



GAS SERVICE RECORD

Special Facilities  (CP 10%)  Existing (10%)

Notif.No. \_\_\_\_\_ PM Order No. \_\_\_\_\_ Leak No. \_\_\_\_\_ Est. Name \_\_\_\_\_ Agreement: Verbal   
Map Plot No. \_\_\_\_\_ Block \_\_\_\_\_ Address: \_\_\_\_\_ Est. Phone No. \_\_\_\_\_ Written   
Applicant/Tract Name: \_\_\_\_\_ Lot No. \_\_\_\_\_ Date Issued: \_\_\_\_\_ By: \_\_\_\_\_

PROPOSED / EXISTING FACILITY: Approx. Depth of Main \_\_\_\_\_ Approx. Depth of Ex. Svc. \_\_\_\_\_ Depth of Inst. Svc. \_\_\_\_\_ Main Trench Occupied With:

OFF: Main <input type="checkbox"/>	PE <input type="checkbox"/>	Stl. <input type="checkbox"/>	Inserted in Yes <input type="checkbox"/>	PVC <input type="checkbox"/>	PE <input type="checkbox"/>	Stl. <input type="checkbox"/>	Trenched By: <input type="checkbox"/> PG&E	<input type="checkbox"/> None
Service <input type="checkbox"/>	Size & Pressure <input type="checkbox"/>	Cl <input type="checkbox"/>	CU <input type="checkbox"/>	Casing: No <input type="checkbox"/>	Cl <input type="checkbox"/>	CU <input type="checkbox"/>	<input type="checkbox"/> Applicant	<input type="checkbox"/> Electric
							<input type="checkbox"/> Contractor	<input type="checkbox"/> Telephone
								<input type="checkbox"/> CATV
								<input type="checkbox"/> Other

On \_\_\_\_\_ Side \_\_\_\_\_ In \_\_\_\_\_ Out \_\_\_\_\_

PROPOSED / EXISTING SERVICE LOCATION:  
Service: On \_\_\_\_\_ Side \_\_\_\_\_

Size: \_\_\_\_\_ Stl.  PE2406  PE3408  Aldyl-A  CU

Riser: Size \_\_\_\_\_ Inside  Outside   
Pre-Fab Non-Corrosible: Regular  Short  Long   
Steel Encased-Plastic Insert  Steel Riser

Curb Valve: Metal  Pl.  None   
Riser Valve: AY McDonald  Mueller

SVC Trench Occupied With:  
None  Elec.  Phone   
CATV  Other \_\_\_\_\_

No. of Outlets \_\_\_\_\_ Res. Meter(s) No. \_\_\_\_\_ Size \_\_\_\_\_ Reg. Size / Type: \_\_\_\_\_ Orifice: \_\_\_\_\_  
Comm. Meter(s) No. \_\_\_\_\_ Size \_\_\_\_\_ Monitor Size / Type: \_\_\_\_\_ Orifice: \_\_\_\_\_

C/O Data \_\_\_\_\_ Ft. \_\_\_\_\_ In. Yr. Install \_\_\_\_\_ Type: Stl.  Pl.  CU  Reason: Leakage  Other

Transfer From \_\_\_\_\_ Main On \_\_\_\_\_ Side \_\_\_\_\_ In \_\_\_\_\_ Out \_\_\_\_\_

Instructions and Cautions: \_\_\_\_\_

JOB ORDER

NEW SERVICE  
 STUB SERVICE \*  
 STUB COMPLETION \*\*  
 BRANCH SERVICE

REF. NO. \_\_\_\_\_

CURB METER  
 MANIFOLD  
 CONVERT TO MAIN  
 REPLACEMENT  
 PARTIAL  
 COMPLETE  
 TRANSFER  
 ALTER / INSPECTION  
 DEMOLITION

No. \_\_\_\_\_  
 CUT-OFF (C/O)  
 AT MAIN  AT P/L  
 OTHER

TRENCHED BY: PG&E <input type="checkbox"/> APPLICANT <input type="checkbox"/>	INSTALLED BY: PG&E <input type="checkbox"/> APPLICANT <input type="checkbox"/>	WORK DONE: (Show corrections) to service and main data above) _____ Ft. Main to End of Stub _____ Ft. End of Stub to Riser _____ Total ft.
BACKBONE <input type="checkbox"/>	BACKBONE <input type="checkbox"/>	
COMPLETION <input type="checkbox"/>	SVC COMP <input type="checkbox"/>	

\* DATE STUB INSTALLED \_\_\_\_/\_\_\_\_/\_\_\_\_ FOREMAN \_\_\_\_\_  
MANUFACTURER \_\_\_\_\_ DD/MM/YY MANUFACTURED \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\* DATE COMPLETED \_\_\_\_/\_\_\_\_/\_\_\_\_ FOREMAN \_\_\_\_\_  
MANUFACTURER \_\_\_\_\_ DD/MM/YY MANUFACTURED \_\_\_\_/\_\_\_\_/\_\_\_\_

Electric UG in area: YES  NO   
TP HP SHP LP  
MAOP \_\_\_\_\_ PSIG / W.C.  
Class Location: 1  2  3  4

TEST DATA: (See Gas Standard A-34) Provide information for services off distribution systems (up to 60 PSIG MAOP):  
STUB \_\_\_\_\_ PSIG for \_\_\_\_\_ Minutes  
COMPLETION \_\_\_\_\_ PSIG for \_\_\_\_\_ Minutes  
For services operating with an MAOP of above 60 PSIG, attach a copy of the Strength Test Pressure Report.

Posted By: \_\_\_\_\_  
Date \_\_\_\_\_

WELDING INSPECTION  
PER PG&E GAS STD D-40  
BY: \_\_\_\_\_ INSPECTOR

EFV Brand \_\_\_\_\_ Type \_\_\_\_\_  
 Perfection  Socket Fusion  
 Permasert Ends

Flow Series - CTS (Inches)  
 800 - 1/2"  800 - 1"  1800 - 1"

FOLD

CATHODIC PROTECTION: CPA No. _____ Main under protection YES <input type="checkbox"/> NO <input type="checkbox"/> Install cathodic protection (Per GS&S 0-16) Existing: <input type="checkbox"/> New: <input type="checkbox"/> No. Installed _____ Size: _____ Lb. Anode Type: MAG <input type="checkbox"/> ZINC <input type="checkbox"/>	GALVANIC CP SYSTEMS: <input type="checkbox"/> RISER Reading _____ Date _____ <input type="checkbox"/> VALVE Reading _____ Date _____ <input type="checkbox"/> OTHER Reading _____ Date _____ Performed By: _____	LOCATING WIRE CONNECTIONS: SVC Wire Size _____ TERM. AT MAIN <input type="checkbox"/> Bonded <input type="checkbox"/> Wrapped around Tee <input type="checkbox"/> Nico-pressed wire at main <input type="checkbox"/> N/A
		TERM. AT: RISER <input type="checkbox"/> SVC <input type="checkbox"/> <input type="checkbox"/> Bonded <input type="checkbox"/> Strapped to Riser <input type="checkbox"/> Terminated at curb valve <input type="checkbox"/> N/A

Sketch / Notes

Large empty area for sketching and notes.