

GC Gas As-Build

Job Estimate Face Sheet 30910059(G) - 07/30/12 09:07

Project Name:		Notification:	105960178
Address:	Redacted	Order Type:	G060
City/County:	BERKELEY/Alameda	PM Order Number:	30910059
Contact Name:		Status:	In Progress
Contact#:		MAT Code:	50E
Job Owner:	Redacted	MLX:	
Estimator:		Prior MLX:	None

Job Story PG&E to eliminate 4" Valve K-35, Redacted Berkeley.
GC GAS REMOVED 4" STD VALVE (K 35) AND REPLACED IT WITH 2' OF 4" STD PIPE.

Permits	Agreements	Other Requirements
<input checked="" type="checkbox"/> City-BERKELEY	<input type="checkbox"/> Right of Way-	<input type="checkbox"/> Strength Test PR5-
<input type="checkbox"/> County-	<input type="checkbox"/> JP Intent-	<input type="checkbox"/> Other-
<input type="checkbox"/> Highway-	<input type="checkbox"/> JT Intent-	
<input type="checkbox"/> Railroad-		

Job Labor Hours

Type	PG&E		PG&E Contractor		Applicant	
	On-Site	Travel	On-Site	Travel	On-Site	Travel
Elec	0	0	0	0	0	0
Gas	100	0	0	0	0	0
Total	100	0	0	0	0	0

Financial Summary (\$)

PG&E Direct Cost	23102	Applicant Non-Rdf Work *	0
Applicant Direct Cost	0	Gross Financial Cost	25942
Overheads & Material Burden	2840	Joint Utility Credits	0
AFUDC	0	Applicant Cash Contribution *	0
Install Revolving Stock	0		
Total Job Cost	25942	Job Net *	25942

* These amounts are not computed for jobs that are not in CCBS.

Job Approval

Recommended: Redacted Associate Distribution Eng	Redacted _____ Lan ID	/ / _____ mm dd yy
Concurred: Redacted Estimating Supervisor	Redacted _____ Lan ID	/ / _____ mm dd yy
Authorized:	Redacted _____ Lan ID	/ / _____ mm dd yy

PG&E Crew Instructions
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Location 1 Descr: -

Location:	1	Install
Quantity		Description
Cart: GC Review		
1	Asm:	Single Items added to cart
63		+OTHER CONTRACT SERVICE - Cut/Break
93		+OTHER CONTRACT SERVICE - Paving
252		+SOIL DISPOSAL
Cart: Labor		
1	Asm:	Single items added to cart
93		+Construction - Gas GC -
Cart: Material		
1	Asm:	Single Items added to cart
4		+PIPE STEEL BARE 4 inch GS&S A-15 (01-1693) -
2		+NIPPLE SAVE-A-VLV 1" CI CAP WELD STL -
2		+STOPPER METAL PIPE LINE 4" WELD 250PSI -
1		+ADHESIVE LIQUID ONE QUART CONTAINER -
2		+TAPE PIPE CTG 2" COLD APPLIED 2"X50' RL -
2		+TAPE PIPE CTG 4" COLD APPLIED 4"X50' RL -
Cart: Permits		
1	Asm:	Permits and Fees
500		Permits - Permits and Fees
Cart: Traffic Control		
1	Asm:	Single items added to cart
2800		+TRAFFIC CONTROL/FLAGGING
150		+TRAFFIC CONTROL PLANS

PG&E Materials
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Long Lead Time Materials

Quantity	Unit	M-Code	Description	Lead Time (wks)
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Normal Lead Time Materials

Quantity	Unit	M-Code	Description	Lead Time (wks)
4.00	FT	011693	PIPE STEEL BARE 4 inch GS&S A-15 (01-1693)	17
2.00	EA	022452	NIPPLE SAVE-A-VLV 1" CT CAP WELD STL	3
2.00	EA	022516	STOPPER METAL PIPE LINE 4" WELD 250PSI	3
2.00	RL	032603	TAPE PIPE CTG 4" COLD APPLIED 4"X50' RL	3
1.00	CO	130049	ADHESIVE LIQUID ONE QUART CONTAINER	3
2.00	RL	562320	TAPE PIPE CTG 2" COLD APPLIED 2"X50' RL	3

Material Changes And Additions

Materials

Additions/Changes

Crew Foreman Sign-Off
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DRS Not Required For This Job

DSC Not Required For This Job

Ener/Press Not Required For This Job

Unit Measure Not Required For This Job

Construction Foreman Sign-Off (Check all that apply)

Built as Designed Redlined Feedback Form completed N/A

Plastic Pipe Data-Test at 100-110 PSI for a minimum of 5 minutes

Size	Manufacturer	Date of Manufacture	Pressure	Duration	Initials
		N/A			

Redacted

Foreman's Signature

Lan ID

20 / 08 / 2012

mm dd yy

**Operational Change Order
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WORK COMPLETED MUST BE REPORTED ON THE SAME DAY

Map Number _____ (Estimator) CPA# _____

LOCATION City **BERKELEY** County Alameda

Date _____ From _____ (Job Foreman)

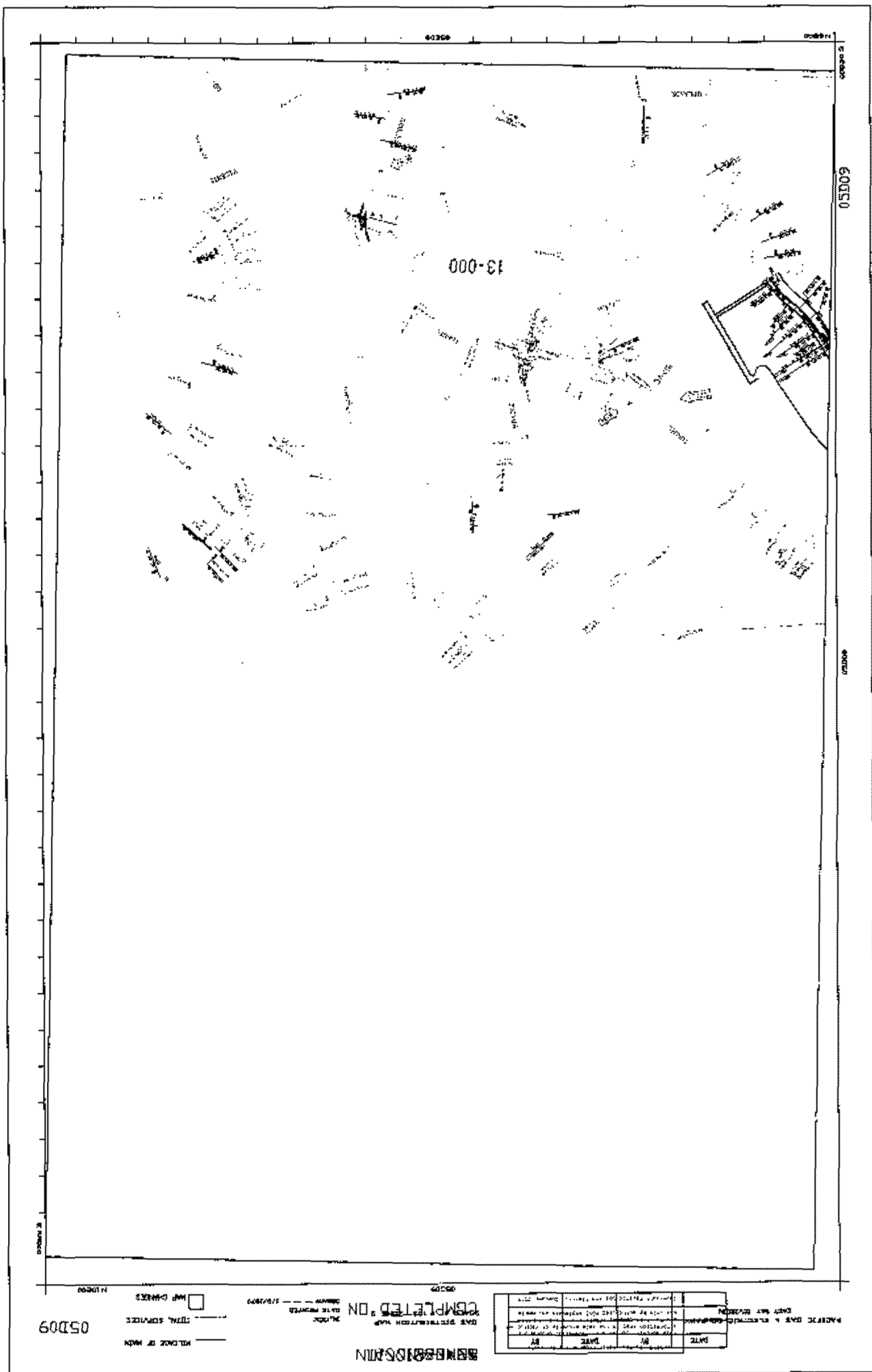
Phone _____ Fax _____ (Job Foreman)

JOB DESCRIPTION (Job Foreman)

MAPPING: Name & Date Received _____

MAPPERS NOTE: Add this Change Notice to the job file when the job is completed

SKETCH (Job Foreman)



60509

NO. OF SHEETS
 TOTAL SHEETS
 MAP SHEETS

DATE OF DESIGN
 DATE OF REVISION
 DATE OF APPROVAL
 DATE OF ISSUE

COMPLETED ON

DATE	BY	REVISION
10	10	

Form TD-9500P-01-F01

Revised 11/01/11

GAS DISTRIBUTION OPERATING CHANGE NOTICE # (FINAL)

Job Number: PM30910059 Map/Plat/Block: _____

Project Name/Location: Redacted

Date occurred in field: 10/08/2012 Date sent to Mapping: 10/08/2012

Detailed Description of Operational Change: _____

REMOVED 4" STL VALVE #K-35, INSTALLED 2' OF 4" STL PIPE

GC Gas As-Build

Notice Prepared By (P): Redacted Notice Prepared By (Signature): Redacted

LAN ID/Initials: _____ Phone#: Redacted

---Detailed location sketch delineating reportable gas facility operating changes which have occurred ---

Redacted

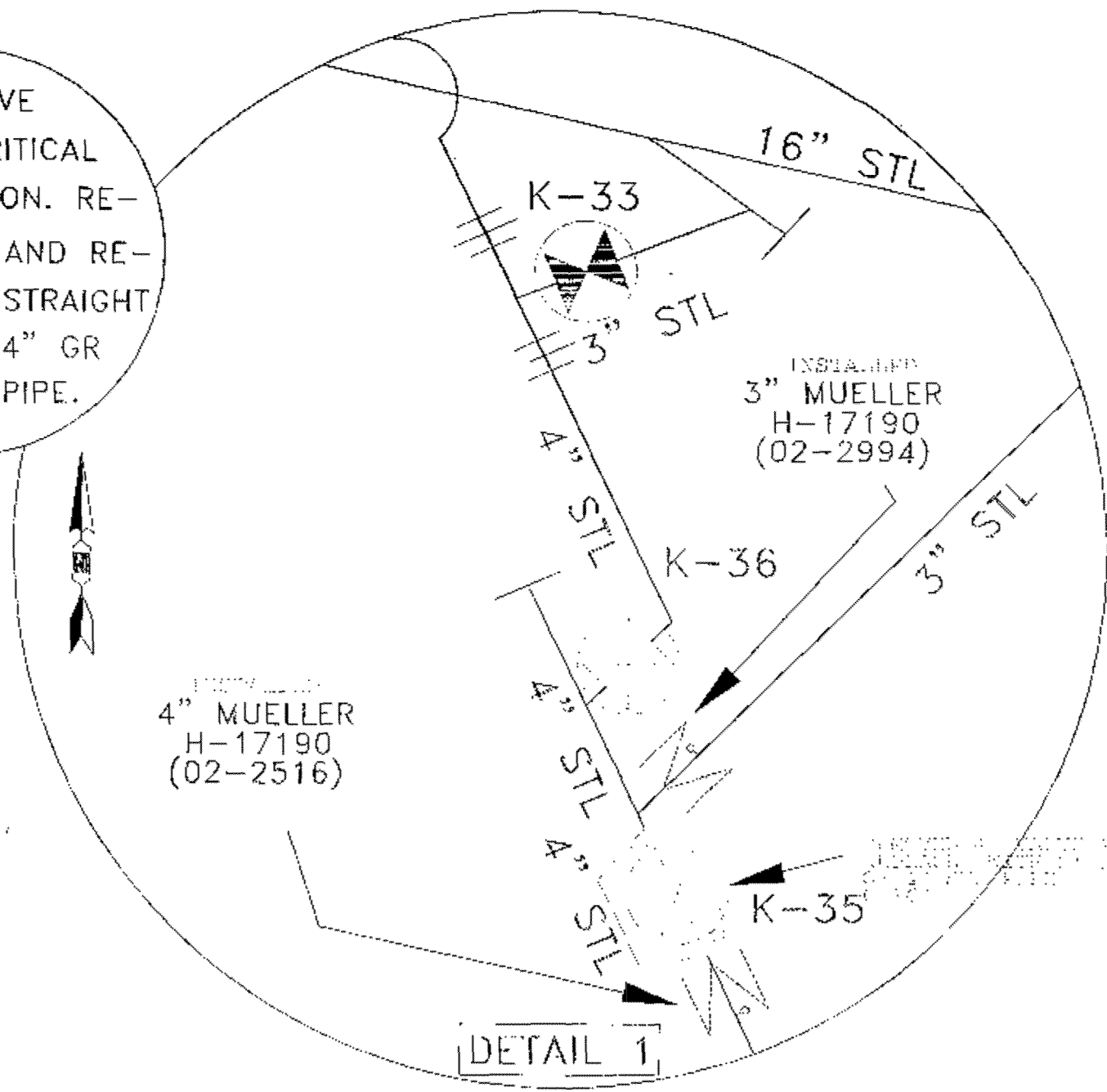
Posted By (Print Name): _____ Posted By (Signature): _____

LAN ID/Initials: _____ Date: _____ Plat(s): _____

(See Job Aid TD-9500P-01-JA01 for requirements and instructions for completing this form. Complete this form in non-erasable ink.)

GAS OPERATING CHANGE NOTICE #1
SHEET 2 OF 2

4" VALVE
IS NOT CRITICAL
FOR OPERATION. RE-
MOVE VALVE AND RE-
PLACE WITH STRAIGHT
PIPE. USE 4" GR
B STEEL PIPE.



Construction Feedback to Estimating and W&R

Items Common to Gas & Electric (Please explain below and/or on back)

- Estimator contacted during construction.
- Job did not include design detail & documentation necessary to construct job.
- Special city/traffic requirements for working in the area not considered in estimate.
- Job not constructed as designed. Estimate: Redacted
- Work not included in Estimate. Estimate: Redacted

Materials Issues

- Missing: _____
- Wrong: _____
- Quantity: _____
- Delivery: _____

Site Issues

- Conditions: _____
- Access: _____
- Other: _____

Labor Hours Differ from Estimate(hrs)

	Actual	vs	Est
<input type="checkbox"/> On site labor	_____		100
<input type="checkbox"/> Travel time	_____		0
<input type="checkbox"/> Multiple trips req'd	_____		N/A
<input type="checkbox"/> Traffic Control	_____		N/A
<input type="checkbox"/> Customer Notifications	_____		N/A
<input type="checkbox"/> W&R Additional Hours	_____		N/A

Other Issues Impacting Labor Hours

	Impact(hrs)
<input type="checkbox"/> Emergency	_____
<input type="checkbox"/> Vehicle Availability	_____
<input type="checkbox"/> Equipment Failure	_____
<input type="checkbox"/> Other	_____
<input type="checkbox"/> Distribution maps incorrect	_____

Gas Issues

	Impact(hrs)
<input type="checkbox"/> Existing facilities can't be located	_____
<input type="checkbox"/> Soil Conditions	_____
Coverage:	
<input type="checkbox"/> Shallow	_____
<input type="checkbox"/> Shoring Required	_____
<input type="checkbox"/> Hand digging	_____

Electric Issues

	Impact(hrs)
<input type="checkbox"/> New equip causes infraction	_____
<input type="checkbox"/> Issues with clearances	_____
Existing Substructure:	
<input type="checkbox"/> Conduit not useable	_____
<input type="checkbox"/> Enclosure too small	_____
<input type="checkbox"/> Switching	_____

Please provide comments on the back side.

Your feedback is appreciated and will help improve our estimates and schedules. Thank you

Construction Supervisor Name _____

Lan ID _____ mm / dd / yy

Supervisor Name: _____

Redacted
Lan ID _____ mm / dd / yy

ADE Name: Redacted _____

Redacted
Lan ID _____ mm / dd / yy

Estimator Name: _____

Redacted
Lan ID _____ mm / dd / yy