART I. Use lowest pressure on test gauge at any time during test. Subtract static head due to elevation difference (between test point and maximum elevation) from minimum indicated test pressure. Subtract static head due to elevation difference (between test point and minimum elevation) from "maximum test pressure at minimum elevation" from PART I. Highest pressure on test gauge at any time during test. Add static head due to elevation difference (between test point and minimum elevation) to maximum indicated test pressure. A dead weight tester is only required when testing to a pressure which produces a stress level of 90% of SMYS or greater. However, if a dead weight tester is used on any test, enter the information in the space provided above. | <p>DISTRIBUTION</p> <p>JOB FILE (AT SPONSORING ORGANIZATION)</p> <p>GSM&TS RESPONSIBLE DISTRICT SUPERINTENDENT</p> <p>PROJECT MANAGER/PROJECT ENGINEER</p> <p>TECHNICAL & CONSTRUCTION SERVICES - ASSIGNED JOBS ONLY</p> <p>CAPITAL ACCOUNTING (FOREMAN'S COPY OF JOB)</p> <p>RECORDS SECTION (WC), GMS&TS</p> <p>REPORT FAILURES UNDER TEST TO GAS ENGINEERING & PLANNING</p> |
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PART I - DESIGN DATA (TO BE PREPARED BY PROJECT ENGINEER)

Feeder Main Number, Line Number, or Station Name L-132	Area 1	Division/District Peninsula	Job Number 41474078-T36A1	Date Job Authorized 5/17/11
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Description of Job -- Include Reference Drawing Numbers, and Pipeline Mileposts
Hydrotest L-132, MP 40.08 - 42.34, 4" Cut Caps & tie-in piece for Ponderosa Reg Station Tap

Location Class 3	Design Factor (F) .5	MAOP to be Established for this Piping by this Test 300 PSIG	Future Design Pressure 300 PSIG
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STATIC HEAD DUE TO ELEVATION DIFFERENCE (WHERE APPLICABLE)	Max. Elevation N/A Ft.	Min. Elevation N/A Ft.	Elev. Diff. N/A Ft.	Static Head Calculation For Water 0.433 X Elev. Diff. = _____ PSIG Other (Specify) _____ X Elev. Diff. = _____ PSIG
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Size		Pipe Specification		Footage to Be Tested	Pipe Spec. and Footage Verified In Field	% of SMYS			Pressure to Give 90% SMYS
O.D.	W.T.	API or ASTM Grade Long Seam (ERW, DSAW, Seamless, Etc.)				At MAOP	At Min. Test Press.	At Max. Test Press.	
4.50	.237	API 5L, Gr B SMLS (Item #30)		8'		8.14	13.83	20.07	3318
4.50	.237	Cap, Gr B (Item #34)		2 Ea.		8.14	13.83	20.07	3318

Minimum Test Pressure @ Max. Elevation 510 PSIG	Maximum Test Pressure @ Min. Elevation 740 PSIG	Test Fluid To Be Used WATER	MINIMUM TEST DURATION - UNDER 30% SMYS (1 HR. MINIMUM) - 30% SMYS & OVER (8 HRS. MINIMUM) - PREINSTALLATION TEST (SEE ATTACHMENT 'A', GAS STD. A-34)	1 HOURS
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Prepared By: Redacted	Date: 6/03/11	For Information or Changes, Call: Redacted	Redacted	Date: 6-3-11
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PART II - TEST DATA (TO BE PREPARED BY PERSON SUPERVISING TEST AT TIME OF TEST)

Note: Minimum test pressure and duration are not to be changed without written approval.

Time and Date Test Pressure Reached	Elevation at Test Point	FT	Min. Required Test Press. At Test Point (1)	PSIG	Max. Allowable Test Press at Test Point (4)	PSIG
Time and Date Test Ended	Max. Elevation in Test Section	FT	Min. Indicated Test Pressure (2)	PSIG	Max. Indicated Test Pressure (5)	PSIG
Actual Duration of Test	Min. Elevation in Test Section	FT	Min. Test Pressure at Max. Elevation (3)	PSIG	Max. Test Pressure at Min. Elevation (6)	PSIG

Test Fluid Used _____ Pipe Specification and Footage Verified (See Part I)

Make, Range, and Serial No. of Pressure Recording Gauge	Date Last Calibrated	Make, Range, and Serial No. of Dead Weight Tester (See Note 7)	Date Last Calibrated
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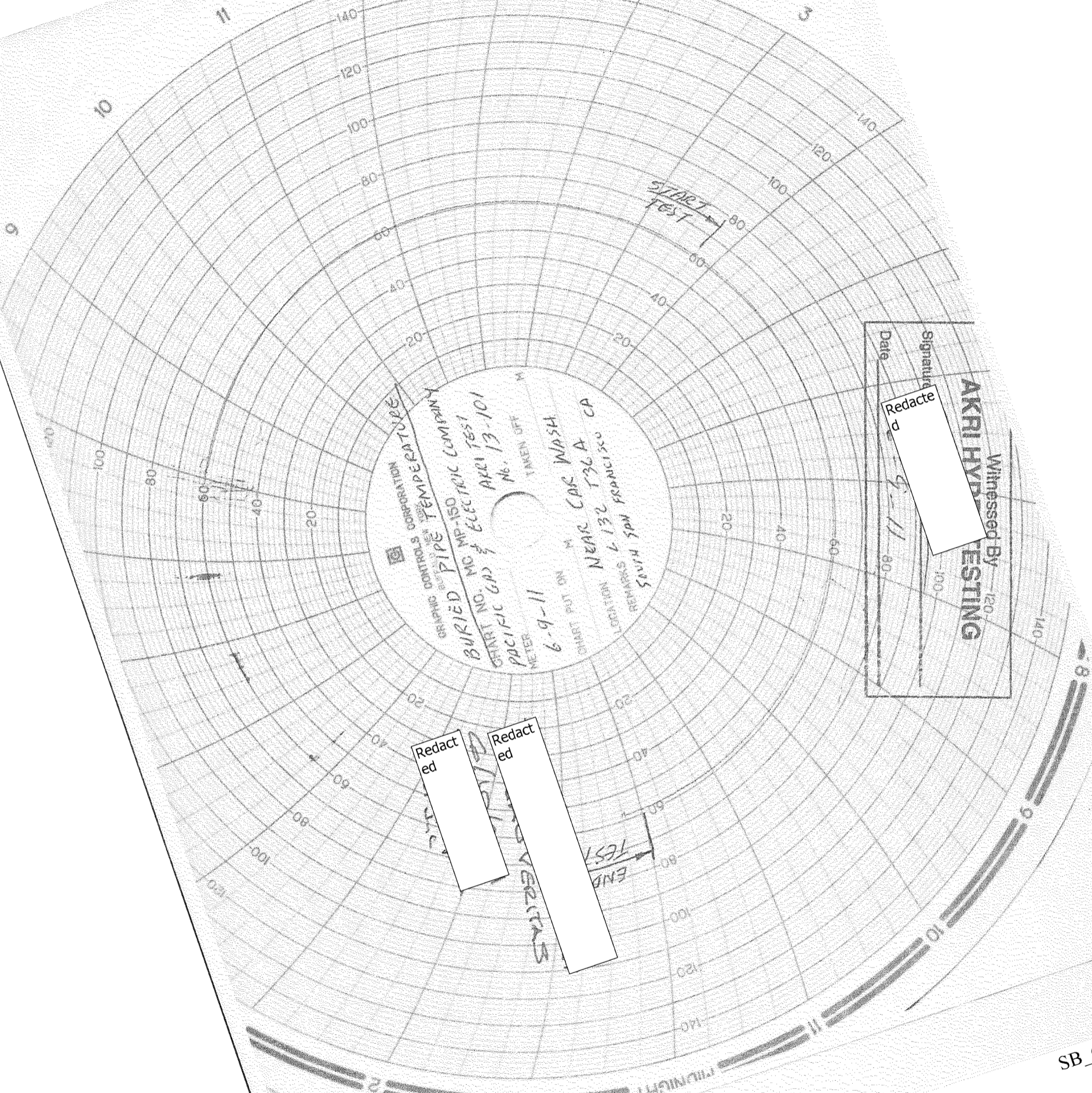
Test Supervised By:	Date:	Approved By:	Date:
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PUT SCHEMATIC PIPING SKETCH ON BACK OF THIS SHEET
 SHOW LOCATION OF FACILITY TESTED, MINIMUM AND MAXIMUM ELEVATION IN FEET, MILE POINTS, VALVE NUMBERS AND INCORPORATED AREAS. USE AN ADDITIONAL SHEET IF NECESSARY (SHOW REFERENCE NUMBERS ON FACE OF ALL DRAWINGS AND ATTACHMENTS). FOR STATION PIPING, FABRICATED UNITS AND SHORT SECTIONS OF PIPE, ALSO SHOW A DETAILED SKETCH OF EACH ASSEMBLY TESTED.

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| <p>NOTES:</p> <ol style="list-style-type: none"> Add the static head due to elevation difference (between test point and maximum elevation) to "minimum test pressure at maximum elevation" from PART I. Use lowest pressure on test gauge at any time during test. Subtract static head due to elevation difference (between test point and maximum elevation) from minimum indicated test pressure. Subtract static head due to elevation difference (between test point and minimum elevation) from "maximum test pressure at minimum elevation" from PART I. Highest pressure on test gauge at any time during test. Add static head due to elevation difference (between test point and minimum elevation) to maximum indicated test pressure. A dead weight tester is only required when testing to a pressure which produces a stress level of 90% of SMYS or greater. However, if a dead weight tester is used on any test, enter the information in the space provided above. | <p>DISTRIBUTION</p> <p>JOB FILE (AT SPONSORING ORGANIZATION)</p> <p>GSM&TS RESPONSIBLE DISTRICT SUPERINTENDENT</p> <p>PROJECT MANAGER/PROJECT ENGINEER</p> <p>TECHNICAL & CONSTRUCTION SERVICES - ASSIGNED JOBS ONLY</p> <p>CAPITAL ACCOUNTING (FOREMAN'S COPY OF JOB)</p> <p>RECORDS SECTION (WC), GMS&TS</p> <p>REPORT FAILURES UNDER TEST TO GAS ENGINEERING & PLANNING</p> |
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GRAPHIC CONTROLS CORPORATION
 BURIED PIPE TEMPERATURE
 CHART NO. MC MP-150
 PACIFIC GAS & ELECTRIC COMPANY
 APR 13-101
 No. 11-6-9
 METER TAKEN OFF
 CHART PUT ON
 LOCATION NEAR CAR WASH
 REPAIRS 736 A CA
 HAVES HANDS
 SAN FRANCISCO CA

START TEST

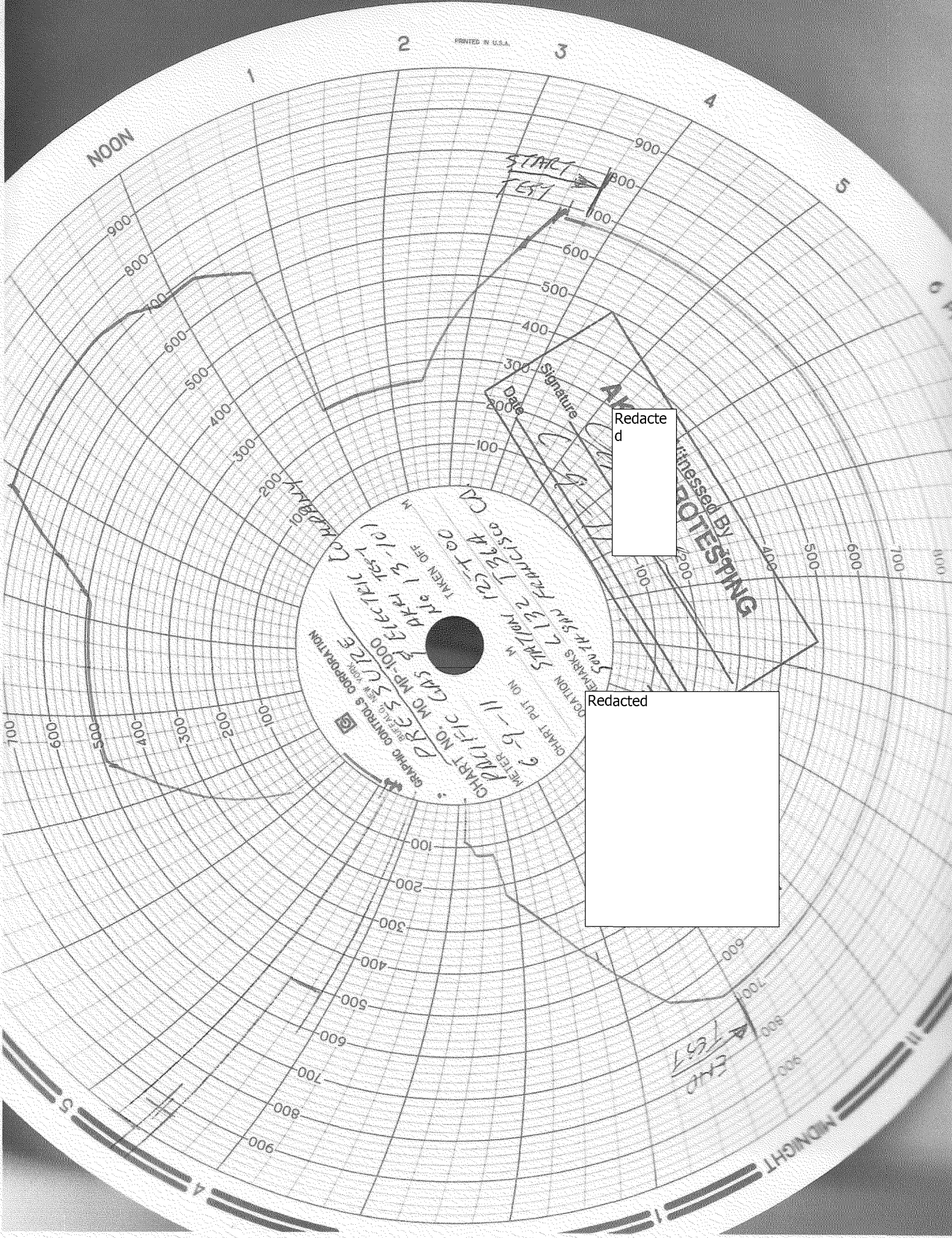
END TEST

Witnessed By
AKRI HYDROTESTING
 Signature
 Date 5-11-11

Redacted

Redacted

NOON



Redacted

Redacted



Hydrostatic Test Log

Log No.	Time	Test Pressure (psig)	Temperature (°F)			Volume		Comments	Model Check: Is test good?
			Ambient	Pipe		<input type="checkbox"/> Ounces	<input type="checkbox"/> Gallons		
				Restrained	Unrestrained	Bleed	Inject		
12	6:45 ^P	671	50 ^P	60	65			<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13	7:00 ^P	671	50 ^P	60	65			<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14	7:15 ^P	671	57	60	64			<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15	7:30 ^P	671	57	60	64			<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
16	7:45 ^P	671	57	60	64			<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
17	8:00 ^P	671	57	59 ⁶³	63			<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
18	8:15 ^P	671	56	59	63			<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
19	8:30 ^P	671	56	59	63			<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
20	8:45 ^P	671	56	59	63			<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21	9:00 ^P	671	56	59	63			<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
22	9:15 ^P	672	56	59	62			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23	9:30 ^P	672	56	59	62			<input type="checkbox"/> Yes <input type="checkbox"/> No	
24	9:45 ^P	672	56	59	62			<input type="checkbox"/> Yes <input type="checkbox"/> No	
25	10:00 ^P	672	56	59	62			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
26	10:15 ^P	673	56	59	62			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
27	10:30 ^P	673	56	59	62			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
28	10:45 ^P	673	56	59	62			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29	11:00 ^P	673	56	59	62			<input type="checkbox"/> Yes <input type="checkbox"/> No	
30	11:15 ^P	673	56	59	62			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
31	11:30 ^P	673	56	58 ^P	62			<input type="checkbox"/> Yes <input type="checkbox"/> No	
32	11:45 ^P	673	56	58 ^P	62			<input type="checkbox"/> Yes <input type="checkbox"/> No	
33	12:00 ^P	673	56	58	62			<input type="checkbox"/> Yes <input type="checkbox"/> No	
34								<input type="checkbox"/> Yes <input type="checkbox"/> No	
35								<input type="checkbox"/> Yes <input type="checkbox"/> No	
36								<input type="checkbox"/> Yes <input type="checkbox"/> No	
37								<input type="checkbox"/> Yes <input type="checkbox"/> No	
38								<input type="checkbox"/> Yes <input type="checkbox"/> No	
39								<input type="checkbox"/> Yes <input type="checkbox"/> No	
40								<input type="checkbox"/> Yes <input type="checkbox"/> No	
41								<input type="checkbox"/> Yes <input type="checkbox"/> No	
42								<input type="checkbox"/> Yes <input type="checkbox"/> No	
43								<input type="checkbox"/> Yes <input type="checkbox"/> No	
44								<input type="checkbox"/> Yes <input type="checkbox"/> No	
45								<input type="checkbox"/> Yes <input type="checkbox"/> No	
46								<input type="checkbox"/> Yes <input type="checkbox"/> No	
47								<input type="checkbox"/> Yes <input type="checkbox"/> No	
48								<input type="checkbox"/> Yes <input type="checkbox"/> No	

Was a leak observed during test Period? Yes No

If "Yes", Explain:

High Test Pressure: 673
Low Test Pressure: 671

Certification:

Date: 6/19/11

Test Supervisor: [Redacted] Signature: [Redacted] Company Representative: [Redacted]

671



Hydrostatic Test Log

Log No.	Time	Test Pressure (psig)	Temperature (°F)			Volume		Comments	Model Check: Is test good?	
			Ambient	Pipe		<input checked="" type="checkbox"/> Ounces Bleed	<input type="checkbox"/> Gallons Inject			
				Restrained	Unrestrained					
12	9:29 ^A	598	59	60	60			<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
13	9:31 ^A	608	59	60	60			<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
14	9:33 ^A	618	59	60	60			<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
15	9:35 ^A	628	59	60	60			<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
16	9:37 ^A	638	59	60	60			<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
17	9:39 ^A	648	59	60	60			<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
18	9:41 ^A	658	59	60	60			<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
19	9:43 ^A	668	59	60	60			<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
20	9:45 ^A	678	59	60	60			<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
21	9:48 ^A	688	59	60	60			<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
22	9:51 ^A	698	59	60	60			<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
23	9:55 ^A	708	59	60	60			<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
24	9:59 ^A	718	59	60	60			<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
25	10:00 ^A	727	67	61	60			<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
26	10:00 ^A	728	68	61	60			<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
27	10:30 ^A	726	74	60	62			<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
28	10:30 ^A	726	75	60	62			<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
29	10:40 ^A	726	76	60	62		End spike	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
30	10:50 ^A	726	76	60	62			<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
31	11:00 ^A	726	76	60	62			<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
32	11:14 ^A	726	76	60	62			<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
33	11:25 ^A	716	76	60	63	3878		<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
34	11:35 ^A	706	76	60	63	3878	Reduce pressure to fix leaky valve	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
35	11:47 ^A	670	76	60	63	13962	Valve being repaired	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
36								<input type="checkbox"/> Yes <input type="checkbox"/> No		
37	3:45 ^{PM}	672	65	61	68		Bucket Test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
38	4:00 ^{PM}	671	66	61	68			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
39	4:15 ^{PM}	672	65	61	68			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
40	4:30 ^P	672	64	61	68			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
41	4:45 ^P	671	62	61	68			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
42	5:00 ^P	671	60	61	67			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
43	5:15 ^P	671	61	61	67			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
44	5:30 ^P	671	59	60	66			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
45	5:45 ^P	671	60	60	66			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
46	6:00 ^P	671	59	60	66			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
47	6:15 ^P	671	59	60	65			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
48	6:30 ^P	671	63	60	65			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Was a leak observed during test Period? Yes No

If "Yes", Explain: _____

High Test Pressure: _____
Low Test Pressure: _____

Certification:

Date: 6/09/2011

Test Supervisor: [Redacted] Signature

Company Representative: [Redacted] Signature [Redacted]