

Leak Survey, Repair, Inspection and Gas Quarterly Incident Report (Form "A")

INITIAL LEAK DATA

YR - Series - SFX

Leak Number **10 - 10061 - 1** USA Ticket # **264676** Valid Date **09 - 07 - 2010**

Date Reported **09 - 07 - 2010** Time Reported **01:00** (24 hr Time) PCC Number **12055**

Response Date **09 - 07 - 2010** Response Time **02:15** (24 hr Time) Paved Wall To Wall Yes No

Moratorium Expire Date _____ SAP Recheck Order # _____ SAP Repair Order # _____

Address: **Redacted** City: **Roseville**

Description of Reading Location: _____

REPORTED BY: Call In Mobile Survey Foot Survey Other Employee ^b

SURFACE OVER LEAK: Concrete Unsurfaced Asphalt Other

READINGS				Grade (b)	2% or Less (c) 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	Inst (a)								
0	0	100	C	1			09 - 07 - 2010	02:45	MHH7	574B	Bartest main

PRIORITY 2 (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 scope of work by others, N - Grade 3 downgrade is not allowed, S - Leak is suspected to be on a copper service.

MAPPING DATA

Leak Location Map Wall Map: **Redacted** Plat **Redacted** Federal Land Yes No SYSTEM PRESSURE (MAOP) R'qrd for Grade 1, 2 2+ Downgrades to Grade 0

Recorded Location Map Wall Map: _____ Plat **d** Block **Redacted** LP (<=10.5"wc) SHP (<=25psig)

Normally Cathodically Protected Yes No CPA _____ MOP (TP only) _____ HP (<=60psig) TP (>60psig)

NOP (All systems) **57**

Year Inst: **1981** TP Line # _____ Mile Post _____ Original Job # (TP only) _____

For Leaks On Services: Main Connected to Service Cast Iron Plastic Steel Installation Year of Main **1981**

PIPE DATA

<p>LEAK SOURCE</p> <p><input type="radio"/> Bell Joint</p> <p><input checked="" type="radio"/> Body of Pipe</p> <p><input type="radio"/> Clamp</p> <p><input type="radio"/> Drip</p> <p><input type="radio"/> Encapsulation</p> <p><input type="radio"/> Fitting</p> <p><input type="radio"/> Fusion Joint</p> <p><input type="radio"/> Girth Weld</p> <p><input type="radio"/> Logitudinal Weld</p> <p><input type="radio"/> Mechanical Joint</p>	<p>LEAK CAUSE</p> <p><input type="radio"/> Atmospheric Corrosion</p> <p><input type="radio"/> Cast Iron Fracture</p> <p><input type="radio"/> Construction Defect</p> <p><input type="radio"/> Damage by Electrical Facility</p> <p><input type="radio"/> Damage by Heavy Rains/Flood</p> <p><input type="radio"/> Damage by Earth Movement</p> <p><input type="radio"/> Damage by 3rd Party</p> <p><input type="radio"/> External Corrosion</p> <p><input type="radio"/> Internal Corrosion</p> <p><input type="radio"/> Stress Corrosion Cracking</p> <p><input type="radio"/> Material Failure</p> <p><input checked="" type="radio"/> Plastic Crack Failure</p>	<p>LINE MATERIAL</p> <p><input type="radio"/> Copper</p> <p><input type="radio"/> Steel/Wrought Iron</p> <p><input type="radio"/> Cast/Ductile Iron</p> <p><input checked="" type="radio"/> Aldyl A (Tan or Gray)</p> <p><input type="radio"/> PE2406 (Yellow or Orange)</p> <p><input type="radio"/> PE2406/2708 (Yellow)</p> <p><input type="radio"/> PE3408 (Black)</p> <p><input type="radio"/> PE4710 (Black)</p> <p><input type="radio"/> Other Plastic _____</p> <p><input type="radio"/> Other _____</p>
---	--	---

Line Size **4**

Line Above Ground Yes No Internal Liner Yes No Line Inserted Yes No

High Consequence Area (Transmission Only) Yes No EFV Installed Yes No EFV Operated Yes No

Incident Report # _____ Material Problem Report # **20101718**

REPAIR DATA (1)

Repair Location N/E corner of Riverside & Clrby

Yes No Pipeline Engineer Consulted Repair Remarks Installed 3' of 4" pl gas pipe

Repaired By: Redacted Repair Date 09 - 07 - 2010 Repair Time 16:00 Pipe-to-Soil (mV) 0

(External Corrosion Only)

Repair Code:

- | | | | | |
|--|---|---|--|-------------------------------------|
| <input type="radio"/> Bell Joint Seal | <input type="radio"/> Mechanical Repair Fitting | <input type="radio"/> Replace Valve < 2 inch | <input type="radio"/> Soap and/or Tape | <input type="radio"/> Type A Sleeve |
| <input type="radio"/> Bell Joint Clamp | <input checked="" type="radio"/> Replace Dist Main < 100 ft | <input type="radio"/> Replace Valve > or = 2 inch | <input type="radio"/> Tee Fused over Defect | <input type="radio"/> Type B Sleeve |
| <input type="radio"/> CI Repair Sleeve | <input type="radio"/> Replace Dist Main > or = 100 | <input type="radio"/> Replace Plastic Tee Cap | <input type="radio"/> Fill Weld | <input type="radio"/> Grinding |
| <input type="radio"/> BJ Permabond | <input type="radio"/> Deactivated Entire Service | <input type="radio"/> Tighten Cap/Bolt | <input type="radio"/> Patch Weld | <input type="radio"/> Clockspring |
| <input type="radio"/> Deactivate TP Main | <input type="radio"/> Deactivated Partial Service | <input type="radio"/> Aldyl Electrofusion Overcap | <input type="radio"/> Direct Deposition Weld | <input type="radio"/> Aquawrap |
| <input type="radio"/> Replace TP Main | <input type="radio"/> Replace Entire Service | <input type="radio"/> Skinner Clamp | <input type="radio"/> Welded Sleeve/Can | <input type="radio"/> Other _____ |
| <input type="radio"/> Deactivate Dist Main
(1 foot or more) | <input type="radio"/> Replace Partial Service | <input type="radio"/> SS Clamp w/Anode | <input type="radio"/> Welded Save-A-Valve | |

SIZED INSTALLED: 4. REPLACED WITH: STEEL PE2406/2708 (Yellow) PE100 Copper Entirely Replaced
 PE4710 (Black) TR418

Field Reviewed By <u>Redacted</u>	Date <u>09 - 15 - 2010</u>	Post Repair Check <input checked="" type="radio"/> Yes <input type="radio"/> No	Date <u>10 - 25 - 2010</u>
Mapping Reviewed By _____	Date <u>09 - 17 - 2010</u>	Posting Required <input type="radio"/> Yes <input checked="" type="radio"/> No	

GENERAL INSPECTION DATA

DATE: 09 - 07 - 2010 Inspected by LAN ID: Redacted Line Use: Distribution Main Service Single Service
 Gathering Transmission Branch Service

LINE MATERIAL	SOIL TYPE	For TP Only SOIL RESIST (Ohm-cm)	SURFACE OVER PIPE	FEET EXPOSED <u>5</u>
<input type="radio"/> Steel/Wrought Iron	<input checked="" type="radio"/> Clay	<input type="radio"/> 0 - 1,000	<input type="radio"/> Concrete	COVER ON PIPE (Inches) <u>43</u>
<input type="radio"/> Cast/Ductile Iron	<input type="radio"/> Rock	<input type="radio"/> 1,000 - 2,000	<input checked="" type="radio"/> Asphalt	INTERNAL LINER <input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="radio"/> Copper	<input type="radio"/> Sand	<input type="radio"/> 2,000 - 5,000	<input type="radio"/> Soil (Previously Unsurfaced)	PAVED WALL TO WALL <input type="radio"/> Yes <input checked="" type="radio"/> No
<input checked="" type="radio"/> Aldyl-A (Tan or Grey)	<input type="radio"/> Loam	<input type="radio"/> 5,000 - 10,000	<input type="radio"/> Exposed	NEAR PUBLIC ASSEMBLY <input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="radio"/> PE2406 (Yellow or Orange)	<input type="radio"/> Wet	<input type="radio"/> > 10,000	<input type="radio"/> Other _____	Line Size <u>4.00</u>
<input type="radio"/> PE2406/2708 (Yellow)	<input type="radio"/> Exposed Facility			
<input type="radio"/> PE3408 (Black)	<input type="radio"/> Other _____			
<input type="radio"/> PE4710 (Black)				

METALLIC PIPE CONDITION

COATING TYPE Bare/None Paint Single Wrap Somatic Tar COATING CONDITION
 Epoxy Tape Double Wrap Plastic Coated Other _____ Excellent Fair

CIRCUMFERENTIAL Acceptable High/Low Observed Good Poor

WELD Cracked Dimensions not in tolerance (See Numbered Document D-20 or D-22)

CONDITION (Visual)

LONG SEAM DSAW ERW AO Smith Spiral SSAW SMLS LAP Flash

EXTERNAL INSPECTION

RUST None Light Heavy WALL THICKNESS (Req for TP) (Inches) 0 WALL THICKNESS MEASURED Yes No

PITTING None Light Heavy MAX. PIT DEPTH (Req for TP) (Inches) 0 GRAPHITIZED (Cast Iron) Yes No

GOUGING None Light Heavy MAX GOUGE DEPTH (Req for TP) (Inches) 0

INTERNAL INSPECTION

RUST None Light Heavy

PITTING None Light Heavy MAX. PIT DEPTH (Req. for TP) (Inches) 0

PLASTIC PIPE CONDITION

PRINTLINE VISIBLE Yes No MANUFACTURE DATE 12/1/1980

PIPE MANUFACTURER (LOCATED ON PIPE) DuPont Aldyl A LOCATING WIRE Good Bad None

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 REPORT

DAMAGING PARTY _____ ADDRESS _____ CITY _____

Damaging Party Working for PG&E Yes No Phone () - _____ Zip Code _____

INJURED Employees 0 Others 0 Damage \$ _____ # Cust. Interrupted 0 # Cust. Hours 0 FIRE Yes No EXPLOSION Yes No

FATAL Employees 0 Others 0 Media Yes No Media Type TV Radio Newspaper Name/Channel: _____

DOT 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: <input type="checkbox"/> On-Site Test <input type="checkbox"/> Pre-Test</p> <p>TESTED AT <u>100</u> PSIG for <u>5</u> <input type="radio"/> Hours <input checked="" type="radio"/> Minutes TEST in accordance with A-34</p> <p>BY <u>Redacte</u> DATE <u>04/19/2010</u></p> <p>TEST QUALIFIES PIPE FOR <u>60</u> PSIG MAOP</p>	<p>(if any fittings are used, then text and/or sketch must show location)</p> <p>TYPE OF PLASTIC MATERIAL INSTALLED Manufacturer Name (Polypipe, US Poly, Performance, or KWH)</p> <p style="text-align: center;"><u>Performance</u></p>	<p>MFG. DATE (mm/dd/yy) <u>10/11/2008</u></p> <p>See Numbered Document <u>A-93</u></p>	<p>WELDED BY _____ Date: _____</p> <p>WELDING INSPECTED PER PG&E NUMBERED DOCUMENT <u>D-40</u></p> <p>BY _____ Date: _____ INSPECTOR</p>
--	--	--	--

COMMENTS Installed 2 electrofusion couplings 3' of 4" gas pi pe & 1 4x1/2 service tee

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

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