

Gas Transmission Stations Leak Survey Report

Gas T&D 04-2010 TD-4430P-02-F08 Page 1 o{2

Requirement: Complete this form in non-erasable ink.

Area:	District:	Map(s) No.:	Date:				
	-						
Pipeline No.:			Weather:	Weather:			
GPS Read:	•	•	•				
Location Of Work Assig	nment:						
Special Equipment Need	led:						
Leak Survey Method: V	isual/Vegetation * Instr	ument * Instrument ID:					
*	W.*	dure TD-4412P-07 for additions	d information)		SEE		
		mire (124412770) to additionic	a anton marton)	CONB.			
A. Landslides or thre							
		ree root growth that rould affect					
D. Possible third-par 1660 feet lan eithe	ty threats, including construct er side), or encroachments on	tion or maintenance work along to the Company's right-of-way. Of	he pipeline (within 220 y seeve anv excavation	ards			
	[660 feet] on either side), or encroachments on the Company's right-of-way. Observe any excavation, grading, demolition, or other construction activity which could result in damage to the pipe, loss of support						
		the pipe, undermining or damage	e to pipe supports, loss o	of .			
cover, or excess f		E 41.6. 1.41	. man I (man) to	F. 18.			
either side of the p	sipeline). If yes, fill out Form	ons of possible future work with F4127, "Report of New Coasts	uction along Pipeline."				
F. Evidence of gas la etc.	akage, as indicated by dead o	e dying vegetation, bubbles in su	irface water, odor, readii	ngs,			
	rismic displacement (fault zon	es).					
H. Damage to Comp	any-owned facilities.						
L. Damage to the su	operis for exposed pipe for b	oth transmission and distribution	i pipe. Damage includes	bur is			
		ked supports, and loose support Company that provide support t		liway			
	pheric corrusion on abovegr		o company racinges.				
	may not be in a passable con						
	•	side Company-owned stations.					
	affecting the operation or saf						
•		ions Instrument Surveyed		•	•		
Description	Mile Po	ints Descr	íption	Mile Points			
Performed by:	Date:	Reviewed By:		Date:			
(Clearly print Name or LAN 40a)		(Clearly point Name or LAN 13).	4				
Signature:		Signature:					



Gas Transmission Stations Leak Survey Report

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Requirement: Complete this form in non-erasable ink.

Conditions Found This Day

Employee / Technician		Supervisor Approval		
Issue	Date	Corrective Action	LAN ID	Date