

REDACTED

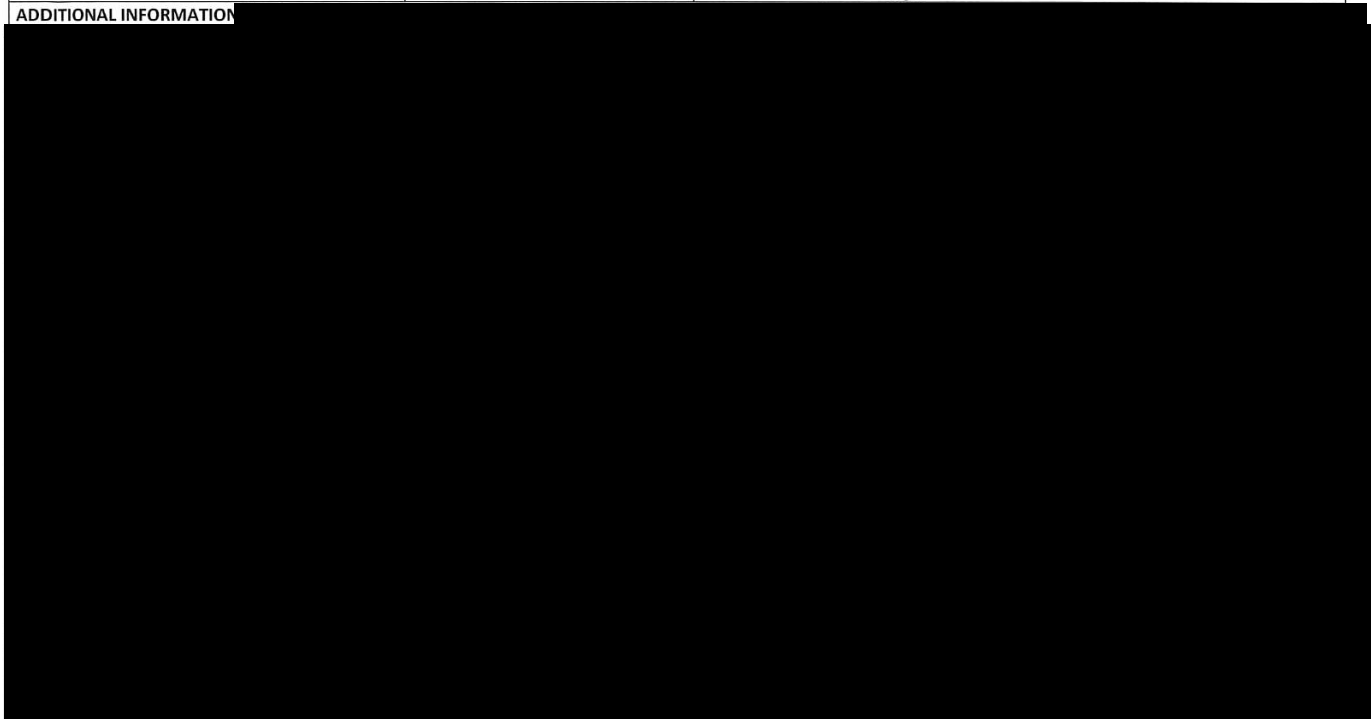
Form GS 3020.012-1 (04/2019)

SERVICE LINE RECORD (SLR)

FORM WILL BE SCANNED - PRINT USING BLACK INK

JOB ORDER # 20831112500 FORM COMPL BY: Joseph Fiorante CONSTR COORD: _____
 NEW REPLACE ABANDON REPAIR SURVEY TIE-OVER/RECONNECT DATE: 10/12/2021

SERVICE ADDRESS <u>287 Waverley RD</u>						CITY <u>N Andover</u>			TCC <u>M22</u>				
PSID/SITE ID <u>233233006</u>		MT <u>-</u>	MASTER TAP REF (ADDR &/OR PSID/SITE ID) <u>233233006</u>			CURB BOX LOCATION <u>35 FFG 39LR4</u>			TAP LOCATION <u>50 FFG 39LR4</u>		OP PRESS <u>HP</u>		
MAIN TO PROPERTY LINE OR CURB VALVE		LENGTH <u>17</u>	SIZE <u>010</u>	MATL <u>P</u>	DEPTH (IN) AT INSTALL <u>28</u>	OP PRESS <u>HP</u>	DATE INSTLD/ABN <u>10/12/2021</u>	INSTALL MTHD <u>OC/TO</u>	CASING MATL	REPAIR DATE <u>10/12/2021</u>	REPAIR KIND <u>REC</u>		
PROPERTY LINE OR CURB VALVE TO METER		LENGTH <u>42</u>	SIZE <u>010</u>	MATL <u>P</u>	DEPTH (IN) AT INSTALL <u>28</u>	OP PRESS <u>HP</u>	DATE INSTLD/ABN <u>10/08/2021</u>	INSTALL MTHD <u>OC/TO</u>	CASING MATL	REPAIR DATE	REPAIR KIND		
RETIRED PIPE (CMA ONLY)		LENGTH <u>3'</u>	SIZE <u>010</u>	MATL <u>P</u>	DATE INSTLD <u>10/8/18</u>		DATE ABN <u>10/12/21</u>		MAIN INFO (CMA ONLY) <u>ST 080</u>	NEW PIPE FTG INSTLD (CMA ONLY)	LENGTH <u>17</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>30</u> MINS @ <u>156</u> PSIG <input checked="" type="checkbox"/> Soap Test <input checked="" type="checkbox"/> SRV LINE PL/CV-MTR <u>30</u> MINS @ <u>156</u> PSIG <input checked="" type="checkbox"/> Soap Test						PRESSURE TEST BY (SIGNATURE; THEN PRINT NAME & EMPL NUM & CO NAME) <u>Joseph Fiorante</u> <u>204362</u> <u>ESG</u>							
PRESSURE VERIFICATION <u>89</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>Joseph Fiorante</u> <u>204362</u>							



ADDITIONAL INFORMATION											
PERSONS MAKING WELDS, FUSIONS, AND MECHANICAL FITTING JOINTS											
EMPL NUM & CO <u>204362 ESG</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 <u>204717 ESG</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							
POST INSTALL LOCATING <input checked="" type="checkbox"/> PAINT <input checked="" type="checkbox"/> FLAGGED <input checked="" type="checkbox"/> LOCATED											
MATERIAL											
SSN	DESCRIPTION	SIZE	QTY INST	SSN	DESCRIPTION	SIZE	QTY INST	SSN	DESCRIPTION	SIZE	QTY INST
<u>21-65-8093</u>	<u>1" Lyco</u>	<u>1</u>	<u>3</u>								
<u>42-31-8528</u>	<u>1716 Ancide</u>	<u>17</u>	<u>1</u>								
<u>16-08-847</u>	<u>1" CV</u>	<u>1</u>	<u>1</u>								
<u>16-03-826</u>	<u>1" 700 EFV</u>	<u>1</u>	<u>1</u>								
<u>17-79-818</u>	<u>3/4x1 Tee</u>		<u>1</u>								
QA/QC REVIEW BY: <u>Jenny Angelari</u>								QA/QC REVIEW DATE: <u>10/15/2021</u>			

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Form GS 3020.012-1 (04/2019)

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)