

LEAK SURVEY, INSPECTION AND REPAIR REPORT (S.P. 460.2-2)

MAP _____ PLAT _____ BLOCK _____ USA TICKET NO _____

INSTALLED ANODE: YES [] NO []

LOCATION SKETCH IF AMP FITTINGS USED SKETCH MUST SHOW LOC.

ADDRESS _____ LOCATION _____ CITY _____

LEAK SURVEY REPORT

LEAK NO.: [][][][][][][][][] DATE _____ TIME _____ REPORTED BY _____ LEAK GRADE: [] 1 [] 2 [] 3 PLAT SHEET _____ BLOCK _____ COMBUSTION TEST _____ READING _____ [] PPM [] % GAS [] LEL SYSTEM PRESSURE _____ COMBUSTIBLE GAS IN: [] BLDG. [] METER BOX [] MANHOLE IDENTIFY [] CATCH BASIN [] ODOR IN AIR [] OTHER SPECIFY SURFACE OVER LEAK: [] CONCRETE [] TAR COMPOUND [] UNSURFACED [] OTHER SPECIFY

NOTE: This Section May Be Used In Lieu Of The Daily Survey Log

LEAK FOLLOW-UP DATA

PRE-REPAIR CHECK:

Table with columns: DATE, READING, BY. Includes rows for pre-repair check and post-repair recheck required (YES/NO).

INSPECTION REPORT

DATE _____ REPORTED BY _____ SIZE _____ WALL THICKNESS _____ SPECIFICATION _____ COVER ON PIPE _____ MATERIAL: [] STL. [] PL. [] C.I. [] OTHER SPECIFY FEET OF PIPE EXPOSED TEST _____ PSIG _____ TIME _____ COATING: [] BARE [] DOUBLE-WRAP [] SINGLE-WRAP [] OTHER SPECIFY CONDITION OF WRAP: [] EXCELLENT [] FAIR [] POOR PIPE CONDITION: EXTERNAL RUST: [] NONE [] LIGHT [] HEAVY PITTING: [] NONE [] LIGHT [] HEAVY PIT DEPTH (MAX.) _____ GRAPHITIZED (C.I.): [] YES [] NO INTERNAL (LEAVE BLANK IF NOT INSPECTED) INSPECTION: [] CLEAN [] DIRTY [] OILY RUST: [] NONE [] LIGHT [] HEAVY PITTING: [] NONE [] LIGHT [] HEAVY PIT DEPTH (MAX.) _____ SOIL TYPE: _____ OTHER PERTINENT INFORMATION: _____ FILE NO. (OPTIONAL) _____

LEAK SURVEY, INSPECTION AND REPAIR REPORT - FORM A

1	<u>ENTRY CODE</u>	<input type="checkbox"/>	1-NEW, 2-CHANGE/ADDITION, 3-DELETE.
2	<u>JOB CODE</u>	<input type="checkbox"/>	C-CAPITAL REPLACEMENTS, M-MAINTENANCE REPAIRS
3	RC NO.	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>
8	DIST. NO.	<input type="checkbox"/>	<input type="checkbox"/>
10	LEAK NO.	<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>
17		<input type="checkbox"/>	<input type="checkbox"/>
18	<u>LEAK GRADE</u>	<input type="checkbox"/>	GRADE 1, 2, OR 3 REF. S.P. 460.21-4
19	WALL MAP	<input type="checkbox"/>	<input type="checkbox"/>	} THOSE DIVISIONS NOT USING CALIF COORD. SYSTEM WILL ENTER PLAT SHEET NO. IN BLOCKS 23 THRU 27 TRANSMISSION MAIN - 6-DIGIT DRAWING NO. ENTERED IN COLUMNS 19 THRU 24 AND MAIN NO. ENTERED IN COLUMNS 25 THRU 28 OMITTING THE LAST COLUMN OR COLUMNS WHEN NO LETTER DESIGNATION REQUIRED OR MAIN HAS ONLY TWO DIGITS.
23	PLAT SHEET	<input type="checkbox"/>	<input type="checkbox"/>	
26	BLOCK	<input type="checkbox"/>	<input type="checkbox"/>	
29	CPUC/OPS RPT.	<input type="checkbox"/>	Y-YES, N-NO
30	<u>LINE SIZE</u>	<input type="checkbox"/>	<input type="checkbox"/>
32		<input type="checkbox"/>	<input type="checkbox"/>
34	<u>MATERIAL</u>	<input type="checkbox"/>	I-CAST IRON OR DUCTILE IRON, S-STEEL AND/OR WROUGHT IRON, P-PLASTIC, C-COPPER, Ø-OTHER
35	<u>LINE USE</u>	<input type="checkbox"/>	D-DISTRIBUTION, F-DISTRIBUTION FEEDER MAIN (NO LINE NUMBER, BUT OVER 60 PSI), S-SERVICE, T-TRANSMISSION, G-GATHERING, Ø-OTHER
36	CATHODIC PROTECTION	<input type="checkbox"/>	Y-YES N-NO
37	YEAR INSTALLED	<input type="checkbox"/>	<input type="checkbox"/>
39	REPORTED BY	<input type="checkbox"/>	M-MOBILE, F-FOOT SURVEY, C-CALL IN, D-DAMAGING CONTRACTOR OR OUTSIDE FORCE, P-PUBLIC SERVICE (POLICE OR FIRE, ETC.), S-SERVICEMAN OR OTHER COMPANY EMPLOYEE, Ø-OTHER
40	<u>LEAK CAUSE</u>	<input type="checkbox"/>	<input type="checkbox"/>
42	<u>LEAK SOURCE</u>	<input type="checkbox"/>	<input type="checkbox"/>
44	<u>MAOP-20% YIELD</u>	<input type="checkbox"/>	Ø-OVER, U-UNDER
45	<u>TYPE REPAIR</u>	<input type="checkbox"/>	<input type="checkbox"/>
46		<input type="checkbox"/>	<input type="checkbox"/>
47	<u>DATE FOUND & HOW</u>	<input type="checkbox"/>	<input type="checkbox"/>
54	FIRST PRE-REPAIR CHECK: CHECKED & HOW	<input type="checkbox"/>	<input type="checkbox"/>
61	REPAIRED	<input type="checkbox"/>	<input type="checkbox"/>
67	SECOND (AND FOLLOWING) PRE-REPAIR CHECK: RECHECKED & HOW	<input type="checkbox"/>	<input type="checkbox"/>
74	CATHODIC PROTECTION AREA	<input type="checkbox"/>	<input type="checkbox"/>
80	JOB IN PROGRESS	<input type="checkbox"/>	Y-YES, (LEAVE BLANK IF JOB NOT IN PROGRESS).

ALL UNDERLINED TITLES ARE FIELD DATA