

Attachment 4



VALVE MAINTENANCE RECORD FORM
(make all entries in black or blue permanent ink)

DIVISION Gas Transmssion DISTRICT Kettleman VALVE NO. V-1 KTK840010

LOCATION (SKETCH ON BACK IF REQUIRED) Redacted SAP WM NO. 41432217 KTK840010

LINE/STATION NAME Redacted TRANSMISSION: EMERGENCY OTHER

OPER. OR WALL MAP 382704 OPER. DIAG. OR PLAT 082558 BLK. N/A DISTRIBUTION: STATION CRITICAL MAIN

VALVE DATA

SIZE 1" MAKE/MODEL W-K-M B-136-CS-03 TYPE Ball PRESS RATING 2500 SERIAL NO. Unknown USE Tap
Ball, Plug, Gate PSIG MLV, BTU, Zone, Station, etc.

RECOMMENDED LUBRICANT/SEALANT 1033 LUBE/INSPECT FREQ. Annual Gearbox Breather (Bettis) Installed? YES NO NA
Brand/Type or NA Annual, Monthly, Other

RECOMMENDED STEM PACKING MATERIAL N/A High-Head Extension Vent Installed? YES NO NA
Brand/Type or NA

ACTUATOR TYPE Manual COMMENTS Use V-18 at T-8.93 for emergency valve
Manual Lever, Exposed Gearing (no gearbox), Enclosed Gearing*, Power Actuated

* Manual gearbox filled with oil? YES NO
 90 Wt to 140 Wt Oil NO
 Grand Slam Grease

Drained? YES NO

ANNIVERSARY = May

Wrench (Key) Size: N/A Quarter Turn Multi-Turn (Gate, Plug, Ball Valve w/Gear box) Number of Turns: Unknown

** Enter Service History on next page.



**Pacific Gas
and
Electric
Company**

VALVE MAINTENANCE RECORD FORM Line / Station Name: Redacted

(Make all entries in black or blue permanent ink) Valve Number: **V-1**

SERVICE HISTORY (see notes)

DATE MM/DD/YY	INITIAL LAN ID	VERIFY VALVE NUMBER Y/N	INSPECT Y/N	LUBE (if req'd) Y/N or N/A	OPERATE Y/N F/P	VALVE POSITION As Found As Left	REPAIRS REQUIRED (if any)	ACTION TAKEN (if required)	REPAIRED DATE	REVIEWED DATE
									MM/DD/YY INITIAL - LAN ID	MM/DD/YY INITIAL - LAN ID
5-15-10	CW CRWS	✓	✓	✓	Y P	✓	NONE	NONE	—	6-2-10 EW - EXWS
5-19-11	CZH CZH2	N/A ^{CZ}	N/A ^{CW}	N/A ^{CW}	N ^P	O	NONE	NONE	—	6-13-11 EW - EXWS
6-1-12	CWA CRWR	Y	Y	N/A	Y P	O	NONE	NONE	—	6-11-12 BA - BUR4
									—	—
									—	—
									—	—
									—	—
									—	—
									—	—
									—	—
									—	—

NOTES: 1) Use Y/N for yes/no to indicate item performed and completed. 2) "LUBE" pertains to lubrication of the ball or plug. 3) "OPERATE" means to partially operate as a minimum. 4) Use F/P to indicate Full or Partial Operation. 5) Valve positions = C (closed), O (open), T (throttling)



VALVE MAINTENANCE RECORD FORM
(make all entries in black or blue permanent ink)

DIVISION Gas Transmssion DISTRICT Kettleman VALVE NO. V- 16.08 KTK840050

LOCATION (SKETCH ON BACK IF REQUIRED) Redacted SAP WM NO. 41432242 KTK840050

LINE/STATION NAME Redacted TRANSMISSION: EMERGENCY OTHER

OPER. OR WALL MAP 382704 OPER. DIAG. OR PLAT 082532 BLK. N/A DISTRIBUTION: STATION CRITICAL MAIN

VALVE DATA

SIZE 16" MAKE/MODEL Rockwell 4949 1/2 TYPE Plug PRESS RATING 2160 SERIAL NO. Unknown USE Main Line Valve
Ball, Plug, Gate PSIG MLV, BTU, Zone, Station, etc.

RECOMMENDED LUBRICANT/SEALANT 1033 LUBE/INSPECT FREQ. Annual Gearbox Breather (Bettis) Installed? YES NO NA
Brand/Type or NA Annual, Monthly, Other

RECOMMENDED STEM PACKING MATERIAL N/A High-Head Extension Vent Installed? YES NO NA
Brand/Type or NA

ACTUATOR TYPE Manual COMMENTS _____
Manual Lever, Exposed Gearing (no gearbox), Enclosed Gearing*, Power Actuated

* Manual gearbox filled with oil? YES NO
 90 Wt to 140 Wt Oil NO
 Grand Slam Grease

Drained? YES NO

ANNIVERSARY = May

Wrench (Key) Size: N/A Quarter Turn Multi-Turn (Gate, Plug, Ball Valve w/Gear box) Number of Turns: Unknown

** Enter Service History on next page.



**Pacific Gas
and
Electric
Company**

VALVE MAINTENANCE RECORD FORM Line / Station Name

Redacted

(Make all entries in black or blue permanent ink) Valve Number:

SERVICE HISTORY (see notes)

DATE MM/DD/YY	INITIAL LAN ID	VERIFY VALVE NUMBER Y/N	INSPECT Y/N	LUBE (If req'd) Y/N or N/A	OPERATE Y/N F/P	VALVE POSITION As Found As Left	REPAIRS REQUIRED (If any)	ACTION TAKEN (If required)	REPAIRED DATE	REVIEWED DATE
									MM/DD/YY INITIAL - LAN ID	MM/DD/YY INITIAL - LAN ID
5-15-10	CRWS	Y	Y	Y	Y P	✓	NONE	NONE	-	6-2-10 EW - EXWS
5-14-11	CZH CZH2	Y	Y	Y	N	C C	NONE	NONE	-	6-13-11 EW - EXWS
6-1-12	CCH CCH2	Y	Y	Y	Y P	O O	NONE	NONE	-	6-11-12 BA - BWR4
									-	-
									-	-
									-	-
									-	-
									-	-
									-	-
									-	-
									-	-

NOTES: 1) Use Y/N for yes/no to indicate item performed and completed. 2) "LUBE" pertains to lubrication of the ball or plug. 3) "OPERATE" means to partially operate as a minimum. 4) Use F/P to indicate Full or Partial Operation. 5) Valve positions = C (closed), O (open), T (throttling)



APPLICATION FOR GAS CLEARANCE

F4100-10-4
8/2009
Page 1 of 7
GSO

GENERAL INFORMATION	1. Clearance No. KE-11-01		2. Revision No.	2a. Revision Date / Time	3. Orig Date Sent	
	4. Gas Control Center GAS CONTROL		5. District/Division KETTLEMAN		6. Job No. 30671287	
	7. Clearance Supervisor Redacted		8a. Office Tel No.	8b. Cell No. Redacted	9a. System <input type="checkbox"/> New <input type="checkbox"/> Std	9b. Non-System <input checked="" type="checkbox"/> New <input type="checkbox"/> Std

REFERENCE DRAWINGS	10a. Operating Maps with Change No. 382704 SHEET 1 CHANGE 74
	10b. Operating Diagrams with Change No. 082532 REV. 14

SCHEDULE OF WORK	11a. Start Date TBD 2-15-11	11b. Start Time TBD 1300	11c. Completion Date 2-15-11	11d. Completion Time 1600	12. Facility Involved Redacted
	13. Equipment or Location		14. Service Interruptions (See Page IV, Special Instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ___ Total No. of Customers		
	15. Description Test V-102 Seats				
	17. Progress Report at Key Communication Steps (*) or not to exceed _____ If left blank 2hrs is default		18. Special Instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please go to Page V) <i>All Valve Ops must be in the Sequence of Ops. Valve Ops are <u>not</u> to be included in the Special Instructions</i>		

AUTHORIZATION OF CLEARANCE			
	NAME	CONTACT NO	TODAY'S DATE
PREPARED BY:	Redacted	559-333-3543	1/27/11
FIELD SUPERVISOR:	Redacted	559-381-3236	1-30-2011
APPROVED BY GAS CONTROL:			

CLEARANCE: KE-11-01	REVISION:
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Application for Gas Clearance

F4100-10-4
8/2009
Page 2 of 7
GSO

NOTIFICATIONS REQUIRED <i>(Check those completed by Gas Control)</i>	AGENCY	CONTACT NUMBER	<input checked="" type="checkbox"/> <i>(all that apply)</i>	PERSON NOTIFIED	TIME NOTIFIED	NOTIFIED BY WHOM	COMMENTS
	GAS CONTROL CTR	925-513-4859	<input type="checkbox"/>				
	FLYERS REQUIRED		<input type="checkbox"/>				
	CALL CENTERS		<input type="checkbox"/>				
	AERIAL PATROL		<input type="checkbox"/>				
	AIRPORT		<input type="checkbox"/>				
	LAW ENFORCEMENT		<input type="checkbox"/>				
	FIRE DEPARTMENT		<input type="checkbox"/>				
	AIR QUALITY BOARD		<input type="checkbox"/>				
	PUBLIC RELATIONS		<input type="checkbox"/>				

DISTRIBUTION BY ORIGINATOR <i>(Checked "✓" items are mandatory)</i>	AGENCY	LAN ID	MANDATORY
	SYSTEM GAS CONTROL	Redacted	✓
	SYSTEM TRANSMISSION SUPERVISOR		✓
	CLEARANCE SUPERVISOR		✓
	GT M&C MAINTENANCE SUPERVISOR		
	GT M&C SUPERINTENDENT		
	GAS T & R SUPERVISORS		
	AREA M&C SUPERINTENDENT		
	GE PIPELINE/FACILITY ENGINEER		
	TRANSMISSION SYSTEM PLANNING		
	DIVISION ENGINEERING		
	PROJECT ENGINEER		
ENVIRONMENTAL ENGINEER			

RELEASED GAS VOLUME REQUIREMENTS

CLEARANCE:KE-11-01 REVISION:



Application for Gas Clearance

F4100-10-4
8/2009
Page 3 of 7
GSO

A. Estimated Total Volume of Gas To Be Released During Clearance <u>N/A</u> mcf	B. Was a drafting strategy performed if Box A. is over 250MCF? <input type="checkbox"/> YES <input type="checkbox"/> NO
C. If Box B is checked <u>NO</u> , please explain why.	

RELEASED GAS VOLUMES			
D. Starting Pressure Drafting	E. Ending Pressure Drafting	F. Starting Pressure X-Comp	G. Ending Pressure X-Comp
H. Gas Volume Saved from Drafting	I. Gas Volume Saved from X-Comp	J. Gas Volume Blown to Atmosphere (MMCF Unit)	

PURPOSE FOR REVISION CHANGE(S)

Revision No.	Reason for Change				
Reported By	Date & Time	Reported To	Date & Time	Tel No.	Today's Date
Revision No.	Reason for Change				
Reported By	Date & Time	Reported By	Date & Time	Reported By	Date & Time
Revision No.	Reason for Change				
Reported By	Date & Time	Reported By	Date & Time	Reported By	Date & Time

CLEARANCE: KE-11-01	REVISION:
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Application for Gas Clearance

F4100-10-4
8/2009
Page 4 of 7
GSO

SPECIAL INSTRUCTIONS

Please list Special Instructions below

Redacted

**All Valve Operations must be in the "Sequence of Operations"
Valve Operations are not to be included in the "Special Instructions"**

** Indicate Key Communication steps with an asterisk (*) for communication and logging between Clearance Supv and Gas Cntrl Ctr*

CLEARANCE:KE-11-01

REVISION:



Application for Gas Clearance

F4100-10-4
8/2009
Page 5 of 7
GSO

A. Will Normal Function of the Facility be Maintained? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:	B. Does Gas Control Centers Need to Change SCADA Alarms? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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SCADA TAG	SCADA ALARM DESCRIPTION	NORMAL HI-HI SETTING	CLEARANCE HI-HI SETTING	NORMAL LO-LO SETTING	CLEARANCE LO-LO SETTING

Maximum Welding Pressure _____	Maximum Tapping Pressure _____
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(Note: For Welding on Pressurized Pipelines Gauge Designation, Pressure Limits, Frequency of Observation and a Designated Field Employee or Crew to Observe are Required.)

GAUGE DESTINATION <i>(Provided by CS)</i>	LIMITS		FREQUENCY OF OBSERVATIONS	OBSERVED BY <i>(Assigned by CS/Job Supv)</i>
	Low	High		
D/S Gauge tap of V-16.08	N/A	N/A		

CLEARANCE:KE-11-01	REVISION:
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Application for Gas Clearance

SEQUENCE OF OPERATIONS

* Indicate Key Communication steps with an asterisk (*) for communication and logging between Clearance Supv and Gas Cntrl Ctr

* OPRN NO.	LOC	OPERATION	VALVE NO.	TAGGED	REMARKS	COMPLETE D BY	TIME/ DATE
*	→	Redacted			Request Preliminary Clearance <i>(per Clearance Procedure Manual)</i>	Redacted	1310 2/15/11
*	→	Redacted			Request Final Clearance <i>(Day of Job)</i>	Redacted	1310 2/15/11
1.	Redacted	Check Closed	V-101		Valve Position		1311 2/15/11
2.	Redacted	Open	V-10	CAUTION			1312 2/15/11
3.	Redacted	Open	V-B	MOL			1316 2/15/11
4.	Redacted	Slowly Open	V-A	CAUTION	To Purge Air to 100 % Gas		1318 2/15/11
5.	Redacted	Close	V-10	R/ CAUTION	To Equalize U/S & D/S of V-16.08		1320 2/15/11
6.	Redacted	Open	V-16.08	CAUTION			1322 2/15/11
7.	Redacted	Open	V-101	CAUTION			1530 2/15/11
8.	Redacted	Close	V-B	R/MOL			1540 2/15/11
9.	Redacted	Close	V-A	R/ CAUTION			1542 2/15/11
10.	Redacted	Close	V-102	MOL			1544 2/15/11
11.	Redacted				Report On		1545 2/15/11
12.	Redacted				Test V-102 By Opening Valve Body Bleed		1546 2/15/11
13.	Redacted				Close Valve Body Bleed on V-102 when test Completed		1547 2/15/11
14.	Redacted				Report Off		1548 2/15/11
15.	Redacted	Open	V-102	R./MOL	Normal Position		1550 2/15/11
16.	Redacted	Close	V-101	R/ CAUTION	Normal Position		1558 2/15/11

CLEARANCE:KE-11-01

REVISION:



Pacific Gas and Electric Company

Application for Gas Clearance

F4100-10-4
8/2009
Page 7 of 7
GSO

17.	Redacted	Close	V-16.08	R/CAUTION	Normal Position	Redacted	1600 2/15/1
18.							
19.							
20.							
21.							
22.							

*	NOTIFY Coalinga Nose GAS CONTROL CLEARANCE COMPLETE, EQUIPMENT IS RETURNED TO OPERATIONS
*	SEND VIA FAX OR EMAIL TO Coalinga Nose GSO SF CLEARANCE AND GSM MAPPING DEPTS REDLINED CHANGES OF OM&D'S

CLEARANCE: KE-11-01	REVISION:
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Redacted

O.K. MMC/SS	
DATE	SCALE
7-27-71	NONE

PACIFIC GAS AND ELECTRIC COMPANY
SAN FRANCISCO CAL.

DRAWING NUMBER	REV.
082532	14



VALVE MAINTENANCE RECORD FORM
(make all entries in black or blue permanent ink)

DIVISION Gas Transmssion DISTRICT Kettleman VALVE NO. V- 43.30 KTK930150

LOCATION (SKETCH ON BACK IF REQUIRED) Redacted SAP WM NO. 41476402 KTK930150

LINE/STATION NAM Redacted TRANSMISSION: EMERGENCY OTHER

OPER. OR WALL MAP 084505 OPER. DIAG. OR PLAT _____ BLK. N/A DISTRIBUTION: STATION CRITICAL MAIN

VALVE DATA

SIZE 20" MAKE/MODEL Nordstrom 4449 1/2 TYPE Plug PRESS RATING 960 SERIAL NO. Unknown USE Main Line Valve
Ball, Plug, Gate PSIG MLV, BTU, Zone, Station, etc.

RECOMMENDED LUBRICANT/SEALANT 1033 LUBE/INSPECT FREQ. Annual Gearbox Breather (Bettis) Installed? YES NO NA
Brand/Type or NA Annual, Monthly, Other

RECOMMENDED STEM PACKING MATERIAL N/A High-Head Extension Vent Installed? YES NO NA
Brand/Type or NA

ACTUATOR TYPE Manual COMMENTS _____
Manual Lever, Exposed Gearing (no gearbox), Enclosed Gearing*, Power Actuated

* Manual gearbox filled with oil? YES NO
 90 Wt to 140 Wt Oil NO
 Grand Slam Grease

Wrench (Key) Size: N/A Quarter Turn Multi-Turn (Gate, Plug, Ball Valve w/Gear box) Number of Turns: Unknown

ANNIVERSARY = May

** Enter Service History on next page.



VALVE MAINTENANCE RECORD FORM Line / Station Name: L-306 / mp 43.30
 (Make all entries in black or blue permanent ink) Valve Number: 43.30

SERVICE HISTORY (see notes)

DATE MM/DD/YY	INITIAL LAN ID	VERIFY VALVE NUMBER Y/N	INSPECT Y/N	LUBE (If req'd) Y/N or N/A	OPERATE Y/N F/P	VALVE POSITION		REPAIRS REQUIRED (if any)	ACTION TAKEN (if required)	REPAIRED DATE MM/DD/YY INITIAL - LAN ID	REVIEWED DATE MM/DD/YY INITIAL - LAN ID
						As Found	As Left				
5-14-10	Redacted	Y	Y	Y	Y P	✓		NONE	NONE	-	6-2-10 CW - EXWS
6-7-11	Redacted	Y	Y	Y	N P	0	0	NONE	NONE	-	6-29-11 JWS - EXWS
4-4-12	Redacted	Y	Y	Y	N	0	0	NONE	NONE	-	6-11-12 BL - BWR4
1-8-13	Redacted	Y	Y	N/A	Y P	0	0	C PUC Follow up per 3684	NONE	-	1-8-13 BL - BWR4
										-	-
										-	-
										-	-
										-	-
										-	-
										-	-
										-	-

NOTES: 1) Use Y/N for yes/no to indicate item performed and completed. 2) "LUBE" pertains to lubrication of the ball or plug. 3) "OPERATE" means to partially operate as a minimum.
 4) Use F/P to indicate Full or Partial Operation. 5) Valve positions = C (closed), O (open), T (throttling)



VALVE MAINTENANCE RECORD FORM
(make all entries in black or blue permanent ink)

DIVISION Gas Transmssion DISTRICT Kettleman VALVE NO. V- 1 KTB880002

LOCATION (SKETCH ON BACK IF REQUIRED) Redacted SAP WM NO. 41469212 KTB880002

LINE/STATION NAME Redacted TRANSMISSION: EMERGENCY OTHER

OPER. OR WALL MAP 383055 Sh. 1 OPER. DIAG. OR PLAT 082609 BLK. N/A DISTRIBUTION: STATION CRITICAL MAIN

VALVE DATA

SIZE 3" MAKE/MODEL Grove TYPE Gate PRESS RATING 1440 SERIAL NO. Unknown USE Tap
Ball, Plug, Gate PSIG MLV, BTU, Zone, Station, etc.

RECOMMENDED LUBRICANT/SEALANT N/A LUBE/INSPECT FREQ. Annual Gearbox Breather (Bettis) Installed? YES NO NA
Brand/Type or NA Annual, Monthly, Other

RECOMMENDED STEM PACKING MATERIAL _____ High-Head Extension Vent Installed? YES NO NA
Brand/Type or NA

ACTUATOR TYPE _____ COMMENTS _____
Manual Lever, Exposed Gearing (no gearbox), Enclosed Gearing*, Power Actuated

* Manual gearbox filled with oil? YES NO
 90 Wt to 140 Wt Oil Grand Slam Grease
 Drained? YES NO

ANNIVERSARY = May

Wrench (Key) Size: N/A Quarter Turn Multi-Turn (Gate, Plug, Ball Valve w/Gear box) Number of Turns: Unknown

** Enter Service History on next page.



Pacific Gas
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Electric
Company

VALVE MAINTENANCE RECORD FORM Line / Station Name
(Make all entries in black or blue permanent ink) Valve Number:

Redacted

SERVICE HISTORY (see notes)

DATE MM/DD/YY	INITIAL LAN ID	VERIFY VALVE NUMBER Y/N	INSPECT Y/N	LUBE (If req'd) Y/N or N/A	OPERATE Y/N F/P	VALVE POSITION As Found As Left	REPAIRS REQUIRED (if any)	ACTION TAKEN (if required)	REPAIRED DATE	REVIEWED DATE
									MM/DD/YY INITIAL - LAN ID	MM/DD/YY INITIAL - LAN ID
5/10/11	Redacted	Y	Y	N/A	F	C				6-30-10 EW - EXWS
5/18/11	Redacted	Y	Y	N/A	N	O				5-23-11 EW - EXWS
5/9/12	Redacted	Y	Y	N/A	N	O	(NOT SERVICABLE)			5-14-12 EW - EXWS
12-6-12	Redacted	-	-	-	V P	O O	operated VALVE for CPUC finding 5-18-11 + 5-9-12	OF		12-13-12 BR - BWH

NOTES: 1) Use Y/N for yes/no to indicate item performed and completed. 2) "LUBE" pertains to lubrication of the ball or plug. 3) "OPERATE" means to partially operate as a minimum. 4) Use F/P to indicate Full or Partial Operation. 5) Valve positions = C (closed), O (open), T (throttling)



VALVE MAINTENANCE RECORD FORM
(make all entries in black or blue permanent ink)

DIVISION Gas Transmssion DISTRICT Kettleman VALVE NO. V- 279.63 KTB880158
 LOCATION (SKETCH ON BACK IF REQUIRED) Redacted SAP WM NO. 41469454 KTB880158
 LINE/STATION NAME Redacted TRANSMISSION: EMERGENCY OTHER
 OPER. OR WALL MAP 383055 OPER. DIAG. OR PLAT _____ BLK. N/A DISTRIBUTION: STATION CRITICAL MAIN

VALVE DATA

SIZE 2" MAKE/MODEL MS 03-4356 TYPE Ball PRESS RATING 1440 SERIAL NO. Unknown USE Tap
Ball, Plug, Gate PSIG MLV, BTU, Zone, Station, etc.

RECOMMENDED LUBRICANT/SEALANT Valtex 2000 S-10 LUBE/INSPECT FREQ. Annual Gearbox Breather (Bettis) Installed? YES NO NA
Brand/Type or NA Annual, Monthly, Other

RECOMMENDED STEM PACKING MATERIAL F4430-04-1 High-Head Extension Vent Installed? YES NO NA
Brand/Type or NA

ACTUATOR TYPE Manual
Manual Lever, Exposed Gearing (no gearbox), Enclosed Gearing*, Power Actuated

COMMENTS _____

* Manual gearbox filled with oil? YES NO
 90 Wt to 140 Wt Oil NO
 Grand Slam Grease

ANNIVERSARY = May

Wrench (Key) Size: N/A Quarter Turn Multi-Turn (Gate, Plug, Ball Valve w/Gear box) Number of Turns: Unknown

** Enter Service History on next page.



VALVE MAINTENANCE RECORD FORM Line / Station Name _____
(Make all entries in black or blue permanent ink) Valve Number: _____

Redacted

SERVICE HISTORY (see notes)

DATE MM/DD/YY	INITIAL LAN ID	VERIFY VALVE NUMBER Y/N	INSPECT Y/N	LUBE (If req'd) Y/N or N/A	OPERATE Y/N F/P	VALVE POSITION As Found As Left	REPAIRS REQUIRED (If any)	ACTION TAKEN (If required)	REPAIRED DATE	REVIEWED DATE
									MM/DD/YY INITIAL – LAN ID	MM/DD/YY INITIAL – LAN ID
5-24-10	Redacted	Y	Y	Y	P	O	NONE	NONE	-	8-11-10 EW - EXWS
8-31-11	Redacted	Y	Y	Y	N	O	NONE	NONE	-	9-2-11 EW - EXWS
5-26-12	Redacted	Y	Y	Y	P	O	NONE	NONE	-	6-11-12 BR - BWL4
12-12-12	Redacted	-	-	-	P	O		CPUC Finding FOR 5-21-11 OPERATION VALVE	-	12-13-12 BR - BWL4
									-	-
									-	-
									-	-
									-	-
									-	-
									-	-
									-	-

NOTES: 1) Use Y/N for yes/no to indicate item performed and completed. 2) "LUBE" pertains to lubrication of the ball or plug. 3) "OPERATE" means to partially operate as a minimum. 4) Use F/P to indicate Full or Partial Operation. 5) Valve positions = C (closed), O (open), T (throttling)



VALVE MAINTENANCE RECORD FORM
(make all entries in black or blue permanent ink)

DIVISION Gas Transmssion DISTRICT Kettleman VALVE NO. V-1 KTB880500

LOCATION (SKETCH ON BACK IF REQUIRED) Redacted SAP WM NO. 41469623 KTB880500

LINE/STATION NAME Redacted TRANSMISSION: EMERGENCY OTHER

OPER. OR WALL MAP 383055 Sh. 2 OPER. DIAG. OR PLAT 087578 BLK. N/A DISTRIBUTION: STATION CRITICAL MAIN

VALVE DATA

SIZE 6" MAKE/MODEL Gove TYPE Ball PRESS RATING 1440 SERIAL NO. Unknown USE Tap
Ball, Plug, Gate PSIG MLV, BTU, Zone, Station, etc.

RECOMMENDED LUBRICANT/SEALANT Valtex 2000 S-10 LUBE/INSPECT FREQ. Annual Gearbox Breather (Bettis) Installed? YES NO NA
Brand/Type or NA Annual, Monthly, Other

RECOMMENDED STEM PACKING MATERIAL N/A High-Head Extension Vent Installed? YES NO NA
Brand/Type or NA

ACTUATOR TYPE Enclosed Gearing COMMENTS "Not Required for Service"
Manual Lever, Exposed Gearing (no gearbox), Enclosed Gearing*, Power Actuated

* Manual gearbox filled with oil? YES NO
 90 Wt to 140 Wt Oil NO
 Grand Slam Grease
 NO

ANNIVERSARY = May

Wrench (Key) Size: N/A Quarter Turn Multi-Turn (Gate, Plug, Ball Valve w/Gear box) Number of Turns: Unknown

** Enter Service History on next page.



**Pacific Gas
and
Electric
Company**

VALVE MAINTENANCE RECORD FORM Line / Station Name:
(Make all entries in black or blue permanent ink) Valve Number:

Redacted

SERVICE HISTORY (see notes)

DATE MM/DD/YY	INITIAL LAN ID	VERIFY VALVE NUMBER Y/N	INSPECT Y/N	LUBE (If req'd) Y/N or N/A	OPERATE Y/N F/P	VALVE POSITION As Found As Left	REPAIRS REQUIRED (If any)	ACTION TAKEN (If required)	REPAIRED DATE	REVIEWED DATE
									MM/DD/YY INITIAL – LAN ID	MM/DD/YY INITIAL – LAN ID
	Redacted								-	-
7-29-11	Redacted	Y	Y	Y	N	C C			-	8-3-11 EW - EXWS
5-20-12	Redacted	Y	Y	Y	X	C C			-	5-21-12 EW - EXWS
									-	-
									-	-
									-	-
									-	-
									-	-
									-	-
									-	-
									-	-

NOTES: 1) Use Y/N for yes/no to indicate item performed and completed. 2) "LUBE" pertains to lubrication of the ball or plug. 3) "OPERATE" means to partially operate as a minimum. 4) Use F/P to indicate Full or Partial Operation. 5) Valve positions = C (closed), O (open), T (throttling)



VALVE MAINTENANCE RECORD FORM
(make all entries in black or blue permanent ink)

DIVISION Gas Transmssion DISTRICT Kettleman VALVE NO. V- 299.00 KTK590210

LOCATION (SKETCH ON BACK IF REQUIRED) Redacted SAP WM NO. 41424887 KTK590210

LINE/STATION NAME Redacted TRANSMISSION: EMERGENCY OTHER

OPER. OR WALL MAP 383055 Sh. 2 OPER. DIAG. OR PLAT 082293 BLK. N/A DISTRIBUTION: STATION CRITICAL MAIN

VALVE DATA

SIZE 34X30 " MAKE/MODEL Cameron TYPE Ball PRESS RATING 960 SERIAL NO. Unknown USE Main Line Valve
Ball, Plug, Gate PSIG MLV, BTU, Zone, Station, etc.

RECOMMENDED LUBRICANT/SEALANT Valtex 2000 S-10 LUBE/INSPECT FREQ. Semi-Annual Gearbox Breather (Bettis) Installed? YES NO NA
Brand/Type or NA Annual, Monthly, Other

RECOMMENDED STEM PACKING MATERIAL 909 High-Head Extension Vent Installed? YES NO NA
Brand/Type or NA

ACTUATOR TYPE Power Actuated
Manual Lever, Exposed Gearing (no gearbox), Enclosed Gearing*, Power Actuated

COMMENTS Replaced Limitorque Actuator with Bettis 3/08

* Manual gearbox filled with oil? YES NO
 90 Wt to 140 Wt Oil NO
 Grand Slam Grease
 NO

ANNIVERSARY = September

Wrench (Key) Size: N/A Quarter Turn Multi-Turn (Gate, Plug, Ball Valve w/Gear box) Number of Turns: Unknown

** Enter Service History on next page.



VALVE MAINTENANCE RECORD FORM Line / Station Name:
(Make all entries in black or blue permanent ink) Valve Number:

Redacted

SERVICE HISTORY (see notes)

DATE MM/DD/YY	INITIAL LAN ID	VERIFY VALVE NUMBER Y/N	INSPECT Y/N	LUBE (If req'd) Y/N or N/A	OPERATE		VALVE POSITION As Found As Left	REPAIRS REQUIRED (if any)	ACTION TAKEN (if required)	REPAIRED DATE		REVIEWED DATE	
					Y/N	F/P				MM/DD/YY	INITIAL - LAN ID	MM/DD/YY	INITIAL - LAN ID
3-4-10	Redacted	Y	Y	Y	Y	P	O	NONE	NONE	-	-	3/4/10	TRG - TRG
5-12-10	Redacted	Y	Y	Y	Y	P	O	NONE	NONE	-	-	4-27-11	EW - EXWS
10/4/10	Redacted	Y	Y	Y	Y	P	O	NONE	NONE	-	-	4-27-11	EW - EXWS
9-16-11	Redacted	Y	Y	Y	N		O			-	-	11-30-11	EW - EXWS
1/4/11	Redacted	Y	Y	Y	N		O	NONE	NONE	-	-	2-8-12	EW - EXWS
3/2/11	Redacted	Y	Y	Y	N		O			-	-	3-15-12	EW - EXWS
3/2/12	Redacted	Y	Y	Y	N		O			-	-	3-15-12	EW - EXWS
9/19/12	Redacted	Y	Y	Y	N		C			-	-	9-20-12	BR - BWR4
										-	-		
										-	-		

NOTES: 1) Use Y/N for yes/no to indicate item performed and completed. 2) "LUBE" pertains to lubrication of the ball or plug. 3) "OPERATE" means to partially operate as a minimum. 4) Use F/P to indicate Full or Partial Operation. 5) Valve positions = C (closed), O (open), T (throttling)

Redacted

9/18/2012 Tuesday Post - Sheet: rjdb

For: 09/18/12 2 OTB OTL OTD

BarID	Equip/Job Desc	Task Notes	Task Date	Travel	Wrench	OT Code	OT Reason	Order #	Class Code	Class Rate	Special Pay Notes
	CritA CPUC PID:383055 Freq:12 Last:2011/10/26 Crew:1 OQ:14-01										
KTK590210 PM:8	[MLV-299.00A] Valve, Monitor, L-300A. PLS-5A Monthly Bump Check LOC: 5A (& 5B) Pressure Limiting Station	Monthly Bump Check Tech Maintenance	9-18		1.50			2009093			
	CritB PID:383055 Freq:1 Last:2012/08/13 Crew:1										
KTK590212 PM:9	[299.00A_PCV] Valve, Regulator, V-299.00A. PLS-5A Class A Inspection LOC: PLS-5A DEV: , ,	Set @ 100 PSI	9-18		.50			2009093			
	CritA CPUC PID:383055 Freq:12 Last:2011/10/26 Crew:1 OQ:14-02										
KTK590214 PM:10	[299.00A_PRV] Valve, Relief, V-299.00A. PLS-5A Calculation Review LOC: PLS-5A	BRIDGE NEED TO NO SURE, FROM PACKAGE RELIEF NOW REMOVE FROM DCM	U					2009093			
	CritA CPUC PID:383055 Freq:12 Last:2011/10/26 Crew:1 OQ:16-01										
KTK590214 PM:9	[299.00A_PRV] Valve, Relief, V-299.00A. PLS-5A Class A Inspection LOC: PLS-5A	Set @ 110 PSI ✓	9-18		.50			2009093			
	CritA CPUC PID:383055 Freq:12 Last:2011/10/26 Crew:1 OQ:16-01										
	Station: Tools Equipment										
KTKTE0169 PM:8	Equipment, Pipe Locator, Metrotech 9800 Calibrate LOC: Kettleman Comp Sta	DeBoer Serial Number 22755	9-18		.25			2009803			
	CritA Freq:1 Last:2012/08/21 Crew:1 OQ:05-01										

Morning Break Start: _____ End: _____ Missed? Y / N Lunch Break Start: _____ End: _____ Missed? Y / N Afternoon Break Start: _____ End: _____ Missed? Y / N

rjdb DeBoer, Russell J. Signature: _____ DS Signature: _____
I certify that I have accurately recorded all time worked and abided by the terms of the collective bargaining agreement for rest and meal periods.

CPUC And Maint. Records Complete? [] Date: _____ Times From: _____ To: _____ From: _____ To: _____