

REDACTED

SERVICE LINE RECORD (SLR)

FORM WILL BE SCANNED - PRINT USING BLACK INK

Form GS 3020.012-1 (04/2019)

JOB ORDER # 20-8311115-00 FORM COMPL BY: 122461 CONSTR COORD: D. Williams
 NEW REPLACE ABANDON REPAIR SURVEY TIE-OVER/RECONNECT DATE: 08/21/20

SERVICE ADDRESS <u>35 Essex St</u>					CITY <u>Audover</u>					TERR <u>01400</u>			
PSID/SITE ID <u>870725009</u>		MT <u>-</u>	MASTER TAP REF (ADDR &/OR PSID/SITE ID)			CURB BOX LOCATION <u>21 RFB</u>		TAP LOCATION <u>29 RFB</u>		OR PRESS <u>HP</u>			
MAIN TO PROPERTY LINE OR CURB VALVE	LENGTH <u>8'-6"</u>	SIZE <u>010</u>	MATL <u>P</u>	DEPTH (IN) AT INSTALL <u>26</u>	OP PRESS <u>HP</u>	DATE INSTLD/ABN <u>12/2018</u>	INSTALL MTHD <u>P</u>	CASING MATL	REPAIR DATE <u>08/21/20</u>	REPAIR KIND <u>REC</u>			
PROPERTY LINE OR CURB VALVE TO METER	LENGTH <u>20'-6"</u>	SIZE <u>005</u>	MATL <u>P</u>	DEPTH (IN) AT INSTALL <u>24</u>	OP PRESS <u>HP</u>	DATE INSTLD/ABN <u>12/2018</u>	INSTALL MTHD <u>PI</u>	CASING MATL	REPAIR DATE <u>08/21/20</u>	REPAIR KIND <u>REC</u>			
RETIRED PIPE (CMA ONLY)	LENGTH	SIZE	MATL	DATE INSTLD		DATE ABN		MAIN INFO (CMA ONLY)	MAIN SIZE-MATL <u>020/P</u>	NEW PIPE FTG INSTLD (CMA ONLY)	LENGTH <u>11</u>	SIZE <u>010</u>	MATL <u>P</u>
PULL BACK CAMERA USED AND VIDEO VERIFIED CLEAR WITH SITE INVESTIGATION PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO BY:						SEE RELATED SEWER LOCATE CARD <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			POST SEWER CAMERA REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
PRESSURE TESTED PER GAS STANDARD <input checked="" type="checkbox"/> SRV LINE M-PL/CV-MTR <u>18</u> MINS @ <u>153</u> PSIG <input checked="" type="checkbox"/> Soap Test <input checked="" type="checkbox"/> SRV LINE PL/CV-MTR <u>18</u> MINS @ <u>153</u> PSIG <input checked="" type="checkbox"/> Soap Test						PRESSURE TEST BY (SIGNATURE; THEN PRINT NAME & EMPL NUM & CO NAME) <u>Jonathan Sawyer</u> Jonathan Sawyer 9054 Feeney PRESSURE/CONTENT VERIFICATION BY (PRINT NAME & EMPL NUM) <u>D. Williams</u> 0122461							
PRESSURE VERIFICATION <u>75</u> <input type="checkbox"/> "w.c." <input checked="" type="checkbox"/> PSIG						CONTENT VERIFIED: <input checked="" type="checkbox"/>							
ADDITIONAL INFORMATION *RETEST Svc Line FROM REAR OF PROPERTY TO RISER/SOAP TEST ALL FITTINGS-DO TAP CARD													



EMPL NUM & CO <u>4054 Feeney</u> <input type="checkbox"/> W <input type="checkbox"/> EF <input type="checkbox"/> SF <input type="checkbox"/> BF <input checked="" type="checkbox"/> M				EMPL NUM & CO <input type="checkbox"/> W <input type="checkbox"/> EF <input type="checkbox"/> SF <input type="checkbox"/> BF <input type="checkbox"/> M			
EMPL NUM & CO <input type="checkbox"/> W <input type="checkbox"/> EF <input type="checkbox"/> SF <input type="checkbox"/> BF <input type="checkbox"/> M				EMPL NUM & CO <input type="checkbox"/> W <input type="checkbox"/> EF <input type="checkbox"/> SF <input type="checkbox"/> BF <input type="checkbox"/> M			
POST INSTALL LOCATING <input type="checkbox"/> PAINT <input type="checkbox"/> FLAGGED <input type="checkbox"/> LOCATED							
MATERIAL							
SSN	DESCRIPTION	SIZE	QTY INST	SSN	DESCRIPTION	SIZE	QTY INST
<u>21-65-8043</u>	<u>LYCO FIT CPLG</u>	<u>010</u>	<u>2</u>				
<u>07-50-824</u>	<u>" " END CAP</u>	<u>010</u>	<u>1</u>				
QA/QC REVIEW BY: <u>Jenny Clez</u>				QA/QC REVIEW DATE: <u>9/14/2020</u>			

REDACTED
SERVICE LINE RECORD (SLR)

FOR MORE INFORMATION, REFER TO GS 3020.012 "SERVICE LINE RECORDS"

REFERENCE CODES

DATE FORMAT

ALL DATES TO BE IN MM-DD-YYYY
OR MM/DD/YYYY FORMAT
ACCEPTABLE: 01-31-2007 or 01/31/2007
UNACCEPTABLE: 01-31-07 (MUST USE 4-DIGIT
YEAR)

MASTER TAP

LEAVE BLANK IF ONLY 1 CUST ON SL
(KY, MD, OH, PA, VA)

USE DASH (-) IF ONLY 1 CUST ON SL
(MA)

* PRIMARY REF BY CB
+ OTHER DOWNSTR CUST
P SPLIT SERVICE; PRIM SL
S SPLIT SERVICE; SEC SL

DESIGNATING CB & OTHER LOCATIONS

EXAMPLE:
32 FFB 5 RRB
32 FT FRONT OF FRONT BLDG EDGE
5 FEET RIGHT OF RIGHT BLDG EDGE

For service lines installed with no curb
valve or excess flow valve, enter "NCV."

For service lines installed with no curb
valve and with one or more excess flow
valves, enter "EFV-NCV" or "NCV-EFV."

OP PRESS

LP LOW PRESSURE
IP INTERMEDIATE PRESSURE
MP MEDIUM PRESSURE
HP HIGH PRESSURE

SIZE CODES

(LARGER SIZES SIMILAR)

005 1/2 "
007 3/4 "
010 1 "
012 1-1/4 "
015 1-1/2 "
020 2 "
030 3 "
040 4 "

MATERIAL CODES

CI CAST IRON
CU COPPER
OT OTHER
P PLASTIC
PI PLASTIC INSERT
S STEEL
ST STEEL, TREATED
WI WROUGHT IRON

INSTALLATION METHOD

OC OPEN CUT
TO TIE OVER
PI PLASTIC INSERT
TT TRENCHLESS TECH

CASING MATERIAL

S BARE STEEL
ST COATED STEEL
P PLASTIC
PVC PVC
OT OTHER
NA NOT APPLICABLE

REPAIR KIND

CUBOX – curb box
CUST – repair on customer-owned piping
EFV – install/replace EFV
FACDAM – facility damage
LEAK – leak repair
RCLASS - reclassification
REC – plastic reconnect was made
REINSP – negative reinspection
RISER – replaced riser
TEE – replaced or repaired tee
VALVE – curb valve changed

OBJECT CODES FOR SKETCH

B BLDG EDGE
BK BACK
C CORNER
CB CATCH BASIN
CEL CENTER OF EB LANE
CLP CENTER OF PAVEMENT
CLR CENTER OF RT OF WAY
CNL CENTER OF NB LANE
CO CLEANOUT (SEWER)
COP CENTER OF PROPERTY
CSL CENTER OF SB LANE
CU CURB
CWL CENTER OF WB LANE
D DRIVEWAY EDGE
DS DOWNSPOUT
EP EDGE OF PAVEMENT
ES EDGE OF SIDEWALK
F FRONT
G GARAGE EDGE
L LEFT
LAT LATERAL (SEWER)
M METER
MH MANHOLE
P PORCH EDGE
PAD TRAILER PAD
PL PROPERTY LINE
R RIGHT
RW RIGHT OF WAY
SAN SANITARY SEWER
ST STORM SEWER
W WATER VALVE
Y WYE FITTING

JOINT TYPES

BF BUTT FUSION
EF ELECTROFUSION
SF SOCKET FUSION
M MECHANICAL FITTING
W WELDED (STEEL)

jo num: 20-8311115-00 loc num: 8400 ^{REDACTED} supervisor: 8410P PAGE: 01 of 03
job type: 2313 specific budget: copy no: 01 on: 08/06/20
job summary: MVI RETEST SERVICE LINES bad weather (y/n): N
job desc: MAINTENANCE OF S.L. status: PE

cdc map num: 025 system number: 80001004 HP maop: 98.0
located at: 35 ESSEX ST MINISTR
begin street num: end street num:
between:
and:
also known as:
city: ANDOVER zip: 01810

originated by: U121848 on: 07/28/20 updated by: U125028 on: 08/06/20
wms related jo num: dis related jo num:
project id: 20-73312 project name: DYNAMIC RISK - MVI
co/contract cd: B reimbursable (y/n): N income tax (y/n): N
facility type: facility id:
function type: function id:
co premise id: psid: 570725009
county name: ESSEX
taxing district: 0000401 mult tax dist (y/n): _
incorporated place: ANDOVER
county subdivision:
assess district 1:
assess district 2:
permits required:

committed date: target date: start date: 07/31/20
duration: 4:00 num in crew: 2 manhours: 8.0
dpi ref #: leak grade: mult facility (y/n): N
scheduling: 20

CUSTOMER BUSINESS PHONE: () -
MET INFO: LOC CD: 02 NUMBER: H59364 KIND-SIZE: 000
REG INFO: TYPE: NUM INSTLD: 0 INSPECTION:
LOC INFO: SUBDIV: LOT NUM:
PLMBR: PHONE: (000)000-0000
CNTRCTR: PHONE: (000)000-0000
CURB BOX LOC: SL (SHORT/LONG):
MAIN LOC: LOAD MCF: 000000 PIPE SZ: 000
LE INFO: SIZE: 000000 AMT: 0000000.00 LENGTH: 000000

jo num: 20-8311115-00 loc num: 8400 ^{REDACTED} supervisor: 8410P PAGE: 02 of 03
job type: 2313 job summary: MVI RETEST SERVICE LINES specific budget:

***** E X E C U T I O N *****
remarks: _____

line markers and signs inspected (y/n): _____
facility failures (y/n): _____ damages by others (y/n): _____
damages to others (y/n): _____ map corrections (y/n): _____

***** C H A R G E T O I N F O R M A T I O N *****
80-0384000-0384000-00080-02313- -89200000:100%

_____ : _____%

***** F U R T H E R A C T I O N R E Q U I R E D *****
job type: _____ job summary: _____
remarks: _____

***** A T T A C H M E N T S *****
detail: contracts: materials: X execute detail:
pipe exposure: X facility: f.a.r.: X sketch: _____

I HAVE COMPLETED THIS JOB ORDER IN COMPLIANCE WITH ALL APPLICABLE POLICIES AND PROCEDURES. DAVE WILLIAMS (COMPANY REPRESENTATIVE) 08/21, 2020

***** M A T E R I A L S *****
----- quantity -----

stock description	uom	est	net	ord	truck	inst	lost	trans	trans to/from
ssn									

***** S O D A N D P A V I N G *****
surface broken by: _____ date broken: _____ 1

surface broken: _____ ft from: _____
and: _____ ft from: _____

type broken: _____
size of opening: _____ X _____
depth inches: _____

surface as found: _____
surface as left: _____

authorized repair size: _____ X _____ completed (y/n) _____ (no f.a.r.)

authorized repair surface: _____
actual repair size: _____ X _____

actual repair kind: _____

repaired/completed by: _____ contractor name: _____

charge : _____ : _____ % _____ : _____ % _____ : _____ %
to jo#s _____ : _____ % _____ : _____ % _____ : _____ %
_____ : _____ % _____ : _____ % _____ : _____ %

jo num: 20-8311115-00 loc num: 8400 ^{REDACTED} supervisor: 8410P PAGE: 03 of 03
job type: 2313 job summary: MVI RETEST SERVICE LINES specific budget:

***** S O D A N D P A V I N G *****
surface broken by: _____ date broken: _____ 2

surface broken: _____ ft from: _____
and: _____ ft from: _____

type broken: _____

size of opening: _____ X _____

depth inches: _____

surface as found: _____

surface as left: _____

authorized repair size: _____ X _____ completed (y/n) _____ (no f.a.r.)

authorized repair surface: _____

actual repair size: _____ X _____

actual repair kind: _____

repaired/completed by: _____ contractor name: _____

charge : _____ : _____ % _____ : _____ % _____ : _____ %

to jo#s _____ : _____ % _____ : _____ % _____ : _____ %

_____ : _____ % _____ : _____ % _____ : _____ %

***** P I P E E X P O S U R E *****

located at: _____ - _____ - _____ - _____ - _____ - _____

county: _____ city: _____ map num: _____

begin street num: _____ end street num: _____

between: _____ - _____ - _____ - _____

and: _____ - _____ - _____ - _____

exposure type: _____

material: _____ pipe cond: _____ corrosion: _____ pits code: _____ intrnl corr: _____

ctg cond: _____ ctg type: _____ ftg expsd: _____ depth cvr: _____ in mtl rmv: _____

year installed: _____ num existing clamps: _____ pipe size code: _____

corr contrl type: _____

num clamps installed: _____ number anodes installed: _____ op press: _____

pipe to soil reading: _____ volts surface cover: _____

----- existing service line data -----

operating pressure: _____ efv (y/n): _____ main number: _____

main size: 000 material: _____ main location: _____

length of service: _____ ft ft

service pipel: size: 000 material: _____ special condition: _____

service pipe2: size: 000 material: _____ repair kind: _____

install date: 00/00/00 00/00/00 repair date: 00/00/00 00/00/00

master tap code: _____ master tap location: _____

curb box location: _____ customer valve location: _____

REDACTED
 COLUMBIA GAS DISTRIBUTION COMPANIES
 WORK MANAGEMENT SYSTEM
 METER MANIFOLD INFORMATION

for job order: 20-8311115-00 site id: 570725009

EXISTING METER MANIFOLD DATA

address	prem stat	mstr tap	meter no	kind size	mtr loc	bypass	flow lmtr	reg ins	correct?
35 ESSEX ST MINISTR AND,	B	-	H59364		02	N			

ADDITIONAL METER MANIFOLD DATA

address	prem stat	mstr tap	meter no	kind size	mtr loc	bypass	flow lmtr	reg ins	correct?
_____	---	---	_____	_____	---	---	---	---	---
_____	---	---	_____	_____	---	---	---	---	---
_____	---	---	_____	_____	---	---	---	---	---
_____	---	---	_____	_____	---	---	---	---	---
_____	---	---	_____	_____	---	---	---	---	---

COMMENTS

REDACTED



REDACTED



REDACTED



SERVICE LINE RECORD (SLR)

JOB ORDER # 20-831118-00 FORM COMPL BY: B. Forester CONSTR COORD: B. Forester
 NEW REPLACE ABANDON REPAIR SURVEY TIE-OVER RECONNECT DATE: 09-04-2020

SERVICE ADDRESS <u>18 Market St</u>						CITY <u>Lawrence</u>			TCC <u>8400</u>				
PSID/SITE ID <u>754923001</u>		MT <u>-</u>	MASTER TAP REF (ADDR &/OR PSID/SITE ID)			CURB BOX LOCATION <u>EFV-NCV</u>		TAP LOCATION <u>46' LRB/34' RLB</u>		OP PRESS <u>HP</u>			
MAIN TO PROPERTY LINE OR METER	LENGTH <u>19</u>	SIZE <u>010</u>	MATL <u>P</u>	DEPTH (IN) AT INSTALL <u>40</u>	OP PRESS <u>HP</u>	DATE INSTLD/ABN <u>11-16-18</u>	INSTALL MTHD <u>OC</u>	CASING MATL	REPAIR DATE <u>09-04-2020</u>	REPAIR KIND <u>Rec</u>			
PROPERTY LINE OF METER	LENGTH <u>37</u>	SIZE <u>010</u>	MATL <u>P</u>	DEPTH (IN) AT INSTALL <u>32</u>	OP PRESS <u>HP</u>	DATE INSTLD/ABN <u>11-16-18</u>	INSTALL MTHD <u>OC</u>	CASING MATL	REPAIR DATE <u>09-04-2020</u>	REPAIR KIND <u>Rec</u>			
RETIRED PIPE (CMA ONLY)	LENGTH	SIZE	MATL	DATE INSTLD		DATE ABN		MAIN INFO (CMA ONLY) <u>020 P</u>	MAIN SIZE-MATL <u>020 P</u>	NEW PIPE FTG INSTLD (CMA ONLY)	LENGTH <u>1ft</u>	SIZE <u>010</u>	MATL <u>P</u>
PULL BACK CAMERA USED AND VIDEO VERIFIED CLEAR WITH SITE INVESTIGATION PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO BY:						SEE RELATED SEWER LOCATE CARD <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			POST SEWER CAMERA REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
PRESSURE TESTED PER GAS STANDARD <input checked="" type="checkbox"/> SRV LINE M-PL/CV <u>16</u> MINS @ <u>154</u> PSIG <input checked="" type="checkbox"/> Soap Test <input checked="" type="checkbox"/> SRV LINE PL/CV-MTR <u>16</u> MINS @ <u>154</u> PSIG <input checked="" type="checkbox"/> Soap Test						PRESSURE TEST BY (SIGNATURE; THEN PRINT NAME & EMPL NUM & CO NAME) <u>X W. DeRoche William DeRoche 3451 Feeney</u>							
PRESSURE VERIFICATION <u>74</u> <input type="checkbox"/> "w.c." <input checked="" type="checkbox"/> PSIG CONTENT VERIFIED: <input checked="" type="checkbox"/>						PRESSURE/CONTENT VERIFICATION BY (PRINT NAME & EMPL NUM) <u>X William DeRoche 3451</u>							
ADDITIONAL INFORMATION: <u>*Refer Service from Plot of Sewerage System for Relocation Bill</u>													

MARKET ST.

PERSONS MAKING WELDS, FUSIONS, AND MECHANICAL FITTING JOINTS											
EMPL NUM & CO <u>3451 Feeney</u>			<input type="checkbox"/> W <input type="checkbox"/> EF <input type="checkbox"/> SF <input type="checkbox"/> BF <input checked="" type="checkbox"/> M			EMPL NUM & CO			<input type="checkbox"/> W <input type="checkbox"/> EF <input type="checkbox"/> SF <input type="checkbox"/> BF <input type="checkbox"/> M		
EMPL NUM & CO			<input type="checkbox"/> W <input type="checkbox"/> EF <input type="checkbox"/> SF <input type="checkbox"/> BF <input type="checkbox"/> M			EMPL NUM & CO			<input type="checkbox"/> W <input type="checkbox"/> EF <input type="checkbox"/> SF <input type="checkbox"/> BF <input type="checkbox"/> M		
POST INSTALL LOCATING <input type="checkbox"/> PAINT <input type="checkbox"/> FLAGGED <input type="checkbox"/> LOCATED											
MATERIAL											
SSN	DESCRIPTION		SIZE	QTY INST	SSN	DESCRIPTION		SIZE	QTY INST		
<u>21-65 8093</u>	<u>LYCO COUP</u>		<u>1"</u>	<u>2</u>							
QA/QC REVIEW BY: <u>Jenny [Signature]</u>						QA/QC REVIEW DATE: <u>9/9/2020</u>					

SERVICE LINE RECORD (SLR)

FOR MORE INFORMATION, REFER TO GS 3020.012 "SERVICE LINE RECORDS"

REFERENCE CODES

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OR MM/DD/YYYY FORMAT
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UNACCEPTABLE: 01-31-07 (MUST USE 4-DIGIT
YEAR)

MASTER TAP

LEAVE BLANK IF ONLY 1 CUST ON SL
(KY, MD, OH, PA, VA)

USE DASH (-) IF ONLY 1 CUST ON SL
(MA)

- * PRIMARY REF BY CB
- + OTHER DOWNSTR CUST
- P SPLIT SERVICE; PRIM SL
- S SPLIT SERVICE; SEC SL

DESIGNATING CB & OTHER LOCATIONS

EXAMPLE:
32 FFB 5 RRB
32 FT FRONT OF FRONT BLDG EDGE
5 FEET RIGHT OF RIGHT BLDG EDGE

For service lines installed with no curb
valve or excess flow valve, enter "NCV."

For service lines installed with no curb
valve and with one or more excess flow
valves, enter "EFV-NCV" or "NCV-EFV."

OP PRESS

- LP LOW PRESSURE
- IP INTERMEDIATE PRESSURE
- MP MEDIUM PRESSURE
- HP HIGH PRESSURE

SIZE CODES

(LARGER SIZES SIMILAR)

- 005 1/2 "
- 007 3/4"
- 010 1"
- 012 1-1/4"
- 015 1-1/2"
- 020 2"
- 030 3"
- 040 4"

MATERIAL CODES

- CI CAST IRON
- CU COPPER
- OT OTHER
- P PLASTIC
- PI PLASTIC INSERT
- S STEEL
- ST STEEL, TREATED
- WI WROUGHT IRON

INSTALLATION METHOD

- OC OPEN CUT
- TO TIE OVER
- PI PLASTIC INSERT
- TT TRENCHLESS TECH

CASING MATERIAL

- S BARE STEEL
- ST COATED STEEL
- P PLASTIC
- PVC PVC
- OT OTHER
- NA NOT APPLICABLE

REPAIR KIND

- CUBOX – curb box
- CUST – repair on customer-owned piping
- EFV – install/replace EFV
- FACDAM – facility damage
- LEAK – leak repair
- RCLASS - reclassification
- REC – plastic reconnect was made
- REINSP – negative reinspection
- RISER – replaced riser
- TEE – replaced or repaired tee
- VALVE – curb valve changed

OBJECT CODES FOR SKETCH

- B BLDG EDGE
- BK BACK
- C CORNER
- CB CATCH BASIN
- CEL CENTER OF EB LANE
- CLP CENTER OF PAVEMENT
- CLR CENTER OF RT OF WAY
- CNL CENTER OF NB LANE
- CO CLEANOUT (SEWER)
- COP CENTER OF PROPERTY
- CSL CENTER OF SB LANE
- CU CURB
- CWL CENTER OF WB LANE
- D DRIVEWAY EDGE
- DS DOWNSPOUT
- EP EDGE OF PAVEMENT
- ES EDGE OF SIDEWALK
- F FRONT
- G GARAGE EDGE
- L LEFT
- LAT LATERAL (SEWER)
- M METER
- MH MANHOLE
- P PORCH EDGE
- PAD TRAILER PAD
- PL PROPERTY LINE
- R RIGHT
- RW RIGHT OF WAY
- SAN SANITARY SEWER
- ST STORM SEWER
- W WATER VALVE
- Y WYE FITTING

JOINT TYPES

- BF BUTT FUSION
- EF ELECTROFUSION
- SF SOCKET FUSION
- M MECHANICAL FITTING
- W WELDED (STEEL)

jo num: 20-8311118-00 loc num: 8400 supervisor: 8410P PAGE: 01 of 03
job type: 2313 specific budget: copy no: 01 on: 08/06/20
job summary: MVI RETEST SERVICE LINES bad weather (y/n): N
job desc: MAINTENANCE OF S.L. status: IP

cdc map num: 013 system number: 80001004 HP maop: 98.0
located at: 18 MARKET ST FL1
begin street num: end street num:
between:
and:
also known as:
city: LAWRENCE zip: 01843

originated by: U121848 on: 07/28/20 updated by: U125028 on: 08/06/20
wms related jo num: dis related jo num:
project id: 20-73312 project name: DYNAMIC RISK - MVI
co/contract cd: B reimbursable (y/n): N income tax (y/n): N
facility type: facility id:
function type: function id:
co premise id: psid: 754923001
county name: ESSEX
taxing district: 0000402 mult tax dist (y/n): _
incorporated place: LAWRENCE
county subdivision:
assess district 1:
assess district 2:
permits required:

committed date: target date: start date: 07/31/20
duration: 4:00 num in crew: 2 manhours: 8.0
dpi ref #: leak grade: mult facility (y/n): N
scheduling: 20

CUSTOMER BUSINESS PHONE: () -
MET INFO: LOC CD: 03 NUMBER: Q01802 KIND-SIZE: 000
REG INFO: TYPE: NUM INSTLD: 0 INSPECTION:
LOC INFO: SUBDIV: LOT NUM:
PLMBR: PHONE: (000)000-0000
CNTRCTR: PHONE: (000)000-0000
CURB BOX LOC: SL (SHORT/LONG):
MAIN LOC: LOAD MCF: 000000 PIPE SZ: 000
LE INFO: SIZE: 000000 AMT: 0000000.00 LENGTH: 000000

REDACTED

jo num: 20-8311118-00 loc num: 8400 supervisor: 8410P PAGE: 02 of 03
job type: 2313 job summary: MVI RETEST SERVICE LINES specific budget:
***** E X E C U T I O N *****
remarks: _____

line markers and signs inspected (y/n): _____
facility failures (y/n): _____ damages by others (y/n): _____
damages to others (y/n): _____ map corrections (y/n): _____

***** C H A R G E T O I N F O R M A T I O N *****
80-0384000-0384000-00080-02313- -89200000:100%
_____ : _____%

***** F U R T H E R A C T I O N R E Q U I R E D *****
job type: _____ job summary: _____
remarks: _____

***** A T T A C H M E N T S *****
detail: contracts: materials: X execute detail:
pipe exposure: X facility: f.a.r.: X sketch: _____

I HAVE COMPLETED THIS JOB ORDER IN COMPLIANCE WITH ALL APPLICABLE POLICIES AND
PROCEDURES. Bob Foa (COMPANY REPRESENTATIVE) 09-04-2020

***** M A T E R I A L S *****

stock description	uom	est	net	ord	truck	inst	lost	trans	trans to/from
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

***** S O D A N D P A V I N G *****
surface broken by: _____ date broken: _____ 1
surface broken: _____ ft from: _____
and: _____ ft from: _____
type broken: _____
size of opening: _____ X _____
depth inches: _____
surface as found: _____
surface as left: _____
authorized repair size: _____ X _____ completed (y/n) _____ (no f.a.r.)
authorized repair surface: _____
actual repair size: _____ X _____
actual repair kind: _____
repaired/completed by: _____ contractor name: _____
charge : _____ : _____% _____ : _____% _____ : _____%
to jo#s _____ : _____% _____ : _____% _____ : _____%
_____ : _____% _____ : _____% _____ : _____%

REDACTED

jo num: 20-8311118-00 loc num: 8400 supervisor: 8410P PAGE: 03 of 03
job type: 2313 job summary: MVI RETEST SERVICE LINES specific budget:
***** S O D A N D P A V I N G *****
surface broken by: _____ date broken: _____ 2
surface broken: _____ ft from: _____
and: _____ ft from: _____
type broken: _____
size of opening: _____ X _____
depth inches: _____
surface as found: _____
surface as left: _____
authorized repair size: _____ X _____ completed (y/n) _____ (no f.a.r.)
authorized repair surface: _____
actual repair size: _____ X _____
actual repair kind: _____
repaired/completed by: _____ contractor name: _____
charge : _____ : _____ % _____ : _____ % _____ : _____ %
to jo#s _____ : _____ % _____ : _____ % _____ : _____ %
_____ : _____ % _____ : _____ % _____ : _____ %

***** P I P E E X P O S U R E *****
located at: _____ - _____ - _____ - _____ - _____ - _____
county: _____ city: _____ map num: _____
begin street num: _____ end street num: _____
between: _____ - _____ - _____ - _____
and: _____ - _____ - _____ - _____
exposure type: _____
material: _____ pipe cond: _____ corrosion: _____ pits code: _____ intrnl corr: _____
ctg cond: _____ ctg type: _____ ftg expsd: _____ depth cvr: _____ in mtl rmv: _____
year installed: _____ num existing clamps: _____ pipe size code: _____
corr contrl type: _____
num clamps installed: _____ number anodes installed: _____ op press: _____
pipe to soil reading: _____ volts surface cover: _____

----- existing service line data -----
operating pressure: _____ efv (y/n): _____ main number: _____
main size: 000 material: _____ main location: _____
length of service: _____ ft ft
service pipel: size: 000 material: _____ special condition: _____
service pipe2: size: 000 material: _____ repair kind: _____
install date: 00/00/00 00/00/00 repair date: 00/00/00 00/00/00
master tap code: _____ master tap location: _____
curb box location: _____ customer valve location: _____

REDACTED
COLUMBIA GAS DISTRIBUTION COMPANIES
WORK MANAGEMENT SYSTEM
METER MANIFOLD INFORMATION

date: 08/06/2020
time: 08:38

for job order: 20-8311118-00 site id: 754923001

EXISTING METER MANIFOLD DATA

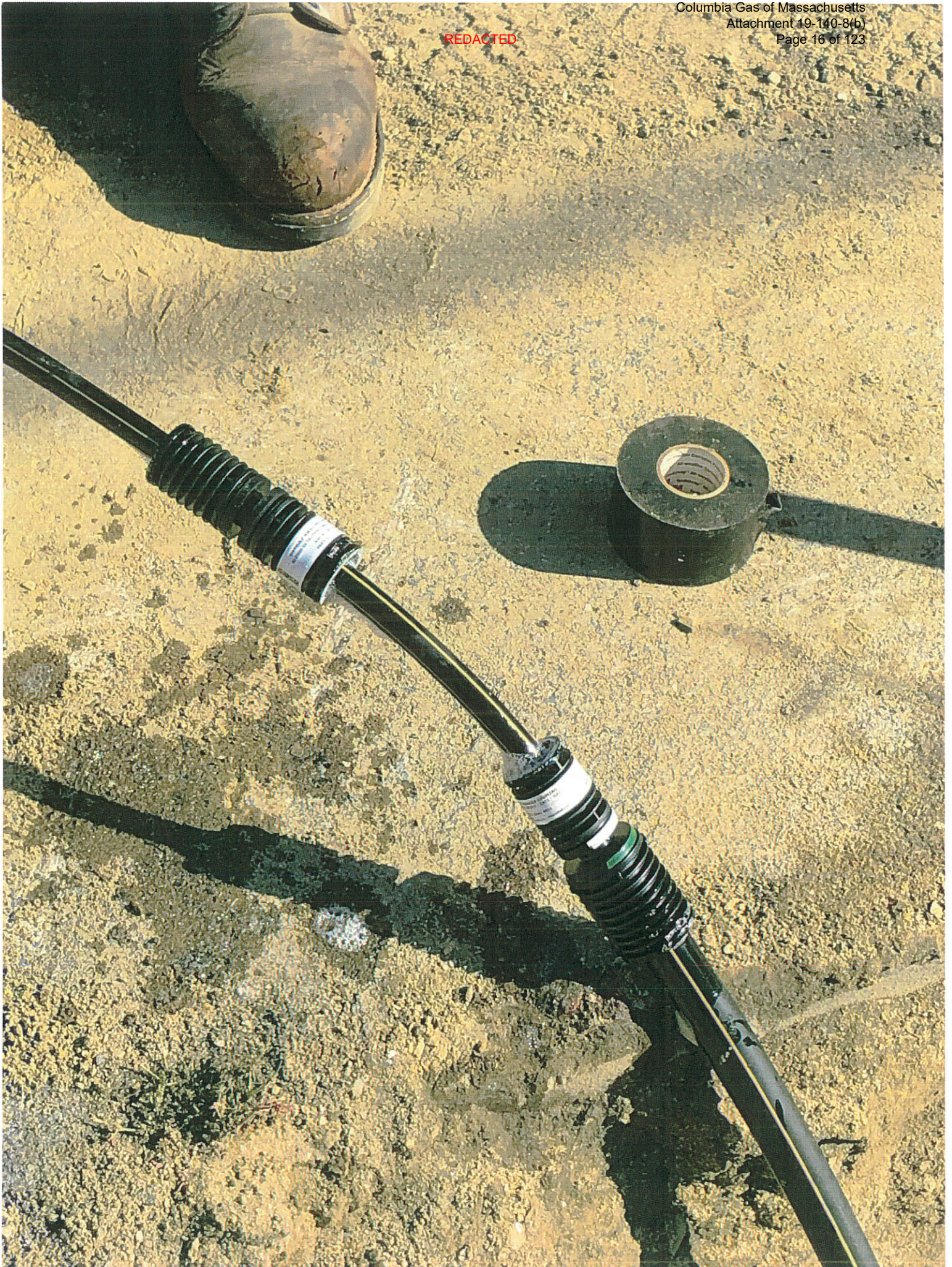
	address			prem stat	mstr tap	meter no	kind size	mtr loc	bypass	flow lmtr	reg ins	correct?
18	MARKET ST	FL1	LAW, MA	B	*	Q01802		03	N	—	—	—
18	MARKET ST	FL1	LAW, MA	B	*	Q01802		03	N	—	—	—
18	MARKET ST	FL 2	LAW, M	B	+	Q01778	24	03	N	—	—	—
18	MARKET ST	FL3	LAW, MA	B	+	Q01777	24	03	N	—	—	—

ADDITIONAL METER MANIFOLD DATA

	address			prem stat	mstr tap	meter no	kind size	mtr loc	bypass	flow lmtr	reg ins	correct?

COMMENTS

REDACTED



REDACTED



REDACTED



REDACTED



SERVICE LINE RECORD (SLR)

JOB ORDER # **20-831117-00** FORM COMPL BY: **B. FORESTER** CONSTR COORD: **B. FORESTER**
 NEW REPLACE ABANDON REPAIR SURVEY TIE-OVER RECONNECT DATE: **09-03-2020**

SERVICE ADDRESS **61 BROOKFIELD** CITY **LAWRENCE** TCC **8400**

PSID/SITE ID **694132000 *** MT ***** MASTER TAP REF (ADDR &/OR PSID/SITE ID) CURB BOX LOCATION **EFV-NCV** TAP LOCATION **55R1FB / 44LRFB** OP PRESS **HP**

MAIN TO PROPERTY LINE LENGTH **30'** SIZE **005** MATL **P** DEPTH (IN) AT INSTAL **26"** OP PRESS **HP** DATE INSTLD/ABN **10-04-2018** INSTALL MTHD **PI** CASING MATL **OT** REPAIR DATE **09-03-2020** REPAIR KIND **REC**

PROPERTY LINE TO METER LENGTH **13** SIZE **005** MATL **P** DEPTH (IN) AT INSTAL **36"** OP PRESS **HP** DATE INSTLD/ABN **10-04-2018** INSTALL MTHD **PI** CASING MATL **OT** REPAIR DATE **09-03-2020** REPAIR KIND **REC**

RETIRED PIPE (CMA ONLY) LENGTH SIZE MATL DATE INSTLD DATE ABN MAIN INFO (CMA ONLY) **120CS** MAIN SIZE-MATL NEW PIPE FTG INSTLD (CMA ONLY) LENGTH **1 FT** SIZE **005** MATL **P**

PULL BACK CAMERA USED AND VIDEO VERIFIED CLEAR WITH SITE INVESTIGATION PERFORMED YES NO BY: SEE RELATED SEWER LOCATE CARD YES NO POST SEWER CAMERA REQUIRED YES NO

PRESSURE TESTED PER GAS STANDARD SRV LINE PL/CV **20** MINS @ **154** PSIG Soap Test SRV LINE PL/CV-MTR **20** MINS @ **154** PSIG Soap Test PRESSURE TEST BY (SIGNATURE; THEN PRINT NAME & EMPL NUM & CO NAME) **William DeRoche W DeRoche 3451 Feeney**

PRESSURE VERIFICATION **74** "w.c." PSIG CONTENT VERIFIED: PRESSURE/CONTENT VERIFICATION BY (PRINT NAME & EMPL NUM) **William DeRoche 3451**

ADDITIONAL INFORMATION *** RETEST SVC LINE FROM PT SEPERATION TO DISER-SOAP TEST ALL**

PERSONS MAKING WELDS, FUSIONS, AND MECHANICAL FITTING JOINTS

EMPL NUM & CO **3451 Feeney** W EF SF BF M EMPL NUM & CO W EF SF BF M
EMPL NUM & CO W EF SF BF M EMPL NUM & CO W EF SF BF M

POST INSTALL LOCATING PAINT FLAGGED LOCATED

MATERIAL

SSN	DESCRIPTION	SIZE	QTY INST	SSN	DESCRIPTION	SIZE	QTY INST
21-65-8100	1/2 L40 COUP	1/2	2				

QA/QC REVIEW BY: **Jenny Angulo** QA/QC REVIEW DATE: **9/14/2020**

SERVICE LINE RECORD (SLR)

REDACTED

FOR MORE INFORMATION, REFER TO GS 3020.012 "SERVICE LINE RECORDS"

REFERENCE CODES

DATE FORMAT

ALL DATES TO BE IN MM-DD-YYYY
OR MM/DD/YYYY FORMAT
ACCEPTABLE: 01-31-2007 or 01/31/2007
UNACCEPTABLE: 01-31-07 (MUST USE 4-DIGIT
YEAR)

MASTER TAP

LEAVE BLANK IF ONLY 1 CUST ON SL
(KY, MD, OH, PA, VA)

USE DASH (-) IF ONLY 1 CUST ON SL
(MA)

- * PRIMARY REF BY CB
- + OTHER DOWNSTR CUST
- P SPLIT SERVICE; PRIM SL
- S SPLIT SERVICE; SEC SL

DESIGNATING CB & OTHER LOCATIONS

EXAMPLE:
32 FFB 5 RRB
32 FT FRONT OF FRONT BLDG EDGE
5 FEET RIGHT OF RIGHT BLDG EDGE

For service lines installed with no curb
valve or excess flow valve, enter "NCV."

For service lines installed with no curb
valve and with one or more excess flow
valves, enter "EFV-NCV" or "NCV-EFV."

OP PRESS

- LP LOW PRESSURE
- IP INTERMEDIATE PRESSURE
- MP MEDIUM PRESSURE
- HP HIGH PRESSURE

SIZE CODES

(LARGER SIZES SIMILAR)

- 005 1/2 "
- 007 3/4"
- 010 1"
- 012 1-1/4"
- 015 1-1/2"
- 020 2"
- 030 3"
- 040 4"

MATERIAL CODES

- CI CAST IRON
- CU COPPER
- OT OTHER
- P PLASTIC
- PI PLASTIC INSERT
- S STEEL
- ST STEEL, TREATED
- WI WROUGHT IRON

INSTALLATION METHOD

- OC OPEN CUT
- TO TIE OVER
- PI PLASTIC INSERT
- TT TRENCHLESS TECH

CASING MATERIAL

- S BARE STEEL
- ST COATED STEEL
- P PLASTIC
- PVC PVC
- OT OTHER
- NA NOT APPLICABLE

REPAIR KIND

- CUBOX – curb box
- CUST – repair on customer-owned piping
- EFV – install/replace EFV
- FACDAM – facility damage
- LEAK – leak repair
- RCLASS - reclassification
- REC – plastic reconnect was made
- REINSP – negative reinspection
- RISER – replaced riser
- TEE – replaced or repaired tee
- VALVE – curb valve changed

OBJECT CODES FOR SKETCH

- B BLDG EDGE
- BK BACK
- C CORNER
- CB CATCH BASIN
- CEL CENTER OF EB LANE
- CLP CENTER OF PAVEMENT
- CLR CENTER OF RT OF WAY
- CNL CENTER OF NB LANE
- CO CLEANOUT (SEWER)
- COP CENTER OF PROPERTY
- CSL CENTER OF SB LANE
- CU CURB
- CWL CENTER OF WB LANE
- D DRIVEWAY EDGE
- DS DOWNSPOUT
- EP EDGE OF PAVEMENT
- ES EDGE OF SIDEWALK
- F FRONT
- G GARAGE EDGE
- L LEFT
- LAT LATERAL (SEWER)
- M METER
- MH MANHOLE
- P PORCH EDGE
- PAD TRAILER PAD
- PL PROPERTY LINE
- R RIGHT
- RW RIGHT OF WAY
- SAN SANITARY SEWER
- ST STORM SEWER
- W WATER VALVE
- Y WYE FITTING

JOINT TYPES

- BF BUTT FUSION
- EF ELECTROFUSION
- SF SOCKET FUSION
- M MECHANICAL FITTING
- W WELDED (STEEL)

jo num: 20-8311117-00 loc num: 8400 ^{REDACTED} supervisor: 8410P PAGE: 01 of 03
job type: 2313 specific budget: copy no: 01 on: 08/06/20
job summary: MVI RETEST SERVICE LINES bad weather (y/n): N
job desc: MAINTENANCE OF S.L. status: PE

cdc map num: 018 system number: 80001004 HP maop: 98.0
located at: 61 BROOKFIELD ST F-1
begin street num: end street num:
between:
and:
also known as:
city: LAWRENCE zip: 01843

originated by: U121848 on: 07/28/20 updated by: U125028 on: 08/06/20
wms related jo num: dis related jo num:
project id: 20-73312 project name: DYNAMIC RISK - MVI
co/contract cd: B reimbursable (y/n): N income tax (y/n): N
facility type: facility id:
function type: function id:
co premise id: psid: 694133000
county name: ESSEX
taxing district: 0000402 mult tax dist (y/n): _
incorporated place: LAWRENCE
county subdivision:
assess district 1:
assess district 2:
permits required:

committed date: target date: start date: 07/31/20
duration: 4:00 num in crew: 2 manhours: 8.0
dpi ref #: leak grade: mult facility (y/n): N
scheduling: 20

CUSTOMER BUSINESS PHONE: () -
MET INFO: LOC CD: 02 NUMBER: Q13281 KIND-SIZE: 000
REG INFO: TYPE: NUM INSTLD: 0 INSPECTION:
LOC INFO: SUBDIV: LOT NUM:
PLMBR: PHONE: (000)000-0000
CNTRCTR: PHONE: (000)000-0000
CURB BOX LOC: SL (SHORT/LONG):
MAIN LOC: LOAD MCF: 000000 PIPE SZ: 000
LE INFO: SIZE: 000000 AMT: 0000000.00 LENGTH: 000000

jo num: 20-8311117-00 loc num: 8400 ^{REDACTED} supervisor: 8410P PAGE: 02 of 03
job type: 2313 job summary: MVI RETEST SERVICE LINES specific budget:

***** E X E C U T I O N *****
remarks: _____

line markers and signs inspected (y/n): _____
facility failures (y/n): _____ damages by others (y/n): _____
damages to others (y/n): _____ map corrections (y/n): _____

***** C H A R G E T O I N F O R M A T I O N *****
80-0384000-0384000-00080-02313- -89200000:100%

_____ : _____%

***** F U R T H E R A C T I O N R E Q U I R E D *****
job type: _____ job summary: _____
remarks: _____

***** A T T A C H M E N T S *****
detail: _____ contracts: _____ materials: X execute detail: _____
pipe exposure: X facility: _____ f.a.r.: X sketch: _____

I HAVE COMPLETED THIS JOB ORDER IN COMPLIANCE WITH ALL APPLICABLE POLICIES AND PROCEDURES. Steve Bazzano (COMPANY REPRESENTATIVE) 9-3-, 2020

***** M A T E R I A L S *****
----- quantity -----

stock description	uom	est	net	ord	truck	inst	lost	trans	trans to/from
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

***** S O D A N D P A V I N G *****

surface broken by: _____ date broken: _____ 1
surface broken: _____ ft from: _____
and: _____ ft from: _____

type broken: _____
size of opening: _____ X _____
depth inches: _____
surface as found: _____
surface as left: _____
authorized repair size: _____ X _____ completed (y/n) _____ (no f.a.r.)
authorized repair surface: _____
actual repair size: _____ X _____
actual repair kind: _____

repaired/completed by: _____ contractor name: _____
charge : _____ : _____ % _____ : _____ % _____ : _____ %
to jo#s _____ : _____ % _____ : _____ % _____ : _____ %
_____ : _____ % _____ : _____ % _____ : _____ %

REDACTED

jo num: 20-8311117-00 loc num: 8400 supervisor: 8410P PAGE: 03 of 03
job type: 2313 job summary: MVI RETEST SERVICE LINES specific budget:
***** S O D A N D P A V I N G *****
surface broken by: _____ date broken: _____ 2
surface broken: _____ ft from: _____
and: _____ ft from: _____
type broken: _____
size of opening: _____ X _____
depth inches: _____
surface as found: _____
surface as left: _____
authorized repair size: _____ X _____ completed (y/n) _____ (no f.a.r.)
authorized repair surface: _____
actual repair size: _____ X _____
actual repair kind: _____
repaired/completed by: _____ contractor name: _____
charge : _____ : _____ % _____ : _____ % _____ : _____ %
to jo#s _____ : _____ % _____ : _____ % _____ : _____ %
_____ : _____ % _____ : _____ % _____ : _____ %

***** P I P E E X P O S U R E *****
located at: _____ - _____ - _____ - _____ - _____ - _____
county: _____ city: _____ map num: _____
begin street num: _____ end street num: _____
between: _____ - _____ - _____ - _____
and: _____ - _____ - _____ - _____
exposure type: _____
material: _____ pipe cond: _____ corrosion: _____ pits code: _____ intrnl corr: _____
ctg cond: _____ ctg type: _____ ftg expsd: _____ depth cvr: _____ in mtl rmv: _____
year installed: _____ num existing clamps: _____ pipe size code: _____
corr contrl type: _____
num clamps installed: _____ number anodes installed: _____ op press: _____
pipe to soil reading: _____ volts surface cover: _____

----- existing service line data -----
operating pressure: _____ efv (y/n): _____ main number: _____
main size: 000 material: _____ main location: _____
length of service: _____ ft ft
service pipe1: size: 000 material: _____ special condition: _____
service pipe2: size: 000 material: _____ repair kind: _____
install date: 00/00/00 00/00/00 repair date: 00/00/00 00/00/00
master tap code: _____ master tap location: _____
curb box location: _____ customer valve location: _____

REDACTED
 COLUMBIA GAS DISTRIBUTION COMPANIES
 WORK MANAGEMENT SYSTEM
 METER MANIFOLD INFORMATION

for job order: 20-8311117-00 site id: 694133000

EXISTING METER MANIFOLD DATA

address			prem stat	mstr tap	meter no	kind size	mtr loc	bypass	flow lmtr	reg ins	correct?
61	BROOKFIELD ST	F-1 LAW	B	*	Q13281		02	N	—	—	—
61B	BROOKFIELD ST	FL 2 L	B	+	Q03877	21	02	Y	—	—	—

ADDITIONAL METER MANIFOLD DATA

address			prem stat	mstr tap	meter no	kind size	mtr loc	bypass	flow lmtr	reg ins	correct?

COMMENTS

REDACTED



REDACTED

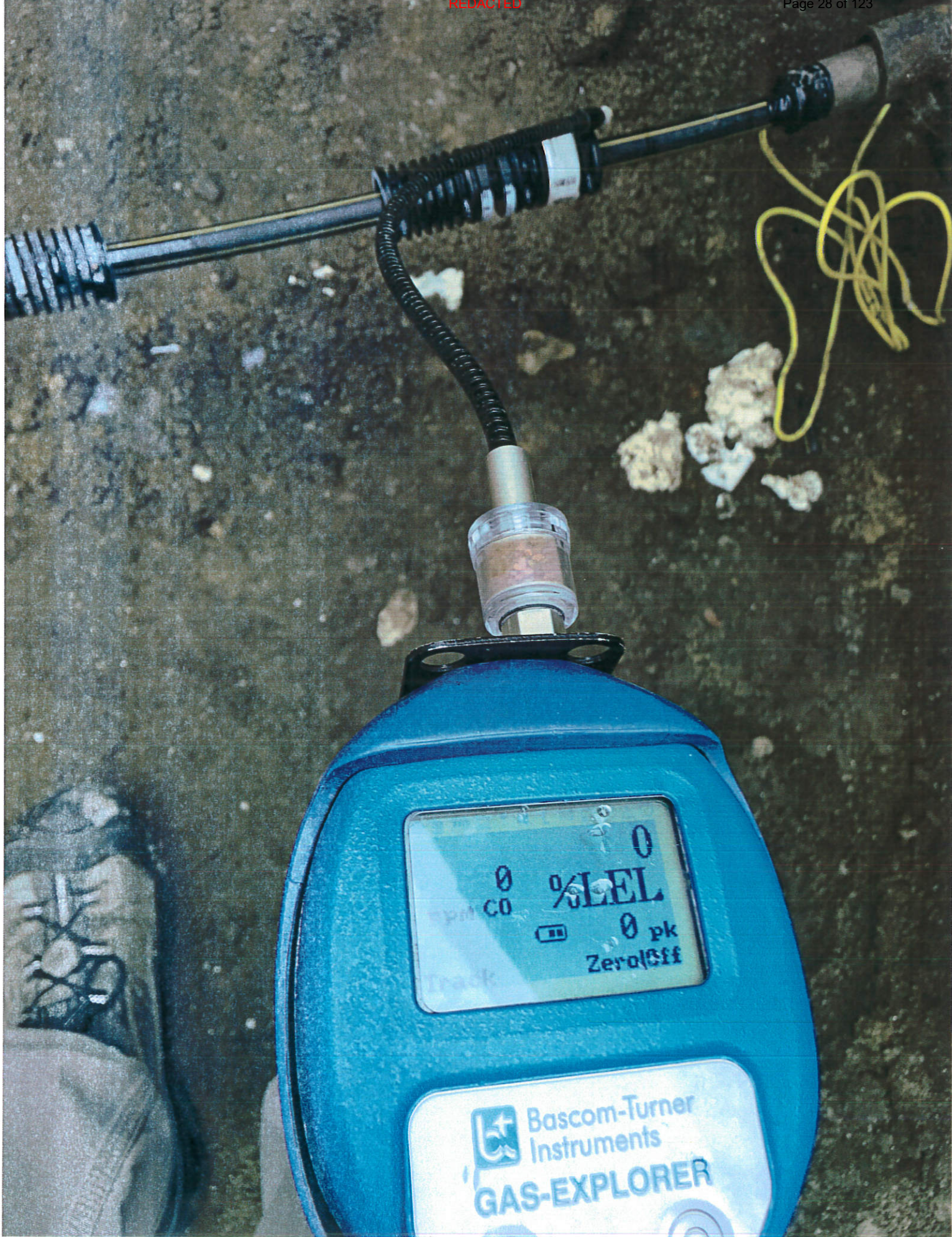


0 ppm CO
0 %LEL
Track Zero/Off

 Bascom-Turner
Instruments
GAS-EXPLORER


REDACTED

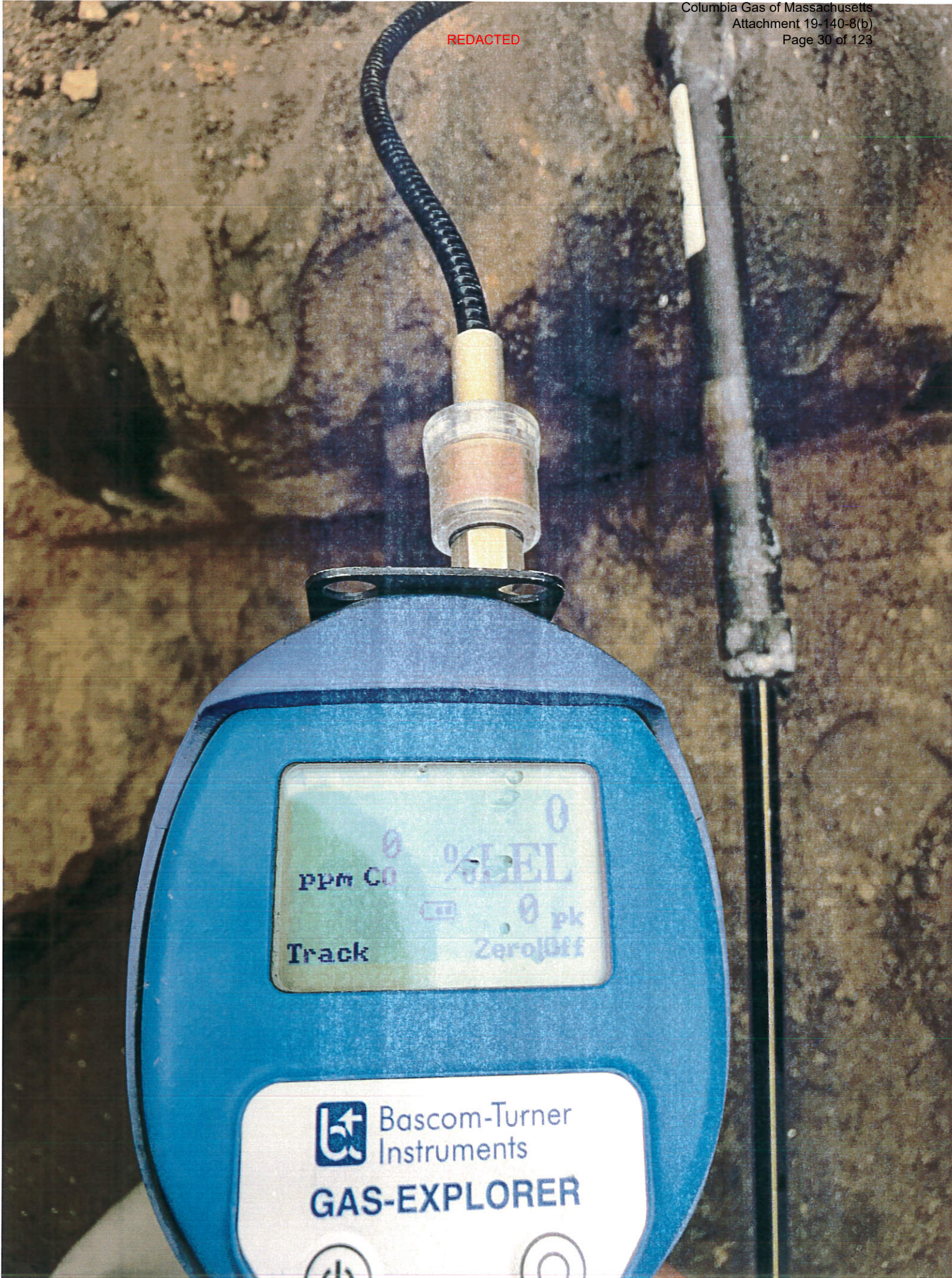


Bascom-Turner
Instruments
GAS-EXPLORER

REDACTED



REDACTED



Bascom-Turner
Instruments

GAS-EXPLORER



REDACTED



REDACTED



SERVICE LINE RECORD (SLR)

JOB ORDER # 20-831119-00 FORM COMP BY: STEVE BEZEMES

CONSTR COORD: Steve Bezemes

NEW REPLACE ABANDON REPAIR SURVEY TIE-OVER/RECONNECT

DATE: 9-24-2020

SERVICE ADDRESS 88 MARKET ST. CITY LAWRENCE TCC 8480

PSID/SITF ID 921923004 MT - MASTER TAP REF (ADDR &/OR PSID/SITE ID) CURB BOX LOCATION EFV - NCV TAP LOCATION 66'RLB, 63'LRB OP PRESS HP

MAIN TO PROPERTY LINE OR CURB VALVE LENGTH 45' SIZE 010 MATL PI DEPTH (IN) AT INSTALL 36 OP PRESS HP DATE INSTLD/ABN 11-13-2018 INSTALL MTHD R.I. CASING MATL S REPAIR DATE 09-04-2020 REPAIR KIND REC

PROPERTY LINE OR CURB VALVE TO METER LENGTH 15' SIZE 010 MATL PI DEPTH (IN) AT INSTALL 28 OP PRESS HP DATE INSTLD/ABN 11-13-2018 INSTALL MTHD P.I. CASING MATL S REPAIR DATE 09-04-2020 REPAIR KIND REC

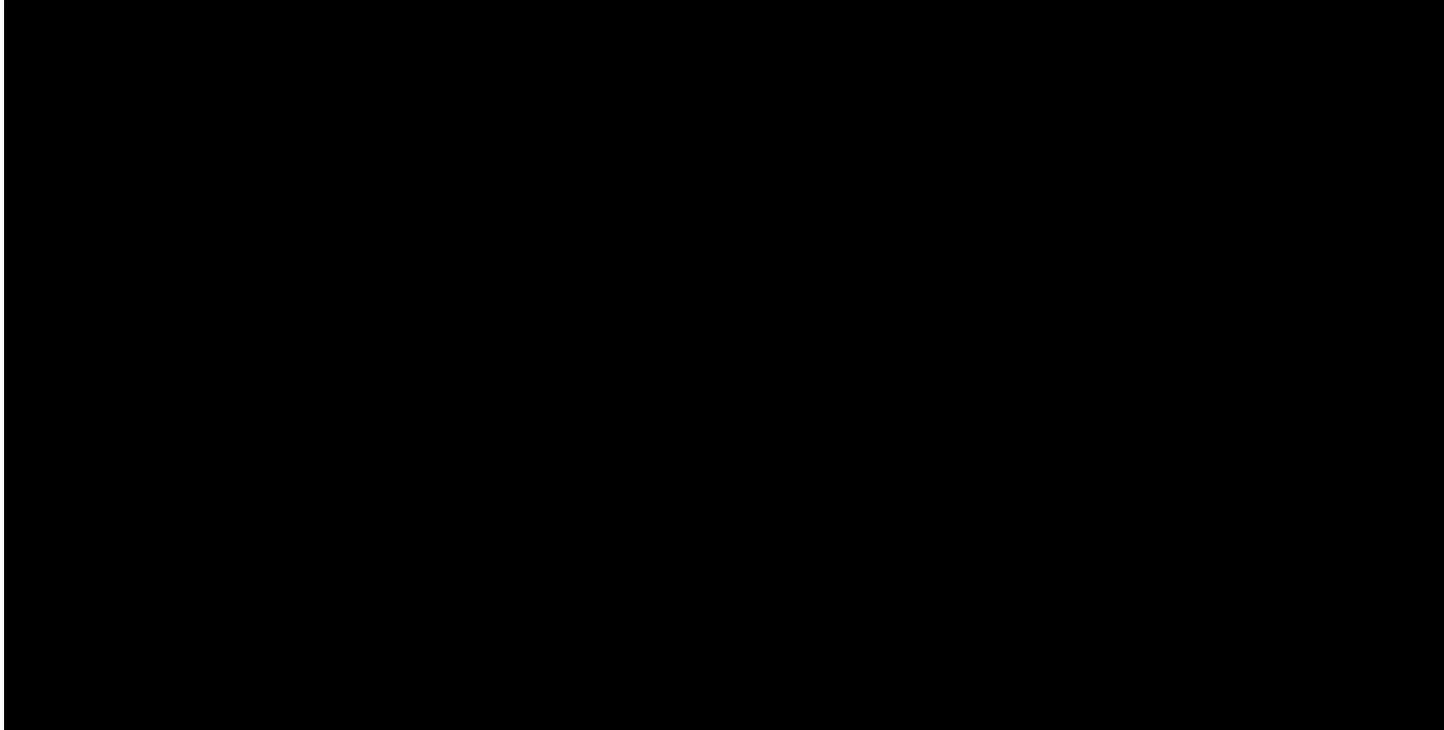
RETIRED PIPE (CMA ONLY) LENGTH SIZE MATL DATE INSTLD DATE ABN MAIN INFO (CMA ONLY) 020 P MAIN SIZE-MATL NEW PIPE FTG INSTLD (CMA ONLY) 2' 010 P

PULL BACK CAMERA USED AND VIDEO VERIFIED CLEAR WITH SITE INVESTIGATION PERFORMED YES NO BY: SEE RELATED SEWER LOCATE CARD YES NO POST SEWER CAMERA REQUIRED YES NO

PRESSURE TESTED PER GAS STANDARD SRV LINE M-PL/CV 20 MINS @ 150 PSIG Soap Test SRV LINE PL/CV-MTR 20 MINS @ 150 PSIG Soap Test PRESSURE TEST BY (SIGNATURE; THEN PRINT NAME & EMPL NUM & CO NAME) Jonathan Boivin Jonathan Boivin 9054 Feeney

PRESSURE VERIFICATION 74 W.C. PSIG CONTENT VERIFIED: PRESSURE/CONTENT VERIFICATION BY (PRINT NAME & EMPL NUM) Jonathan Boivin 9054

ADDITIONAL INFORMATION LEAK @ RISER CONNECTION AFTER EXPOSURE LEAK TEST -> IN TEST @ 150' ...



PERSONS MAKING WELDS, FUSIONS, AND MECHANICAL FITTING JOINTS

EMPL NUM & CO 9054 Feeney W EF SF BF M EMPL NUM & CO W EF SF BF M

POST INSTALL LOCATING PAINT FLAGGED LOCATED

Table with columns: SSN, DESCRIPTION, SIZE, QTY INST, SSN, DESCRIPTION, SIZE, QTY INST. Includes entries for LYCOFIT Cplg and EF Cplg.

QA/QC REVIEW BY: [Signature] QA/QC REVIEW DATE: 9/16/2020

SERVICE LINE RECORD (SLR)

FOR MORE INFORMATION, REFER TO GS 3020.012 "SERVICE LINE RECORDS"

REFERENCE CODES

DATE FORMAT

ALL DATES TO BE IN MM-DD-YYYY
OR MM/DD/YYYY FORMAT
ACCEPTABLE: 01-31-2007 or 01/31/2007
UNACCEPTABLE: 01-31-07 (MUST USE 4-DIGIT
YEAR)

MASTER TAP

LEAVE BLANK IF ONLY 1 CUST ON SL
(KY, MD, OH, PA, VA)

USE DASH (-) IF ONLY 1 CUST ON SL
(MA)

- * PRIMARY REF BY CB
- + OTHER DOWNSTR CUST
- P SPLIT SERVICE; PRIM SL
- S SPLIT SERVICE; SEC SL

DESIGNATING CB & OTHER LOCATIONS

EXAMPLE:
32 FFB 5 RRB
32 FT FRONT OF FRONT BLDG EDGE
5 FEET RIGHT OF RIGHT BLDG EDGE

For service lines installed with no curb
valve or excess flow valve, enter "NCV."

For service lines installed with no curb
valve and with one or more excess flow
valves, enter "EFV-NCV" or "NCV-EFV."

OP PRESS

- LP LOW PRESSURE
- IP INTERMEDIATE PRESSURE
- MP MEDIUM PRESSURE
- HP HIGH PRESSURE

SIZE CODES

(LARGER SIZES SIMILAR)

- 005 1/2 "
- 007 3/4"
- 010 1"
- 012 1-1/4"
- 015 1-1/2"
- 020 2"
- 030 3"
- 040 4"

MATERIAL CODES

- CI CAST IRON
- CU COPPER
- OT OTHER
- P PLASTIC
- PI PLASTIC INSERT
- S STEEL
- ST STEEL, TREATED
- WI WROUGHT IRON

INSTALLATION METHOD

- OC OPEN CUT
- TO TIE OVER
- PI PLASTIC INSERT
- TT TRENCHLESS TECH

CASING MATERIAL

- S BARE STEEL
- ST COATED STEEL
- P PLASTIC
- PVC PVC
- OT OTHER
- NA NOT APPLICABLE

REPAIR KIND

- CUBOX – curb box
- CUST – repair on customer-owned piping
- EFV – install/replace EFV
- FACDAM – facility damage
- LEAK – leak repair
- RCLASS - reclassification
- REC – plastic reconnect was made
- REINSP – negative reinspection
- RISER – replaced riser
- TEE – replaced or repaired tee
- VALVE – curb valve changed

OBJECT CODES FOR SKETCH

- B BLDG EDGE
- BK BACK
- C CORNER
- CB CATCH BASIN
- CEL CENTER OF EB LANE
- CLP CENTER OF PAVEMENT
- CLR CENTER OF RT OF WAY
- CNL CENTER OF NB LANE
- CO CLEANOUT (SEWER)
- COP CENTER OF PROPERTY
- CSL CENTER OF SB LANE
- CU CURB
- CWL CENTER OF WB LANE
- D DRIVEWAY EDGE
- DS DOWNSPOUT
- EP EDGE OF PAVEMENT
- ES EDGE OF SIDEWALK
- F FRONT
- G GARAGE EDGE
- L LEFT
- LAT LATERAL (SEWER)
- M METER
- MH MANHOLE
- P PORCH EDGE
- PAD TRAILER PAD
- PL PROPERTY LINE
- R RIGHT
- RW RIGHT OF WAY
- SAN SANITARY SEWER
- ST STORM SEWER
- W WATER VALVE
- Y WYE FITTING

JOINT TYPES

- BF BUTT FUSION
- EF ELECTROFUSION
- SF SOCKET FUSION
- M MECHANICAL FITTING
- W WELDED (STEEL)

REDACTED

jo num: 20-8311119-00 loc num: 8400 supervisor: 8410P PAGE: 01 of 03
job type: 2313 specific budget: copy no: 01 on: 08/06/20
job summary: MVI RETEST SERVICE LINES bad weather (y/n): N
job desc: MAINTENANCE OF S.L. status: IP

cdc map num: 013 system number: 80001004 HP maop: 98.0
located at: 88 MARKET ST
begin street num: end street num:
between:
and:
also known as:
city: LAWRENCE zip: 01843

originated by: U121848 on: 07/28/20 updated by: U125028 on: 08/06/20
wms related jo num: dis related jo num:
project id: 20-73312 project name: DYNAMIC RISK - MVI
co/contract cd: B reimbursable (y/n): N income tax (y/n): N
facility type: facility id:
function type: function id:
co premise id: psid: 921923004
county name: ESSEX
taxing district: 0000402 mult tax dist (y/n): _
incorporated place: LAWRENCE
county subdivision:
assess district 1:
assess district 2:
permits required:

committed date: target date: start date: 07/31/20
duration: 4:00 num in crew: 2 manhours: 8.0
dpi ref #: leak grade: mult facility (y/n): N

scheduling: 20

CUSTOMER BUSINESS PHONE: () -
MET INFO: LOC CD: 02 NUMBER: Q02075 KIND-SIZE: 000
REG INFO: TYPE: NUM INSTLD: 0 INSPECTION:
LOC INFO: SUBDIV: LOT NUM:
PLMBR: PHONE: (000)000-0000
CNTRCTR: PHONE: (000)000-0000
CURB BOX LOC: SL (SHORT/LONG):
MAIN LOC: LOAD MCF: 000000 PIPE SZ: 000
LE INFO: SIZE: 000000 AMT: 0000000.00 LENGTH: 000000

REDACTED

jo num: 20-8311119-00 loc num: 8400 supervisor: 8410P PAGE: 02 of 03
job type: 2313 job summary: MVI RETEST SERVICE LINES specific budget:
***** EXECUTION *****
remarks: _____

line markers and signs inspected (y/n): _____
facility failures (y/n): _____ damages by others (y/n): _____
damages to others (y/n): _____ map corrections (y/n): _____

***** CHARGE TO INFORMATION *****
80-0384000-0384000-00080-02313- -89200000:100%

: _____%

***** FURTHER ACTION REQUIRED *****
job type: _____ job summary: _____
remarks: _____

***** ATTACHMENTS *****
detail: contracts: materials: X execute detail:
pipe exposure: X facility: f.a.r.: X sketch: _____

I HAVE COMPLETED THIS JOB ORDER IN COMPLIANCE WITH ALL APPLICABLE POLICIES AND PROCEDURES.
Steve Boyer (COMPANY REPRESENTATIVE) *Sept 4TH, 2020*

***** MATERIALS *****
----- quantity -----

stock description	uom	est	net	ord	truck	inst	lost	trans	trans to/from
ssn									

***** S O D A N D P A V I N G *****

surface broken by: _____ date broken: _____ 1
surface broken: _____ ft from: _____
and: _____ ft from: _____
type broken: _____
size of opening: _____ X _____
depth inches: _____
surface as found: _____
surface as left: _____
authorized repair size: _____ X _____ completed (y/n) _____ (no f.a.r.)
authorized repair surface: _____
actual repair size: _____ X _____
actual repair kind: _____

repaired/completed by: _____ contractor name: _____
charge : _____: _____% _____: _____% _____: _____%
to jo#s _____: _____% _____: _____% _____: _____%
_____: _____% _____: _____% _____: _____%