

060.14550

PURPOSE AND NECESSITY

2009.08.14 15:57:13 1
Kansas Corporation Commission
/s/ Susan K. Duffy

Name of Project : 132nd St. main replacement
Town: Olathe Region: Kansas Location: 132nd St. & Lakeshore Dr. Date: 7/13/2006

PROJECT DESCRIPTION: Public Improvement (GSRs)
Replace 2400 ft. of 2 in. dupont with 2 in. pe

2400 ft of 2 in. 2406 pe pipe

Build project as system integration
Per Jerry B.

Tax # 80331 Johnson County STR 29-13-23 Town # 369 Pressure 40/40

Footage 2400 Size 2 Type pe Del.Press. x R-O-W x Public Private
Projected Load: Annual MCF Hourly MCF MAOP: 60
Normal Operating Pressure: 40 Estimated Project Cost: \$ 21,260.73

APM/ ROE: % Project Life : YRS. NPV IRR % Crew Company or Contract

Aid in Construction:
Non-Refundable Contributions

Drive	Folder	File Name
Additional information, (flow studies, Design, apm etc.)		
Any additional comments place in Drive, Folder, & File listed above		

Contract Type:
Contract Amount:
Contract Date:
Contract signed by: Date Work is Requested: 7/13/2006 Other Project (s) Related to this P&N:
Request/Task No.:
PROJECT MANAGER: Jerry Barrios

APPROVALS:

Initiator: David M. Huggins Date: 7/13/2006

Comments PLEASE REVIEW FOR APPROVAL

Recommend Approval: Allen Spaur Date: 7/13/2006

Comments Technical review completed.

Recommend Approval: Bryan Maskus Date: 7/13/2006

Comments

Recommend Approval: Date:

Comments

Recommend Approval: Date:

Comments

Recommend Approval: Date:

Comments

Recommend Approval: Date:

Comments

Recommend Approval: Date:

Comments

Recommend Approval: Mike DeArmond Date: 7/19/2006

Comments

FINAL APPROVAL J Barrios Date: 7/13/2006

Comments Existing pipe has excessive leakage

Atmos Energy - Construction Survey

FWO ALMS

SSD No: 247328

General Date: 12/12/2006 By: JEFF LEWIS Emp ID #: 10949

Property Tax Code: 80331 Tax Unit: 0313 Map #: 29-13-23

Town Name: Olathe Town Number: 369 Division: 81

Address / Location: 132nd + LACKSORE DR.

Service Performed: MAIN REPLACEMENT Zip: _____ State: KC

County/Parish: JO School District: _____ Cross Ref #: 14550

Area: ICL OCL Pipeline #: 3760 - 369 Oracle Project #: _____

For Irrigation Or Rural Irrigation Only:
Line Name: _____ Section: _____ Block: _____ Survey: _____

<input checked="" type="checkbox"/>	System Type:	<input checked="" type="checkbox"/>	Cover:
1. Distribution	3. Irrigation	5. Gathering	1. Dirt
2. Rural Distribution	4. Transmission	6. Storage	3. Asphalt
			5. Rock
			7. Other
			2. Brick
			4. Concrete
			6. Liquid
<input checked="" type="checkbox"/>	System MAOP (psig)	<input checked="" type="checkbox"/>	Approximate Pipe Depth (inches)
	<u>80</u>		<u>33"</u>

Leak Found: Date Found: ____/____/____

Leak Survey No: _____ Leak Order No: _____

Time Found: _____ am / pm Time Classified: _____ am / pm Leak Grade: 1 2 3 4

<input type="checkbox"/> Apparent Location:	<input type="checkbox"/> Approx Distance to Nearest Bldg (ft):	<input type="checkbox"/> Population Density:	<input type="checkbox"/> Service Risers:
1. Main	4. Riser	1. Commercial - Dense	1. Without Outside Riser (Vault)
2. Service	5. Yard Line	2. Commercial - Light	2. Adjacent to Building (within 10')
3. Meter Loop	6. Other	3. Residential - Dense	3. Away from Building (over 10')
6. Other		6. Rural - Class 3, 4	

Magnitude of CGI Indication: _____ **Grade of Nearest Building to Main:** _____ **Comments:** _____

% Gas _____ % LEL _____ 1. Above 2. Level 3. Below

Third Party Damage / Billing Information:

Third Party Name: _____
Third Party Address: _____
Contact Name: _____ Phone: _____

<input type="checkbox"/> Type of Work:	<input type="checkbox"/> Reason Damage Occurred:
1. Sewer	1. No Notification
2. Water	2. Locate Issues
3. Electric	3. Insufficient Locate Time
4. Telephone	4. Third Party Carelessness
5. TV / Cable	5. Improper Job Location
6. Road Const.	6. Failure to Hand Expose
7. Drainage	7. Deliberate
8. Landscaping	8. _____
9. Irrigation	
10. Fencing	
11. Poles / Signs	
12. _____	

Damaging Equipment: _____

Leak Re-Evaluation


Employee ID#	Date	Grade	%Gas	%LEL

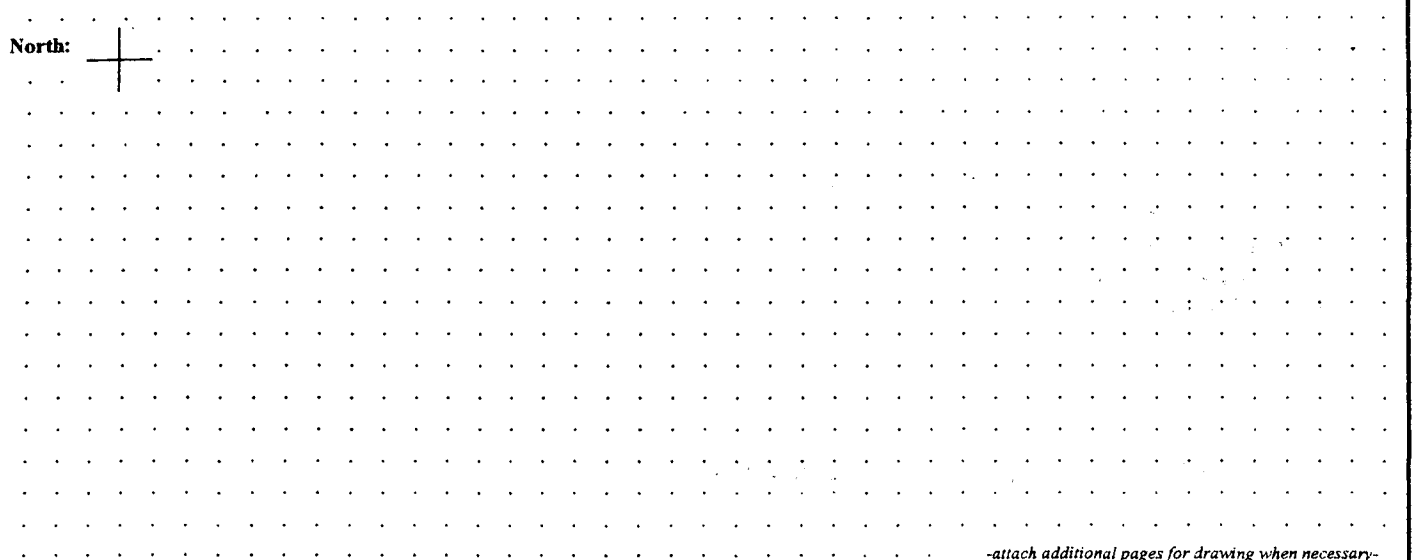
Located By: _____ Employee / Contractor _____ Locate Ticket #: _____

Line Pressure: _____ (psig) Discharge Time: _____ (min) Injuries or Deaths: yes / no Damage to Property: yes / no

Leak Area: _____ in² Locate Markings Within State Law: yes / no *-attach a copy of the locate ticket for all third party damage incidents-*

Drawing for Posting to Maps:

North: 



Leak Repaired:

Repaired By: _____ Employee ID# _____

Repair Date: ____/____/____

Welding By: _____ Employee ID# _____

Facility Involved:

Origin of Leak:

Initial Cause:

- 1. Main
- 2. Service
- 3. Meter Loop
- 4. Yard Line
- 5. Riser
- 6. Other

- 1. Pipe
- 2. Valve
- 3. Tap
- 4. Fitting
- 5. Drip
- 6. Regulator
- 7. Compressor
- 8. Girth Weld
- 9. Longitudinal Weld
- 10. Clamp

- 1. Corrosion
- 2. Outside Force
- 3. Construction Defect
- 4. Material Defect
- 5. Other
- 6. Third Party

Miscellaneous:

Number of Leaks Repaired:

Type of Pipe:

- 1. Duplicate Order
- 2. Customer's Line
- 3. Other Company
- 4. Not Natural Gas
- 5. No Leak Found

- On Main
- On Service

- 1. Coated Steel
- 2. Bare Steel
- 3. Cast Iron
- 4. PE
- 5. PVC
- 6. Other: _____

Type of Coating:

Condition of Coating:

Estimated Year of Installation:

- 1. Bare
- 2. Hot Coated
- 3. Thin Film (Epoxy)
- 4. Mill Wrap
- 5. Other: _____

- 1. Excellent
- 2. Fair
- 3. Poor
- 4. Disbonded

- 1. Before 1930
- 2. 1930 - 1949
- 3. 1950 - 1969
- 4. 1970 - 1989
- 5. 1990 - Present
- 6. Unknown

Cathodic Protection:

Visual Inspection: Yes / No Atmospheric Corrosion: Yes / No

External Corrosion:

Internal Corrosion:

Area: _____ Section: _____

- 1. None
- 2. Slight
- 3. Severe
- Pit Depth: _____ (if available)

- 1. None
- 2. Slight
- 3. Severe
- Pit Depth: _____ (if available)

P/S Before: _____ P/S After: _____ main / service

P/S Before: _____ P/S After: _____ main / service

Pressure Test:

Main: 120 psig Duration: 10 hrs / min Medium: gas / air / H₂O Soaped: yes / no MAOP: 80 psig

Service: _____ psig Duration: _____ hrs / min Medium: gas / air / H₂O Soaped: yes / no MAOP: _____ psig

Residual Gas: yes / no Comments: _____

Install	Remove	Materials	M / S
1		2" PL TEC	
1		2" Constab	
1		2" Constab Cap	
1		2x1 PL Reducer	
3		2x1 E.F. Tap	

Install	Remove	Materials	M / S

Functional / Task Number:	Main - 0 Service - #	Work Code	Size	Material	Wall Thickness	Length of Pipe
01202	0	2	02	4	216	2166
01201	0	1	02	4	216	2166
120125	0	2	91	4	119	4178

Gas Loss Calculation: _____ X _____ = _____

CCF Lost Unit Cost Cost of Gas Lost

Labor Hours	Hours
Emp ID:	
JEFF Lewis	
Dustin Kerby	
Rob Chancellor	
Josh Wimpsey	
Contractor Labor:	
Total	

Equipment Used	Hours
Unit #:	
Total	

Office Use Only:	
Labor:	
Overtime:	
Clerical:	
Administrative:	
Material:	
Associated Cost:	
Equipment Cost:	
Contractor Cost:	
Gas Loss:	
Total	

Completed By: JEFF Lewis Date: 12-12-06 Entered By: _____ Date: _____

Reviewed By: _____ Date: _____ Tech Services: _____ Date: _____

Approved By: Michelle Tallight Date: 1-3-07 Maps Updated: _____ Date: _____

152 / LAKE SHORE

Atmos Energy - Construction Survey

FWO ALMS

SSD No: 251713

General Date: 12/12/2006 By: MATT Emp ID #: Miller P

Property Tax Code: 80331 Tax Unit: 0313 Map #: 29 13 23

Town Name: Olathe Town Number: 369 Division: 81

Address / Location: 132nd / Lakeshore

Service Performed: NEW MAIN INSTALLED Zip: 66061 State: KS

County/Parish: School District: Cross Ref #:

Area: (ICL) / OCL Pipeline #: 3760 - 369 Oracle Project #: 060X

For Irrigation Or Rural Irrigation Only:

Line Name: Section: Block: Survey:

1 System Type: 1 Cover:

- | | | | | | | |
|-----------------------|-----------------|--------------|----------|-------------|-----------|----------|
| 1. Distribution | 3. Irrigation | 5. Gathering | 1. Dirt | 3. Asphalt | 5. Rock | 7. Other |
| 2. Rural Distribution | 4. Transmission | 6. Storage | 2. Brick | 4. Concrete | 6. Liquid | |

80 System MAOP (psig) 36 Approximate Pipe Depth (inches)

Leak Found: Date Found: / /

Leak Survey No: Leak Order No:

Time Found: am / pm Time Classified: am / pm Leak Grade: 1 2 3 4

Apparent Location: Approx Distance to Nearest Bldg (ft): Population Density: Service Risers:

- | | | | | |
|---------------|--------------|------------------------|------------------------|--------------------------------------|
| 1. Main | 4. Riser | 1. Commercial - Dense | 4. Residential - Light | 1. Without Outside Riser (Vault) |
| 2. Service | 5. Yard Line | 2. Commercial - Light | 5. Rural - Class 1, 2 | 2. Adjacent to Building (within 10') |
| 3. Meter Loop | 6. Other | 3. Residential - Dense | 6. Rural - Class 3, 4 | 3. Away from Building (over 10') |

Magnitude of CGI Indication: Grade of Nearest Building to Main: Comments:

% Gas %LEL 1. Above 2. Level 3. Below

Third Party Damage / Billing Information:

Third Party Name:

Third Party Address:

Contact Name: Phone:

Type of Work: Reason Damage Occurred:

- | | | | |
|----------------|-------------------|-----------------------------|---------------------------|
| 1. Sewer | 7. Drainage | 1. No Notification | 5. Improper Job Location |
| 2. Water | 8. Landscaping | 2. Locate Issues | 6. Failure to Hand Expose |
| 3. Electric | 9. Irrigation | 3. Insufficient Locate Time | 7. Deliberate |
| 4. Telephone | 10. Fencing | 4. Third Party Carelessness | 8. _____ |
| 5. TV / Cable | 11. Poles / Signs | | |
| 6. Road Const. | 12. _____ | | |

Damaging Equipment:

Located By: Employee / Contractor Locate Ticket #:

Line Pressure: (psig) Discharge Time: (min) Injuries or Deaths: yes / no Damage to Property: yes / no

Leak Area: in² Locate Markings Within State Law: yes / no -attach a copy of the locate ticket for all third party damage incidents-

Leak Re-Evaluation

Employee ID#	Date	Grade	%Gas	%LEL

Drawing for Posting to Maps:

North: +

See map

Leak Repaired:

Repaired By: _____ Employee ID# _____

Repair Date: ____/____/____

Welding By: _____ Employee ID# _____

<input type="checkbox"/> Facility Involved:	<input type="checkbox"/> Origin of Leak:	<input type="checkbox"/> Initial Cause:
1. Main 2. Service 3. Meter Loop 4. Yard Line 5. Riser 6. Other	1. Pipe 2. Valve 3. Tap 4. Fitting 5. Drip 6. Regulator 7. Compressor 8. Girth Weld 9. Longitudinal Weld 10. Clamp	1. Corrosion 2. Outside Force 3. Construction Defect 4. Material Defect 5. Other 6. Third Party

<input type="checkbox"/> Miscellaneous:	<input type="checkbox"/> Number of Leaks Repaired:	<input type="checkbox"/> Type of Pipe:
1. Duplicate Order 2. Customer's Line 3. Other Company 4. Not Natural Gas 5. No Leak Found	<input type="checkbox"/> On Main <input type="checkbox"/> On Service	1. Coated Steel 2. Bare Steel 3. Cast Iron 4. PE 5. PVC 6. Other: _____
<input type="checkbox"/> Type of Coating:	<input type="checkbox"/> Condition of Coating:	<input type="checkbox"/> Estimated Year of Installation:
1. Bare 2. Hot Coated 3. Thin Film (Epoxy) 4. Mill Wrap 5. Other: _____	1. Excellent 2. Fair 3. Poor 4. Disbonded	1. Before 1930 2. 1930 - 1949 3. 1950 - 1969 4. 1970 - 1989 5. 1990 - Present 6. Unknown

Cathodic Protection: Visual Inspection: Yes / No Atmospheric Corrosion: Yes / No

<input type="checkbox"/> External Corrosion:	<input type="checkbox"/> Internal Corrosion:	Area: _____	Section: _____
1. None 2. Slight 3. Severe Pit Depth: _____ (if available)	1. None 2. Slight 3. Severe Pit Depth: _____ (if available)	P/S Before: _____ P/S After: _____	main / service main / service

Pressure Test:

Main: 125 psig Duration: 24 hrs min Medium: gas air H₂O Soaped: yes / no MAOP: 80 psig

Service: _____ psig Duration: _____ hrs / min Medium: gas / air / H₂O Soaped: _____ yes / no MAOP: _____ psig

Residual Gas: yes / no Comments: FUSER MATT W

Install	Remove	Materials	M/S
1182'		2" PE MAIN	
2		2" PE 90	
2		2x2 Branch saddles PE	
1		2" PE IN LINE TEE	
1161'		TRACER WIRE	
230'		4" PE (CASING ONLY)	

Install	Remove	Materials	M/S

Functional / Task Number:	Main - 0 Service - #	Work Code	Size	Material	Copper - 1	Wall Thickness	Length of Pipe
01202	0	2	02	4	Steel - 2	---	1182
01102	0	1	02	2	PVC - 3	---	1176
---	---	---	---	---	PE - 4	---	---
---	---	---	---	---	ABS - 5	---	---
---	---	---	---	---	Other - 6	---	---
---	---	---	---	---	Cast Iron - 7	---	---
---	---	---	---	---	Bare Unpr - 8	---	---
---	---	---	---	---	Bare Prot - 9	---	---

Gas Loss Calculation: _____ CCF Lost X _____ Unit Cost = _____ Cost of Gas Lost

Office Use Only:

Labor Hours	Hours
Emp ID:	
Contractor Labor:	
Total	

Equipment Used	Hours
Unit #:	
Total	

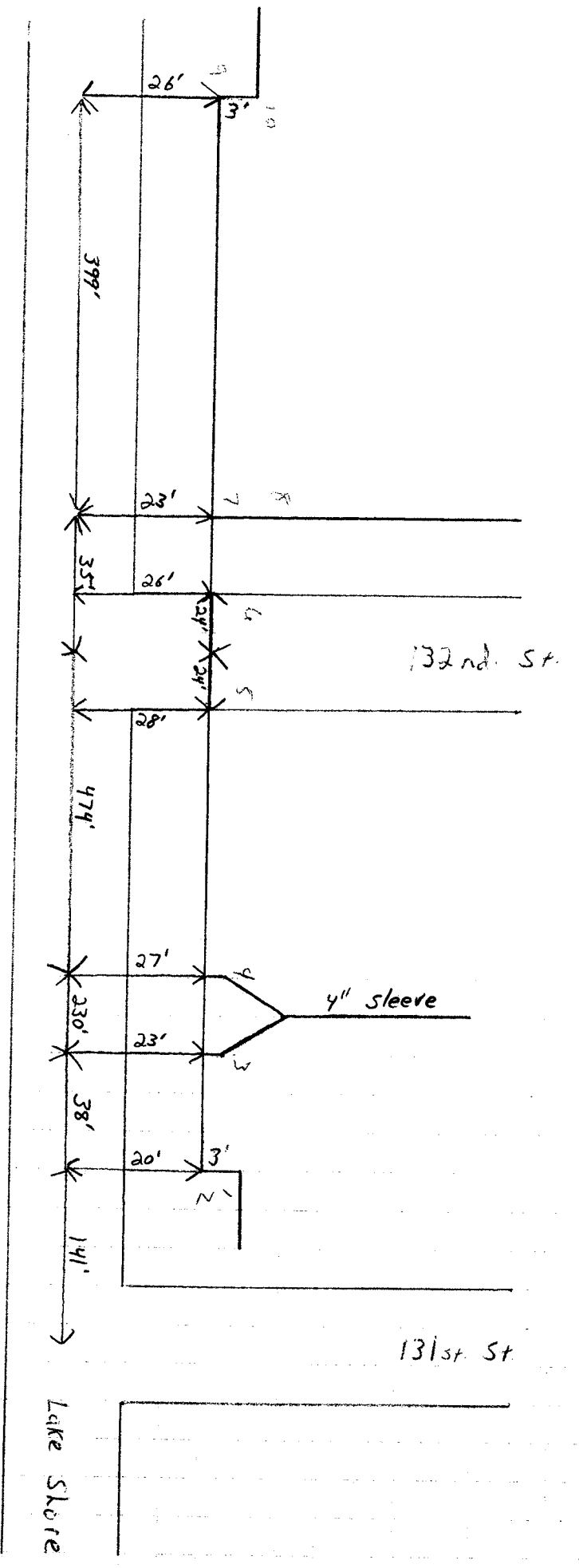
Labor:	
Overtime:	
Clerical:	
Administrative:	
Material:	
Associated Cost:	
Equipment Cost:	
Contractor Cost:	
Gas Loss:	
Total	

Completed By: Matt W. [Signature] Date: 12-12-06 Entered By: _____ Date: _____

Reviewed By: _____ Date: _____ Tech Services: _____ Date: _____

Approved By: _____ Date: _____ Maps Updated: _____ Date: _____

Existing Main
New Main



PURPOSE AND NECESSITY

Name of Project : 435 & 69 Hwy North Side Storm Sewer Date: 4/26/2007
Town: Overland Park Region: KANSAS Location: Same

PROJECT DESCRIPTION: Relocate approximately 20' of 3" steel pipe to clear storm sewer on road project.

Footage 20' Size 3" Type Steel Del.Press. x R-O-W Public Private
Projected Load: Annual MCF Hourly MCF MAOP: 60
Normal Operating Pressure: 55 Estimated Project Cost: \$ 6,939.26

APM/ ROE: % Project Life : YRS. NPV IRR % Crew Company or Contract NPL

Aid in Construction
Non-Refundable Contributions

Additional information, (flow studies, Design, apm etc.)
Drive Folder File Name

Contract Type:
Contract Amount:
Contract Date:

Any additional comments place in Drive, Folder, & File listed above

Contract signed by: Date Work is Requested: Other Project (s) Related to this P&N:
Request/Task No.: is Requested: ASAP 060,15311
PROJECT MANAGER: Mike Talkington

APPROVALS:

Initiator: YUNGHANS Date: 4/26/2007
Comments PLEASE REVIEW
Recommend Approval: Allen Spaur Date: 4/26/2007
Comments Technical review completed.

Recommend Approval: Date:
Comments

Recommend Approval: Date:
Comments

Recommend Approval: Date:
Comments

Recommend Approval : Date:
Comments

Recommend Approval : Date:
Comments

Recommend Approval : Date:
Comments

Recommend Approval : Date:
Comments

FINAL APPROVAL Michael Talkington Date: 4/26/2007
Comments

Atmos Energy - Construction Survey

FWO ALMS

SSD No: 246448

General Date: 4/27/2007 By: NPL Emp ID #: _____

Property Tax Code: _____ Tax Unit: _____ Map #: _____

Town Name: Overland Park Town Number: 489 Division: 81

Address / Location: 435 + 69 Highway

Service Performed: Lower Main for Highway Storm Sewer Zip: _____ State: KS

County/Parish: So School District: _____ Cross Ref #: _____

Area: IGL / OCL Pipeline #: 3760 - 489 Oracle Project #: 060415311

For Irrigation Or Rural Irrigation Only:

Line Name: _____ Section: _____ Block: _____ Survey: _____

<input type="checkbox"/> \	System Type:	<input type="checkbox"/> 1	Cover:
1. Distribution	3. Irrigation	5. Gathering	1. Dirt
2. Rural Distribution	4. Transmission	6. Storage	3. Asphalt
			5. Rock
			7. Other
			2. Brick
			4. Concrete
			6. Liquid

80 **System MAOP (psig)** 40" **Approximate Pipe Depth (inches)**

Leak Found: Date Found: _____ / _____ / _____

Leak Survey No: _____

Leak Order No: _____

Time Found: _____ am / pm Time Classified: _____ am / pm Leak Grade: 1 2 3 4

Apparent Location: **Approx Distance to Nearest Bldg (ft):** **Population Density:** **Service Risers:**

- | | | | | |
|---------------|--------------|------------------------|------------------------|--------------------------------------|
| 1. Main | 4. Riser | 1. Commercial - Dense | 4. Residential - Light | 1. Without Outside Riser (Vault) |
| 2. Service | 5. Yard Line | 2. Commercial - Light | 5. Rural - Class 1, 2 | 2. Adjacent to Building (within 10') |
| 3. Meter Loop | 6. Other | 3. Residential - Dense | 6. Rural - Class 3, 4 | 3. Away from Building (over 10') |

Magnitude of CGI Indication: **Grade of Nearest Building to Main:** _____ **Comments:** _____

_____% Gas _____%LEL 1. Above 2. Level 3. Below

Third Party Damage / Billing Information:

Third Party Name: _____

Third Party Address: _____

Contact Name: _____ Phone: _____

Type of Work: **Reason Damage Occurred:**

- | | | | |
|----------------|-------------------|-----------------------------|---------------------------|
| 1. Sewer | 7. Drainage | 1. No Notification | 5. Improper Job Location |
| 2. Water | 8. Landscaping | 2. Locate Issues | 6. Failure to Hand Expose |
| 3. Electric | 9. Irrigation | 3. Insufficient Locate Time | 7. Deliberate |
| 4. Telephone | 10. Fencing | 4. Third Party Carelessness | 8. _____ |
| 5. TV / Cable | 11. Poles / Signs | | |
| 6. Road Const. | 12. _____ | | |

Damaging Equipment: _____

Located By: _____ Employee / Contractor _____ Locate Ticket #: _____

Line Pressure: _____ (psig) Discharge Time: _____ (min) Injuries or Deaths: yes / no Damage to Property: yes / no

Leak Area: _____ in² Locate Markings Within State Law: yes / no -attach a copy of the locate ticket for all third party damage incidents-

Leak Re-Evaluation

Employee ID#	Date	Grade	%Gas	%LEL

Drawing for Posting to Maps:

North: +

See map

Leak Repaired:

Repaired By: _____ Employee ID# _____

Repair Date: ____/____/____

Welding By: _____ Employee ID# _____

Facility Involved:

- 1. Main
- 2. Service
- 3. Meter Loop

Origin of Leak:

- 4. Yard Line
- 5. Riser
- 6. Other
- 1. Pipe
- 2. Valve
- 3. Tap
- 4. Fitting
- 5. Drip
- 6. Regulator
- 7. Compressor
- 8. Girth Weld
- 9. Longitudinal Weld
- 10. Clamp

Initial Cause:

- 1. Corrosion
- 2. Outside Force
- 3. Construction Defect
- 4. Material Defect
- 5. Other
- 6. Third Party

Miscellaneous:

- 1. Duplicate Order
- 2. Customer's Line
- 3. Other Company
- 4. Not Natural Gas
- 5. No Leak Found

Number of Leaks Repaired:

- On Main
- On Service

Type of Pipe:

- 1. Coated Steel
- 2. Bare Steel
- 3. Cast Iron
- 4. PE
- 5. PVC
- 6. Other: _____

Type of Coating:

- 1. Bare
- 2. Hot Coated
- 3. Thin Film (Epoxy)
- 4. Mill Wrap
- 5. Other: _____

Condition of Coating:

- 1. Excellent
- 2. Fair
- 3. Poor
- 4. Disbonded

Estimated Year of Installation:

- 1. Before 1930
- 2. 1930 - 1949
- 3. 1950 - 1969
- 4. 1970 - 1989
- 5. 1990 - Present
- 6. Unknown

Cathodic Protection:

Visual Inspection: Yes / No Atmospheric Corrosion: Yes / No

External Corrosion:

- 1. None
- 2. Slight
- 3. Severe
- Pit Depth: _____ (if available)

Internal Corrosion:

- 1. None
- 2. Slight
- 3. Severe
- Pit Depth: _____ (if available)

Area: _____ Section: _____
 P/S Before: _____ P/S After: _____ main / service
 P/S Before: _____ P/S After: _____ main / service

Pressure Test:

Main: 120 psig Duration: 2 hrs / min Medium: gas / air / H₂O Soaped: yes / no MAOP: 80 psig
 Service: _____ psig Duration: _____ hrs / min Medium: gas / air / H₂O Soaped: yes / no MAOP: _____ psig
 Residual Gas: yes / no Comments: welder: Ryan

Install	Remove	Materials	M / S
20'		3" Steel	
4		2" 45 Deg Ell	
	17'	3" Steel	

Install	Remove	Materials	M / S

Functional / Task Number:	Main - 0 Service - #	Work Code	Size	Material	Copper - 1	Wall Thickness	Length of Pipe
01103		2	03	2	Steel - 2		20
98000		1	03	2	PVC - 3		17
					PE - 4		
					ABS - 5		
					Other - 6		
					Cast Iron - 7		
					Bare Unpr - 8		
					Bare Prot - 9		

Gas Loss Calculation: _____ X _____ = _____
CCF Lost Unit Cost Cost of Gas Lost

Office Use Only:

Labor Hours	Hours
Emp ID:	
Contractor Labor:	
Total	

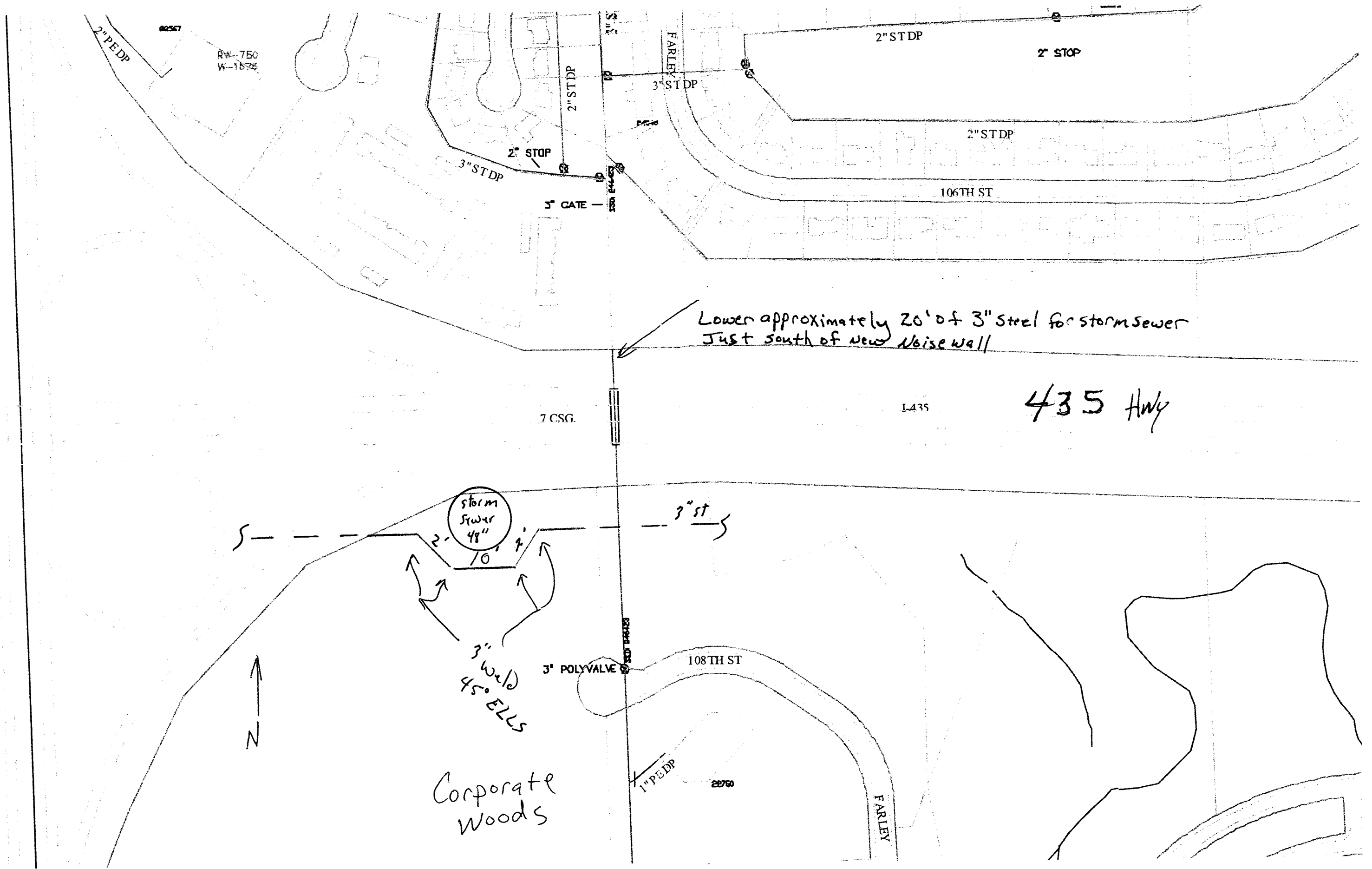
Equipment Used	Hours
Unit #:	
Total	

Labor:	
Overtime:	
Clerical:	
Administrative:	
Material:	
Associated Cost:	
Equipment Cost:	
Contractor Cost:	
Gas Loss:	
Total	

Completed By: NPL Date: 4-27-07 Entered By: _____ Date: _____
 Reviewed By: Jeff W. Johnson Date: _____ Tech Services: _____ Date: _____
 Approved By: [Signature] Date: _____ Maps Updated: _____ Date: _____

435 & 69 Hwy Northside Storm Sewer

69 Hwy



Lower approximately 20' of 3" steel for storm sewer
Just south of new Noise wall

435 Hwy

Corporate Woods

PURPOSE AND NECESSITY

Name of Project : State Ave. & K-7 (130 & 126) Date: 8/11/2006

Town: Bonner Springs Region: KANSAS Location: same

PROJECT DESCRIPTION:

Relocate approximately 200' of 4" p.e. and 350' of 4" steel for public improvement. Not reimbursable it is in ROW.

Footage	<u>550'</u>	Size	<u>4"</u>	Type	<u>p.e.&st</u>	Del.Press.	<u>Hourly</u>	x	R-O-W	<u>Public</u>	Private
Projected Load:	<u>Annual</u>				<u>MCF</u>				<u>MCF</u>	<u>MAOP:</u>	
Normal Operating Pressure:									Estimated Project Cost:	\$	<u>48,523.77</u>

APM/	ROE:	%	Project Life :	YRS.	NPV	IRR	%	Crew Company or Contract	Contract
------	------	---	----------------	------	-----	-----	---	--------------------------	----------

Aid in Construction	Non-Refundable Contributions	Additional information, (flow studies, Design, apm etc.)
		Drive Folder File Name

Contract Type: _____
 Contract Amount: _____
 Contract Date: _____
 Contract signed by: _____ Date Work is Requested: ASAP Other Project (s) Related to this P&N: 060.14604
 PROJECT MANAGER: _____ Mike DeArmond

APPROVALS:

Initiator: YUNGHANS Date: 8/11/2006

Comments PLEASE REVIEW

Recommend Approval: Allen Spaur Date: 8/11/2006

Comments Technical review completed.

Recommend Approval: Bryan Maskus Date: 8/14/2006

Comments _____

Recommend Approval: J Barrios Date: 8/14/2006

Comments _____

Recommend Approval: _____ Date: _____

Comments _____

Recommend Approval : _____ Date: _____

Comments _____

Recommend Approval : _____ Date: _____

Comments _____

Recommend Approval : _____ Date: _____

Comments _____

Recommend Approval : _____ Date: _____

Comments _____

FINAL APPROVAL Mike DeArmond Date: 8/15/2006

Comments _____

85102

040

252

Atmos Energy - Construction Survey

SSD No: 251957

General Date: 11/20/2006 By: [Signature] Emp ID #: NPL
 Property Tax Code: 80102 Tax Unit: 040 Map #: 034 S.W. 05-11-23
 Town Name: KANSAS CITY KS Town Number: 252 Division: 81
 Address / Location: 130th + STATE AVE
 Service Performed: Relocate 4" PE Main Zip: _____ State: 17
 County/Parish: WY School District: _____ Cross Ref #: _____
 Area: ACL OCL Pipeline #: 3760 - 252 Oracle Project #: 14604

For Irrigation Or Rural Irrigation Only:

Line Name: _____ Section: _____ Block: _____ Survey: _____
1 System Type: 1 Cover:
 1. Distribution 3. Irrigation 5. Gathering 1. Dirt 3. Asphalt 5. Rock 7. Other
 2. Rural Distribution 4. Transmission 6. Storage 2. Brick 4. Concrete 6. Liquid
40 System MAOP (psig) 32 Approximate Pipe Depth (inches)

Leak Found:

Date Found: ___/___/___

Leak Survey No: _____ Leak Order No: _____

Time Found: _____ am / pm Time Classified: _____ am / pm Leak Grade: 1 2 3 4

 Apparent Location: Approx Distance to Nearest Bldg (ft): Population Density: Service Risers:
 1. Main 4. Riser 1. Commercial - Dense 4. Residential - Light 1. Without Outside Riser (Vault)
 2. Service 5. Yard Line 2. Commercial - Light 5. Rural - Class 1, 2 2. Adjacent to Building (within 10')
 3. Meter Loop 6. Other 3. Residential - Dense 6. Rural - Class 3, 4 3. Away from Building (over 10')
 Magnitude of CGI Indication: Grade of Nearest Building to Main: _____ Comments: _____
 % Gas _____ % LEL _____ 1. Above 2. Level 3. Below

Third Party Damage / Billing Information:

Third Party Name: _____
 Third Party Address: _____
 Contact Name: _____ Phone: _____

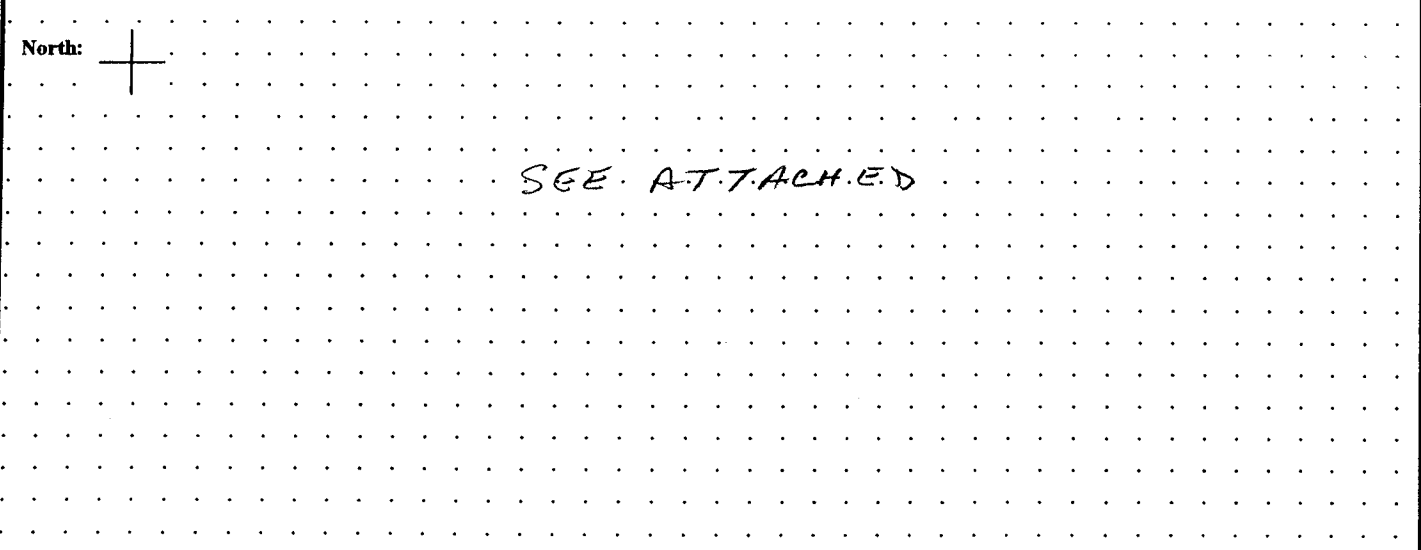
 Type of Work: Reason Damage Occurred:
 1. Sewer 7. Drainage 1. No Notification 5. Improper Job Location
 2. Water 8. Landscaping 2. Locate Issues 6. Failure to Hand Expose
 3. Electric 9. Irrigation 3. Insufficient Locate Time 7. Deliberate
 4. Telephone 10. Fencing 4. Third Party Carelessness 8. _____
 5. TV / Cable 11. Poles / Signs
 6. Road Const. 12. _____ Damaging Equipment: _____

Leak Re-Evaluation

Employee ID#	Date	Grade	%Gas	%LEL

Located By: _____ Employee / Contractor _____ Locate Ticket #: _____
 Line Pressure: _____ (psig) Discharge Time: _____ (min) Injuries or Deaths: yes / no Damage to Property: yes / no
 Leak Area: _____ in² Locate Markings Within State Law: yes / no -attach a copy of the locate ticket for all third party damage incidents-

Drawing for Posting to Maps:



-attach additional pages for drawing when necessary-

Leak Repaired:

Repaired By: _____ Employee ID# _____

Repair Date: ____/____/____

Welding By: _____ Employee ID# _____

Facility Involved:

Origin of Leak:

Initial Cause:

- 1. Main
- 2. Service
- 3. Meter Loop
- 4. Yard Line
- 5. Riser
- 6. Other

- 1. Pipe
- 2. Valve
- 3. Tap
- 4. Fitting
- 5. Drip
- 6. Regulator
- 7. Compressor
- 8. Girth Weld
- 9. Longitudinal Weld
- 10. Clamp

- 1. Corrosion
- 2. Outside Force
- 3. Construction Defect
- 4. Material Defect
- 5. Other
- 6. Third Party

Miscellaneous:

Number of Leaks Repaired:

Type of Pipe:

- 1. Duplicate Order
- 2. Customer's Line
- 3. Other Company
- 4. Not Natural Gas
- 5. No Leak Found

- On Main
- On Service

- 1. Coated Steel
- 2. Bare Steel
- 3. Cast Iron
- 4. PE
- 5. PVC
- 6. Other: _____

Type of Coating:

Condition of Coating:

Estimated Year of Installation:

- 1. Bare
- 2. Hot Coated
- 3. Thin Film (Epoxy)
- 4. Mill Wrap
- 5. Other: _____

- 1. Excellent
- 2. Fair
- 3. Poor
- 4. Disbonded

- 1. Before 1930
- 2. 1930 - 1949
- 3. 1950 - 1969
- 4. 1970 - 1989
- 5. 1990 - Present
- 6. Unknown

Cathodic Protection:

Visual Inspection: Yes / No Atmospheric Corrosion: Yes / No

External Corrosion:

Internal Corrosion:

Area: _____ Section: _____

- 1. None
- 2. Slight
- 3. Severe
- Pit Depth: _____ (if available)

- 1. None
- 2. Slight
- 3. Severe
- Pit Depth: _____ (if available)

P/S Before: _____ P/S After: _____ main / service

P/S Before: _____ P/S After: _____ main / service

Pressure Test:

Main: 129 psig Duration: 12 + 10 hrs / min Medium: gas / air / H₂O Soaped: yes / no MAOP: 80 psig

Service: _____ psig Duration: _____ hrs / min Medium: gas / air / H₂O Soaped: yes / no MAOP: _____ psig

Residual Gas: yes / no Comments: Fulcrum By J. McGinnis + D. Thijssen

Install	Remove	Materials	M / S
160		4" PE PIPE	
1		4" TEE	
2		4" CAPS	
180		WIRE	
2		4XZ TAP TEES	
1		LINE MARK + ANODE	

Install	Remove	Materials	M / S
2		1" PE CAPS	

Functional / Task Number:	Main - 0 Service - #	Work Code	Size	Material	Copper - 1	Steel - 2	PVC - 3	PE - 4	ABS - 5	Other - 6	Cast Iron - 7	Bare Unpr - 8	Bare Prot - 9	Wall Thickness	Length of Pipe
98000	0	1	04	4		395								150	
01204	0	2	04	4		395								160	

Gas Loss Calculation: _____ X _____ = _____
CCF Lost Unit Cost Cost of Gas Lost

Office Use Only:

Labor Hours	Hours
Emp ID:	
10902-01204	
-98000	
Contractor Labor:	
Total	

Equipment Used	Hours
Unit #:	
Total	

Labor:	
Overtime:	
Clerical:	
Administrative:	
Material:	
Associated Cost:	
Equipment Cost:	
Contractor Cost:	
Gas Loss:	
Total	

Completed By: D. Thijssen Date: 11-21-06 Entered By: Walkerhorst Date: 2-27-07
 Reviewed By: Walkerhorst Date: 2-26-07 Tech Services: _____ Date: _____
 Approved By: _____ Date: _____ Maps Updated: _____ Date: _____

Atmos Energy - Construction Survey

SSD No: 251222

General Date: 02/19/2007 By: N.P.L. Wenger Emp ID #: 6135

Property Tax Code: 80101 Tax Unit: 110 Map #: SEE BELOW

Town Name: Bonner Town Number: 250 Division: 81

Address / Location: 126 St. - S. State Ave.

Service Performed: 4" clw main Replacement Zip: State: 17

County/Parish: Wyandotte School District: Cross Ref #:

Area: ICD / OCL Pipeline #: 3760 - 250 Oracle Project #: 17604

For Irrigation Or Rural Irrigation Only:

Line Name: Section: Block: Survey:

<input type="checkbox"/> 1	System Type:	<input type="checkbox"/> 1	Cover:
1. Distribution	3. Irrigation	5. Gathering	1. Dirt
2. Rural Distribution	4. Transmission	6. Storage	2. Brick
3. Asphalt	5. Rock	7. Other	3. Concrete
4. Liquid			4. Concrete
5. Rock			6. Liquid
6. Liquid			
7. Other			
<input type="checkbox"/> 40	System MAOP (psig)	<input type="checkbox"/> 40"	Approximate Pipe Depth (inches)

Leak Found:

Date Found: / /

Leak Survey No: Leak Order No:

Time Found: am / pm Time Classified: am / pm Leak Grade: 1 2 3 4

<input type="checkbox"/>	Apparent Location:	<input type="checkbox"/>	Approx Distance to Nearest Bldg (ft):	<input type="checkbox"/>	Population Density:	<input type="checkbox"/>	Service Risers:
1. Main	4. Riser			1. Commercial - Dense	4. Residential - Light	1. Without Outside Riser (Vault)	
2. Service	5. Yard Line			2. Commercial - Light	5. Rural - Class 1, 2	2. Adjacent to Building (within 10')	
3. Meter Loop	6. Other	<input type="checkbox"/>	Grade of Nearest Building to Main:	3. Residential - Dense	6. Rural - Class 3, 4	3. Away from Building (over 10')	
				Comments:			
<input type="checkbox"/>	Magnitude of CGI Indication:						
% Gas	% LEL	1. Above	2. Level	3. Below			

Third Party Damage / Billing Information:

Third Party Name: Third Party Address: Contact Name: Phone:

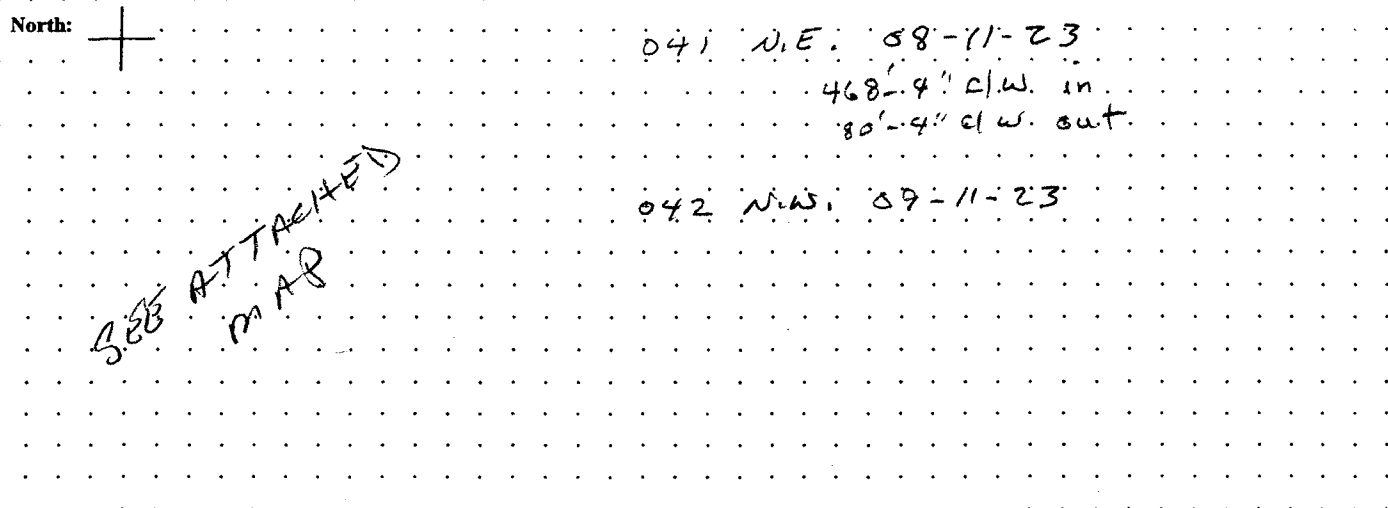
<input type="checkbox"/>	Type of Work:	<input type="checkbox"/>	Reason Damage Occurred:
1. Sewer	7. Drainage	1. No Notification	5. Improper Job Location
2. Water	8. Landscaping	2. Locate Issues	6. Failure to Hand Expose
3. Electric	9. Irrigation	3. Insufficient Locate Time	7. Deliberate
4. Telephone	10. Fencing	4. Third Party Carelessness	8. _____
5. TV / Cable	11. Poles / Signs		
6. Road Const.	12. _____		
		Damaging Equipment:	

Located By: Employee / Contractor Locate Ticket #: Line Pressure: (psig) Discharge Time: (min) Injuries or Deaths: yes / no Damage to Property: yes / no Leak Area: in² Locate Markings Within State Law: yes / no -attach a copy of the locate ticket for all third party damage incidents-

Leak Re-Evaluation

Employee ID#	Date	Grade	%Gas	%LEL

Drawing for Posting to Maps:



SEE ATTACHED MAP

Leak Repaired:

Repaired By: _____ Employee ID# _____

Repair Date: ____/____/____

Welding By: _____ Employee ID# _____

Facility Involved:

Origin of Leak:

Initial Cause:

- | | | | | |
|---------------|--------------|------------|---------------|----------------------|
| 1. Main | 4. Yard Line | 1. Pipe | 5. Drip | 9. Longitudinal Weld |
| 2. Service | 5. Riser | 2. Valve | 6. Regulator | 10. Clamp |
| 3. Meter Loop | 6. Other | 3. Tap | 7. Compressor | |
| | | 4. Fitting | 8. Girth Weld | |

- | | |
|------------------------|--------------------|
| 1. Corrosion | 4. Material Defect |
| 2. Outside Force | 5. Other |
| 3. Construction Defect | 6. Third Party |

Miscellaneous:

Number of Leaks Repaired:

Type of Pipe:

- | | |
|--------------------|--------------------|
| 1. Duplicate Order | 4. Not Natural Gas |
| 2. Customer's Line | 5. No Leak Found |
| 3. Other Company | |

- | | |
|--------------------------|------------|
| <input type="checkbox"/> | On Main |
| <input type="checkbox"/> | On Service |

- | | |
|-----------------|-----------------|
| 1. Coated Steel | 4. PE |
| 2. Bare Steel | 5. PVC |
| 3. Cast Iron | 6. Other: _____ |

Type of Coating:

Condition of Coating:

Estimated Year of Installation:

- | | |
|----------------------|-----------------|
| 1. Bare | 4. Mill Wrap |
| 2. Hot Coated | 5. Other: _____ |
| 3. Thin Film (Epoxy) | |

- | | |
|--------------|--------------|
| 1. Excellent | 3. Poor |
| 2. Fair | 4. Disbonded |

- | | |
|----------------|-------------------|
| 1. Before 1930 | 4. 1970 - 1989 |
| 2. 1930 - 1949 | 5. 1990 - Present |
| 3. 1950 - 1969 | 6. Unknown |

Cathodic Protection:

Visual Inspection: Yes No

Atmospheric Corrosion: Yes / No

External Corrosion:

Internal Corrosion:

Area: _____

Section: _____

- | | |
|-----------|------------------|
| 1. None | 3. Severe |
| 2. Slight | Pit Depth: _____ |
| | (if available) |

- | | |
|-----------|------------------|
| 1. None | 3. Severe |
| 2. Slight | Pit Depth: _____ |
| | (if available) |

P/S Before: -2.910

P/S After: -2.910 main / service

P/S Before: _____

P/S After: _____ main / service

Pressure Test:

Main: 135 psig Duration: 24 hrs / min Medium: gas air H₂O Soaped: yes no MAOP: _____ psig

Service: _____ psig Duration: _____ hrs / min Medium: gas / air / H₂O Soaped: yes / no MAOP: _____ psig

Residual Gas: yes / no Comments: Leaked OK

Install	Remove	Materials	M/S
534		4" CW 1.88 wall	
4		4" weld 90°	
1		4" weld 45°	
6		Wax Tape	
24		Joint Wrap	

Install	Remove	Materials	M/S

Functional / Task Number:	Main - 0 Service - #	Work Code	Size	Material	Copper - 1	Wall Thickness	Length of Pipe
98000	0	1	04	2	Steel - 2	1.88	541
01104	0	2	04	2	PVC - 3	1.88	541
					PE - 4		
					ABS - 5		
					Other - 6		
					Cast Iron - 7		
					Bare Unpr - 8		
					Bare Prot - 9		

Gas Loss Calculation: _____ X _____ = _____
CCF Lost Unit Cost Cost of Gas Lost

Office Use Only:

Labor Hours	Hours
Emp ID:	
Contractor Labor:	
Total	

Equipment Used	Hours
Unit #:	
Total	

Labor:	
Overtime:	
Clerical:	
Administrative:	
Material:	
Associated Cost:	
Equipment Cost:	
Contractor Cost:	
Gas Loss:	
Total	

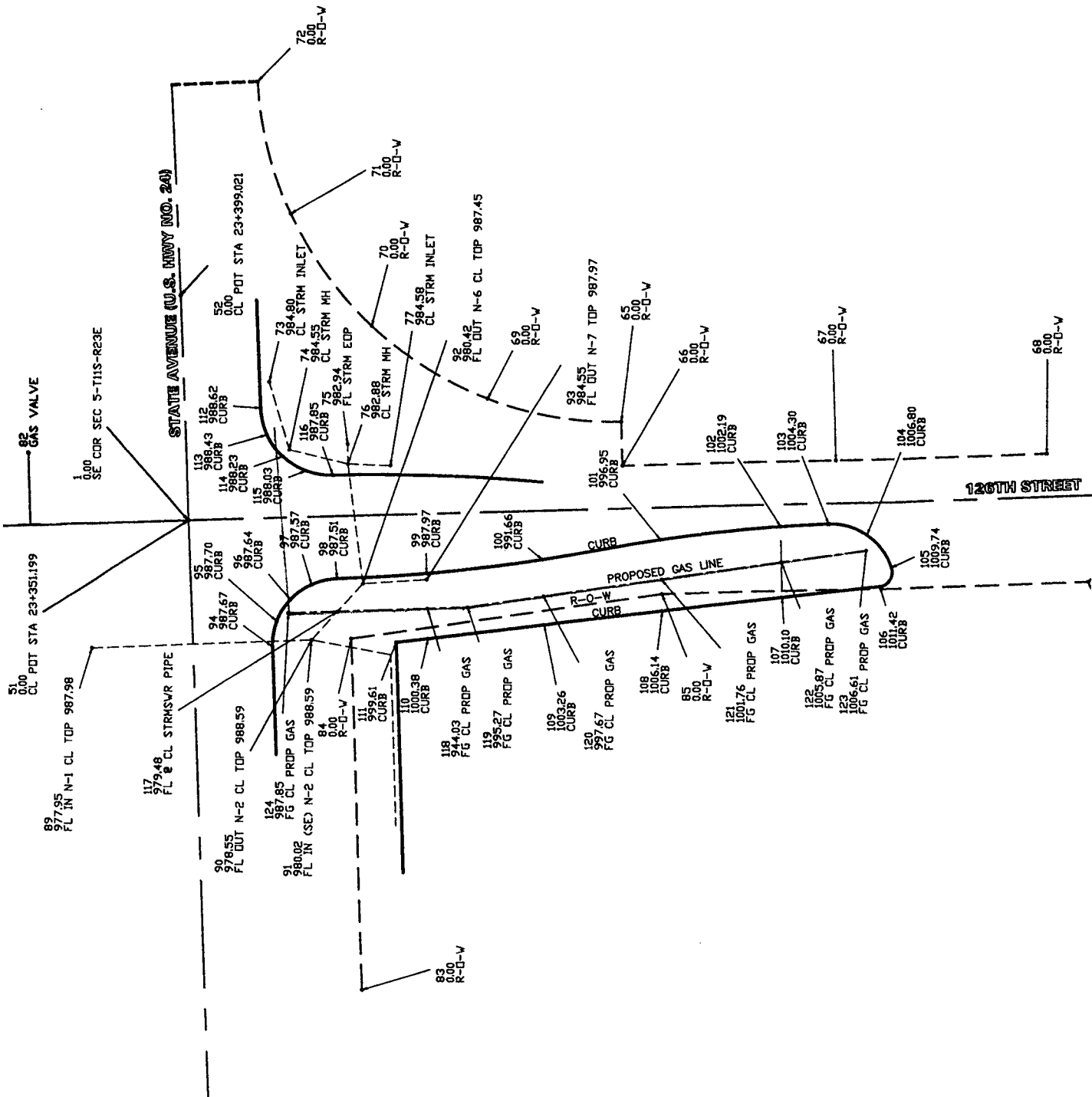
Completed By: Clark Wang Date: 2-23-07 Entered By: Walkenhorst Date: 2-27-07
 Reviewed By: Walkenhorst Date: 2-27-07 Tech Services: _____ Date: _____
 Approved By: _____ Date: _____ Maps Updated: _____ Date: _____

STR. POINT	FACILITY	QUARTER SECTION: PRIMARY DIMENSIONS	SECONDARY DIMENSIONS	COMMENTS	DATE
1	Station	60' S. & State	53' E. & 126.5'	Pls 0.910 A.	
2	90°	61' S. & State	53' E. & "		
3	main	66' S. & State	60' E. & 126.5'		
4	90°	61' S. & State	68 W. & 126.5'		
5	2-90°	85' S. & State	68 "		
6	S-train	469' S. & State	35' "		
7					
8					
9				1.488 2009	
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

489' n/s
 121' E/W
 530 + 4'
 4-4'' 90° 1-45°
 4'' constant drop

134
 469

61
 24
 88



Atmos Energy - Construction Survey

FWO ALMS

SSD No: _____

Address / Location: STATE AVE + 130th St.

Service Performed: Lowered 4" PE for Box extension

Zip: _____

State: KS

Drawing for Posting to Maps:

4-5-07

North:



Installed 12'-4" PE
60'-10ga wire
1 - 1lbs Anode.

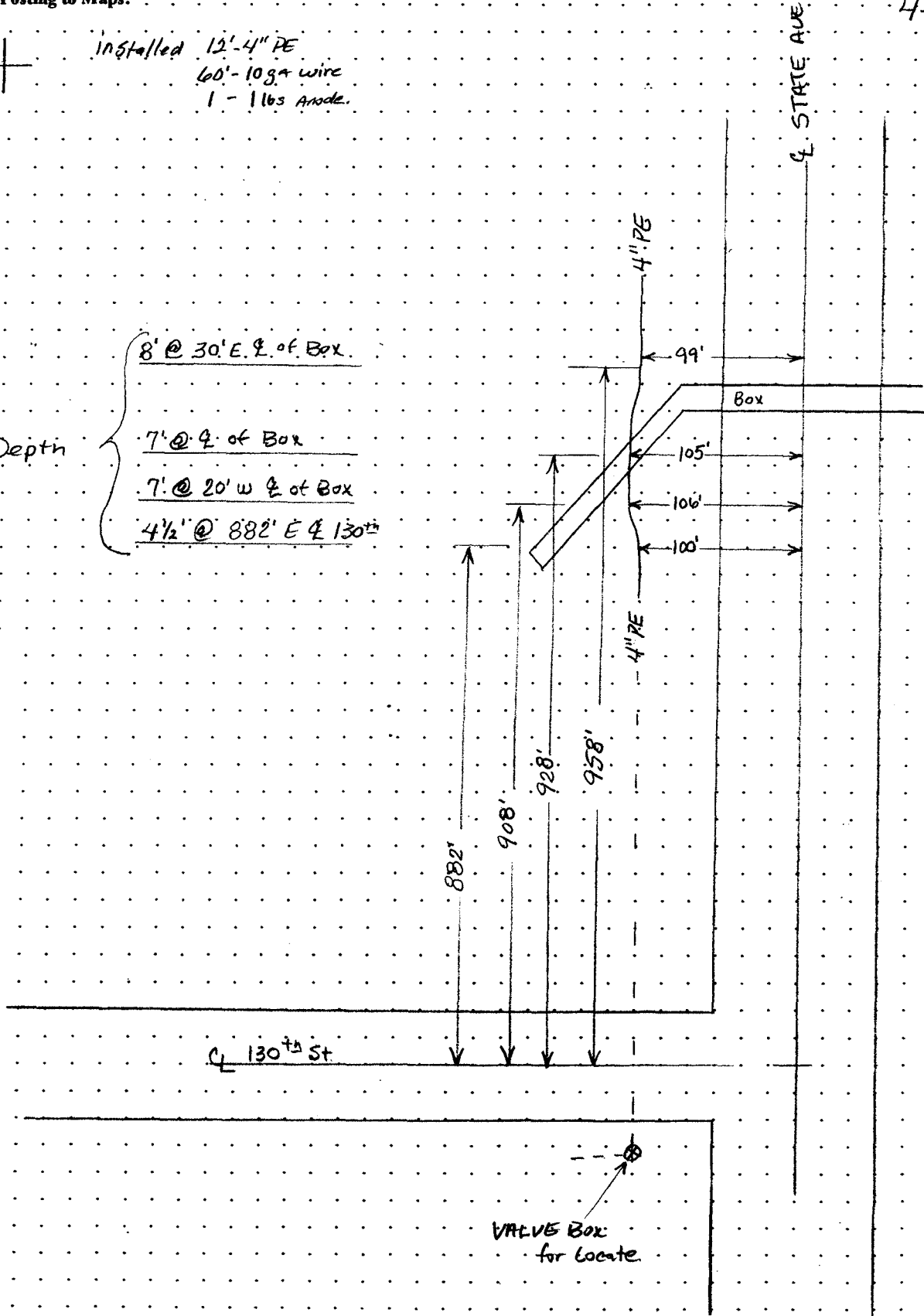
Depth

8' @ 30' E. of Box.

7' @ 4' of Box

7' @ 20' W of Box

4 1/2' @ 882' E of 130th



VALVE Box
for locate

PURPOSE AND NECESSITY

Name of Project : 159TH AND QUIVIRA Date: 2/21/2007

Town: OVERLAND PARK Region: KS Location: SAME

PROJECT DESCRIPTION: TO UPGRADE EXISTING REGULATOR SETTING WITH A 2 INCH EZR;252, 1/4 INCH REGULATOR

THE COST BELOW IS A LOADED COST

Footage _____	Size _____	Type _____	Del.Press. _____	R-O-W _____	Public _____	Private _____
Projected Load: _____	Annual _____	MCF _____	Hourly _____	MCF _____	MAOP: _____	
Normal Operating Pressure: _____				Estimated Project Cost: \$ 3,205.00		
APM/		ROE: _____		% Project Life : _____	YRS. _____	NPV _____
				IRR _____	% _____	Crew Company or Contract _____
Aid in Construction: _____		Additional information, (flow studies, Design, apm etc.)				
Non-Refundable Contributions _____		Drive Folder File Name				
Contract Type: _____		Any additional comments place in Drive, Folder, & File listed above				
Contract Amount: _____						
Contract Date: _____						
Contract signed by: _____		Date Work _____		Other Project (s) Related to this P&N: _____		
Request/Task No.: _____		is Requested: 2/21/2007		060.15173		
PROJECT MANAGER: _____		MIKE TALKINGTON				

APPROVALS:

Initiator: TOM PETERSON Date: 2/21/2007

Comments _____

Recommend Approval: Allen Spaur Date: 2/21/2007

Comments Technical review completed.

Recommend Approval: _____ Date: _____

Comments _____

Recommend Approval: _____ Date: _____

Comments _____

Recommend Approval: _____ Date: _____

Comments _____

Recommend Approval: _____ Date: _____

Comments _____

Recommend Approval: _____ Date: _____

Comments _____

Recommend Approval: _____ Date: _____

Comments _____

Recommend Approval: _____ Date: _____

Comments _____

FINAL APPROVAL

Michael Talkington

Date: 2/22/2007

Comments _____

PURPOSE AND NECESSITY

Name of Project : FIFTH & COTTONWOOD Date: 4/25/2007
Town: STRONG CITY Region: CENTRAL KANSAS Location: CC3136

PROJECT DESCRIPTION:
DUE TO LEAKS ON 3" B/S RUNNING THROUGH APPROX. 75' OF STORM SEWER WE WOULD LIKE TO RELOCATE WITH 2" PE MAIN ON THE SOUTH SIDE OF FIFTH

Footage 500 Size 2 Type Del.Press. R-O-W Public Private
Projected Load: Annual MCF Hourly MCF MAOP:
Normal Operating Pressure: Estimated Project Cost: \$ 3,953.37
APM/ ROE: % Project Life : YRS. NPV IRR % Crew Company or Contract COMP
Aid in Construction: Non-Refundable Contributions
Contract Type: Contract Amount: Contract Date:
Contract signed by: Date Work is Requested: Other Project (s) Related to this P&N:
Request/Task No.: 060.15307 is Requested:
PROJECT MANAGER: Greg Wolff

APPROVALS:

Initiator: Ron Hoag Date: 4/25/2007
Comments Please review and approve
Recommend Approval: Allen Spaur Date: 4/26/2007
Comments Technical review completed.

Recommend Approval: GREG WOLFF Date: 4/26/2007
Comments REVIEWED

Recommend Approval: Date:
Comments

Recommend Approval: Date:
Comments

Recommend Approval : Date:
Comments

Recommend Approval : Date:
Comments

Recommend Approval : Date:
Comments

Recommend Approval : Date:
Comments

FINAL APPROVAL Date:
Comments

Atmos Energy - Construction Survey

FWO ALMS

SSD No: 252542

General Date: 05/02/2007 By: RLce

Emp ID #: 10944

Property Tax Code: 80802

Tax Unit: 005

Map #: 000

Town Name: Strong City

Town Number: 335

Division: 83

Address / Location: 5th Cottonwood

Service Performed: MAIN Replace Retirement

Zip: _____ State: KS

County/Parish: Chase

School District: _____

Cross Ref #: 21-7-L-001

Area: ICI / OCL

Pipeline #: 3760 - 335

Oracle Project #: 060-15307

For Irrigation Or Rural Irrigation Only:

Line Name: _____ Section: _____ Block: _____ Survey: _____

<input type="checkbox"/> 1. Distribution	<input type="checkbox"/> 3. Irrigation	<input type="checkbox"/> 5. Gathering	<input type="checkbox"/> 1. Dirt	<input type="checkbox"/> 3. Asphalt	<input type="checkbox"/> 5. Rock	<input type="checkbox"/> 7. Other
<input type="checkbox"/> 2. Rural Distribution	<input type="checkbox"/> 4. Transmission	<input type="checkbox"/> 6. Storage	<input type="checkbox"/> 2. Brick	<input type="checkbox"/> 4. Concrete	<input type="checkbox"/> 6. Liquid	

System Type: 1-3-5 Cover: _____
 System MAOP (psig): 72 Approximate Pipe Depth (inches): 30

Leak Found: _____ Date Found: ____/____/____

Leak Survey No: _____ Leak Order No: _____

Time Found: _____ am / pm Time Classified: _____ am / pm Leak Grade: 1 2 3 4

<input type="checkbox"/> Apparent Location:	<input type="checkbox"/> Approx Distance to Nearest Bldg (ft):	<input type="checkbox"/> Population Density:	<input type="checkbox"/> Service Risers:
1. Main	4. Riser	1. Commercial - Dense	1. Without Outside Riser (Vault)
2. Service	5. Yard Line	2. Commercial - Light	2. Adjacent to Building (within 10')
3. Meter Loop	6. Other	3. Residential - Dense	3. Away from Building (over 10')
<input type="checkbox"/> Magnitude of CGI Indication:	<input type="checkbox"/> Grade of Nearest Building to Main:	Comments: _____	
% Gas	% LEL	1. Above 2. Level 3. Below	

Third Party Damage / Billing Information:

Third Party Name: _____
 Third Party Address: _____
 Contact Name: _____ Phone: _____

<input type="checkbox"/> Type of Work:	<input type="checkbox"/> Reason Damage Occurred:
1. Sewer	1. No Notification
2. Water	2. Locate Issues
3. Electric	3. Insufficient Locate Time
4. Telephone	4. Third Party Carelessness
5. TV / Cable	5. Improper Job Location
6. Road Const.	6. Failure to Hand Expose
7. Drainage	7. Deliberate
8. Landscaping	8. _____
9. Irrigation	
10. Fencing	
11. Poles / Signs	
12. _____	

Damaging Equipment: _____

Located By: _____ Employee / Contractor _____ Locate Ticket #: _____

Line Pressure: _____ (psig) Discharge Time: _____ (min) Injuries or Deaths: yes / no Damage to Property: yes / no

Leak Area: _____ in² Locate Markings Within State Law: yes / no -attach a copy of the locate ticket for all third party damage incidents-

Leak Re-Evaluation

Employee ID#	Date	Grade	%Gas	%LEL

Drawing for Posting to Maps:

North: +

(See MAP)

Above ground piping across Cottonwood Street & Fifth Street

Leak Repaired:

Welding
 Repaired By: Woodie
 Welding By: Rex

Employee ID# 10905
 Employee ID# 10944

Repair Date: 05/02/2007

Facility Involved: **Origin of Leak:** **Initial Cause:**

1. Main	4. Yard Line	1. Pipe	5. Drip	9. Longitudinal Weld	1. Corrosion	4. Material Defect
2. Service	5. Riser	2. Valve	6. Regulator	10. Clamp	2. Outside Force	5. Other
3. Meter Loop	6. Other	3. Tap	7. Compressor		3. Construction Defect	6. Third Party
		4. Fitting	8. Girth Weld			

Miscellaneous: **Number of Leaks Repaired:** **Type of Pipe:**

1. Duplicate Order	4. Not Natural Gas	<input type="checkbox"/> On Main	1. Coated Steel	4. PE
2. Customer's Line	5. No Leak Found	<input type="checkbox"/> On Service	2. Bare Steel	5. PVC
3. Other Company			3. Cast Iron	6. Other:

Type of Coating: **Condition of Coating:** **Estimated Year of Installation:**

1. Bare	4. Mill Wrap	1. Excellent	3. Poor	1. Before 1930	4. 1970 - 1989
2. Hot Coated	5. Other:	2. Fair	4. Disbonded	2. 1930 - 1949	5. 1990 - Present
3. Thin Film (Epoxy)				3. 1950 - 1969	6. Unknown

Cathodic Protection: **Visual Inspection:** Yes / No **Atmospheric Corrosion:** Yes / No

External Corrosion: **Internal Corrosion:** Area: _____ Section: _____

1. None	3. Severe	1. None	3. Severe	P/S Before: _____	P/S After: _____	main / service
2. Slight	Pit Depth: <u>.001</u> <small>(if available)</small>	2. Slight	Pit Depth: _____ <small>(if available)</small>	P/S Before: _____	P/S After: <u>1.23</u>	<u>main</u> / service

Pressure Test:

Main: 100 psig Duration: 1 hrs min Medium: gas @ 60 H₂O Soaped: no MAOP: 12 psig

Service: _____ psig Duration: _____ hrs / min Medium: gas / air / H₂O Soaped: yes / no MAOP: _____ psig

Residual Gas: / no Comments: _____

Install	Remove	Materials	M/S
546'		2" pipe	
2		2" x 2" electro tap tee	
2		2" 90° El's	
1		2" tee	
2		2" end caps	
1		2" Flat Bottom Slop tee	
1		2" Slop tee	
2		2" TRANS.	

Install	Remove	Materials	M/S
1		3" wdd cap	
1		2" cap	
1		3" SLOP O	

Functional / Task	Main - 0	Work	Size	Material	Copper - 1	Wall Thickness	Length of Pipe
Number:	Service - #	Code					
98000	212	1	Out - 1	03	2		382'
98000	212	1	In - 2	02	2		136'
01202	312	2	New - 3	02	4		546'
			Rem - 4				

Gas Loss Calculation: _____ X _____ = _____
 CCF Lost Unit Cost Cost of Gas Lost

Labor Hours

Emp ID	Hours
10944	
10905	
10847	
10906	
Contractor Labor:	
Total	

Equipment Used

Unit #	Hours
Total	

Office Use Only:

Labor:	
Overtime:	
Clerical:	
Administrative:	
Material:	
Associated Cost:	
Equipment Cost:	
Contractor Cost:	
Gas Loss:	
Total	

Completed By: Rex Date: 5- -07 Entered By: _____ Date: _____
 Reviewed By: _____ Date: _____ Tech Services: _____ Date: _____
 Approved By: _____ Date: _____ Maps Updated: _____ Date: _____

Atmos Energy - Construction Survey

FWO

ALMS

SSD No:

252542

Address / Location: 5th / Cottonwood - ELM

Service Performed: Replace 3" Steel with 2" plastic

Zip:

State:

KS

Drawing for Posting to Maps:

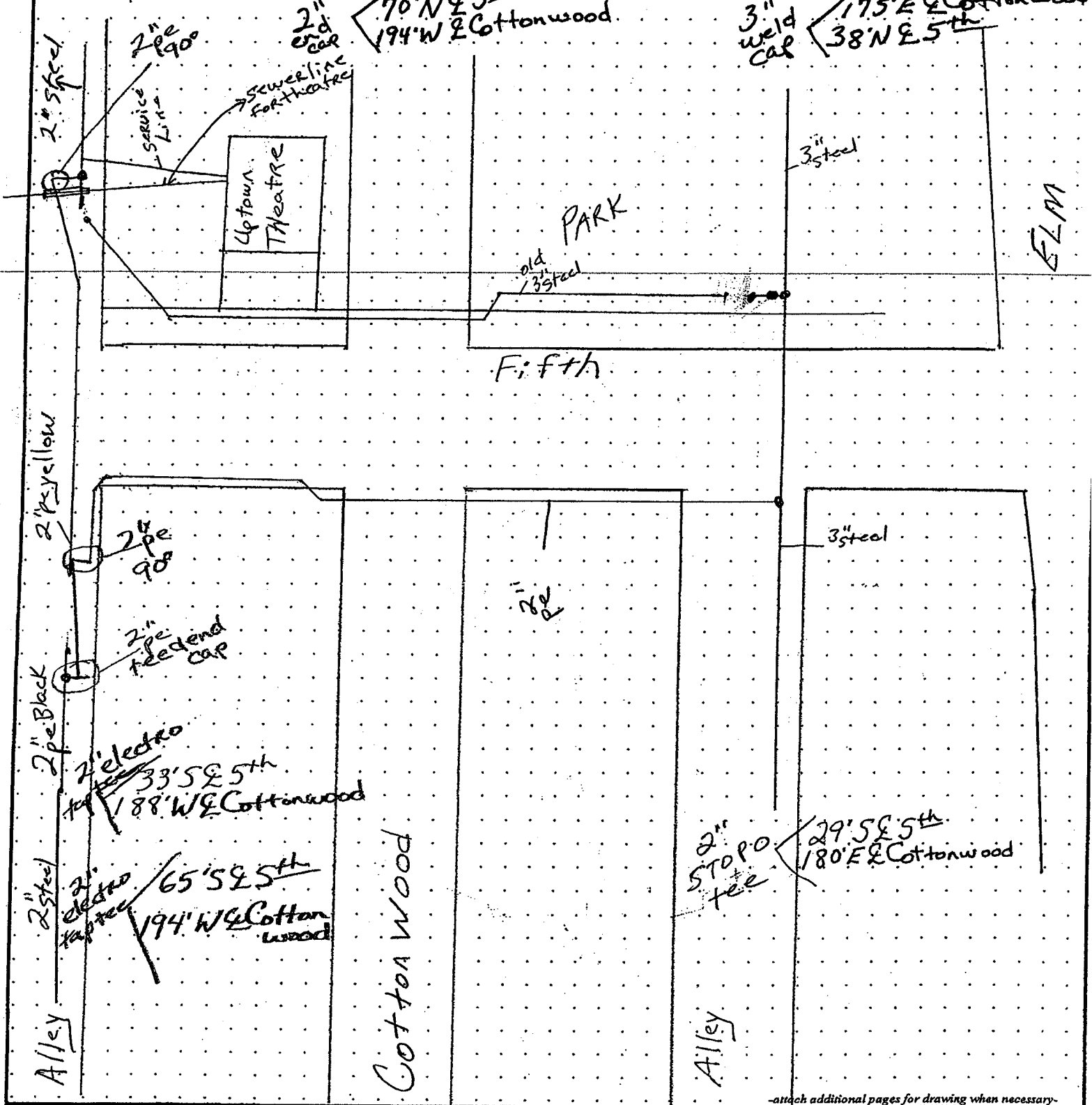
North: ↑

2" STOPO
tee $\begin{cases} 71' N \& 5^{th} \\ 194' W \& Cottonwood \end{cases}$

2" end cap $\begin{cases} 70' N \& 5^{th} \\ 194' W \& Cottonwood \end{cases}$

3" STOPO $\begin{cases} 38' N \& 5^{th} \\ 180' E \& Cottonwood \end{cases}$

3" weld cap $\begin{cases} 17.5' E \& Cottonwood \\ 38' N \& 5^{th} \end{cases}$



PURPOSE AND NECESSITY

Name of Project : 5TH & MAIN Date: 2/19/2007

Town: ELSMORE,KS Region: SOUTH KANSAS Location: CC3146

PROJECT DESCRIPTION:

REPLACE APPROX. 382' OF 1" B/S WITH 2" PE
THE REPLACEMENT IS NEEDED DUE TO LEAKS AND WATER PROBLEMS

Footage 382 Size 2 Type PE Del.Press. R-O-W Public Private
Projected Load: Annual MCF Hourly MCF MAOP:
Normal Operating Pressure: Estimated Project Cost: \$ 2,526.31

APM/
ROE: % Project Life : YRS. NPV IRR % Crew Company or Contract COMP

Aid in Construction:
Non-Refundable Contributions

Table with 3 columns: Drive, Folder, File Name. Header: Additional information, (flow studies, Design, apm etc.)

Contract Type:
Contract Amount:
Contract Date:

Contract signed by: Date Work is Requested: Other Project (s) Related to this P&N:
Request/Task No.: 060.15168
PROJECT MANAGER: BRUCE KNIGHT

APPROVALS:

Initiator: RON HOAG Date: 2/19/2007
Comments PLEASE REVIEW AND APPROVE

Recommend Approval: Allen Spaur Date: 2/20/2007
Comments Technical review completed.

Recommend Approval: Date:
Comments

Recommend Approval: Date:
Comments

Recommend Approval: Date:
Comments

Recommend Approval : Date:
Comments

Recommend Approval : Date:
Comments

Recommend Approval : Date:
Comments

Recommend Approval : Date:
Comments

FINAL APPROVAL BRUCE KNIGHT Date: 2/20/2007

Comments

EGFW JAY/ALLEN

Atmos Energy - Construction Survey

SSD No: 246959

General Date: 4/9/2007 By: J. Baker Emp ID #: 10911
 Property Tax Code: 82401 Tax Unit: 002 Map #:
 Town Name: ELSMORE Town Number: 440 Division: 81
 Address / Location: Main & 5th
 Service Performed: Replace 2" main Zip: State: KS
 County/Parish: School District: Cross Ref #:
 Area: ICD / OCL Pipeline #: 3760 - 440 Oracle Project #: 060.4473515168

For Irrigation Or Rural Irrigation Only:

Line Name: Section: Block: Survey:

<input type="checkbox"/>	System Type:	<input type="checkbox"/>	Cover:
1. Distribution	3. Irrigation	5. Gathering	1. Dirt
2. Rural Distribution	4. Transmission	6. Storage	3. Asphalt
			5. Rock
			7. Other
			2. Brick
			4. Concrete
			6. Liquid
<input type="checkbox"/>	System MAOP (psig)	<input type="text" value="30"/>	Approximate Pipe Depth (inches)

Leak Found: Date Found: ___/___/___

Leak Survey No: _____ Leak Order No: _____

Time Found: ___ am / pm Time Classified: ___ am / pm Leak Grade: 1 2 3 4

<input type="checkbox"/> Apparent Location:	<input type="checkbox"/> Approx Distance to Nearest Bldg (ft):	<input type="checkbox"/> Population Density:	<input type="checkbox"/> Service Risers:
1. Main	4. Riser	1. Commercial - Dense	1. Without Outside Riser (Vault)
2. Service	5. Yard Line	4. Residential - Light	2. Adjacent to Building (within 10')
3. Meter Loop	6. Other	2. Commercial - Light	5. Rural - Class 1, 2
		3. Residential - Dense	6. Rural - Class 3, 4
			7. Away from Building (over 10')
<input type="checkbox"/> Magnitude of CGI Indication:	<input type="checkbox"/> Grade of Nearest Building to Main:	Comments: _____	
% Gas	%LEL	1. Above 2. Level 3. Below	

Third Party Damage / Billing Information:

Third Party Name: _____
 Third Party Address: _____
 Contact Name: _____ Phone: _____

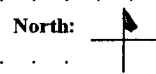
<input type="checkbox"/> Type of Work:	<input type="checkbox"/> Reason Damage Occurred:
1. Sewer	7. Drainage
2. Water	8. Landscaping
3. Electric	9. Irrigation
4. Telephone	10. Fencing
5. TV / Cable	11. Poles / Signs
6. Road Const.	12. _____
	Damaging Equipment: _____

Leak Re-Evaluation

Employee ID#	Date	Grade	%Gas	%LEL

Located By: _____ Employee / Contractor _____ Locate Ticket #: _____
 Line Pressure: _____ (psig) Discharge Time: _____ (min) Injuries or Deaths: yes / no Damage to Property: yes / no
 Leak Area: _____ in² Locate Markings Within State Law: yes / no *-attach a copy of the locate ticket for all third party damage incidents-*

Drawing for Posting to Maps:



SEE ATT.

Leak Repaired:

Repaired By: _____ Employee ID# _____

Repair Date: ____/____/____

Welding By: _____ Employee ID# _____

Facility Involved:

- 1. Main
- 2. Service
- 3. Meter Loop
- 4. Yard Line
- 5. Riser
- 6. Other

Origin of Leak:

- 1. Pipe
- 2. Valve
- 3. Tap
- 4. Fitting
- 5. Drip
- 6. Regulator
- 7. Compressor
- 8. Girth Weld
- 9. Longitudinal Weld
- 10. Clamp

Initial Cause:

- 1. Corrosion
- 2. Outside Force
- 3. Construction Defect
- 4. Material Defect
- 5. Other
- 6. Third Party

Miscellaneous:

- 1. Duplicate Order
- 2. Customer's Line
- 3. Other Company
- 4. Not Natural Gas
- 5. No Leak Found

Number of Leaks Repaired:

On Main:
On Service:

Type of Pipe:

- 1. Coated Steel
- 2. Bare Steel
- 3. Cast Iron
- 4. PE
- 5. PVC
- 6. Other: _____

Type of Coating:

- 1. Bare
- 2. Hot Coated
- 3. Thin Film (Epoxy)
- 4. Mill Wrap
- 5. Other: _____

Condition of Coating:

- 1. Excellent
- 2. Fair
- 3. Poor
- 4. Disbonded

Estimated Year of Installation:

- 1. Before 1930
- 2. 1930 - 1949
- 3. 1950 - 1969
- 4. 1970 - 1989
- 5. 1990 - Present
- 6. Unknown

Cathodic Protection:

Visual Inspection: Yes / No

Atmospheric Corrosion: Yes No

External Corrosion:

- 1. None
- 2. Slight
- 3. Severe
- Pit Depth: _____ (if available)

Internal Corrosion:

- 1. None
- 2. Slight
- 3. Severe
- Pit Depth: _____ (if available)

Area: _____

P/S Before: PE

P/S After: _____

Section: _____

P/S After: main / service

P/S After: _____ main / service

Pressure Test:

Main: 120 psig Duration: 1.5 hrs min Medium: gas air H₂O Soaped: yes / no MAOP: _____ psig
 Service: _____ psig Duration: _____ hrs / min Medium: gas / air / H₂O Soaped: yes / no MAOP: _____ psig
 Residual Gas: yes no Comments: Replaced 2" main

Install	Remove	Materials	M/S
379'		2" PE	M
	386'	2" BS	M
389'		T.WIRE	M
1		2" High Volume Tap	M
1		2" Con stab	M
1		2"x1" PE Reducer	M
2'		1" PE	M
1		1" Con stab	M

Install	Remove	Materials	M/S

Functional / Task Number:	Main - 0 Service - #	Work Code	Size	Material	Copper - 1	Steel - 2	PVC - 3	PE - 4	ABS - 5	Other - 6	Cast Iron - 7	Bare Unpr - 8	Bare Prot - 9	Wall Thickness	Length of Pipe
532	1	2	02	4										2.16	379'
432	1	1	02	9										1.54	386'

Gas Loss Calculation: _____ X _____ = _____
CCF Lost Unit Cost Cost of Gas Lost

Office Use Only:

Labor Hours	Hours
Emp ID:	
10911	12
10983	16
12315	8
Contractor Labor:	
Total	

Equipment Used	Hours
Unit #:	
Total	

Labor:	
Overtime:	
Clerical:	
Administrative:	
Material:	
Associated Cost:	
Equipment Cost:	
Contractor Cost:	
Gas Loss:	
Total	

Completed By: J. Baker Date: 4-9-2007 Entered By: _____ Date: _____
 Reviewed By: _____ Date: _____ Tech Services: _____ Date: _____
 Approved By: (Signature) Date: 4/25/07 Maps Updated: _____ Date: _____

A

Atmos Energy - Construction Survey

FWO

ALMS

SSD No: 246959


Address / Location: Main + 5th ELSMORE

Service Performed: Replace 2" main

Zip: _____

State: KS

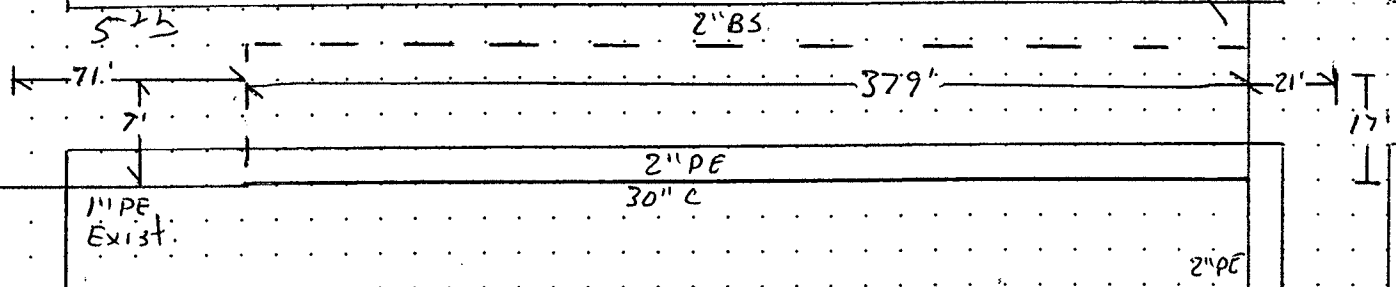
Drawing for Posting to Maps:

North: 

RAILROAD

MAIN

2" constab
Bull Plug



PURPOSE AND NECESSITY

Name of Project : Westerfield Apartments Main Replacement Date: 6/7/2006
 Town: Olathe Region: Kansas Location: Church & Poplar
 PROJECT DESCRIPTION: System Integrity (GSRS)
Replace main in residential apartment complex, total of 259 units.

7531 ft. of 2 in. pe main

Tax # 80312	Johnson County	STR 25-13-23	Town # 369	Pressure DP
Footage <u>7531</u>	Size <u>2</u>	Type <u>pe</u>	Del.Press. <u>x</u>	R-O-W <u>x</u>
Projected Load: <u>Annual</u>	MCF	Hourly	MCF	MAOP: <u>60#</u>
Normal Operating Pressure: <u>55#</u>			Estimated Project Cost: \$	<u>63,860.28</u>
APM/				
ROE: _____	% Project Life : _____	YRS. _____	NPV _____	IRR _____ %
Aid in Construction: _____		Additional information, (flow studies, Design, apm etc.)		
Non-Refundable Contributions		Drive	Folder	File Name
Contract Type: _____				
Contract Amount: _____				
Contract Date: _____				
Contract signed by: _____	Date Work	Other Project (s) Related to this P&N:		
Request/Task No.: _____	is Requested: <u>6/7/2006</u>	<u>060, 14506</u>		
PROJECT MANAGER: _____	Gary Schlessman			

APPROVALS:

Initiator: David M. Huggins Date: 6/7/2006
 Comments PLEASE REVIEW FOR APPROVAL
 Recommend Approval: Allen Spaur Date: 6/7/2006
 Comments Technical review completed.

Recommend Approval: Tim Owen Date: 6/7/2006
 Comments _____

Recommend Approval: J Barrios Date: 6/9/2006
 Comments Compliance and safety issue

Recommend Approval: Mike DeArmond Date: 6/13/2006
 Comments _____

Recommend Approval : John Willis Date: 6/14/2006
 Comments Agree with Barrios.

Recommend Approval : _____ Date: _____
 Comments _____

Recommend Approval : _____ Date: _____
 Comments _____

Recommend Approval : _____ Date: _____
 Comments _____

FINAL APPROVAL Gary Schlessman Date: 6/15/2006
 Comments _____

Map too large
for scanner.

PURPOSE AND NECESSITY

Name of Project : CAST IRON REPLACEMENT COFFEYVILLE,KS Date: 6/14/2006
Town: COFFEYVILLE Region: SOUTH KANSAS Location: CC3145

PROJECT DESCRIPTION:
RETIRE APPROX. 3869' OF 4' CAST IRON, 550' OF 4" STEEL AND REG'S, THIS IS CURENTLY AN OZ. SYSTEM.
WILL REPLACE WITH APPROX. 4620' OF 2" PE AND WILL BE A 26# SYSTEM, THIS PROJECT ALSO INCLUDES
THE REPLACEMENT OF 62 SERVICE LINES.

THIS WILL BE A SYSTEM IMPROVEMENT PROJECT

Footage _____	Size _____	Type _____	Del.Press. _____	R-O-W _____	Public _____	Private _____
Projected Load: _____	Annual _____	MCF _____	Hourly _____	MCF _____	MAOP: _____	
Normal Operating Pressure: _____	Estimated Project Cost: \$				78,222.74	
APM/						
ROE: _____	% Project Life : _____	YRS. _____	NPV _____	IRR _____	% _____	Crew Company or Contract _____
Aid in Construction: _____			Additional information, (flow studies, Design, apm etc.)			
Non-Refundable Contributions _____			Drive	Folder	File Name	
Contract Type: _____						
Contract Amount: _____						
Contract Date: _____			Any additional comments place in Drive, Folder, & File listed above			
Contract signed by: _____			Date Work _____	Other Project (s) Related to this P&N: _____		
Request/Task No.: 060.14531			is Requested: _____			
PROJECT MANAGER: GARY SCHLESSMAN						

APPROVALS:

Initiator: RON HOAG Date: 6/14/2006
Comments PLEASE REVIEW AND APPROVE

Recommend Approval: Mike DeArmond Date: 6/14/2006
Comments safety and reliability project. GSRS project

Recommend Approval: Allen Spaur Date: 6/19/2006
Comments Technical review completed.

Recommend Approval: david harsin Date: 6/30/2006
Comments _____

Recommend Approval: Orville Manley Date: 7/3/2006
Comments _____

Recommend Approval : John Willis Date: 7/5/2006
Comments _____

Recommend Approval : _____ Date: _____
Comments _____

Recommend Approval : _____ Date: _____
Comments _____

Recommend Approval : _____ Date: _____
Comments _____

FINAL APPROVAL Gary Schlessman Date: 7/5/2006
Comments _____

Atmos Energy - Construction Survey

FWO ALMS

SSD No: _____

Address / Location: _____

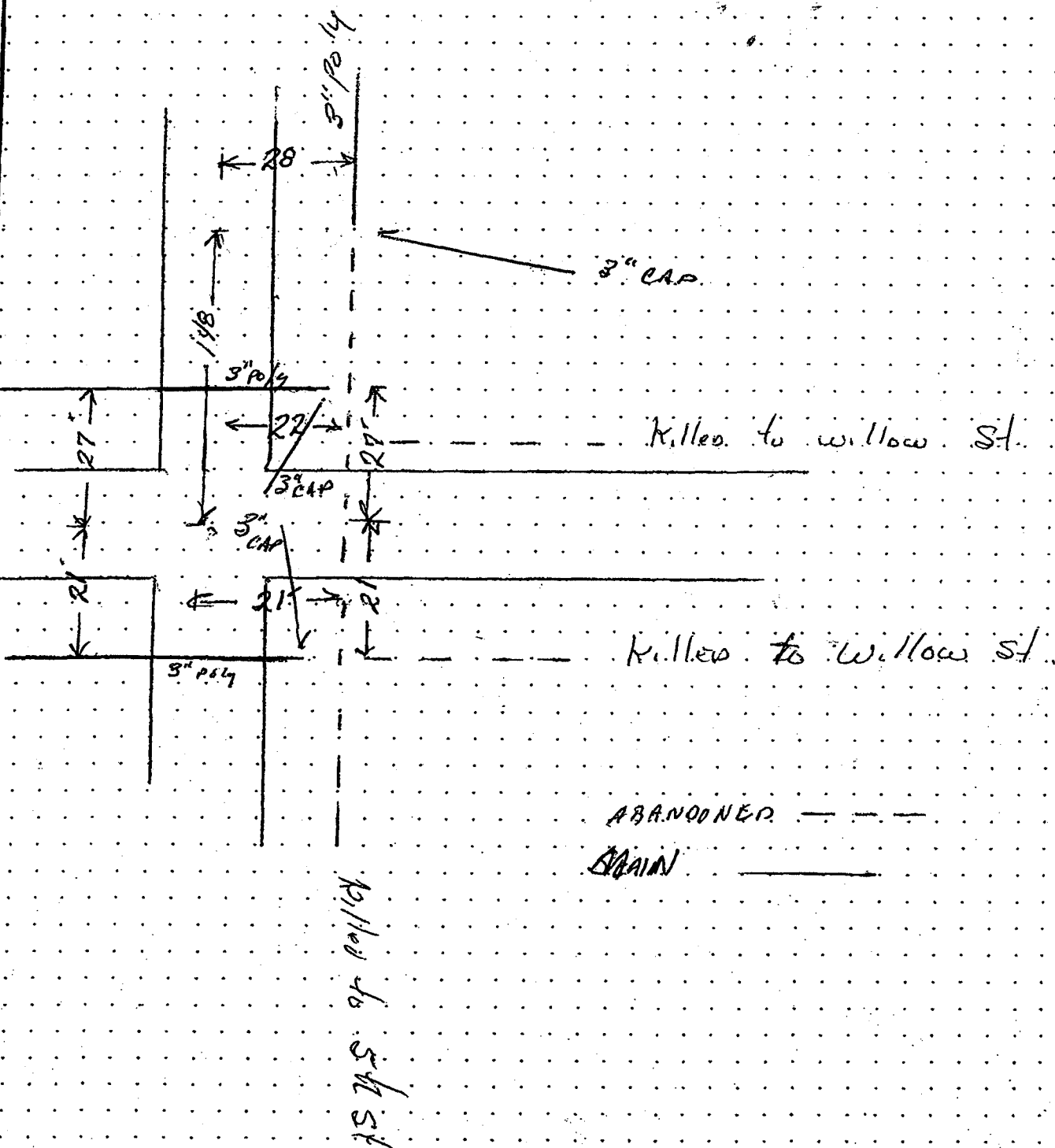
Service Performed: _____

Zip: _____

State: _____

Drawing for Posting to Maps:

North:



Atmos Energy - Construction Survey

FWO ALMS

SSD No: _____

Address / Location: _____

Service Performed: _____

Zip: _____

State: _____

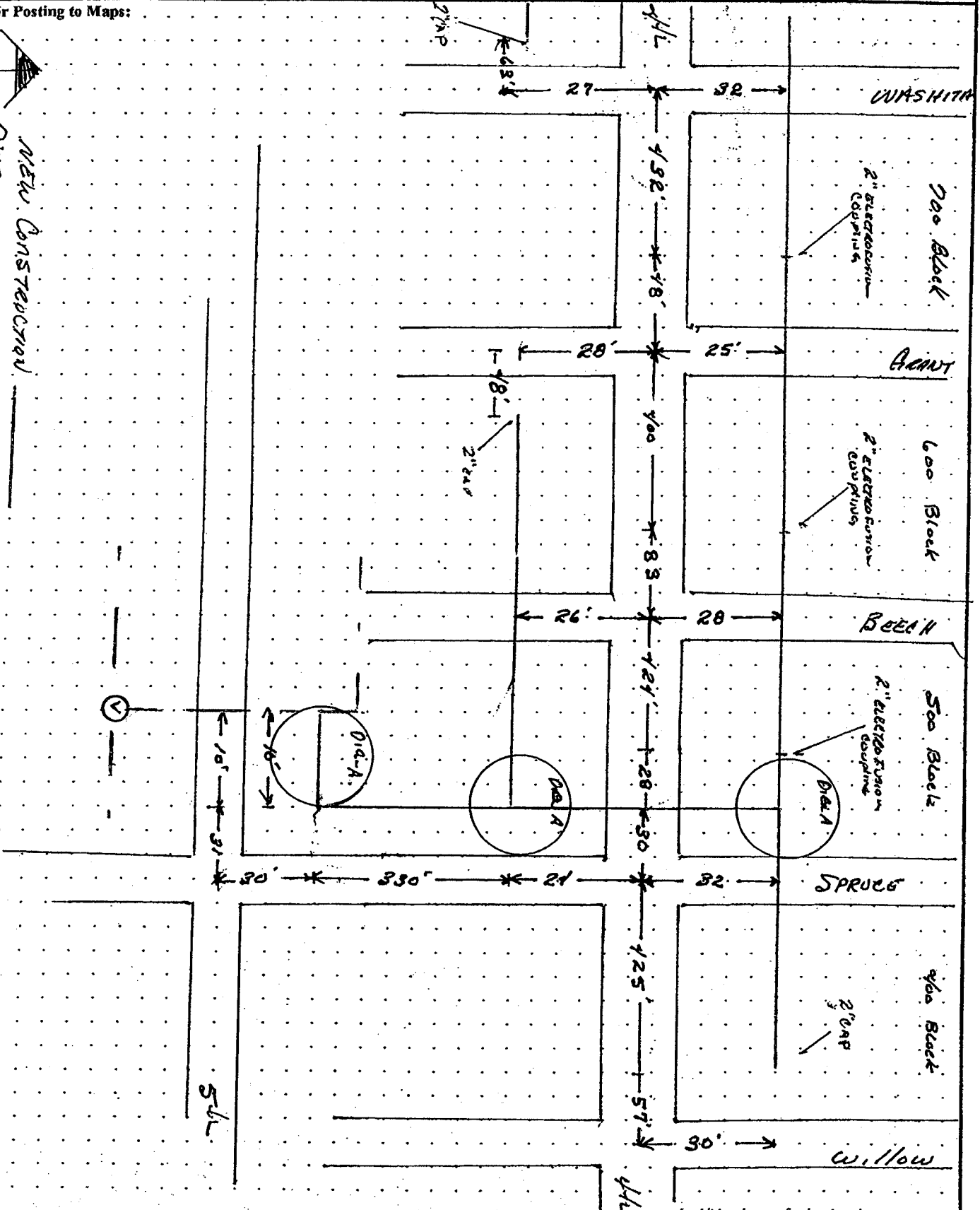
Drawing for Posting to Maps:

North: 

NEW CONSTRUCTION DISTANCE VALUES

(A)

54



-attach additional pages for drawing when necessary-

Atmos Energy - Construction Survey

FWO ALMS

SSD No: _____

Address / Location: _____

Service Performed: _____

Zip: _____

State: _____

Drawing for Posting to Maps:

North:



EXISTING

NEW CONSTRUCTION

CENTRAL

20'

322'

29'

21'

off

SH

2" TEL TELEPHONE CAPPING

2" CAP

2" TEL

2" TELEPHONE CAPPING

WASHITA

27'

32'

582'

587'

63'

67'

Atmos Energy - Construction Survey

FWO ALMS

SSD No: _____

Address / Location: _____

Service Performed: _____

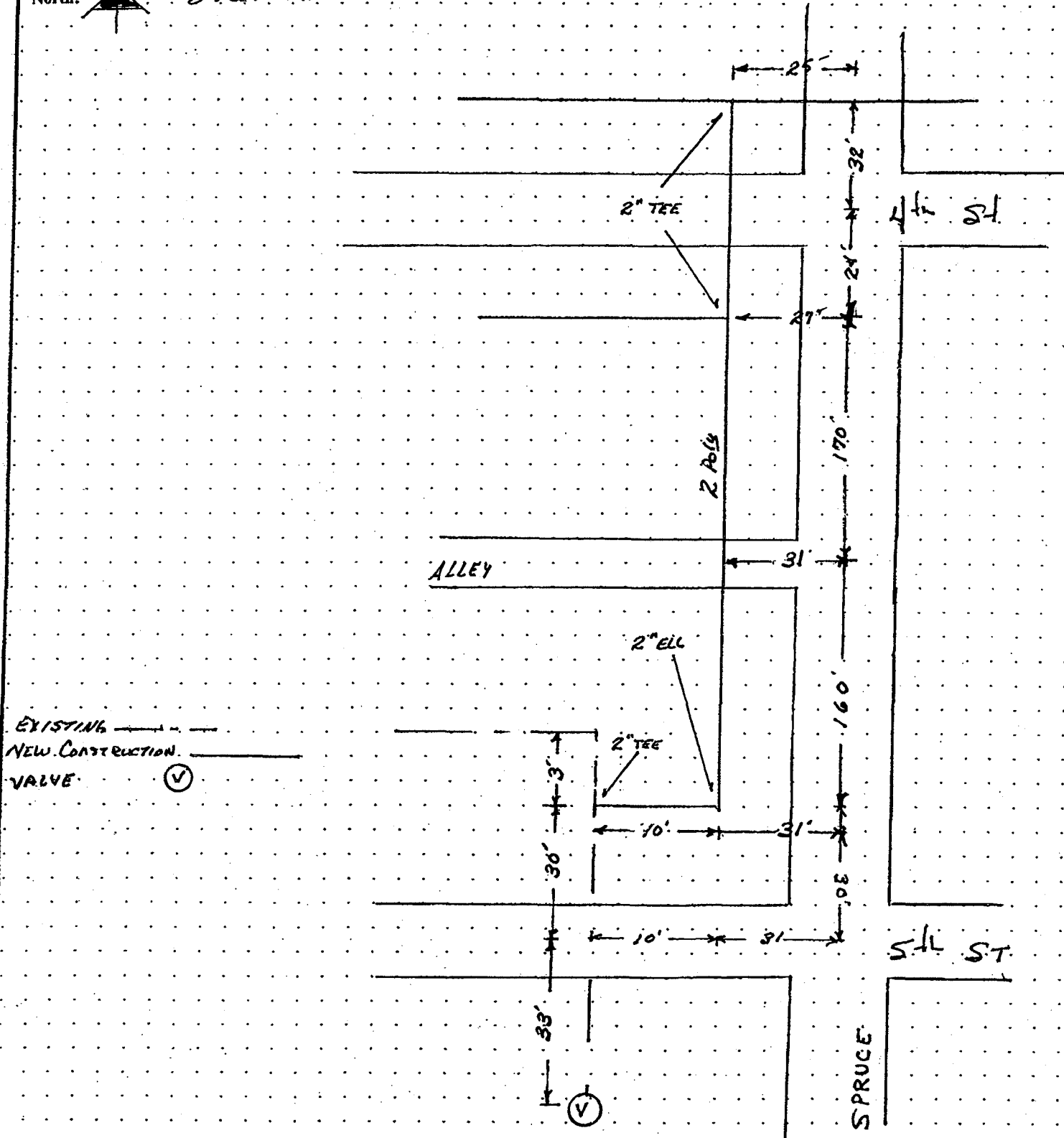
Zip: _____

State: _____

Drawing for Posting to Maps:

North: 

Diag. A.



Atmos Energy - Construction Survey

FWD

ALMS

SSD No: _____

Address / Location: _____

Service Performed: _____

Zip: _____

State: _____

Drawing for Posting to Maps:

North: 

CAST IRON
NEW CONSTRUCTION

1664 NAME

4/1k SF.

SPRUCE

4/1c

4/1d

4/1e

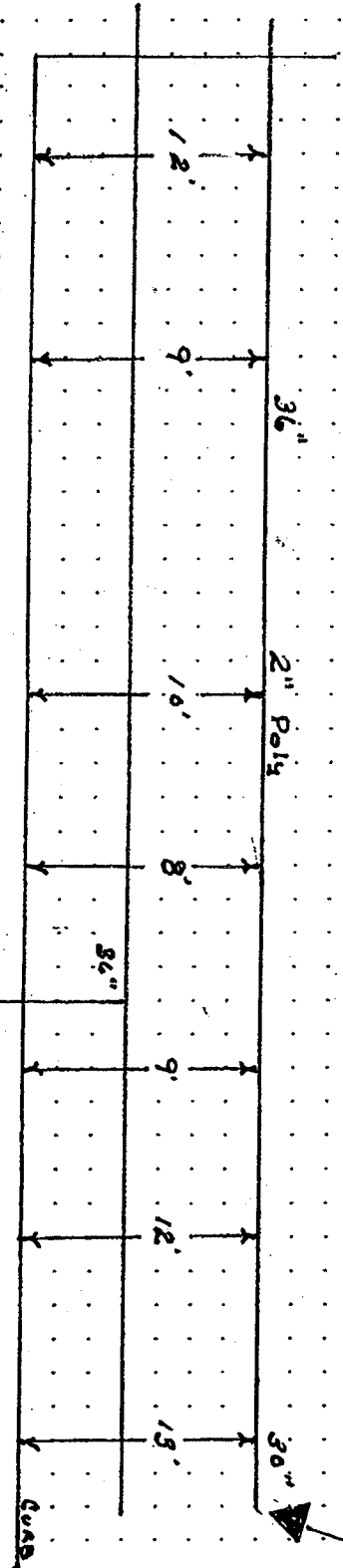
4/1a

4/08

4/06

4/04

4/02



WILLOW

2" Poly
COP

-attach additional pages for drawing when necessary-

Atmos Energy - Construction Survey

FWO ALMS

SSD No: _____

Address / Location: _____

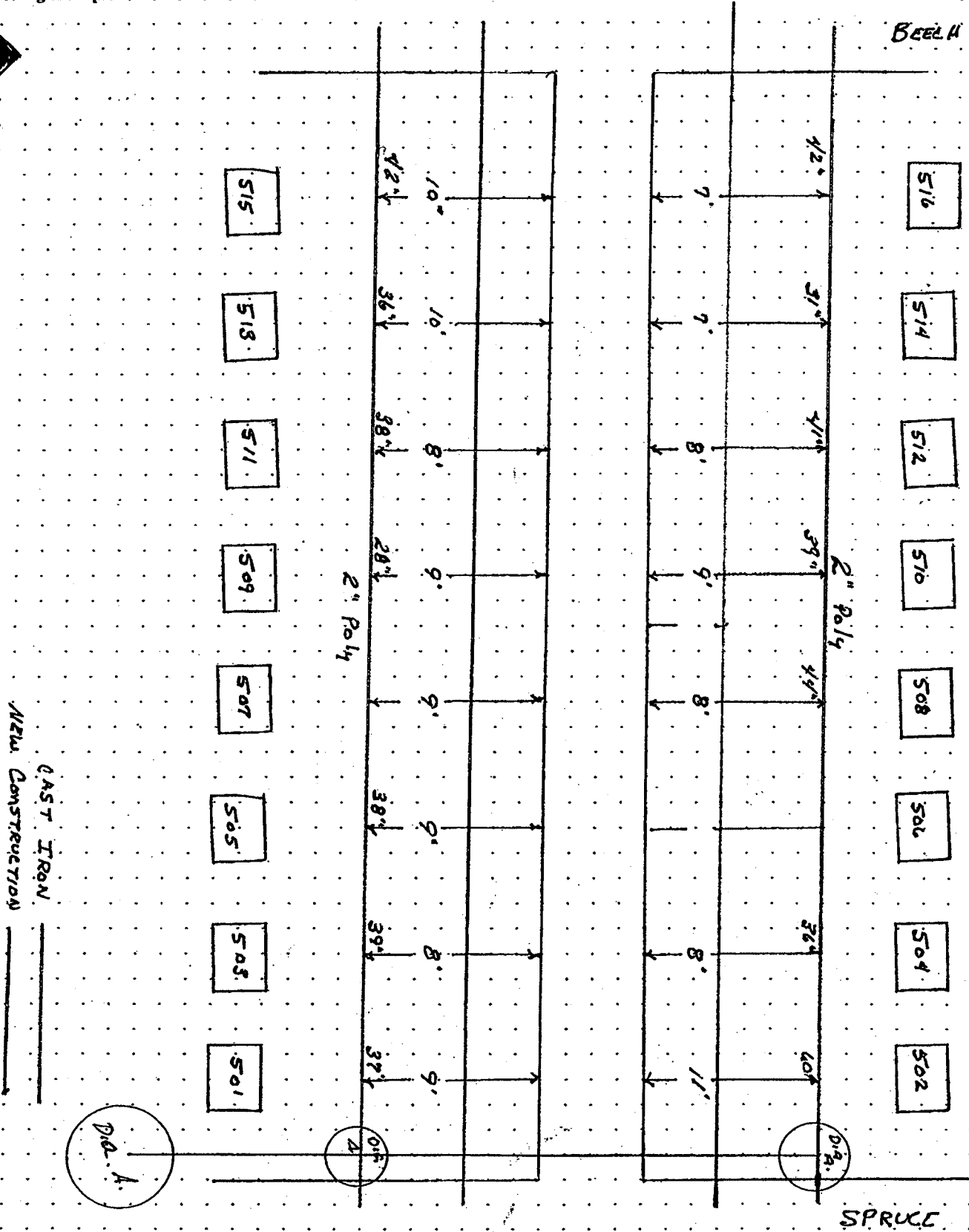
Service Performed: _____

Zip: _____

State: _____

Drawing for Posting to Maps:

North: 



-attach additional pages for drawing when necessary-

Atmos Energy - Construction Survey

FWO ALMS

SSD No: _____

Address / Location: _____

Service Performed: _____

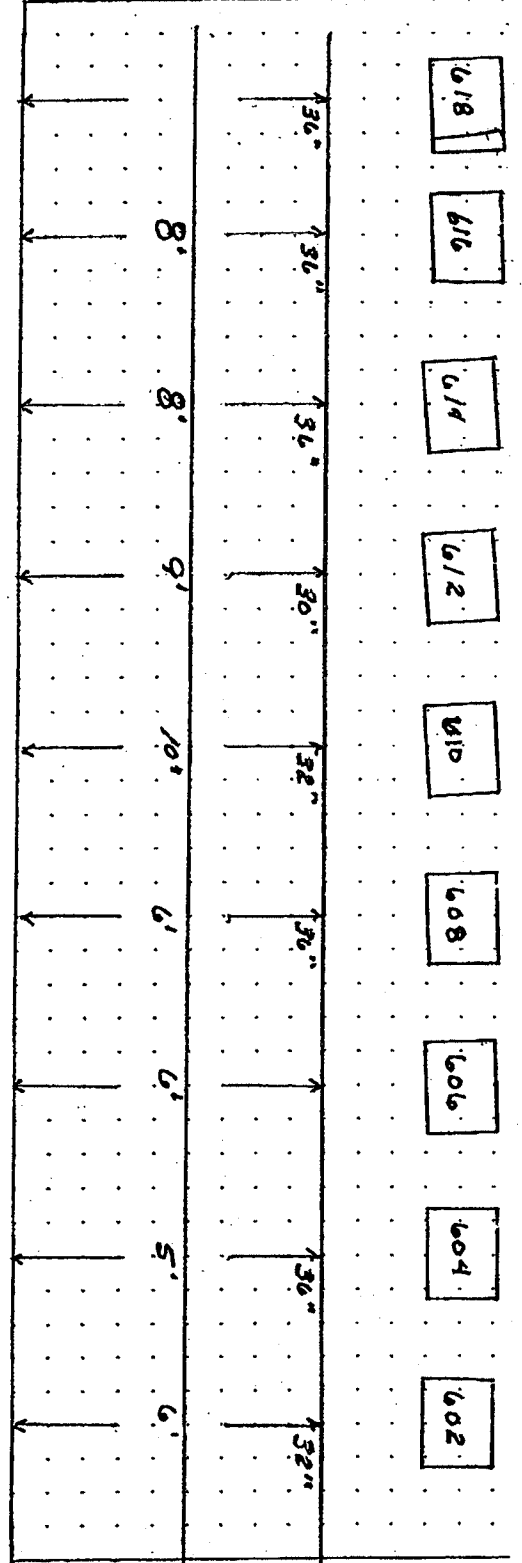
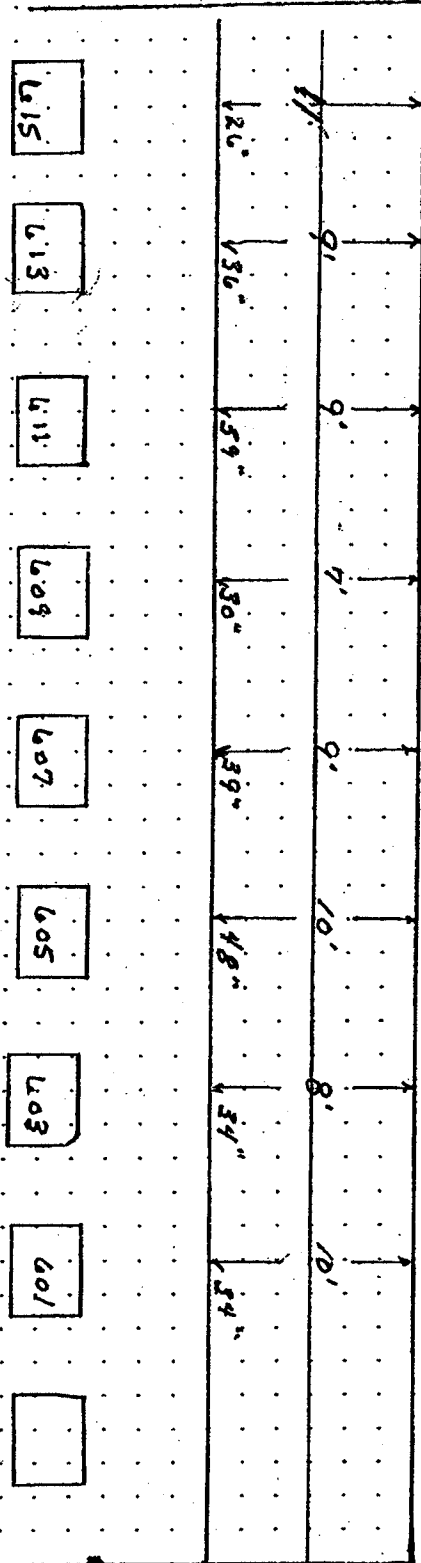
Zip: _____

State: _____

Drawing for Posting to Maps:

HANT

North:



*CAST. IRON
NEW CONSTRUCTION*

BEECH

-attach additional pages for drawing when necessary-

Atmos Energy - Construction Survey

PWO

ALMS

SSD No: _____

Address / Location: _____

Service Performed: _____

Zip: _____

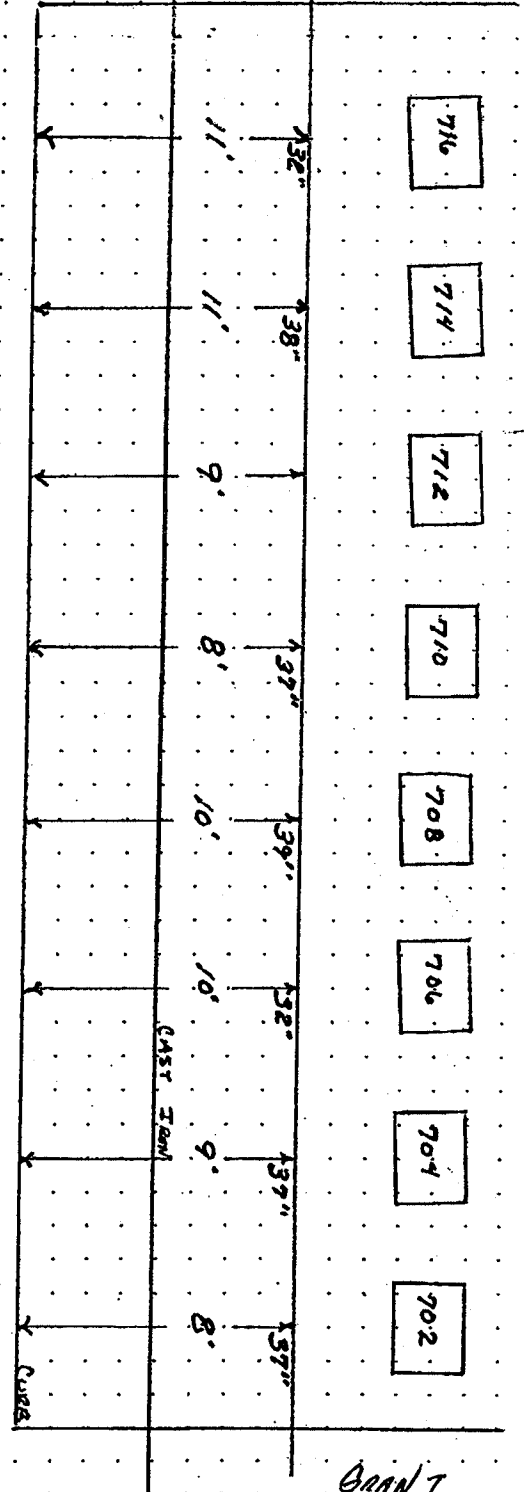
State: _____

Drawing for Posting to Maps:

North: 

WASHITA

4 ft



-attach additional pages for drawing when necessary-

Atmos Energy - Construction Survey

 FWO

 ALMS

SSD No: _____

Address / Location: _____

Service Performed: _____

Zip: _____

State: _____

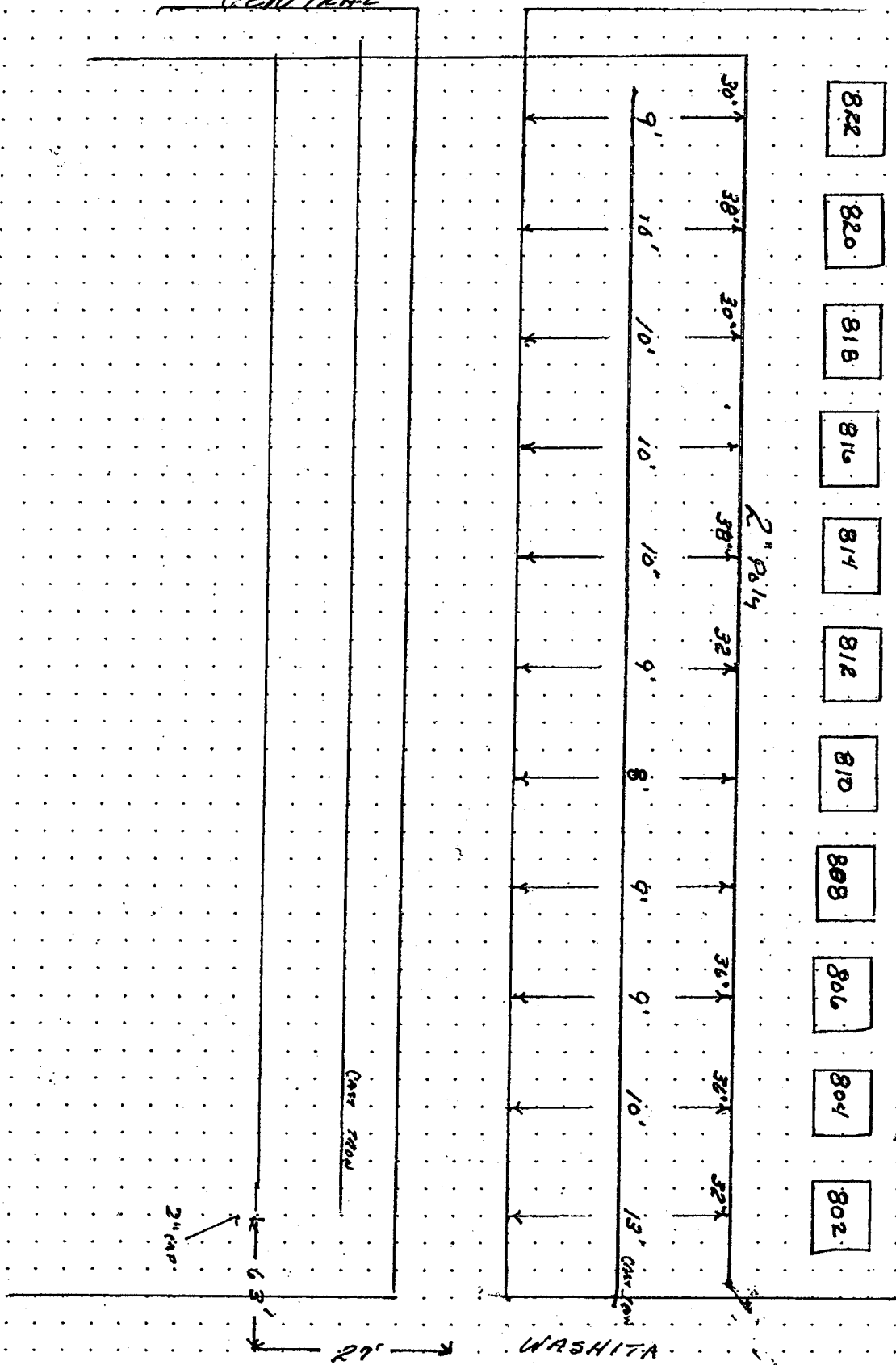
Drawing for Posting to Maps:

NEUTRAL

North:



EAST TROU
 WEST TROU



-attach additional pages for drawing when necessary-

PURPOSE AND NECESSITY

Name of Project : PEABODY TBS Date: 8/23/2006
Town: PEABODY,KS Region: SOUTH KANSAS Location: CC3136

PROJECT DESCRIPTION:

TOTAL REPLACEMENT OF THE TBS IN PEABODY,KS

Footage _____	Size _____	Type _____	Del.Press. _____	R-O-W _____	Public _____	Private _____
Projected Load: _____	Annual _____	MCF _____	Hourly _____	MCF _____	MAOP: _____	
Normal Operating Pressure: _____				Estimated Project Cost: \$ 37,238.86		
APM/		ROE: _____ %		Project Life : _____	YRS. _____	NPV _____
Aid in Construction: _____		Non-Refundable Contributions _____		IRR _____ %		
Contract Type: _____		Contract Amount: _____		Crew Company or Contract _____		
Contract Date: _____		Contract signed by: _____		Date Work _____		
Request/Task No.: 060.14622		PROJECT MANAGER: Mike DeArmond		Other Project (s) Related to this P&N: _____		
Request/Task No.: 060.14622		is Requested: _____		COMP _____		

APPROVALS:

Initiator: Ron Hoag Date: 8/23/2006
Comments Please review and approve

Recommend Approval: Allen Spaur Date: 8/23/2006
Comments Technical review completed.

Recommend Approval: Jim McDermott Date: 8/23/2006
Comments Measurement Approval

Recommend Approval: greg wolff Date: 8/23/2006
Comments approved

Recommend Approval: david harsin Date: 8/23/2006
Comments _____

Recommend Approval : _____ Date: _____
Comments _____

Recommend Approval : _____ Date: _____
Comments _____

Recommend Approval : _____ Date: _____
Comments _____

Recommend Approval : _____ Date: _____
Comments _____

FINAL APPROVAL Mike DeArmond Date: 8/24/2006
Comments _____

Atmos Energy - Construction Survey

 FWO

 ALMS

SSD No: 252351

General Date: 05.14.2007 By: Howard Hatfield

Emp ID #: 10996

Property Tax Code: 80705

Tax Unit: 011

Map #:

Town Name: Peabody

Town Number: 349

Division: 81

Address / Location: Ninth + Clinic

Service Performed: Replace + Revise Regulator Station

Zip: 16086

State: KS

County/Parish: Marion

School District:

Cross Ref #: 087-9-001

 Area: ICL / OCL

Pipeline #: 3760 - 349

Oracle Project #: 060.14622

For Irrigation Or Rural Irrigation Only:

Line Name: _____ Section: _____ Block: _____ Survey: _____

- System Type:**
- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> 1. Distribution | <input type="checkbox"/> 3. Irrigation | <input type="checkbox"/> 5. Gathering |
| <input type="checkbox"/> 2. Rural Distribution | <input type="checkbox"/> 4. Transmission | <input type="checkbox"/> 6. Storage |

- Cover:**
- | | | | |
|-----------------------------------|--------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> 1. Dirt | <input type="checkbox"/> 3. Asphalt | <input type="checkbox"/> 5. Rock | <input type="checkbox"/> 7. Other |
| <input type="checkbox"/> 2. Brick | <input type="checkbox"/> 4. Concrete | <input type="checkbox"/> 6. Liquid | |

System MAOP (psig) _____

Approximate Pipe Depth (inches) 36"

Leak Found: Date Found: ____ / ____ / ____

Leak Survey No: _____

Leak Order No: _____

Time Found: _____ am / pm Time Classified: _____ am / pm Leak Grade: 1 2 3 4

Apparent Location: **Approx Distance to Nearest Bldg (ft):** **Population Density:** **Service Risers:**

- | | | | | |
|---------------|--------------|------------------------|------------------------|--------------------------------------|
| 1. Main | 4. Riser | 1. Commercial - Dense | 4. Residential - Light | 1. Without Outside Riser (Vault) |
| 2. Service | 5. Yard Line | 2. Commercial - Light | 5. Rural - Class 1, 2 | 2. Adjacent to Building (within 10') |
| 3. Meter Loop | 6. Other | 3. Residential - Dense | 6. Rural - Class 3, 4 | 3. Away from Building (over 10') |

Magnitude of CGI Indication: **Grade of Nearest Building to Main:** _____

% Gas _____ % LEL _____ 1. Above 2. Level 3. Below

Third Party Damage / Billing Information:

 Third Party Name: _____
 Third Party Address: _____
 Contact Name: _____ Phone: _____

- Type of Work:** **Reason Damage Occurred:**
- | | | | |
|----------------|-------------------|-----------------------------|---------------------------|
| 1. Sewer | 7. Drainage | 1. No Notification | 5. Improper Job Location |
| 2. Water | 8. Landscaping | 2. Locate Issues | 6. Failure to Hand Expose |
| 3. Electric | 9. Irrigation | 3. Insufficient Locate Time | 7. Deliberate |
| 4. Telephone | 10. Fencing | 4. Third Party Carelessness | 8. _____ |
| 5. TV / Cable | 11. Poles / Signs | | |
| 6. Road Const. | 12. _____ | | |
- Damaging Equipment:** _____

Leak Re-Evaluation

Employee ID#	Date	Grade	%Gas	%LEL

Located By: _____ Employee / Contractor _____ Locate Ticket #: _____

Line Pressure: _____ (psig) Discharge Time: _____ (min) Injuries or Deaths: yes / no Damage to Property: yes / no

Leak Area: _____ in² Locate Markings Within State Law: yes / no *-attach a copy of the locate ticket for all third party damage incidents-*

Drawing for Posting to Maps:

North: +

Notes: See Attached Maps

Replace Regulator Station Peabody TBS by installing 4" steel To Station then 4" P.E. on Outlet Side

Leak Repaired:

Repaired By: _____

Employee ID# _____

Repair Date: ____/____/____

Welding By: Howard Hatfield

Employee ID# 10996

<input type="checkbox"/> Facility Involved:		<input type="checkbox"/> Origin of Leak:			<input type="checkbox"/> Initial Cause:	
1. Main	4. Yard Line	1. Pipe	5. Drip	9. Longitudinal Weld	1. Corrosion	4. Material Defect
2. Service	5. Riser	2. Valve	6. Regulator	10. Clamp	2. Outside Force	5. Other
3. Meter Loop	6. Other	3. Tap	7. Compressor		3. Construction Defect	6. Third Party
		4. Fitting	8. Girth Weld			
<input type="checkbox"/> Miscellaneous:		<input type="checkbox"/> Number of Leaks Repaired:			<input type="checkbox"/> Type of Pipe:	
1. Duplicate Order	4. Not Natural Gas	<input type="checkbox"/>	On Main		1. Coated Steel	4. PE
2. Customer's Line	5. No Leak Found	<input type="checkbox"/>	On Service		2. Bare Steel	5. PVC
3. Other Company					3. Cast Iron	6. Other: _____
<input type="checkbox"/> Type of Coating:		<input type="checkbox"/> Condition of Coating:			<input type="checkbox"/> Estimated Year of Installation:	
1. Bare	4. Mill Wrap	1. Excellent	3. Poor	1. Before 1930	4. 1970 - 1989	
2. Hot Coated	5. Other: _____	2. Fair	4. Disbonded	2. 1930 - 1949	5. 1990 - Present	
3. Thin Film (Epoxy)				3. 1950 - 1969	6. Unknown	

Cathodic Protection:

Visual Inspection: Yes / No

Atmospheric Corrosion: Yes No

<input checked="" type="checkbox"/> External Corrosion:		<input checked="" type="checkbox"/> Internal Corrosion:		Area: _____	Section: <u>R0025</u>
1. None	3. Severe	1. None	3. Severe	P/S Before: _____	P/S After: <u>-1.11</u> main / service
2. Slight	Pit Depth: _____ (if available)	2. Slight	Pit Depth: _____ (if available)	P/S Before: _____	P/S After: _____ main / service

Pressure Test:

Main: 106 psig Duration: 2 hrs / min Medium: gas / air / H₂O Soaped: yes / no MAOP: _____ psig

Service: _____ psig Duration: _____ hrs / min Medium: gas / air / H₂O Soaped: yes / no MAOP: _____ psig

Residual Gas: yes / no Comments: _____

Install	Remove	Materials	M/S
<u>260'</u>		<u>#16 Romex Wire</u>	<u>m</u>
<u>65'</u>		<u>4" 2406 ASTM A251.3</u>	<u>m</u>
<u>7</u>		<u>3" Weld Caps</u>	<u>07</u>
<u>7</u>		<u>4" Weld Caps</u>	
<u>43'</u>		<u>2" 2406 ASTM A251.3</u>	<u>m</u>
<u>55'</u>		<u>4" API 6L C.D.B. x 40 Pipe</u>	<u>m</u>
<u>4</u>		<u>6" from old kits</u>	<u>m</u>
<u>4</u>		<u>2" Short Single O Fittings</u>	<u>m</u>

Install	Remove	Materials	M/S

Functional / Task Number:	Main - 0 Service - #	Work Code	Size	Material	Wall Thickness	Length of Pipe
	<u>0</u>	<u>2</u>	<u>04</u>	<u>4</u>	<u>4.09</u>	<u>65'</u>
	<u>0</u>	<u>2</u>	<u>04</u>	<u>2</u>	<u>1.88</u>	<u>55'</u>
<u>01202</u>	<u>0</u>	<u>2</u>	<u>02</u>	<u>4</u>	<u>1.250</u>	<u>43'</u>

Gas Loss Calculation: _____ X _____ = _____
CCF Lost Unit Cost Cost of Gas Lost

Labor Hours	Hours
Emp ID:	
<u>10996</u>	<u>50</u>
<u>10823</u>	<u>48</u>
Contractor Labor:	
Total	

Equipment Used	Hours
Unit #:	
Total	

Office Use Only:	
Labor:	
Overtime:	
Clerical:	
Administrative:	
Material:	
Associated Cost:	
Equipment Cost:	
Contractor Cost:	
Gas Loss:	
Total	

Completed By: HL Date: _____ Entered By: _____ Date: _____
 Reviewed By: HL Date: _____ Tech Services: _____ Date: _____
 Approved By: Howard Hatfield Date: _____ Maps Updated: _____ Date: _____

Dr. Wood 6-14-07

Atmos Energy - Construction Survey

FWO ALMS

SSD No:

~~252351~~
252352

Address / Location: Ninth + Line Street Peabody

Service Performed: Replace + Repair Regulator Station

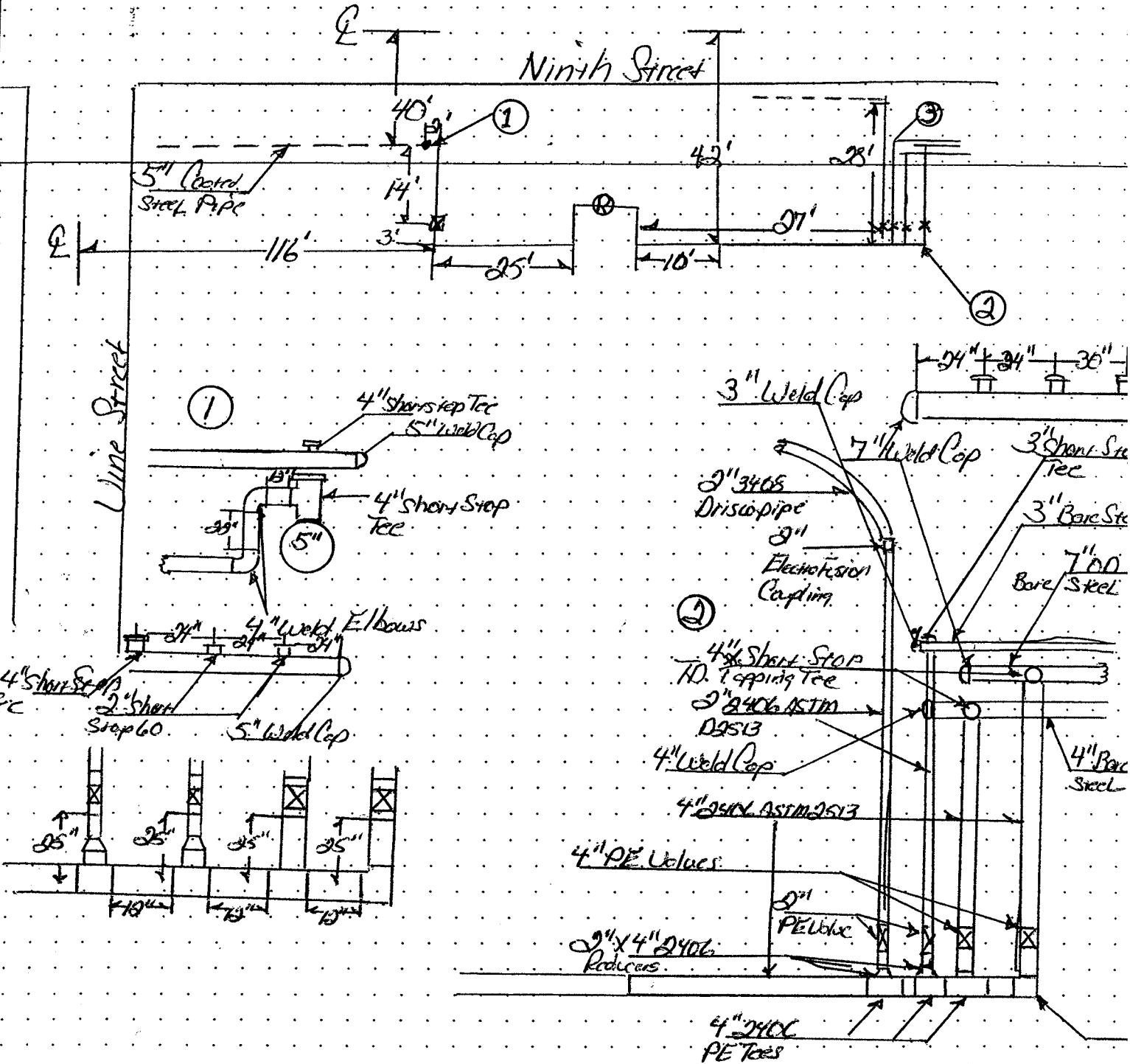
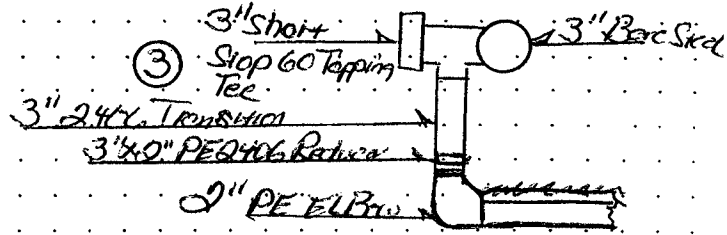
Zip:

State:

KS

Drawing for Posting to Maps:

North:



PURPOSE AND NECESSITY

Name of Project : LaFountaine Main Line Replacement Date: 4/20/2007
Town: Yates Center Region: South Kansas Location: CC3146

PROJECT DESCRIPTION:
This project would consist of replacing approx. 850' of isolated B/S main due to 5 collar leaks

Footage 850 Size 2 Type pe Del.Press. R-O-W Public Private
Projected Load: Annual MCF Hourly MCF MAOP:
Normal Operating Pressure: Estimated Project Cost: \$ 3,969.92
APM/
ROE: % Project Life : YRS. NPV IRR % Crew Company or Contract comp
Aid in Construction: Non-Refundable Contributions
Contract Type: Contract Amount: Contract Date:
Contract signed by: Date Work is Requested: Other Project (s) Related to this P&N:
Request/Task No.: 060.15297 PROJECT MANAGER: Bruce Knight

APPROVALS:
Initiator: Ron Hoag Date: 4/20/2007
Comments Please review and approve
Recommend Approval: Allen Spaur Date: 4/20/2007
Comments Technical review completed.
Recommend Approval: Date:
Comments
Recommend Approval: Date:
Comments
Recommend Approval: Date:
Comments
Recommend Approval: Date:
Comments
Recommend Approval: Date:
Comments
Recommend Approval: Date:
Comments

FINAL APPROVAL BRUCE KNIGHT Date: 4/20/2007
Comments

Atmos Energy - Construction Survey

FWO ALMS

SSD No: 250165

General Date: 7/19/2007 By: J Baker Emp ID #: 10911
 Property Tax Code: 82719 Tax Unit: 078 Map #: _____
 Town Name: Labontaine Town Number: 654 Division: 81
 Address / Location: Harper Rd # 300
 Service Performed: Replace 2" Main Zip: _____ State: KS
 County/Parish: _____ School District: _____ Cross Ref #: _____
 Area: ICL / OCL Pipeline #: 3760 - 654 Oracle Project #: 060-#73515297

For Irrigation Or Rural Irrigation Only:

Line Name: _____ Section: _____ Block: _____ Survey: _____
 System Type: 1 Cover: 1
 1. Distribution 3. Irrigation 5. Gathering 1. Dirt 3. Asphalt 5. Rock 7. Other
 2. Rural Distribution 4. Transmission 6. Storage 2. Brick 4. Concrete 6. Liquid
 System MAOP (psig) 30" Approximate Pipe Depth (inches)

Leak Found: Date Found: ____/____/____
 Leak Survey No: _____ Leak Order No: _____
 Time Found: _____ am / pm Time Classified: _____ am / pm Leak Grade: 1 2 3 4
 Apparent Location: Approx Distance to Nearest Bldg (ft): Population Density: Service Risers:
 1. Main 4. Riser 1. Commercial - Dense 4. Residential - Light 1. Without Outside Riser (Vault)
 2. Service 5. Yard Line 2. Commercial - Light 5. Rural - Class 1, 2 2. Adjacent to Building (within 10')
 3. Meter Loop 6. Other 3. Residential - Dense 6. Rural - Class 3, 4 3. Away from Building (over 10')
Magnitude of CGI Indication: Grade of Nearest Building to Main: _____ Comments: _____
 % Gas _____ %LEL _____ 1. Above 2. Level 3. Below

Third Party Damage / Billing Information:

Third Party Name: _____
 Third Party Address: _____
 Contact Name: _____ Phone: _____


Type of Work: Reason Damage Occurred:
 1. Sewer 7. Drainage 1. No Notification 5. Improper Job Location
 2. Water 8. Landscaping 2. Locate Issues 6. Failure to Hand Expose
 3. Electric 9. Irrigation 3. Insufficient Locate Time 7. Deliberate
 4. Telephone 10. Fencing 4. Third Party Carelessness 8. _____
 5. TV / Cable 11. Poles / Signs
 6. Road Const. 12. _____ Damaging Equipment: _____

Leak Re-Evaluation

Employee ID#	Date	Grade	%Gas	%LEL

Located By: _____ Employee / Contractor _____ Locate Ticket #: _____
 Line Pressure: _____ (psig) Discharge Time: _____ (min) Injuries or Deaths: yes / no Damage to Property: yes / no
 Leak Area: _____ in² Locate Markings Within State Law: yes / no -attach a copy of the locate ticket for all third party damage incidents-

Drawing for Posting to Maps:

North:  See att.

EGTW / JAY / KON / ALLEN

Leak Repaired:

Repaired By: _____ Employee ID# _____

Repair Date: ____/____/____

Welding By: _____ Employee ID# _____

<input type="checkbox"/> Facility Involved:	<input type="checkbox"/> Origin of Leak:	<input type="checkbox"/> Initial Cause:
1. Main 2. Service 3. Meter Loop	4. Yard Line 5. Riser 6. Other	1. Pipe 2. Valve 3. Tap 4. Fitting
	5. Drip 6. Regulator 7. Compressor 8. Girth Weld	9. Longitudinal Weld 10. Clamp
		1. Corrosion 2. Outside Force 3. Construction Defect
		4. Material Defect 5. Other 6. Third Party

<input type="checkbox"/> Miscellaneous:	<input type="checkbox"/> Number of Leaks Repaired:	<input type="checkbox"/> Type of Pipe:
1. Duplicate Order 2. Customer's Line 3. Other Company	4. Not Natural Gas 5. No Leak Found	1. Coated Steel 2. Bare Steel 3. Cast Iron
	4. On Main 5. On Service	4. PE 5. PVC 6. Other: _____
<input type="checkbox"/> Type of Coating:	<input type="checkbox"/> Condition of Coating:	<input type="checkbox"/> Estimated Year of Installation:
1. Bare 2. Hot Coated 3. Thin Film (Epoxy)	4. Mill Wrap 5. Other: _____	1. Excellent 2. Fair
	3. Poor 4. Disbonded	1. Before 1930 2. 1930 - 1949 3. 1950 - 1969
		4. 1970 - 1989 5. 1990 - Present 6. Unknown

Cathodic Protection:

Visual Inspection: Yes / No Atmospheric Corrosion: Yes / No

<input checked="" type="checkbox"/> External Corrosion:	<input checked="" type="checkbox"/> Internal Corrosion:	Area: _____	Section: _____
1. None 2. Slight Pit Depth: _____ <small>(if available)</small>	3. Severe 2. Slight Pit Depth: _____ <small>(if available)</small>	P/S Before: <u>PE</u>	P/S After: _____
		P/S Before: _____	P/S After: _____
			main / service

Pressure Test:

Main: 115 psig Duration: 1 hrs / min Medium: gas / air / H₂O Soaped: yes / no MAOP: _____ psig

Service: _____ psig Duration: _____ hrs / min Medium: gas / air / H₂O Soaped: yes / no MAOP: _____ psig

Residual Gas: yes no Comments: Replaced 2" main

Install	Remove	Materials	M/S
704'		2" PE PIPE	M
714'		T. wire	
1		2"x2" Hi-Volume Tap Tee	}
2		2" con stab Couplings	
1		2"x1" Tap Tee (Bypass)	
1		2"x1 1/4" Tap tee (Bypass)	
2		1" con stab caps	
1		2" con stab caps	

Install	Remove	Materials	M/S

Functional / Task Number:	Main - 0 Service - #	Work Code	Size	Material	Wall Thickness	Length of Pipe
<u>733</u>	<u>1</u>	<u>2</u>	Out - 1 <u>02</u>	<u>4</u>	<u>.216</u>	<u>704'</u>
<u>532</u>	<u>1</u>	<u>1</u>	In - 2 _____	<u>9</u>	<u>.154</u>	<u>704'</u>
_____	_____	_____	New - 3 _____	_____	_____	_____
_____	_____	_____	Rem - 4 _____	_____	_____	_____

Gas Loss Calculation: _____ X _____ = _____
CCF Lost Unit Cost Cost of Gas Lost

Labor Hours	Hours
Emp ID:	
<u>10911</u>	<u>19 h</u>
<u>14241</u>	<u>19 h</u>
<u>10983</u>	<u>12 h</u>
<u>12315</u>	<u>8 h</u>
Contractor Labor:	
Total	

Equipment Used	Hours
Unit #:	
Total	

Office Use Only:	
Labor:	
Overtime:	
Clerical:	
Administrative:	
Material:	
Associated Cost:	
Equipment Cost:	
Contractor Cost:	
Gas Loss:	
Total	

Completed By: J. Baker Date: 7-19-07 Entered By: _____ Date: _____

Reviewed By: _____ Date: _____ Tech Services: _____ Date: _____

Approved By: BD Date: 7/27/02 Maps Updated: _____ Date: _____

Atmos Energy - Construction Survey

FWO

ALMS

SSD No: 250165

Address / Location: Harper RD + 300th RD.

LaFontaine

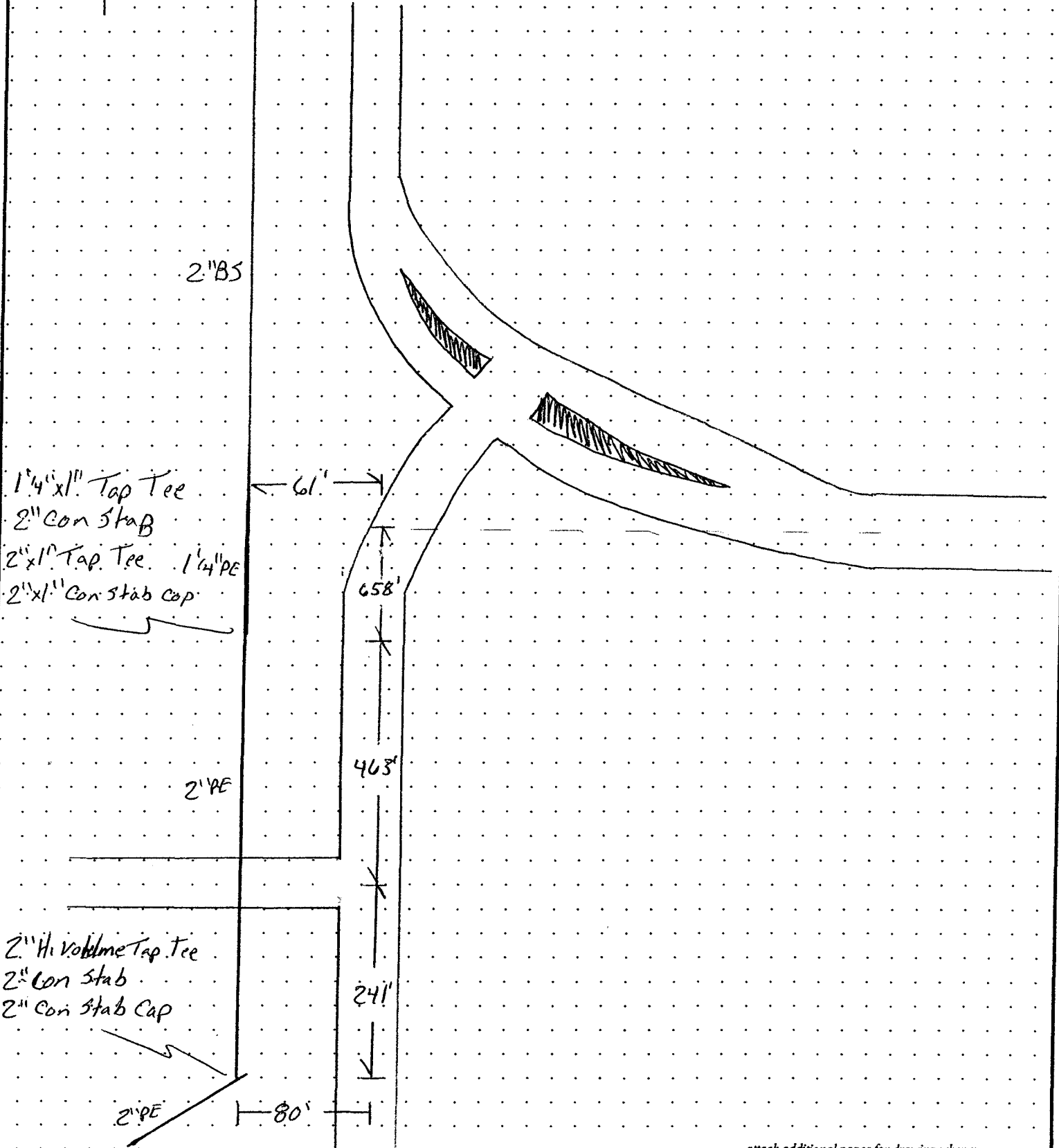
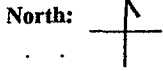
Service Performed: Replaced 2" main

Zip: _____

State: K3

Drawing for Posting to Maps:

7-19-2007



PURPOSE AND NECESSITY

Name of Project : 119th. Street Widening (U.S. 69 Hwy. to Riley) Date: 5/29/2007

Town: Overland Park Region: KANSAS Location: Same

PROJECT DESCRIPTION: Replace approximately 100' of 4" p.e. and valve and 25' of 2" p.e. to clear edge drain for road improvements.

Footage 125' Size 4' & 2" Type p.e. Del.Press. x R-O-W Public Private
Projected Load: Annual MCF Hourly MCF MAOP: 60
Normal Operating Pressure: 55 Estimated Project Cost: \$ 28,525.20

APM/ ROE: % Project Life : YRS. NPV IRR % Crew Company or Contract company

Aid in Construction Non-Refundable Contributions

Table with columns: Drive, Folder, File Name. Header: Additional information, (flow studies, Design, apm etc.)

Contract Type:
Contract Amount:
Contract Date:

Contract signed by: Date Work Other Project (s) Related to this P&N:
Request/Task No.: is Requested: End of June 060.15369
PROJECT MANAGER: Mike DeArmond

APPROVALS:

Initiator: YUNGHANS Date: 5/29/2007

Comments PLEASE REVIEW

Recommend Approval: Allen Spaur Date: 5/30/2007

Comments Technical review completed.

Recommend Approval: Michael Talkington Date: 5/30/2007

Comments

Recommend Approval: J Barrios Date: 5/30/2007

Comments

Recommend Approval: Date:

Comments

Recommend Approval : Date:

Comments

Recommend Approval : Date:

Comments

Recommend Approval : Date:

Comments

Recommend Approval : Date:

Comments

FINAL APPROVAL Mike DeArmond Date: 5/30/2007

Comments

Atmos Energy - Construction Survey

FWO ALMS

SSD No: 251556

General Date: 08/06/2007 By: D Smethers Emp ID #: 10955

Property Tax Code: 80327 Tax Unit: 0298 Map #: 13-13-24

Town Name: Overland Park Town Number: 489 Division: 81

Address / Location: 119th & Farley

Service Performed: Lower main move VALVE Zip: State: KS

County/Parish: Johnson School District: Cross Ref #:

Area: ICL / OCL Pipeline #: 3760 - 489 Oracle Project #:

For Irrigation Or Rural Irrigation Only:

Line Name: Section: Block: Survey:

System Type: Cover:

1. Distribution	3. Irrigation	5. Gathering	1. Dirt	3. Asphalt	5. Rock	7. Other
2. Rural Distribution	4. Transmission	6. Storage	2. Brick	4. Concrete	6. Liquid	

System MAOP (psig): 80 Approximate Pipe Depth (inches): 60

Leak Found: Date Found: / /

Leak Survey No: Leak Order No:

Time Found: am / pm Time Classified: am / pm Leak Grade: 1 2 3 4

Apparent Location: Approx Distance to Nearest Bldg (ft): Population Density: Service Risers:

1. Main	4. Riser	1. Commercial - Dense	4. Residential - Light	1. Without Outside Riser (Vault)
2. Service	5. Yard Line	2. Commercial - Light	5. Rural - Class 1, 2	2. Adjacent to Building (within 10')
3. Meter Loop	6. Other	3. Residential - Dense	6. Rural - Class 3, 4	3. Away from Building (over 10')

Magnitude of CGI Indication: Grade of Nearest Building to Main: Comments:

% Gas %LEL 1. Above 2. Level 3. Below

Third Party Damage / Billing Information:

Third Party Name: Third Party Address: Contact Name: Phone:

Type of Work: Reason Damage Occurred:

1. Sewer	7. Drainage	1. No Notification	5. Improper Job Location
2. Water	8. Landscaping	2. Locate Issues	6. Failure to Hand Expose
3. Electric	9. Irrigation	3. Insufficient Locate Time	7. Deliberate
4. Telephone	10. Fencing	4. Third Party Carelessness	8.
5. TV / Cable	11. Poles / Signs		
6. Road Const.	12.		

Located By: Employee / Contractor Locate Ticket #:

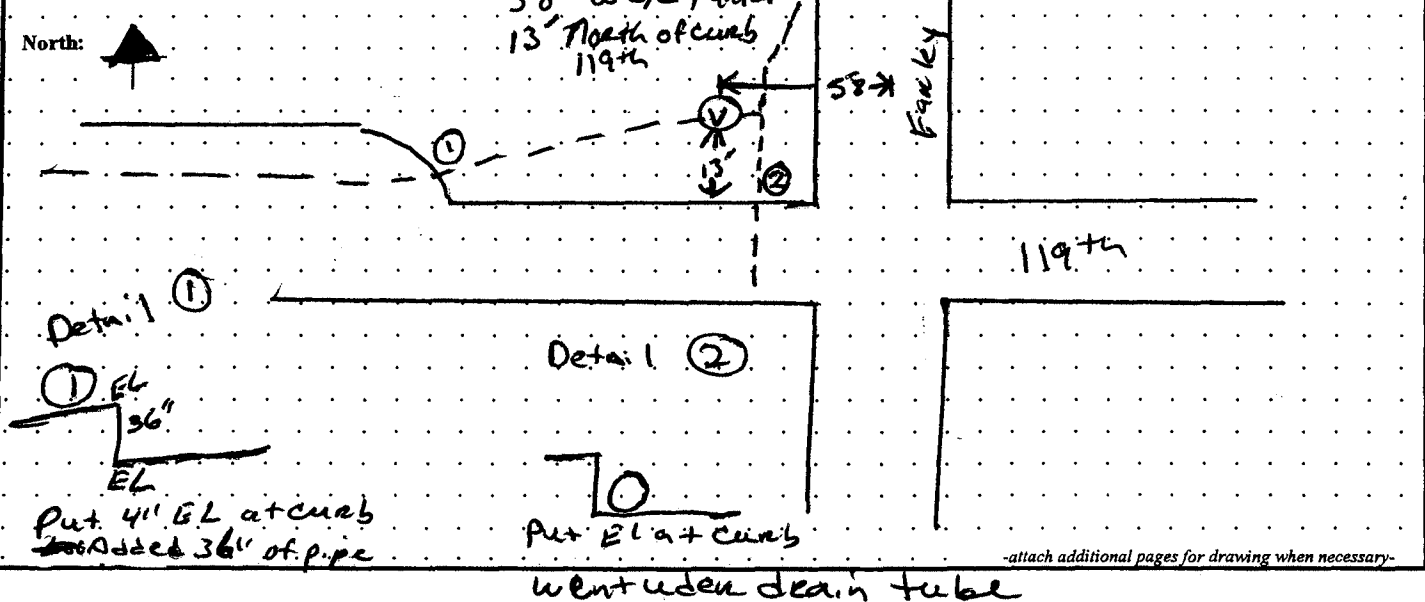
Line Pressure: (psig) Discharge Time: (min) Injuries or Deaths: yes / no Damage to Property: yes / no

Leak Area: in² Locate Markings Within State Law: yes / no -attach a copy of the locate ticket for all third party damage incidents-

Leak Re-Evaluation

Employee ID#	Date	Grade	%Gas	%LEL

Drawing for Posting to Maps:



Leak Repaired:

Repaired By: _____ Employee ID# _____

Repair Date: ____ / ____ / ____

Welding By: _____ Employee ID# _____

Facility Involved:

- 1. Main
- 2. Service
- 3. Meter Loop
- 4. Yard Line
- 5. Riser
- 6. Other

Origin of Leak:

- 1. Pipe
- 2. Valve
- 3. Tap
- 4. Fitting
- 5. Drip
- 6. Regulator
- 7. Compressor
- 8. Girth Weld
- 9. Longitudinal Weld
- 10. Clamp

Initial Cause:

- 1. Corrosion
- 2. Outside Force
- 3. Construction Defect
- 4. Material Defect
- 5. Other
- 6. Third Party

Miscellaneous:

- 1. Duplicate Order
- 2. Customer's Line
- 3. Other Company
- 4. Not Natural Gas
- 5. No Leak Found

Number of Leaks Repaired:

- On Main
- On Service

Type of Pipe:

- 1. Coated Steel
- 2. Bare Steel
- 3. Cast Iron
- 4. PE
- 5. PVC
- 6. Other: _____

Type of Coating:

- 1. Bare
- 2. Hot Coated
- 3. Thin Film (Epoxy)
- 4. Mill Wrap
- 5. Other: _____

Condition of Coating:

- 1. Excellent ~
- 2. Fair
- 3. Poor
- 4. Disbonded

Estimated Year of Installation:

- 1. Before 1930
- 2. 1930 - 1949
- 3. 1950 - 1969
- 4. 1970 - 1989
- 5. 1990 - Present
- 6. Unknown

Cathodic Protection:

Visual Inspection: Yes / No

Atmospheric Corrosion: Yes / No

External Corrosion:

- 1. None
- 2. Slight
- 3. Severe
- Pit Depth: _____
(if available)

Internal Corrosion:

- 1. None
- 2. Slight
- 3. Severe
- Pit Depth: _____
(if available)

Area: _____

Section: _____

P/S Before: _____

P/S After: _____ main / service

P/S Before: _____

P/S After: _____ main / service

Pressure Test:

Main: 120 psig Duration: 1 hrs / min Medium: air / H₂O Soaped: yes / no MAOP: 80 psig
 Service: _____ psig Duration: _____ hrs / min Medium: gas / air / H₂O Soaped: yes / no MAOP: _____ psig

Residual Gas: yes / no Comments: Lowered 80' 4" PE main

Install	Remove	Materials	M/S
15		4" PE	

Install	Remove	Materials	M/S

Functional / Task Number:	Main - 0 Service - #	Work Code	Size	Material	Wall Thickness	Length of Pipe
_____	_____	_____	Out - 1	Copper - 1	_____	_____
_____	_____	_____	In - 2	Steel - 2	_____	_____
_____	_____	_____	New - 3	PVC - 3	_____	_____
_____	_____	_____	Rem - 4	PE - 4	_____	_____
_____	_____	_____	_____	ABS - 5	_____	_____
_____	_____	_____	_____	Other - 6	_____	_____
_____	_____	_____	_____	Cast Iron - 7	_____	_____
_____	_____	_____	_____	Bare Unpr - 8	_____	_____
_____	_____	_____	_____	Bare Prot - 9	_____	_____

Gas Loss Calculation: _____ X _____ = _____
CCF Lost Unit Cost Cost of Gas Lost

Office Use Only:

Labor Hours	Hours
Emp ID:	
Contractor Labor:	
Total	

Equipment Used	Hours
Unit #:	
Total	

Labor:	
Overtime:	
Clerical:	
Administrative:	
Material:	
Associated Cost:	
Equipment Cost:	
Contractor Cost:	
Gas Loss:	
Total	

Completed By: _____ Date: _____ Entered By: _____ Date: _____
 Reviewed By: _____ Date: _____ Tech Services: _____ Date: _____
 Approved By: _____ Date: _____ Maps Updated: _____ Date: _____

Atmos Energy - Construction Survey

FWO ALMS

SSD No: 251557

General Date: 08/06/2007 By: D. Smethers Emp ID #: 10955

Property Tax Code: 80327 Tax Unit: 0299 Map #: 13-13-24

Town Name: Oakland Park Town Number: 489 Division: 81

Address / Location: 119th & Grant

Service Performed: Lowered 2" main added 2" Valve Zip: State: KS

County/Parish: Johnson School District: Cross Ref #:

Area: ICL / OCL Pipeline #: 3760 - 489 Oracle Project #:

For Irrigation Or Rural Irrigation Only:

Line Name: Section: Block: Survey:

System Type: 1. Distribution 2. Rural Distribution 3. Irrigation 4. Transmission 5. Gathering 6. Storage 7. Other

System MAOP (psig): 30 Approximate Pipe Depth (inches): 60

Cover: 1. Dirt 2. Brick 3. Asphalt 4. Concrete 5. Rock 6. Liquid 7. Other

Leak Found:

Date Found: / /

Leak Survey No: _____

Leak Order No: _____

Time Found: _____ am / pm Time Classified: _____ am / pm Leak Grade: 1 2 3 4

Apparent Location: 1. Main 2. Service 3. Meter Loop 4. Riser 5. Yard Line 6. Other

Approx Distance to Nearest Bldg (ft): Grade of Nearest Building to Main: 1. Above 2. Level 3. Below

Population Density: 1. Commercial - Dense 2. Commercial - Light 3. Residential - Dense 4. Residential - Light 5. Rural - Class 1, 2 6. Rural - Class 3, 4

Service Risers: 1. Without Outside Riser (Vault) 2. Adjacent to Building (within 10') 3. Away from Building (over 10')

Magnitude of CGI Indication: % Gas _____ % LEL _____

Comments: _____

Third Party Damage / Billing Information:

Third Party Name: _____
 Third Party Address: _____
 Contact Name: _____ Phone: _____

Type of Work: 1. Sewer 2. Water 3. Electric 4. Telephone 5. TV / Cable 6. Road Const. 7. Drainage 8. Landscaping 9. Irrigation 10. Fencing 11. Poles / Signs 12. _____

Reason Damage Occurred: 1. No Notification 2. Locate Issues 3. Insufficient Locate Time 4. Third Party Carelessness 5. Improper Job Location 6. Failure to Hand Expose 7. Deliberate 8. _____

Damaging Equipment: _____

Located By: _____ Employee / Contractor _____ Locate Ticket #: _____

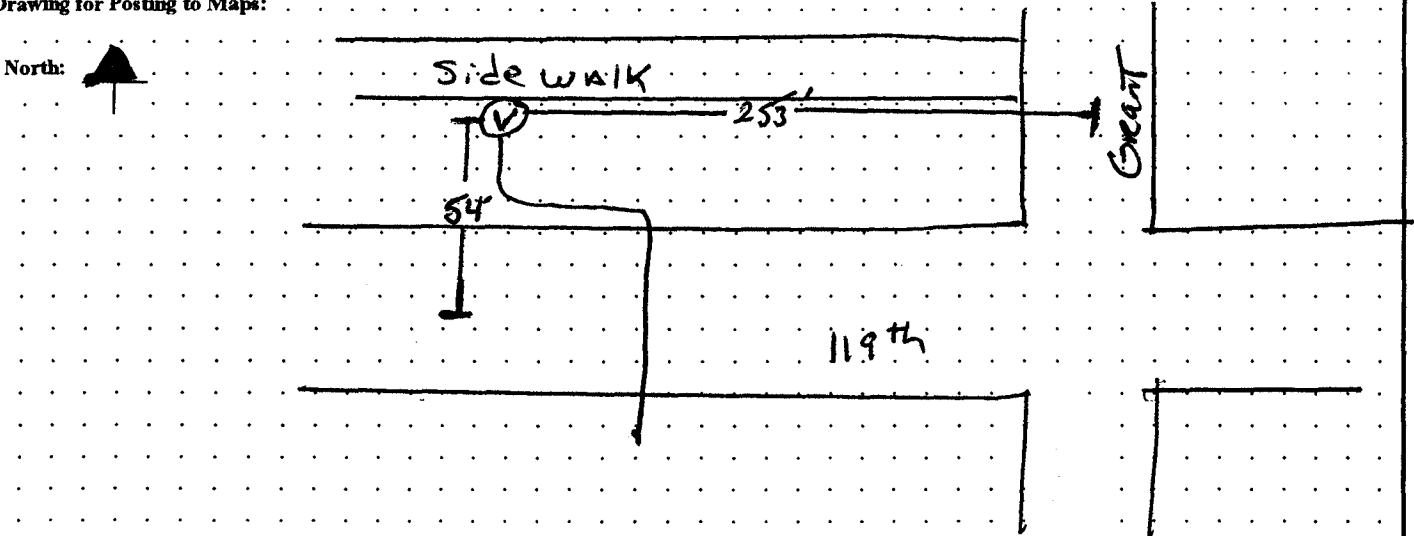
Line Pressure: _____ (psig) Discharge Time: _____ (min) Injuries or Deaths: yes / no Damage to Property: yes / no

Leak Area: _____ in² Locate Markings Within State Law: yes / no -attach a copy of the locate ticket for all third party damage incidents-

Leak Re-Evaluation

Employee ID#	Date	Grade	%Gas	%LEL

Drawing for Posting to Maps:



Leak Repaired:

Repaired By: _____

Employee ID# _____

Repair Date: ____/____/____

Welding By: _____

Employee ID# _____

Facility Involved:

1. Main
-
2. Service
-
3. Meter Loop
-
4. Yard Line
-
5. Riser
-
6. Other

Origin of Leak:

1. Pipe
-
2. Valve
-
3. Tap
-
4. Fitting
-
5. Drip
-
6. Regulator
-
7. Compressor
-
8. Girth Weld
-
9. Longitudinal Weld
-
10. Clamp

Initial Cause:

1. Corrosion
-
2. Outside Force
-
3. Construction Defect
-
4. Material Defect
-
5. Other
-
6. Third Party

Miscellaneous:

1. Duplicate Order
-
2. Customer's Line
-
3. Other Company
-
4. Not Natural Gas
-
5. No Leak Found

Number of Leaks Repaired:

-
- On Main
-
-
- On Service

Type of Pipe:

1. Coated Steel
-
2. Bare Steel
-
3. Cast Iron
-
4. PE
-
5. PVC
-
6. Other: _____

Type of Coating:

1. Bare
-
2. Hot Coated
-
3. Thin Film (Epoxy)
-
4. Mill Wrap
-
5. Other: _____

Condition of Coating:

1. Excellent
-
2. Fair
-
3. Poor
-
4. Disbonded

Estimated Year of Installation:

1. Before 1930
-
2. 1930 - 1949
-
3. 1950 - 1969
-
4. 1970 - 1989
-
5. 1990 - Present
-
6. Unknown

Cathodic Protection:

Visual Inspection: Yes / No

Atmospheric Corrosion: Yes / No

External Corrosion:

1. None
-
2. Slight
-
3. Severe
-
- Pit Depth: _____
-
- (if available)

Internal Corrosion:

1. None
-
2. Slight
-
3. Severe
-
- Pit Depth: _____
-
- (if available)

Area: _____

Section: _____

P/S Before: _____

P/S After: _____ main / service

P/S Before: _____

P/S After: _____ main / service

Pressure Test:

 Main: 120 psig

 Duration: 1 hrs / min

 Medium: gas air / H₂O

 Soaped: yes / no

 MAOP: 80 psig

Service: _____ psig

Duration: _____ hrs / min

 Medium: _____ gas / air / H₂O

Soaped: _____ yes / no

MAOP: _____ psig

Residual Gas: yes / no

Comments:

Lowered 25' 2" PE main & Added 2" Poly Valve

Install	Remove	Materials	M/S
<u>4"</u>		<u>2" PE</u>	

Install	Remove	Materials	M/S

Functional / Task Number:	Main - 0 Service - #	Work Code	Size	Material	Copper - 1		Wall Thickness	Length of Pipe
					Steel - 2	PVC - 3		

Out - 1
 In - 2
 New - 3
 Rem - 4
 Other - 6
 Cast Iron - 7
 Bare Unpr - 8
 Bare Prot - 9

Gas Loss Calculation: _____ X _____ = _____
CCF Lost Unit Cost Cost of Gas Lost

Office Use Only:

Labor Hours	Hours
Emp ID: _____	
Contractor Labor:	
Total	

Equipment Used	Hours
Unit #: _____	
Total	

Labor: _____	
Overtime: _____	
Clerical: _____	
Administrative: _____	
Material: _____	
Associated Cost: _____	
Equipment Cost: _____	
Contractor Cost: _____	
Gas Loss: _____	
Total	

Completed By: _____ Date: _____ Entered By: _____ Date: _____
 Reviewed By: _____ Date: _____ Tech Services: _____ Date: _____
 Approved By: _____ Date: _____ Maps Updated: _____ Date: _____

PURPOSE AND NECESSITY

Name of Project : 82nd @ State main Replacement Date: 3/16/2007
Town: Kansas City Region: Kansas Location: 82nd St & State Ave.

PROJECT DESCRIPTION: System Integ.
Replace 500' of Steel main with 500' of pe main (leakage)

450' of 4" pe main
50' of 2" pe main

Tax # 80106 Wyandotte County STR 8-11-24 Town # 625 Pressure

Footage 500' Size 4.2 Type pe Del.Press. x R-O-W x Public Private
Projected Load: Annual MCF Hourly MCF MAOP:
Normal Operating Pressure: Estimated Project Cost: \$ 15,738.97

APM/
ROE: % Project Life : YRS. NPV IRR % Crew Company or Contract

Aid in Construction:
Non-Refundable Contributions

Additional information, (flow studies, Design, apm etc.)		
Drive	Folder	File Name
Any additional comments place in Drive, Folder, & File listed above		

Contract Type:
Contract Amount:
Contract Date:

Contract signed by: Date Work is Requested: 3/16/2007 Other Project (s) Related to this P&N:

Request/Task No.: PROJECT MANAGER: Jerry Barrios

APPROVALS:

Initiator: David M. Huggins Date: 3/16/2007
Comments PLEASE REVIEW FOR APPROVAL

Recommend Approval: Allen Spaur Date: 3/16/2007
Comments Technical review completed.

Recommend Approval: Michael Talkington Date: 3/16/2007
Comments

Recommend Approval: Date:
Comments

Recommend Approval: Date:
Comments

Recommend Approval : Date:
Comments

Recommend Approval : Date:
Comments

Recommend Approval : Date:
Comments

Recommend Approval : Date:
Comments

FINAL APPROVAL J Barrios Date: 3/20/2007
Comments

Atmos Energy - Construction Survey

FWO ALMS

SSD No: 255851

General Date: 04/10/2007 By: MYDLS Emp ID #: 10972

Property Tax Code: 80106 Tax Unit: 010 Map #: 8-11-24

Town Name: KANSAS CITY Town Number: 625 Division: 81

Address / Location: 82ND FROM STATE TO MINNESOTA

Service Performed: REPLACE 4" MAIN Zip: State: KS

County/Parish: WYANDOTTE School District: Cross Ref #:

Area: OCL Pipeline #: 3760 - 625 Oracle Project #:

For Irrigation Or Rural Irrigation Only:

Line Name: Section: Block: Survey:

<input type="checkbox"/> 1	System Type:	<input type="checkbox"/> 1	Cover:
1. Distribution	3. Irrigation	5. Gathering	1. Dirt
2. Rural Distribution	4. Transmission	6. Storage	3. Asphalt
			5. Rock
			7. Other
			2. Brick
			4. Concrete
			6. Liquid
<input type="checkbox"/> 80	System MAOP (psig):	<input type="checkbox"/> 36	Approximate Pipe Depth (inches)

Leak Found: Date Found: / /

Leak Survey No: Leak Order No:

Time Found: am / pm Time Classified: am / pm Leak Grade: 1 2 3 4

<input type="checkbox"/> Apparent Location:	<input type="checkbox"/> Approx Distance to Nearest Bldg (ft):	<input type="checkbox"/> Population Density:	<input type="checkbox"/> Service Risers:
1. Main	4. Riser	1. Commercial - Dense	1. Without Outside Riser (Vault)
2. Service	5. Yard Line	2. Commercial - Light	2. Adjacent to Building (within 10')
3. Meter Loop	6. Other	3. Residential - Dense	3. Away from Building (over 10')
6. Other		6. Rural - Class 3, 4	
<input type="checkbox"/> Magnitude of CGI Indication:	<input type="checkbox"/> Grade of Nearest Building to Main:	Comments:	
% Gas	% LEL	1. Above 2. Level 3. Below	

Third Party Damage / Billing Information:

Third Party Name: Third Party Address: Contact Name: Phone:

<input type="checkbox"/> Type of Work:	<input type="checkbox"/> Reason Damage Occurred:
1. Sewer	1. No Notification
2. Water	2. Locate Issues
3. Electric	3. Insufficient Locate Time
4. Telephone	4. Third Party Carelessness
5. TV / Cable	5. Improper Job Location
6. Road Const.	6. Failure to Hand Expose
7. Drainage	7. Deliberate
8. Landscaping	8. _____
9. Irrigation	
10. Fencing	
11. Poles / Signs	
12. _____	

Damaging Equipment:

Located By: Employee / Contractor Locate Ticket #:

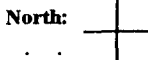
Line Pressure: (psig) Discharge Time: (min) Injuries or Deaths: yes / no Damage to Property: yes / no

Leak Area: in² Locate Markings Within State Law: yes / no -attach a copy of the locate ticket for all third party damage incidents-

Leak Re-Evaluation

Employee ID#	Date	Grade	%Gas	%LEL

Drawing for Posting to Maps:



Atmos Energy - Construction Survey

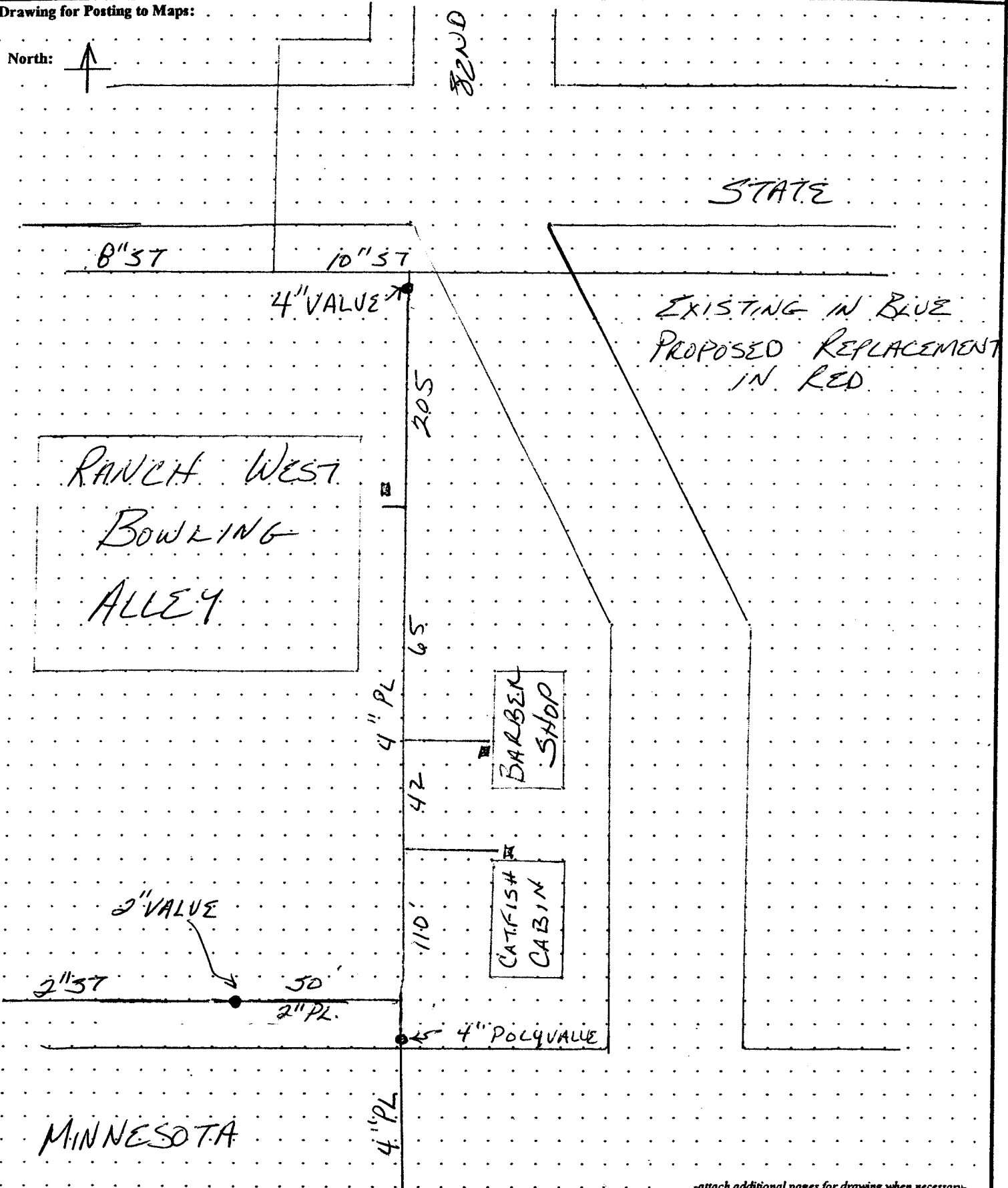
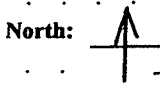
FWO ALMS

SSD No: _____

Address / Location: 82ND & STATE AVE

Service Performed: _____ Zip: _____ State: _____

Drawing for Posting to Maps:



PURPOSE AND NECESSITY

Name of Project : 146th and LOCUST REPLACEMENT Date: 5/30/2007

Town: OLATHE Region: KS Location: SAME

PROJECT DESCRIPTION: CONSTRUCTION NECESSARY TO AVOID CONFLICT WITH SEWER REPLACEMENT
THIS WILL BE BE DONE WITH COMPANY CREWS. NEEDS TO BE DONE BY MIDDLE TO LAST OF JUNE 2007

Footage	800	Size		Type		Del.Press.		R-O-W		Public		Private	
Projected Load:	Annual			MCF		Hourly		MCF		MAOP:		60	
Normal Operating Pressure:		55				Estimated Project Cost:		\$				9,093.00	
APM/													
ROE:	%	Project Life :		YRS.		NPV		IRR		%		Crew Company or Contract	
Aid in Construction:				Additional information, (flow studies, Design, apm etc.)									
Non-Refundable Contributions				Drive	Folder	File Name							
Contract Type:													
Contract Amount:													
Contract Date:													
Contract signed by:				Date Work	Other Project (s) Related to this P&N:								
Request/Task No.:				is Requested: 5/30/2007	060,15380								
PROJECT MANAGER:				MIKE TALKINGTON									

APPROVALS:

Initiator: TOM PETERSON Date: 5/30/2007

Comments

Recommend Approval: Allen Spaur Date: 5/31/2007

Comments Technical review completed.

Recommend Approval: _____ Date: _____

Comments

Recommend Approval: _____ Date: _____

Comments

Recommend Approval: _____ Date: _____

Comments

Recommend Approval: _____ Date: _____

Comments

Recommend Approval: _____ Date: _____

Comments

Recommend Approval: _____ Date: _____

Comments

Recommend Approval: _____ Date: _____

Comments

FINAL APPROVAL Michael Talkington Date: 5/31/2007

Comments

Atmos Energy - Construction Survey

FWO ALMS

SSD No: 255561

General Date: 08/16/2007 By: _____

Emp ID #: _____

Property Tax Code: _____

Tax Unit: _____

Map #: _____

Town Name: OLATHE

Town Number: 369

Division: 81

Address / Location: 147th TERR + Saddle Tree Ln.

Service Performed: Replaced 2" pe main

Zip: 66061

State: KS

County/Parish: Johnson

School District: _____

Cross Ref #: _____

Area: ICL / OCL

Pipeline #: _____

Oracle Project #: _____

For Irrigation Or Rural Irrigation Only:

Line Name: _____ Section: _____ Block: _____ Survey: _____

System Type:

Cover:

- 1. Distribution
- 2. Rural Distribution
- 3. Irrigation
- 4. Transmission
- 5. Gathering
- 6. Storage

- 1. Dirt
- 2. Brick
- 3. Asphalt
- 4. Concrete
- 5. Rock
- 6. Liquid
- 7. Other

System MAOP (psig)

32" Approximate Pipe Depth (inches)

Leak Found: _____ Date Found: ____/____/____

Leak Survey No: _____

Leak Order No: _____

Time Found: _____ am / pm Time Classified: _____ am / pm Leak Grade: 1 2 3 4

Apparent Location:

Approx Distance to Nearest Bldg (ft):

Population Density:

Service Risers:

- 1. Main
- 2. Service
- 3. Meter Loop
- 4. Riser
- 5. Yard Line
- 6. Other

Grade of Nearest Building to Main:

- 1. Commercial - Dense
- 2. Commercial - Light
- 3. Residential - Dense
- 4. Residential - Light
- 5. Rural - Class 1, 2
- 6. Rural - Class 3, 4

- 1. Without Outside Riser (Vault)
- 2. Adjacent to Building (within 10')
- 3. Away from Building (over 10')

Magnitude of CGI Indication:

Comments: _____

% Gas _____ %LEL _____ 1. Above 2. Level 3. Below

Third Party Damage / Billing Information:

Third Party Name: _____

Third Party Address: _____

Contact Name: _____ Phone: _____

Type of Work:

Reason Damage Occurred:

- 1. Sewer
- 2. Water
- 3. Electric
- 4. Telephone
- 5. TV / Cable
- 6. Road Const.
- 7. Drainage
- 8. Landscaping
- 9. Irrigation
- 10. Fencing
- 11. Poles / Signs
- 12. _____

- 1. No Notification
- 2. Locate Issues
- 3. Insufficient Locate Time
- 4. Third Party Carelessness
- 5. Improper Job Location
- 6. Failure to Hand Expose
- 7. Deliberate
- 8. _____

Damaging Equipment: _____

Located By: _____ Employee / Contractor

Locate Ticket #: _____


Line Pressure: _____ (psig) Discharge Time: _____ (min) Injuries or Deaths: yes / no Damage to Property: yes / no

Leak Area: _____ in² Locate Markings Within State Law: yes / no -attach a copy of the locate ticket for all third party damage incidents-

Leak Re-Evaluation

Employee ID#	Date	Grade	%Gas	%LEL

Drawing for Posting to Maps:

North: 

Atmos Energy - Construction Survey

FWO ALMS

SSD No: 255561

Address / Location: 16036 147th TER. OLATHE

Service Performed: Abandon 2" pe in Rear / Replaced Zip: _____ State: KS

Drawing for Posting to Maps: with 2" pe in Front.

North: 

8/20/07

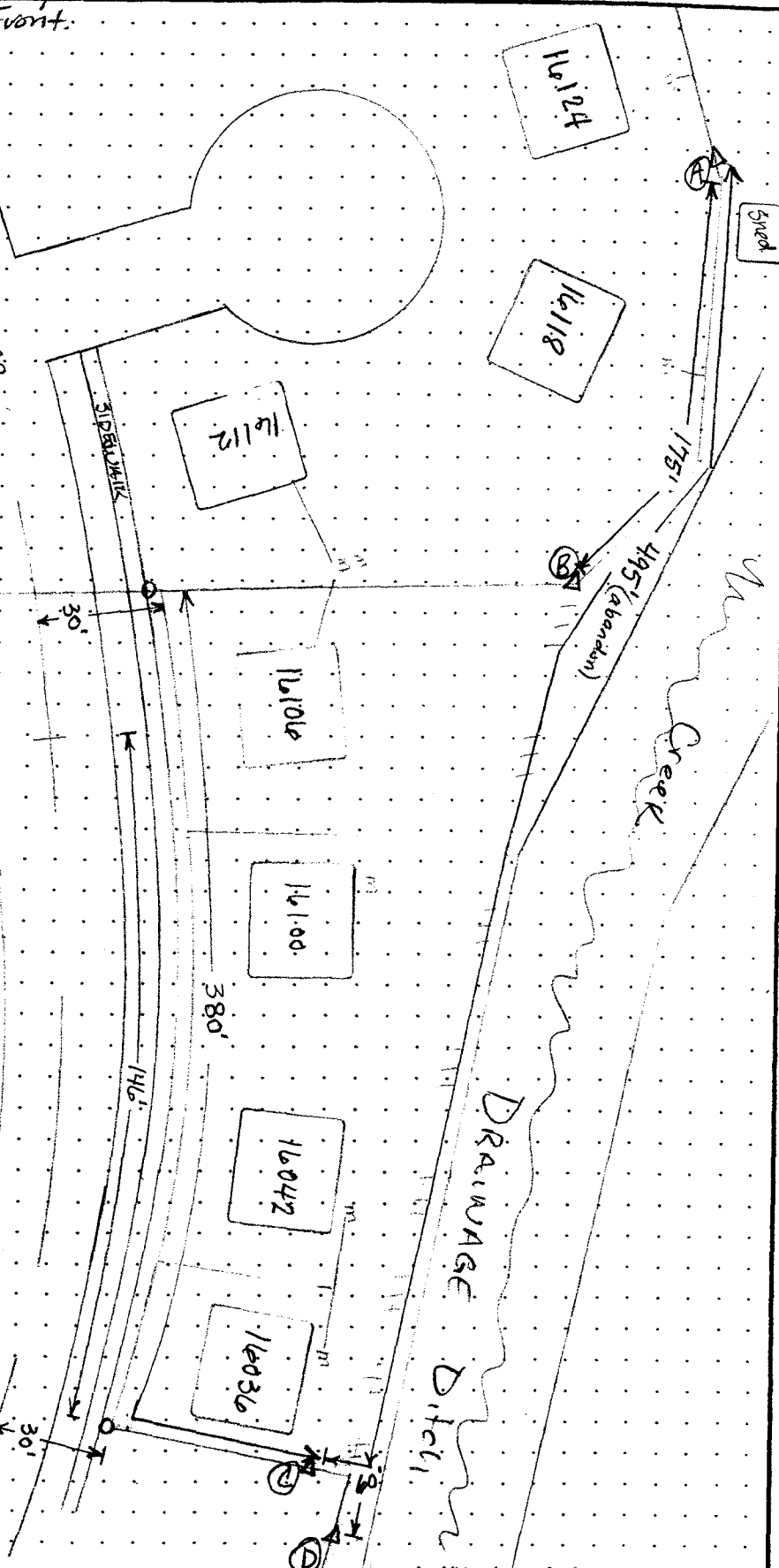
* (A)+(B) 2" Pe not installed yet as of 8/20/07

* (C)+(D) 2" pe not installed yet as of 8/20/07

A = line Markers

O = curb box for locate

SADDLE TREE



PURPOSE AND NECESSITY

Name of Project : COUNCIL GROVE TBS Date: 8/24/2006
Town: COUNCIL GROVE,KS Region: SOUTH KANSAS Location: CC3136

PROJECT DESCRIPTION:

TOTAL REPLACEMENT OF THE COUNCIL GROVE TBS

Footage _____	Size _____	Type _____	Del.Press. _____	R-O-W _____	Public _____	Private _____
Projected Load: _____	Annual _____	MCF _____	Hourly _____	MCF _____	MAOP: _____	
Normal Operating Pressure: _____				Estimated Project Cost: \$ 29,840.95		
APM/						
ROE: _____	% Project Life :	YRS. _____	NPV _____	IRR _____	% _____	Crew Company or Contract COMP _____
Aid in Construction: _____		Additional information, (flow studies, Design, apm etc.)				
Non-Refundable Contributions		Drive	Folder	File Name		
Contract Type: _____		Any additional comments place in Drive, Folder, & File listed above				
Contract Amount: _____						
Contract Date: _____						
Contract signed by: _____		Date Work _____	Other Project (s) Related to this P&N: _____			
Request/Task No.: 060.14631		is Requested: _____				
PROJECT MANAGER: Mike DeArmond						

APPROVALS:

Initiator: Ron Hoag Date: 8/24/2006

Comments Please review and approve

Recommend Approval: Allen Spaur Date: 8/24/2006

Comments Technical review completed.

Recommend Approval: Jim McDermott Date: 8/24/2006

Comments Measurement Approval

Recommend Approval: GREG WOLFF Date: 8/25/2006

Comments REVIEWED

Recommend Approval: david harsin Date: 8/25/2006

Comments

Recommend Approval : _____ Date: _____

Comments

Recommend Approval : _____ Date: _____

Comments

Recommend Approval : _____ Date: _____

Comments

Recommend Approval : _____ Date: _____

Comments

FINAL APPROVAL Mike DeArmond Date: 8/28/2006

Comments

Atmos Energy - Construction Survey

FWO ALMS

SSD No: 252368

General Date: 06/15/2007 By: Howard Hawfield Emp ID #: 10996
 Property Tax Code: 806040 Tax Unit: 001 Map #: _____
 Town Name: Council Grove Town Number: 330 Division: 81
 Address / Location: Map 116
 Service Performed: Replace + Repair Regular Zip: 67844 State: KS
 County/Parish: Morris School District: 417 Cross Ref #: _____
 Area: (ICL) OCL Pipeline #: 3760 - 330 Oracle Project #: 660-14631

For Irrigation Or Rural Irrigation Only:

Line Name: _____ Section: _____ Block: _____ Survey: _____

<input type="checkbox"/> 1. Distribution	<input type="checkbox"/> 3. Irrigation	<input type="checkbox"/> 5. Gathering	<input type="checkbox"/> 1. Dirt	<input type="checkbox"/> 3. Asphalt	<input type="checkbox"/> 5. Rock	<input type="checkbox"/> 7. Other
<input type="checkbox"/> 2. Rural Distribution	<input type="checkbox"/> 4. Transmission	<input type="checkbox"/> 6. Storage	<input type="checkbox"/> 2. Brick	<input type="checkbox"/> 4. Concrete	<input type="checkbox"/> 6. Liquid	

System Type: 1 Cover: 1
 System MAOP (psig): 116 Approximate Pipe Depth (inches): 36"

Leak Found: Date Found: ____/____/____ Leak Order No: _____

Leak Survey No: _____ Leak Grade: 1 2 3 4

Time Found: _____ am / pm Time Classified: _____ am / pm

<input type="checkbox"/> Apparent Location:	<input type="checkbox"/> Approx Distance to Nearest Bldg (ft):	<input type="checkbox"/> Population Density:	<input type="checkbox"/> Service Risers:
1. Main	4. Riser	1. Commercial - Dense	1. Without Outside Riser (Vault)
2. Service	5. Yard Line	2. Commercial - Light	2. Adjacent to Building (within 10')
3. Meter Loop	6. Other	3. Residential - Dense	3. Away from Building (over 10')
<input type="checkbox"/> Magnitude of CGI Indication:	<input type="checkbox"/> Grade of Nearest Building to Main:	Comments: _____	
% Gas	% LEL	1. Above 2. Level 3. Below	

Third Party Damage / Billing Information:

Third Party Name: _____
 Third Party Address: _____
 Contact Name: _____ Phone: _____

<input type="checkbox"/> Type of Work:	<input type="checkbox"/> Reason Damage Occurred:
1. Sewer	1. No Notification
2. Water	2. Locate Issues
3. Electric	3. Insufficient Locate Time
4. Telephone	4. Third Party Carelessness
5. TV / Cable	5. Improper Job Location
6. Road Const.	6. Failure to Hand Expose
7. Drainage	7. Deliberate
8. Landscaping	8. _____
9. Irrigation	
10. Fencing	
11. Poles / Signs	
12. _____	

Damaging Equipment: _____

Leak Re-Evaluation

Employee ID#	Date	Grade	%Gas	%LEL

Located By: _____ Employee / Contractor _____ Locate Ticket #: _____
 Line Pressure: _____ (psig) Discharge Time: _____ (min) Injuries or Deaths: yes / no Damage to Property: yes / no
 Leak Area: _____ in² Locate Markings Within State Law: yes / no -attach a copy of the locate ticket for all third party damage incidents-

Drawing for Posting to Maps:

North: 

NOTE: See Attached Map

Leak Repaired:

Repaired By: _____

Employee ID# _____

Repair Date: 6/18/07

Welding By: Howard H. H. H.

Employee ID# 10996

- Facility Involved:**
- 1. Main
 - 2. Service
 - 3. Meter Loop
 - 4. Yard Line
 - 5. Riser
 - 6. Other

- Origin of Leak:**
- 1. Pipe
 - 2. Valve
 - 3. Tap
 - 4. Fitting
 - 5. Drip
 - 6. Regulator
 - 7. Compressor
 - 8. Girth Weld
 - 9. Longitudinal Weld
 - 10. Clamp

- Initial Cause:**
- 1. Corrosion
 - 2. Outside Force
 - 3. Construction Defect
 - 4. Material Defect
 - 5. Other
 - 6. Third Party

- Miscellaneous:**
- 1. Duplicate Order
 - 2. Customer's Line
 - 3. Other Company
 - 4. Not Natural Gas
 - 5. No Leak Found

- Number of Leaks Repaired:**
- On Main
 - On Service

- Type of Pipe:**
- 1. Coated Steel
 - 2. Bare Steel
 - 3. Cast Iron
 - 4. PE
 - 5. PVC
 - 6. Other:

- Type of Coating:**
- 1. Bare
 - 2. Hot Coated
 - 3. Thin Film (Epoxy)
 - 4. Mill Wrap
 - 5. Other:

- Condition of Coating:**
- 1. Excellent
 - 2. Fair
 - 3. Poor
 - 4. Disbonded

- Estimated Year of Installation:**
- 1. Before 1930
 - 2. 1930 - 1949
 - 3. 1950 - 1969
 - 4. 1970 - 1989
 - 5. 1990 - Present
 - 6. Unknown

Cathodic Protection:

Visual Inspection: Yes No

Atmospheric Corrosion: Yes No

- External Corrosion:**
- 1. None
 - 2. Slight
 - 3. Severe
 - Pit Depth: .80 (if available)

- Internal Corrosion:**
- 1. None
 - 2. Slight
 - 3. Severe
 - Pit Depth: _____ (if available)

Area: _____ Section: _____
 P/S Before: .98 P/S After: .98 main / service
 P/S Before: _____ P/S After: _____ main / service

Pressure Test:

Main: 220 psig Duration: 30 hrs (min) Medium: gas / air / H₂O Soaped: yes / no MAOP: 116 psig
 Service: _____ psig Duration: _____ hrs / min Medium: gas / air / H₂O Soaped: yes / no MAOP: _____ psig

Residual Gas: yes no Comments: Replace + Repair Regulator Station + Replace + Repair 6" Steel with 4" PE + Steel

Install	Remove	Materials	M/S
3		240L PE ST Transitions 4"	m
2		240L 4" Poly Valves	m
2		Valve Boxes	m
1		4" Bahmex Valve	m
4		4" Weld Elbows	m
3		6" x 4" Short Stop Tees	m
1		4" 90° 240L Elbow	m
1		4" PR Tab Reg Station	

Install	Remove	Materials	M/S
1		4" 240L Poly Tee	m
21'		4" Bare Steel	m
66'		4" 240L ASTM D 2513 Pipe	m
64'		#2 Romex Wire	m
3		6" Weld Caps	m
26'		#8 Romex Wire	m
2		2" EZR Regulators Fisher	m

Functional / Task Number:	Main - 0 Service - #	Work Code	Size	Material	Copper - 1	Steel - 2	PVC - 3	PE - 4	ABS - 5	Other - 6	Cast Iron - 7	Bare Unpr - 8	Bare Prot - 9	Wall Thickness	Length of Pipe
01104	0	2	04	2										.188	21'
01204	0	2	04	4										0.109	66'
98000	0	1	06	2										.154	73'

Gas Loss Calculation: _____ X _____ = _____
 CCF Lost Unit Cost Cost of Gas Lost

Office Use Only:

Labor Hours	Hours
Emp ID:	
10996	
10893	
10934	
10924	
10906	
Contractor Labor: 10817	
11006	
Total	

Equipment Used	Hours
Unit #:	
Total	

Labor:	
Overtime:	
Clerical:	
Administrative:	
Material:	
Associated Cost:	
Equipment Cost:	
Contractor Cost:	
Gas Loss:	
Total	

Completed By: N.A. Date: 6-18-07 Entered By: _____ Date: _____
 Reviewed By: N.A. Date: 6-18-07 Tech Services: _____ Date: _____
 Approved By: Howard H. H. H. Date: 6-18-07 Maps Updated: _____ Date: _____

Address / Location: North Jefferson

Service Performed: Repair + Revise main + Regulators

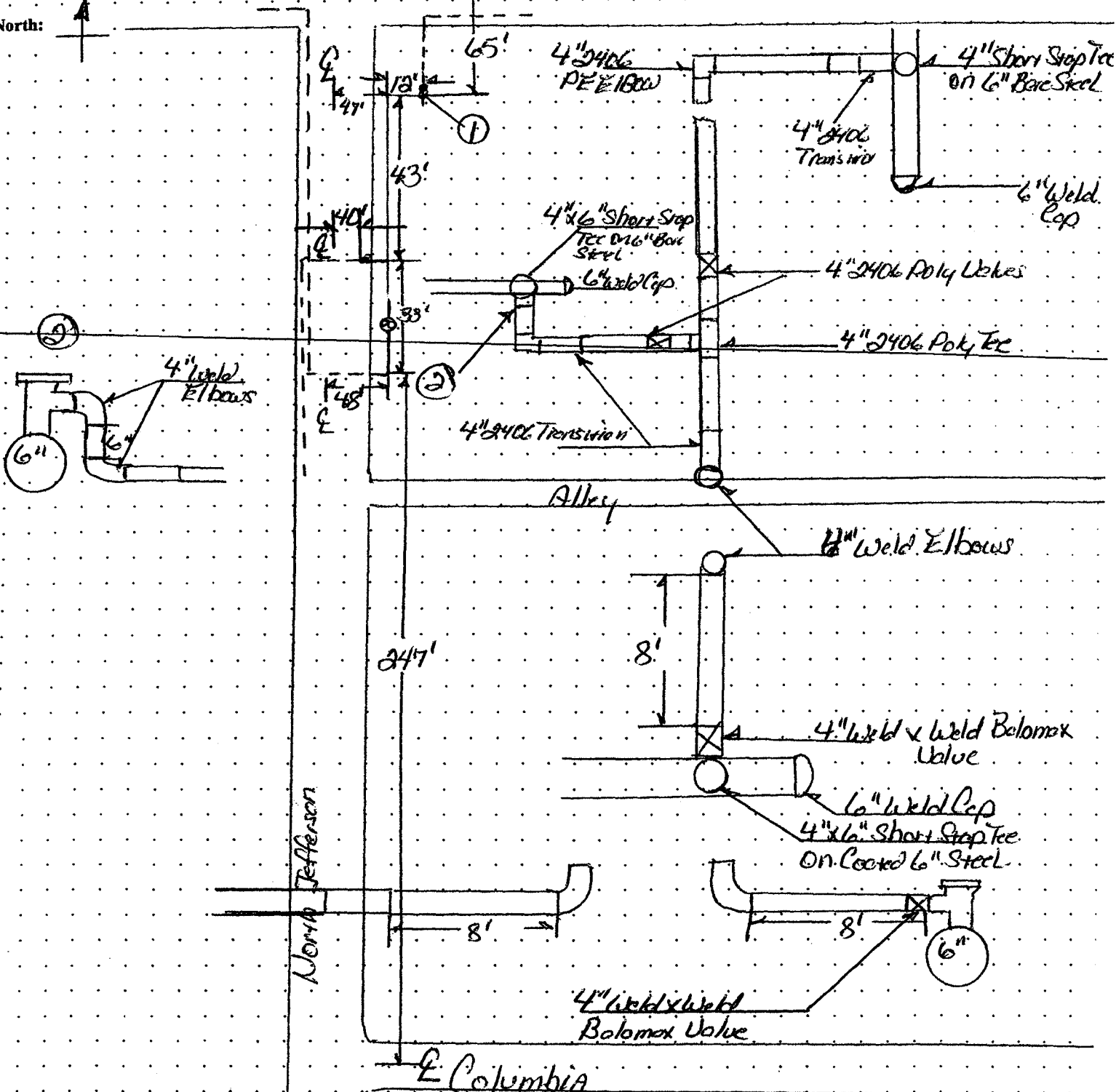
Zip: 647846

State: KS

Drawing for Posting to Maps:

Hayes Street

North: ↑



PURPOSE AND NECESSITY

Name of Project : Savonburg Main Replacement Date: 4/20/2007
 Town: Yates Center Region: South Kansas Location: CC3146

PROJECT DESCRIPTION:
Above ground main needs replaced due to unreparable leaks, at this time this section is on an above ground
by-pass

Footage <u>425</u>	Size <u>2</u>	Type <u>pe</u>	Del.Press. _____	R-O-W _____	Public _____	Private _____
Projected Load: <u>Annual</u>	MCF _____	Hourly _____	MCF _____	MAOP: _____		
Normal Operating Pressure: _____	Estimated Project Cost: \$			<u>2,666.31</u>		
APM/	ROE: _____ %	Project Life : _____ YRS.	NPV _____	IRR _____ %	Crew _____	Company _____
Aid in Construction: _____			Additional information, (flow studies, Design, apm etc.)			
Non-Refundable Contributions _____			Drive _____	Folder _____	File Name _____	
Contract Type: _____			Any additional comments place in Drive, Folder, & File listed above			
Contract Amount: _____						
Contract Date: _____						
Contract signed by: _____			Date Work _____	Other Project (s) Related to this P&N: _____		
Request/Task No.: <u>060.15298</u>			is Requested: _____			
PROJECT MANAGER: <u>Bruce Knight</u>						

APPROVALS:

Initiator: Ron Hoag Date: 4/20/2007
 Comments Please review and approve
 Recommend Approval: Allen Spaur Date: 4/20/2007
 Comments Technical review completed.

Recommend Approval: _____ Date: _____
 Comments _____

Recommend Approval: _____ Date: _____
 Comments _____

Recommend Approval: _____ Date: _____
 Comments _____

Recommend Approval : _____ Date: _____
 Comments _____

Recommend Approval : _____ Date: _____
 Comments _____

Recommend Approval : _____ Date: _____
 Comments _____

Recommend Approval : _____ Date: _____
 Comments _____

FINAL APPROVAL BRUCE KNIGHT Date: 4/20/2007
 Comments _____

FXUS / JAZ / Aller

Atmos Energy - Construction Survey

FWO ALMS

SSD No: 250170A

General Date: 8/7/2007 By: J. Baker Emp ID #: 10911

Property Tax Code: 82402 Tax Unit: 009 Map #:

Town Name: Savannah Town Number: 497 Division: 81

Address / Location: Walnut & Forest

Service Performed: Replace 2" main Zip: State: K.S.

County/Parish: School District: Cross Ref #:

Area: OCL Pipeline #: 3760 - 497 Oracle Project #: 060. ~~15298~~ 15298

For Irrigation Or Rural Irrigation Only:

Line Name: Section: Block: Survey:

<input type="checkbox"/>	System Type:	<input type="checkbox"/>	Cover:
1. Distribution	3. Irrigation	5. Gathering	1. Dirt
2. Rural Distribution	4. Transmission	6. Storage	3. Asphalt
			5. Rock
			7. Other
			2. Brick
			4. Concrete
			6. Liquid

<input type="checkbox"/>	System MAOP (psig)	<input type="checkbox"/>	Approximate Pipe Depth (inches)
		<u>30"</u>	

Leak Found: Date Found: ___/___/___

Leak Survey No: Leak Order No:

Time Found: ___ am / pm Time Classified: ___ am / pm Leak Grade: 1 2 3 4

<input type="checkbox"/>	Apparent Location:	<input type="checkbox"/>	Approx Distance to Nearest Bldg (ft):	<input type="checkbox"/>	Population Density:	<input type="checkbox"/>	Service Risers:
--------------------------	---------------------------	--------------------------	--	--------------------------	----------------------------	--------------------------	------------------------

- | | | | | |
|---------------|--------------|------------------------|------------------------|--------------------------------------|
| 1. Main | 4. Riser | 1. Commercial - Dense | 4. Residential - Light | 1. Without Outside Riser (Vault) |
| 2. Service | 5. Yard Line | 2. Commercial - Light | 5. Rural - Class 1, 2 | 2. Adjacent to Building (within 10') |
| 3. Meter Loop | 6. Other | 3. Residential - Dense | 6. Rural - Class 3, 4 | 3. Away from Building (over 10') |

Magnitude of CGI Indication: % Gas %LEL

Grade of Nearest Building to Main: 1. Above 2. Level 3. Below

Comments: _____

Third Party Damage / Billing Information:

Third Party Name: _____

Third Party Address: _____

Contact Name: _____ Phone: _____

<input type="checkbox"/>	Type of Work:	<input type="checkbox"/>	Reason Damage Occurred:
1. Sewer	7. Drainage	1. No Notification	5. Improper Job Location
2. Water	8. Landscaping	2. Locate Issues	6. Failure to Hand Expose
3. Electric	9. Irrigation	3. Insufficient Locate Time	7. Deliberate
4. Telephone	10. Fencing	4. Third Party Carelessness	8. _____
5. TV / Cable	11. Poles / Signs		
6. Road Const.	12. _____		

Damaging Equipment: _____

Leak Re-Evaluation

Employee ID#	Date	Grade	%Gas	%LEL

Located By: _____ Employee / Contractor _____ Locate Ticket #: _____

Line Pressure: _____ (psig) Discharge Time: _____ (min) Injuries or Deaths: yes / no Damage to Property: yes / no

Leak Area: _____ in² Locate Markings Within State Law: yes / no -attach a copy of the locate ticket for all third party damage incidents-

Drawing for Posting to Maps:

North: 

See A.H.

Leak Repaired:

Repaired By: _____ Employee ID# _____

Repair Date: ____/____/____

Welding By: _____ Employee ID# _____

Facility Involved:

- 1. Main
- 2. Service
- 3. Meter Loop
- 4. Yard Line
- 5. Riser
- 6. Other

Origin of Leak:

- 1. Pipe
- 2. Valve
- 3. Tap
- 4. Fitting
- 5. Drip
- 6. Regulator
- 7. Compressor
- 8. Girth Weld
- 9. Longitudinal Weld
- 10. Clamp

Initial Cause:

- 1. Corrosion
- 2. Outside Force
- 3. Construction Defect
- 4. Material Defect
- 5. Other
- 6. Third Party

Miscellaneous:

- 1. Duplicate Order
- 2. Customer's Line
- 3. Other Company
- 4. Not Natural Gas
- 5. No Leak Found

Number of Leaks Repaired:

- On Main
- On Service

Type of Pipe:

- 1. Coated Steel
- 2. Bare Steel
- 3. Cast Iron
- 4. PE
- 5. PVC
- 6. Other: _____

Type of Coating:

- 1. Bare
- 2. Hot Coated
- 3. Thin Film (Epoxy)
- 4. Mill Wrap
- 5. Other: _____

Condition of Coating:

- 1. Excellent
- 2. Fair
- 3. Poor
- 4. Disbonded

Estimated Year of Installation:

- 1. Before 1930
- 2. 1930 - 1949
- 3. 1950 - 1969
- 4. 1970 - 1989
- 5. 1990 - Present
- 6. Unknown

Cathodic Protection:

Visual Inspection: Yes / No Atmospheric Corrosion: Yes No

External Corrosion:

- 1. None
- 2. Slight
- 3. Severe
- Pit Depth: _____ (if available)

Internal Corrosion:

- 1. None
- 2. Slight
- 3. Severe
- Pit Depth: _____ (if available)

Area: _____ Section: _____
 P/S Before: -1,519 P/S After: North End main / service
 P/S Before: -721 P/S After: South End main / service

Pressure Test:

Main: 115 psig Duration: 1 hrs / min Medium: gas air / H₂O Soaped: yes / no MAOP: _____ psig
 Service: _____ psig Duration: _____ hrs / min Medium: gas / air / H₂O Soaped: yes / no MAOP: _____ psig
 Residual Gas: yes no Comments: Replace 2" PE MAIN

Install	Remove	Materials	M/S
2		2" stopple tees	M
2		2" Transition	?
2		2" Con Stabs	
2		2" Weld Cap	
1		2" PE Tee	
1		2" PE Cap	
432'		2" PE PIPE	
440'		Twire	

Install	Remove	Materials	M/S

Functional / Task Number:	Main - 0 Service - #	Work Code	Size	Material	Copper - 1	Steel - 2	PVC - 3	PE - 4	ABS - 5	Other - 6	Cast Iron - 7	Bare Unpr - 8	Bare Prot - 9	Wall Thickness	Length of Pipe
732	1	2	02	4										216	432'
432	1	1	02	9										154	401'

Gas Loss Calculation: _____ X _____ = _____
CCF Lost Unit Cost Cost of Gas Lost

Office Use Only:

Labor Hours	Hours
Emp ID:	
10911	25.5
14241	25.5
10898	10
Contractor Labor:	
Total	

Equipment Used	Hours
Unit #:	
Total	

Labor:	
Overtime:	
Clerical:	
Administrative:	
Material:	
Associated Cost:	
Equipment Cost:	
Contractor Cost:	
Gas Loss:	
Total	

Completed By: J. Baker Date: 8-7-07 Entered By: _____ Date: _____
 Reviewed By: _____ Date: _____ Tech Services: _____ Date: _____
 Approved By: _____ Date: _____ Maps Updated: _____ Date: _____

Atmos Energy - Construction Survey

FWO

ALMS

SSD No:

250170

Address / Location:

Walnut & Forest

Service Performed:

Replace 2" main

Zip:

State:

K3.

Drawing for Posting to Maps:

North:



W
A
L
N
U
T

Forest

105'

2" Extru-coat.

25' 14'

2" stopple tee
2" con stab.
2" Transition
2" weld cap

401'

2" PE

2" stopple tee
2" Transition
2" con stab
2" weld cap
1-17 # Anode

3'

29' 14'

2" PE Tee
2" PE Cap

2" Bare Steel

PURPOSE AND NECESSITY

Name of Project : Trapp Street Date: 5/29/2007
Town: Herington Region: Central Kansas Location: CC3136

PROJECT DESCRIPTION:

Due to Trapp Street improvements we have approx. 900' of 2" main that will need relocated to clear construction

Footage <u>900</u>	Size <u>2"</u>	Type <u>pe</u>	Del.Press. _____	R-O-W _____	Public _____	Private _____
Projected Load: _____	Annual _____	MCF _____	Hourly _____	MCF _____	MAOP: _____	
Normal Operating Pressure: _____				Estimated Project Cost: \$		10,427.07
APM/						
ROE: _____	% Project Life : _____	YRS. _____	NPV _____	IRR _____	% _____	Crew Company or Contract comp _____
Aid in Construction: _____			Additional information, (flow studies, Design, apm etc.)			
Non-Refundable Contributions			Drive	Folder	File Name	
Contract Type: _____			Any additional comments place in Drive, Folder, & File listed above			
Contract Amount: _____						
Contract Date: _____						
Contract signed by: _____			Date Work _____	Other Project (s) Related to this P&N: _____		
Request/Task No.: <u>060.15441</u>			is Requested: _____			
PROJECT MANAGER: _____			Mike DeArmond			

APPROVALS:

Initiator: Ron Hoag Date: 5/29/2007

Comments Please review and approve

Recommend Approval: Allen Spaur Date: 5/29/2007

Comments Technical review completed.

Recommend Approval: GREG WOLFF Date: 5/29/2007

Comments REVIEWED

Recommend Approval: _____ Date: _____

Comments _____

Recommend Approval: _____ Date: _____

Comments _____

Recommend Approval : _____ Date: _____

Comments _____

Recommend Approval : _____ Date: _____

Comments _____

Recommend Approval : _____ Date: _____

Comments _____

Recommend Approval : _____ Date: _____

Comments _____

FINAL APPROVAL Mike DeArmond Date: 5/30/2007

Comments _____

Atmos Energy - Construction Survey

SSD No: 256033

General Date: 08/28/2007 By: R Lee

Emp ID #: 10944

Property Tax Code: 80501 Tax Unit: 005 Map #: 000

Town Name: Herington Town Number: 300 Division: 83

Address / Location: Broadway-TRAPP-1st-2nd-3rd

Service Performed: Replace & Re-tire main Zip: State: KS

County/Parish: DK School District: Cross Ref #: 01-7-2002/01-7-2004

Area: OCL Pipeline #: 3760 - 300 Oracle Project #: 060-15441

For Irrigation Or Rural Irrigation Only:

Line Name: Section: Block: Survey:

System Type: 1-3-5 Cover: 1. Distribution 3. Irrigation 5. Gathering 1. Dirt 3. Asphalt 5. Rock 7. Other
2. Rural Distribution 4. Transmission 6. Storage 2. Brick 4. Concrete 6. Liquid

System MAOP (psig): 32 Approximate Pipe Depth (inches): 16" to 8'

Leak Found: Date Found: / /

Leak Survey No: Leak Order No:

Time Found: am / pm Time Classified: am / pm Leak Grade: 1 2 3 4

Apparent Location: Approx Distance to Nearest Bldg (ft): Population Density: Service Risers:

- 1. Main 4. Riser 1. Commercial - Dense 4. Residential - Light 1. Without Outside Riser (Vault)
- 2. Service 5. Yard Line 2. Commercial - Light 5. Rural - Class 1, 2 2. Adjacent to Building (within 10')
- 3. Meter Loop 6. Other 3. Residential - Dense 6. Rural - Class 3, 4 3. Away from Building (over 10')

Magnitude of CGI Indication: Grade of Nearest Building to Main: Comments:

% Gas %LEL 1. Above 2. Level 3. Below

Third Party Damage / Billing Information:

Leak Re-Evaluation

Third Party Name: Third Party Address: Contact Name: Phone:

Employee ID#	Date	Grade	%Gas	%LEL

Type of Work: Reason Damage Occurred:

- 1. Sewer 7. Drainage 1. No Notification 5. Improper Job Location
- 2. Water 8. Landscaping 2. Locate Issues 6. Failure to Hand Expose
- 3. Electric 9. Irrigation 3. Insufficient Locate Time 7. Deliberate
- 4. Telephone 10. Fencing 4. Third Party Carelessness 8. _____
- 5. TV / Cable 11. Poles / Signs
- 6. Road Const. 12. _____

Located By: Employee / Contractor Locate Ticket #: Line Pressure: (psig) Discharge Time: (min) Injuries or Deaths: yes / no Damage to Property: yes / no Leak Area: in² Locate Markings Within State Law: yes / no -attach a copy of the locate ticket for all third party damage incidents-

Drawing for Posting to Maps:

North: +
See MAP

Project # 060-15441

Leak Repaired:

Repaired By: Woodie

Employee ID# 10905

Repair Date: 08/28/2007

Welding By: Rex

Employee ID# 10944

Facility Involved: **Origin of Leak:** **Initial Cause:**

1. Main	4. Yard Line	1. Pipe	5. Drip	9. Longitudinal Weld	1. Corrosion	4. Material Defect
2. Service	5. Riser	2. Valve	6. Regulator	10. Clamp	2. Outside Force	5. Other
3. Meter Loop	6. Other	3. Tap	7. Compressor		3. Construction Defect	6. Third Party
		4. Fitting	8. Girth Weld			

Miscellaneous: **Number of Leaks Repaired:** **Type of Pipe:**

1. Duplicate Order	4. Not Natural Gas	<input type="checkbox"/> On Main	1. Coated Steel	4. PE
2. Customer's Line	5. No Leak Found	<input type="checkbox"/> On Service	2. Bare Steel	5. PVC
3. Other Company			3. Cast Iron	6. Other: _____

Type of Coating: **Condition of Coating:** **Estimated Year of Installation:**

1. Bare	4. Mill Wrap	1. Excellent	3. Poor	1. Before 1930	4. 1970 - 1989
2. Hot Coated	5. Other: _____	2. Fair	4. Disbonded	2. 1930 - 1949	5. 1990 - Present
3. Thin Film (Epoxy)				3. 1950 - 1969	6. Unknown

Cathodic Protection: **External Corrosion:** **Internal Corrosion:**

1. None	3. Severe	1. None	3. Severe	Area: _____	Section: _____
2. Slight	Pit Depth: <u>1.002</u> <small>(if available)</small>	2. Slight	Pit Depth: _____ <small>(if available)</small>	P/S Before: _____	P/S After: _____

Visual Inspection: Yes / No Atmospheric Corrosion: Yes / No

P/S Before: _____ P/S After: 89 main / service

Pressure Test:

Main: 100 psig Duration: 1 hrs min Medium: gas air / H₂O Soaped: yes / no MAOP: 32 psig

Service: _____ psig Duration: _____ hrs / min Medium: gas / air / H₂O Soaped: yes / no MAOP: _____ psig

Residual Gas: yes / no Comments: _____

Install	Remove	Materials	M/S
930'		2" pipe	
4		3" weld caps	
3		3" stop offs	
3		3x2 weld bells	
4		2" trans	
1		2" stop tee	
1		2" weld cap	

Install	Remove	Materials	M/S
4		2" pipe 90°	
4		2" pipe tees	
420'		2" wire	
400'		6" wire	
200'		8" wire	

Functional / Task Number:	Main - 0 Service - #	Work Code	Size	Material	Wall Thickness	Length of Pipe
01980	212	1 1	03	2	Copper - 1	80'
01980	212	1	02	2	Steel - 2	421'
01980	212	1	02	4	PVC - 3	280'
01202	312	2	02	4	PE - 4	930'
					ABS - 5	
					Other - 6	
					Cast Iron - 7	
					Bare Unpr - 8	
					Bare Prot - 9	

Gas Loss Calculation: _____ X _____ = _____
CCF Lost Unit Cost Cost of Gas Lost

Labor Hours

Emp ID:	Hours
10944	
10905	
10847	
11006	
10934	
Contractor Labor:	
Total	

Equipment Used

Unit #:	Hours
Total	

Office Use Only:

Labor:	
Overtime:	
Clerical:	
Administrative:	
Material:	
Associated Cost:	
Equipment Cost:	
Contractor Cost:	
Gas Loss:	
Total	

Completed By: Rex Lee Date: 8-28-07 Entered By: _____ Date: _____

Reviewed By: _____ Date: _____ Tech Services: _____ Date: _____

Approved By: _____ Date: _____ Maps Updated: _____ Date: _____

Atmos Energy - Construction Survey

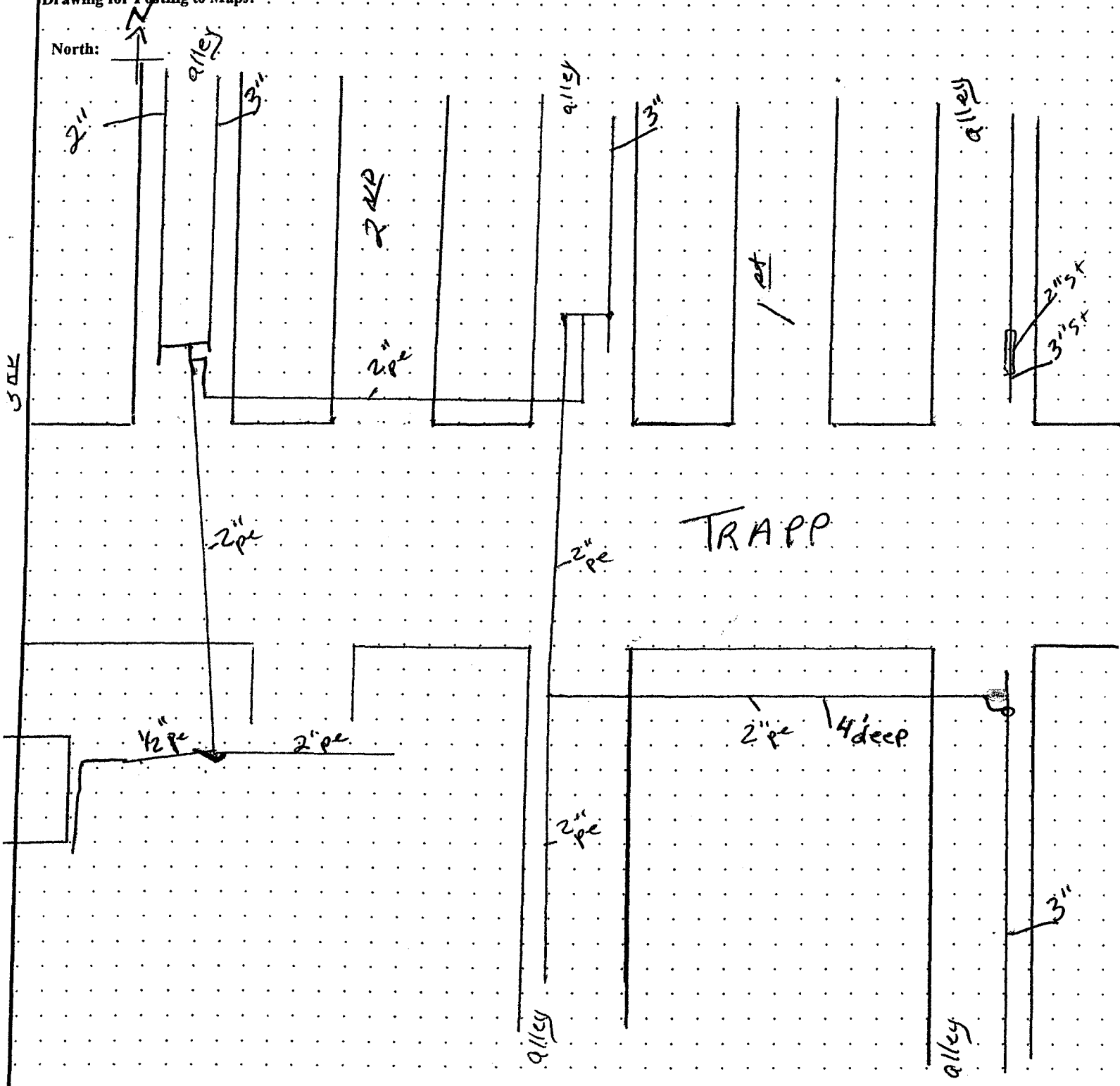
FWO ALMS

SSD No: 256033

Address / Location: Broadway - TRAPP - 1st - 2nd - 3rd

Service Performed: Hiway Reotect Zip: _____ State: KS

Drawing for Posting to Maps:



Top of STOP tee 12" Deep

3" STOP tee $\left\{ \begin{array}{l} 151' \text{ EAST } \& \text{ 1}^{\text{st}} \\ 44' \text{ South } \& \text{ TRAPP} \end{array} \right.$ (9' South of Power Pole
(2' East of Power Pole

3" weld cap $\left\{ \begin{array}{l} 151' \text{ EAST } \& \text{ 1}^{\text{st}} \\ 43' \text{ South } \& \text{ TRAPP} \end{array} \right.$ 2" PE. 90° - 2' West of STOP + North

(existing) 3" STOP $\left\{ \begin{array}{l} 45' \text{ NORTH } \& \text{ TRAPP} \\ 151' \text{ EAST } \& \text{ 1}^{\text{st}} \end{array} \right.$ top of STOP - 14" Deep

3" weld cap $\left\{ \begin{array}{l} 151' \text{ EAST } \& \text{ 1}^{\text{st}} \\ 44' \text{ NORTH } \& \text{ TRAPP} \end{array} \right.$

3" STOP tee $\left\{ \begin{array}{l} 156' \text{ EAST } \& \text{ 2}^{\text{ND}} \\ 51' \text{ NORTH } \& \text{ TRAPP} \end{array} \right.$ (3" STOP tee 16" deep)

2" PE. Tee - 47" West of 3" STOP tee

2" PE. 90° - 71" West of 3" STOP tee

2" PE. Going Across TRAPP is Just West of Pipe that turns and Goes West

2" PE. Turns West 21' South of 3" STOP tee (3')

#2 Wire under TRAPP and East to Alley Between 1st - Broadwa

#6 wire going West to Alley Between 2ND + 3RD

2x2" electro / 28' South & TRAPP (5' deep to top of tap tee)
tap tee \ 157' West & 1st (Between Frigid Queen & Old John Doe)

IN ALLEY Between 2ND - & 3RD - W. TRAPP

3" stop / 50' North & TRAPP (16" deep to top of stop-o-tee)
tee \ 155' East & 3RD

2" pe 90° / 49' North & TRAPP
tee \ 153' East & 3RD

2" pe tee / 49' North & TRAPP
tee \ 151' East & 3RD

2" pe
tee \ 50' North & TRAPP
tee \ 151' East & 3RD

2" stop / 147 1/2' East & 3RD
tee \ 50' North & TRAPP

8 wire Bonded to 2" steel

6 wire Bonded to 3" steel

to locate 2" steel ◊ hooked on Motel meter

to locate 3" steel ◊ hook up on meters in alley North of
TRAPP

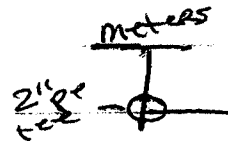
South Side of TRAPP IN EASEMENT BETWEEN 2ND & 3RD

2" pe 90° $\left\{ \begin{array}{l} 107' \text{ West } \& \text{ 2ND} \\ 53' \text{ South } \& \text{ TRAPP} \end{array} \right.$

2x1/2 electro fusion taptee $\left\{ \begin{array}{l} 106' \text{ West } \& \text{ 2ND} \\ 53' \text{ South } \& \text{ TRAPP} \end{array} \right. \right\} 217 \text{ West Walnut}$

2" Black Pe to 2" Yellow PE. SERVICE FOR Motel & PRITZ

2" yellow tee $\left\{ \begin{array}{l} 56' \text{ South } \& \text{ TRAPP (pe is 28" Deep)} \\ 52' \text{ West } \& \text{ 2ND} \end{array} \right.$
one outlet
3ullnosed



Name of Project : Monticello Rd. Relocation (North of Prairie Star Parkway) Date: 2/23/2007

Town: Lenexa Region: KANSAS Location: _____

PROJECT DESCRIPTION: _____

Replace 133' of 2" p.e. to clear road improvements. This job is 70% reimbursable.

Footage 133' Size 2" Type p.e. Del.Press. _____ x R-O-W _____ Public _____ x Private _____
Projected Load: Annual _____ MCF Hourly _____ MCF MAOP: 60
Normal Operating Pressure: _____ Estimated Project Cost: \$ 17,990.84

APM/
ROE: _____ % Project Life : _____ YRS. NPV _____ IRR _____ % Crew Company or Contract _____ KC Co _____

Aid in Construction _____
Non-Refundable Contributions _____

Drive	Folder	File Name
Additional information, (flow studies, Design, apm etc.)		
Any additional comments place in Drive, Folder, & File listed above		

Contract Type: _____
Contract Amount: _____
Contract Date: _____

Contract signed by: _____ Date Work is Requested: ASAP Other Project (s) Related to this P&N: 060.15196

Request/Task No.: _____ PROJECT MANAGER: Jerry Barrios

APPROVALS:

Initiator: YUNGHANS Date: 2/23/2007

Comments PLEASE REVIEW

Recommend Approval: Allen Spaur Date: 2/24/2007

Comments Technical review completed.

Recommend Approval: Michael Talkington Date: 2/23/2007

Comments _____

Recommend Approval: _____ Date: _____

Comments _____

Recommend Approval: _____ Date: _____

Comments _____

Recommend Approval: _____ Date: _____

Comments _____

Recommend Approval: _____ Date: _____

Comments _____

Recommend Approval: _____ Date: _____

Comments _____

Recommend Approval: _____ Date: _____

Comments _____

FINAL APPROVAL J Barrios Date: 2/23/2007

Comments _____

Atmos Energy - Construction Survey

FWO ALMS

SSD No: 253810

General Date: 05/01/2007 By: JOHN SHANNON

Emp ID #: KCCI

Property Tax Code: _____ Tax Unit: _____

Map #: 3-13-23

Town Name: LENEXA

Town Number: 627

Division: 81

Address / Location: MONTICELLO RD

Service Performed: LOWER GAS MAIN

Zip: _____

State: KS

County/Parish: JO

School District: _____

Cross Ref #: _____

Area: CL / OCL

Pipeline #: 3760 - 627

Oracle Project #: 060*15174

For Irrigation Or Rural Irrigation Only:

Line Name: _____ Section: _____ Block: _____ Survey: _____

1

System Type:

1

Cover:

- 1. Distribution
- 2. Rural Distribution
- 3. Irrigation
- 4. Transmission
- 5. Gathering
- 6. Storage

- 1. Dirt
- 2. Brick
- 3. Asphalt
- 4. Concrete
- 5. Rock
- 6. Liquid
- 7. Other

80

System MAOP (psig)

36

Approximate Pipe Depth (inches)

Leak Found:

Date Found: ____/____/____

Leak Survey No: _____

Leak Order No: _____

Time Found: _____ am / pm

Time Classified: _____ am / pm

Leak Grade: 1 2 3 4

 Apparent Location:

 Approx Distance to Nearest Bldg (ft):

 Population Density:

 Service Risers:

- 1. Main
- 2. Service
- 3. Meter Loop
- 4. Riser
- 5. Yard Line
- 6. Other

 Grade of Nearest Building to Main:

- 1. Commercial - Dense
- 2. Commercial - Light
- 3. Residential - Dense
- 4. Residential - Light
- 5. Rural - Class 1, 2
- 6. Rural - Class 3, 4

- 1. Without Outside Riser (Vault)
- 2. Adjacent to Building (within 10')
- 3. Away from Building (over 10')

Magnitude of CGI Indication:

Comments: _____

% Gas %LEL

- 1. Above
- 2. Level
- 3. Below

Third Party Damage / Billing Information:

Third Party Name: _____
 Third Party Address: _____
 Contact Name: _____ Phone: _____

- Type of Work:
- 1. Sewer
 - 2. Water
 - 3. Electric
 - 4. Telephone
 - 5. TV / Cable
 - 6. Road Const.
 - 7. Drainage
 - 8. Landscaping
 - 9. Irrigation
 - 10. Fencing
 - 11. Poles / Signs
 - 12. _____

- Reason Damage Occurred:
- 1. No Notification
 - 2. Locate Issues
 - 3. Insufficient Locate Time
 - 4. Third Party Carelessness
 - 5. Improper Job Location
 - 6. Failure to Hand Expose
 - 7. Deliberate
 - 8. _____
- Damaging Equipment: _____

Located By: _____ Employee / Contractor

Locate Ticket #: _____


Line Pressure: _____ (psig) Discharge Time: _____ (min) Injuries or Deaths: yes / no Damage to Property: yes / no

Leak Area: _____ in² Locate Markings Within State Law: yes / no -attach a copy of the locate ticket for all third party damage incidents-

Leak Re-Evaluation

Employee ID#	Date	Grade	%Gas	%LEL

Drawing for Posting to Maps:

North:  SEE MAP

Leak Repaired:

Repaired By: _____ Employee ID# _____

Repair Date: ____ / ____ / ____

Welding By: _____ Employee ID# _____

Facility Involved:

- 1. Main
- 2. Service
- 3. Meter Loop
- 4. Yard Line
- 5. Riser
- 6. Other

Origin of Leak:

- 1. Pipe
- 2. Valve
- 3. Tap
- 4. Fitting
- 5. Drip
- 6. Regulator
- 7. Compressor
- 8. Girth Weld
- 9. Longitudinal Weld
- 10. Clamp

Initial Cause:

- 1. Corrosion
- 2. Outside Force
- 3. Construction Defect
- 4. Material Defect
- 5. Other
- 6. Third Party

Miscellaneous:

- 1. Duplicate Order
- 2. Customer's Line
- 3. Other Company
- 4. Not Natural Gas
- 5. No Leak Found

Number of Leaks Repaired:

- On Main
- On Service

Type of Pipe:

- 1. Coated Steel
- 2. Bare Steel
- 3. Cast Iron
- 4. PE
- 5. PVC
- 6. Other: _____

Type of Coating:

- 1. Bare
- 2. Hot Coated
- 3. Thin Film (Epoxy)
- 4. Mill Wrap
- 5. Other: _____

Condition of Coating:

- 1. Excellent
- 2. Fair
- 3. Poor
- 4. Disbonded

Estimated Year of Installation:

- 1. Before 1930
- 2. 1930 - 1949
- 3. 1950 - 1969
- 4. 1970 - 1989
- 5. 1990 - Present
- 6. Unknown

Cathodic Protection:

Visual Inspection: Yes / No Atmospheric Corrosion: Yes / No

External Corrosion:

- 1. None
- 2. Slight
- 3. Severe
- Pit Depth: _____ (if available)

Internal Corrosion:

- 1. None
- 2. Slight
- 3. Severe
- Pit Depth: _____ (if available)

Area: _____

P/S Before: _____
P/S Before: _____

Section: _____

P/S After: _____ main / service
P/S After: _____ main / service

Pressure Test:

Main: 120 psig Duration: 1 hr 20 min hrs / min Medium: gas / air / H₂O Soaped: yes / no MAOP: 80 psig
 Service: _____ psig Duration: _____ hrs / min Medium: gas / air / H₂O Soaped: yes / no MAOP: _____ psig
 Residual Gas: yes / no Comments: JOHN SHANNON TONY JCH m JT

Install	Remove	Materials	M / S
X		134' 2" PE	
X		2" 90° ELBOW	
X		2 - 2" MATERIALS AND MEASUREMENTS SUPPLIED BY CONTRACTOR	
X		120' 4" PE	
X		180' TRACER WIRE	

Install	Remove	Materials	M / S
		MATERIALS AND MEASUREMENTS SUPPLIED BY CONTRACTOR	
		MATERIALS AND MEASUREMENTS SUPPLIED BY CONTRACTOR	

Functional / Task Number:	Main - 0 Service - #	Work Code	Size	Material	Copper - 1	Steel - 2	PVC - 3	PE - 4	ABS - 5	Other - 6	Cast Iron - 7	Bare Unpr - 8	Bare Prot - 9	Wall Thickness	Length of Pipe
<u>01202</u>		<u>2</u>	Out - 1	<u>4</u>											<u>119'</u>
01202			In - 2												
<u>99000</u>		<u>1</u>	New - 3	<u>4</u>											<u>119'</u>
			Rem - 4												

Gas Loss Calculation: _____ X _____ = _____
CCF Lost Unit Cost Cost of Gas Lost

Office Use Only:

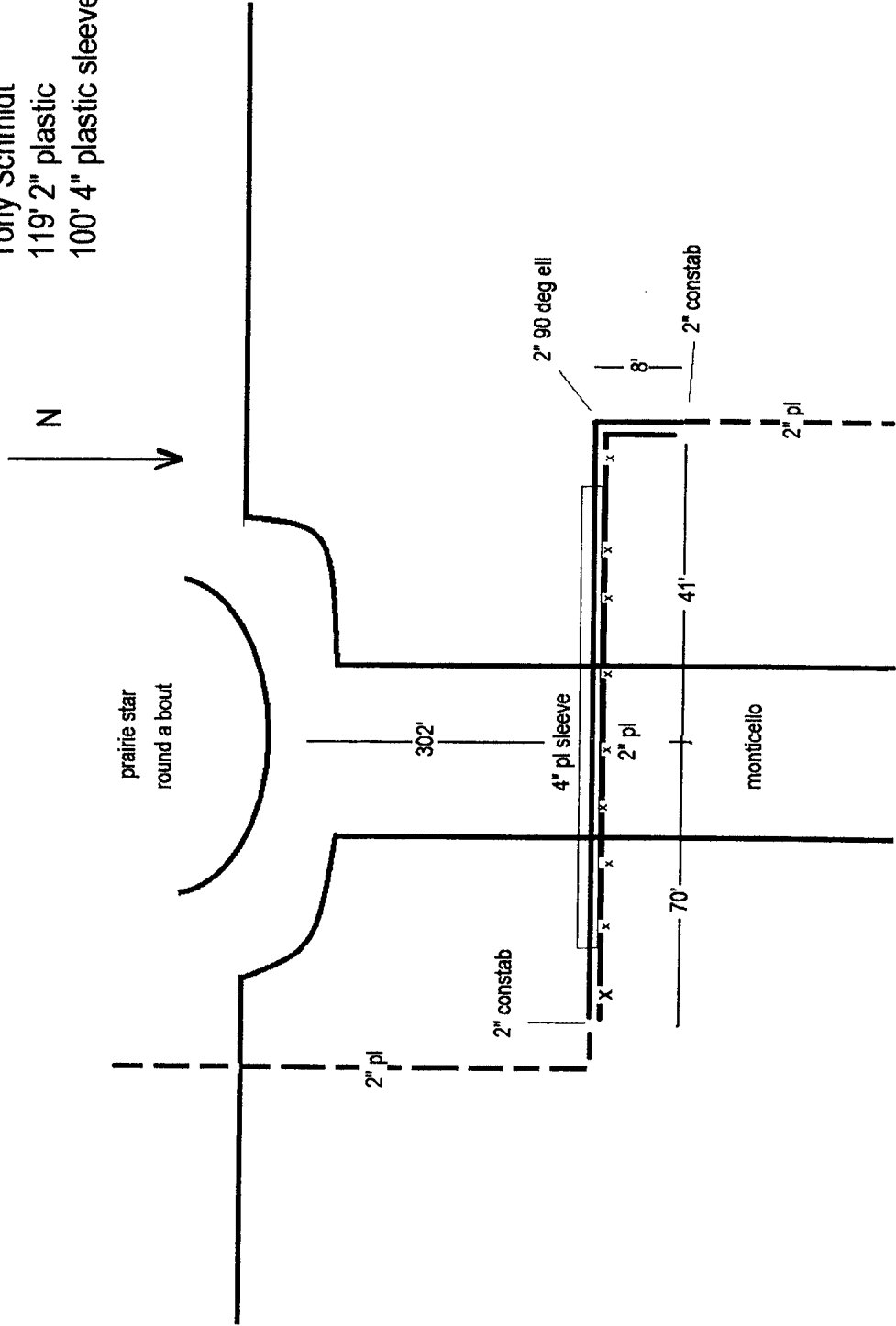
Labor Hours	Hours
Emp ID:	
Contractor Labor:	
Total	

Equipment Used	Hours
Unit #:	
Total	

Labor:	
Overtime:	
Clerical:	
Administrative:	
Material:	
Associated Cost:	
Equipment Cost:	
Contractor Cost:	
Gas Loss:	
Total	

Completed By: Ark K Roman Date: 05-01-07 Entered By: _____ Date: _____
 Reviewed By: _____ Date: _____ Tech Services: _____ Date: _____
 Approved By: _____ Date: _____ Maps Updated: _____ Date: _____

Monticello Rd Project
 Lower 2" plastic main for rd improvement
 5/1/2007
 K C C I
 Tony Schmidt
 119' 2" plastic
 100' 4" plastic sleeve



060*15176		Monticello Rd Project			
STR : 3*13*23		QUARTER SECTION:			
POINT	FACILITY	PRIMARY DIMENSIONS	SECONDARY DIMENSIONS	119' 2" pl COMMENTS	DATE
1	2" TIE IN	302' N C/L PRAIRIE STAR 70' E C/L MONTICELLO			5/1/2007
2	2" 90 DEG ELL	302' N C/L PRAIRIE STAR 41' W C/L MONTICELLO			5/1/2007
3	2" TIE IN	310' N C/L PRAIRIE STAR 41' W C/L MONTICELLO			5/1/2007
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					