



DIMP DATA CLEANSE  
08-16-2016

MAINTENANCE FIELD ORDER

CC  
Rev 10/10/2012

GENERAL JOB INFORMATION Section 1

Condition ID: 144161 WR1 Type: LD1 WR1 #: 1218548 WR1 Due Date: \_\_\_\_\_ Type Worked:    
 WR2 Type: GR1 WR2 #: 12185411 WR2 Due Date: \_\_\_\_\_ Type Worked:

Orig by: Disp Orig Date: 9-5-13 Area: 72 Quad Map: B16NE Page/Grid: 5408K1

Location/Address: 8703 Arliss St City: Silver Spring, Md

Nature of Work: 85% Gas indication over service

Description: \_\_\_\_\_

Miss U#: 13508596 Permit ID: \_\_\_\_\_ TES/BT#: \_\_\_\_\_ Control#: \_\_\_\_\_

WR1 Crew: N/A WR1 Schd Date: N/A WR2 Crew: N/A WR2 Schd Date: N/A

Job Status:  Completed  Refer Next Day  Refer Later Date  Relieved By - Crew# \_\_\_\_\_  
 Referred as:  GR1  GR2  GR3  Non-Leak Priority  Non-Leak  Replacement  WG  Contractor

CREW INFORMATION \* Section 2

Crew(s): 711 Time Reporting For Emergency Response & Dispatched Jobs Dispatched: 11:29 Gas Off: \_\_\_\_\_

Date	Arrival	Departure	Employee ID's	Testing Hrs	Repair Hrs
<u>9-5-13</u>	<u>12:00</u>	<u>5:00</u>	<u>6168 11704 11842</u>	<u>1</u>	<u>5</u>

JOB SITE SAFETY \* Section 3

Discussed/Reviewed scope & steps in performing this job  Reviewed procedures necessary to perform job safely  
 Inspected job site to identify actual or potential hazards (Refer to Hazards List)  Other Utilities Marked  
 Performed Stretch & Flex to help eliminate or reduce workplace injuries  Mapping Correction Needed (Provide Sketch)

CREW ACTIVITY \* Section 4

Job Site Set Up:  Routine Set Up / Minimum Signs  Complex - Extra Traffic Control/ Arrow Board  Complex Plus - Extra Traffic Control/Flagmen  
 Bar & Testing:  Soil Footage 30' Bar Holes Repaired  Yes  No  
 Asphalt Footage \_\_\_\_\_ Bar Holes Repaired  Yes  No  
 Concrete Footage \_\_\_\_\_ Bar Holes Repaired  Yes  No  
 Difficult Soil Conditions (Water in 5'H, Sandy Soil, Rock, etc.)

(Check all that apply)

Excavation 1: <input checked="" type="checkbox"/> Soil Only <input type="checkbox"/> Sidewalk <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Pavement > 8"	Excavation 2: <input type="checkbox"/> Soil Only <input type="checkbox"/> Sidewalk <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Pavement > 8"	Excavation 3: <input type="checkbox"/> Soil Only <input type="checkbox"/> Sidewalk <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Pavement > 8"	Shoring: <input type="checkbox"/> None Required <input type="checkbox"/> Build-A-Box <input type="checkbox"/> Air Shore <input type="checkbox"/> Special Shoring	Existing Utilities Exposed: <input type="checkbox"/> Yes (list) <input checked="" type="checkbox"/> No 1) _____ 2) _____ 3) _____
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Job Interruptions/Delays:  
 Work Interrupted  Waiting on Miss Utility Locate \_\_\_\_\_ minutes  Waiting on other utility \_\_\_\_\_ minutes  
 Waiting on Steel Plate \_\_\_\_\_ minutes  Waiting O/H Loader \_\_\_\_\_ minutes  Waiting on C/P \_\_\_\_\_ minutes  
 Waiting on Welder \_\_\_\_\_ minutes  Other \_\_\_\_\_ minutes, Explain: \_\_\_\_\_

PIPE EXAM (Pipe 1 of _____)		Section 5	
<b>Pipe Type*</b> <input type="checkbox"/> Main <input checked="" type="checkbox"/> Service <input type="checkbox"/> HL (company) <input type="checkbox"/> HL (private) <input type="checkbox"/> Ventline <input type="checkbox"/> Not Exposed	<b>Pressure</b> <input type="checkbox"/> DOT Trans <input type="checkbox"/> High (>= 60psi) <input checked="" type="checkbox"/> Med (< 60psi) <input type="checkbox"/> Low <input type="checkbox"/> None	<b>Pipe Size</b> (Circle IPS or CTS for Plastic)  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2"</div> IPS / CTS  <b>Pipe Cover</b>  <div style="font-size: 24pt; font-weight: bold; text-align: center;">3'</div>	<b>Primary Material Type</b> <input checked="" type="checkbox"/> Bare Steel <input type="checkbox"/> Black Plastic <input type="checkbox"/> Brass <input type="checkbox"/> Pink Plastic <input type="checkbox"/> Cast Iron <input type="checkbox"/> Yellow Plastic <input type="checkbox"/> Copper <input type="checkbox"/> PVC <input type="checkbox"/> Sleeve-Pla <input type="checkbox"/> Sleeve-Stl <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> W/Steel (coated)
<b>Abnormal Conditions*</b> <input type="checkbox"/> Dent <input type="checkbox"/> Gouge <input type="checkbox"/> Factory Defect <input type="checkbox"/> Wrinkle Band <input checked="" type="checkbox"/> None		<b>Soil Type</b> <input checked="" type="checkbox"/> Clay <input type="checkbox"/> Gravel <input type="checkbox"/> Loam <input type="checkbox"/> Rock <input type="checkbox"/> Sandy <input type="checkbox"/> Shale <input type="checkbox"/> Slate <input type="checkbox"/> N/A <input type="checkbox"/> Other	
<b>Odorant*</b> <b>Soil</b> <b>Pipe</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> OK <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> N/A <input type="checkbox"/> N/A		<b>Atmospheric Corrosion* (External)</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<b>CGI Test*</b> <input type="checkbox"/> Inside <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Both <input type="checkbox"/> N/A		<b>Internal Corrosion*</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, contact Corrosion Control	
<b>Type of Corrosion Found</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Close Deep** <input type="checkbox"/> Close Shallow** <input type="checkbox"/> Lamination <input type="checkbox"/> Soft (C) <input type="checkbox"/> Scattered Deep** <input type="checkbox"/> Scattered Shallow** <input type="checkbox"/> Stress Cracking <input type="checkbox"/> Corrosion Not Exposed		<b>Coating Condition*</b> <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Damaged <input checked="" type="checkbox"/> Fair <input type="checkbox"/> N/A	
<b>LEAK INFORMATION*    LEAK REPAIRED    <input checked="" type="checkbox"/> YES    <input type="checkbox"/> NO (If "NO" Proceed to Section 8)</b>			
<b>Located</b> <input checked="" type="checkbox"/> Above Ground (O) <input type="checkbox"/> Above Ground (I) <input type="checkbox"/> Below Ground (O) <input type="checkbox"/> Below Ground (I)		<b>Leak Location</b> <input checked="" type="checkbox"/> Pipe <input type="checkbox"/> Fitting <input type="checkbox"/> Valve <input type="checkbox"/> Riser <input type="checkbox"/> Regulator <input type="checkbox"/> Meter <input type="checkbox"/> Meter Build-Up <input type="checkbox"/> Joint <input type="checkbox"/> Gauge Line <input type="checkbox"/> Drip <input type="checkbox"/> Stopcock <input type="checkbox"/> Service - Not Exposed <input type="checkbox"/> Main - Not Exposed	
<b>Joint Type</b> <input checked="" type="checkbox"/> Compression <input type="checkbox"/> Screw <input type="checkbox"/> Bell & Spigot <input type="checkbox"/> Saddle Fusion <input type="checkbox"/> Butt Fusion <input type="checkbox"/> Field Butt Weld <input type="checkbox"/> Factory Butt Weld <input type="checkbox"/> Flange <input type="checkbox"/> Electro-Fusion <input type="checkbox"/> Socket Fusion <input type="checkbox"/> Sidewall Fusion <input type="checkbox"/> Field Fillet Weld <input type="checkbox"/> Factory Fillet Weld			
<b>Fitting Type</b> <input type="checkbox"/> Tee <input type="checkbox"/> Screw Coupling <input type="checkbox"/> Saddle <input type="checkbox"/> Tapping Tee <input type="checkbox"/> Split Sleeve <input type="checkbox"/> Leak Clamp <input type="checkbox"/> Plug/ End Cap <input type="checkbox"/> Elbow <input type="checkbox"/> Union <input type="checkbox"/> Adapter <input type="checkbox"/> Service Tee <input type="checkbox"/> Transition <input type="checkbox"/> Insulator <input type="checkbox"/> Mech. Bell Joint Clamp <input type="checkbox"/> Nipple <input checked="" type="checkbox"/> Mech. Coupling <input type="checkbox"/> Service Tee Cap <input type="checkbox"/> Meter Swivel <input type="checkbox"/> Pla Coupling <input type="checkbox"/> Threadlets / Weldolets / Sockolets			
<b>Mechanical Coupling or Joint Information</b> Fitting Style: <input type="checkbox"/> Stab-type <input checked="" type="checkbox"/> Nut-End <input type="checkbox"/> Bolt-type <input type="checkbox"/> Hydraulic Fitting Material: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Combination Plastic/Steel <input type="checkbox"/> Brass <input type="checkbox"/> Unknown Location of Leak: <input checked="" type="checkbox"/> Leak through Seal <input type="checkbox"/> Leak through Body Location in System: <input type="checkbox"/> Main-to-Main <input type="checkbox"/> Main-to-Service <input checked="" type="checkbox"/> Service-to-Service			
<b>LEAK CAUSE</b>			
<b>Excavation Damage</b> Form 238 Required <input type="checkbox"/> First Party Excavation Damage (WG) <input type="checkbox"/> Second Party Excavation Damage (WG Contractor) <input type="checkbox"/> Third Party Excavation Damage (Outside Excavator **Fill Out Form 238) <input type="checkbox"/> Damage due to Previous Excavation			
<b>Corrosion</b> <input type="checkbox"/> Corrosion    **Verify information is filled out in the "Type of Corrosion Found" in Section 5			
<b>Material &amp; Weld</b> <input type="checkbox"/> Dent <input type="checkbox"/> Gouge <input type="checkbox"/> Factory Defect <input type="checkbox"/> Wrinkle Band <input type="checkbox"/> Poor Weld <input type="checkbox"/> Poor Fusion-Plastic			
<b>Natural Forces</b> <input type="checkbox"/> Flood <input type="checkbox"/> Ground Movement <input type="checkbox"/> Ice/Snow <input type="checkbox"/> Lightning <input type="checkbox"/> Tree Roots <input type="checkbox"/> Washout			
<b>Equipment</b> <input type="checkbox"/> Malfunction <input checked="" type="checkbox"/> Gasket/O-Ring <input type="checkbox"/> Packing <input type="checkbox"/> Doping/Caulk <input type="checkbox"/> Stopcock Core <input type="checkbox"/> Bell Joint			
<b>Other Outside Forces</b> Form 238 Required <input type="checkbox"/> Damage External <input type="checkbox"/> Fire/Explosion First <input type="checkbox"/> Other Heat Source <input type="checkbox"/> Vandalism <input type="checkbox"/> Vehicle			
<b>Operations</b> <input type="checkbox"/> Failure to Follow Procedure <input type="checkbox"/> Stripped Threads <input type="checkbox"/> Loose Connection <input type="checkbox"/> Improper Installation			

REPAIR METHOD/WORK PERFORMED *				Section 8	
<input type="checkbox"/> Clamp (# Installed _____)	<input type="checkbox"/> Greasing	<input type="checkbox"/> Valve Packing	<input type="checkbox"/> Elec. Marker (# Installed _____)	<input type="checkbox"/> Anodes (# Installed _____)	
<input type="checkbox"/> Encapsulation (# of _____)	<input type="checkbox"/> Split Sleeve	<input type="checkbox"/> Heat Shrink	<input type="checkbox"/> Inspection	<input type="checkbox"/> Misc Non-Leak Maintenance	
<input type="checkbox"/> Anaerobic Seal (# of _____)	<input type="checkbox"/> Doped	<input type="checkbox"/> Temp Repairs	<input type="checkbox"/> Replace or Abandon Pipe/Fitting Non-Leak	<input type="checkbox"/> Turn Gas Off	
<input checked="" type="checkbox"/> Tighten Fitting	<input type="checkbox"/> Component Replaced	<input type="checkbox"/> Bar & Test Referred			
<input type="checkbox"/> Replace or Abandon Pipe/Fitting Eliminated Leak	<input type="checkbox"/> Investigation Result No Leak Found				
				Relit Appliances	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
FACILITY INSTALLATION				Section 9	
Installation Type <input type="checkbox"/> Stub <input type="checkbox"/> Stub Ext <input type="checkbox"/> Full Length <input type="checkbox"/> Gas Light <input type="checkbox"/> Sleeve <input type="checkbox"/> Branch <input type="checkbox"/> Partial					
Pipe Size Installed: _____ Footage Installed: _____ <input type="checkbox"/> Vent Line <input type="checkbox"/> Gauge Line					
Material Type <input type="checkbox"/> Wrapped Steel <input type="checkbox"/> Bare Steel (Above Ground Only) <input type="checkbox"/> Sleeve (Stl) <input type="checkbox"/> Sleeve (Plastic)					
<input type="checkbox"/> CTS Plastic <input type="checkbox"/> IPS Plastic <input type="checkbox"/> HDPE <input type="checkbox"/> MDPE					
Installation Method					
<input type="checkbox"/> Direct Burial <input type="checkbox"/> Insert <input type="checkbox"/> Bore/Directional <input type="checkbox"/> Reactivated <input type="checkbox"/> Push/Pull					
EFV Y or N	RIP Test Y or N	2 PSIG Y or N	Install Vent Y or N	Flagged/Marked Y or N	Meter Size/Type: _____ Meter Loc: _____ <input type="checkbox"/> Meter Inside <input type="checkbox"/> Meter Outside
PRESSURE TEST INFORMATION				Section 10	
FROM: _____ TO: _____					
Test Pressure: _____ (psig) Duration (minutes): _____ Strength: _____ Leak: _____ Medium: Air / Gas / Nitrogen / Water					
FACILITY ABANDONMENT				Section 11	
Abandonment Code					
Pipe Size Abandoned: _____ Footage Abandoned: _____					
<input type="checkbox"/> Stub <input type="checkbox"/> Stub Ext <input type="checkbox"/> Full Length <input type="checkbox"/> Gas Light <input type="checkbox"/> Branch <input type="checkbox"/> Partial <input type="checkbox"/> Vent Line <input type="checkbox"/> Gauge line					
Material Type <input type="checkbox"/> Wrapped Steel <input type="checkbox"/> Bare Steel <input type="checkbox"/> Sleeve (Steel) <input type="checkbox"/> Cast Iron <input type="checkbox"/> Copper <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized					
Type of Plastic <input type="checkbox"/> Black <input type="checkbox"/> Pink <input type="checkbox"/> Yellow <input type="checkbox"/> PVC <input type="checkbox"/> IPS Plastic <input type="checkbox"/> CTS Plastic <input type="checkbox"/> Sleeve (Plastic)					
Abandonment Pipe Purge Out of Service Y or N Medium: <input type="checkbox"/> Air <input type="checkbox"/> Nitrogen					
FROM: _____ TO: _____					
Responsible Person: _____ (Please Print)				Final Gas Reading: <input type="checkbox"/> 0%	
COMMENTS *				Section 12	
<p>85% Leak indication over service at m/w Proceed to dig and Tighten 2" Coupling and Referred for service Replacement later day for constructor</p> <p style="text-align: center;">WR# 1246893</p>					

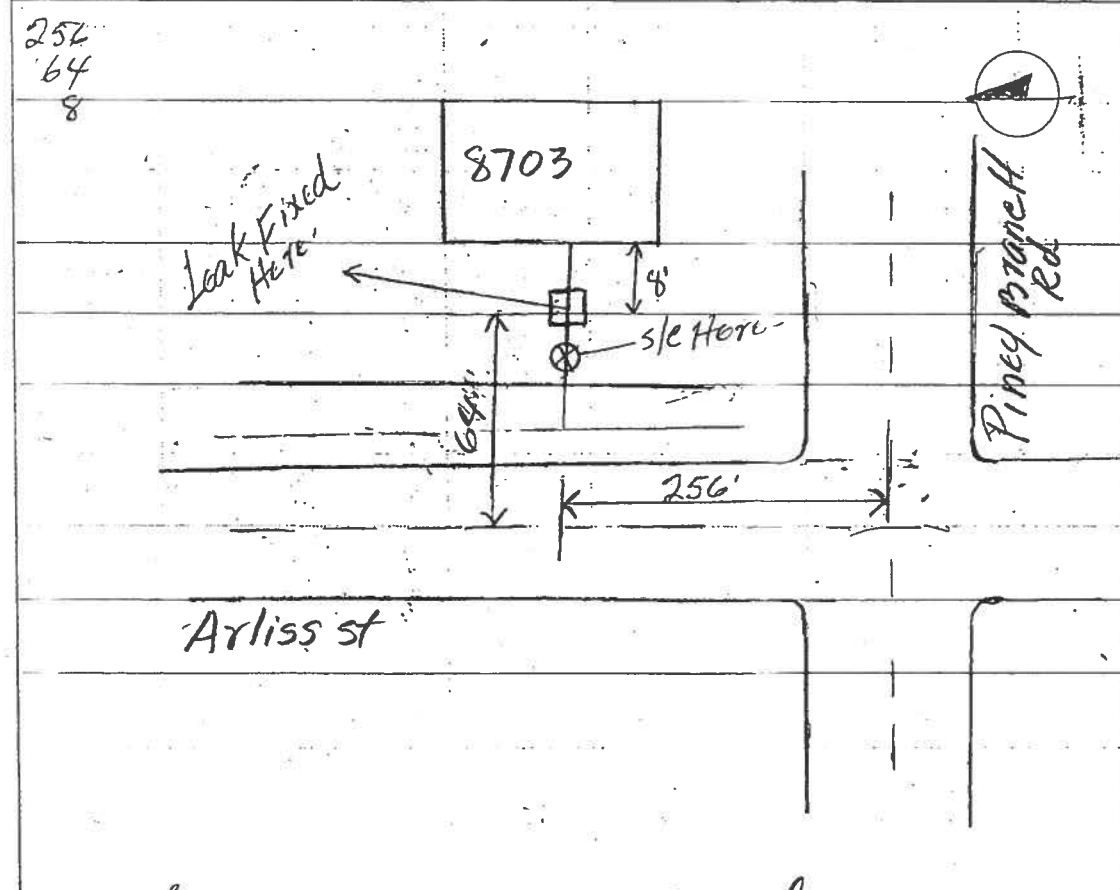
**CUT INFORMATION** Section 13

Cut	Cut Address	1st Intersecting Street	Cut Comments
1	8703 Arliss st	Piney Branch	3x4 Hole digged over service
2			
3			

Cut #	Repair Req'd (Y/N)	Ready for Repair (Y/N)	Cut Type	Cut Loc	Cut Shape	Core Size (Inches)	Base Mat'l	Base Thickness (Inches)	Finish Mat'l	Finish Thickness (Inches)	Dimensions				Feet From Street Worked CL	Feet from 1st Intersect Street CL
											A	B	C	D		
1	N	✓	WELD RIS			✓	DI	✓	✓	✓	3	4			64'	256'
2																
3																

**SKETCH OF WORK PERFORMED \*** Section 14



Lead Person: Jose G. Mejia (Printed) Date: 9-5-13

Supervisor: Fredrick (Printed) Date: 9/6/13

SERVICE REPAACEMENT CHECKLIST

CUT NO: \_\_\_\_\_ CONDITION NO: 144161 WR NO: 12185411

ADDRESS: 8703 Arliss st

CUST NAME: Maira HOME NO: (30) 439-9630

WORK NO: \_\_\_\_\_

1. (a) Did you gain access to the building?  YES  NO  
 (b) Did you see the meter?  YES  NO
2. (a) Type of building:  Residential  Commercial  Multi Unit Bldg.  Other \_\_\_\_\_  
 (b) No. of Meters 15 and/or units 15 Meter Size \_\_\_\_\_  
 (c) Is access to building/residence available Monday thru Friday?  YES  NO  
 (d) Does work have to be done on Saturday?  YES  NO
3. (a) Year service installed \_\_\_\_\_ Length 74' Size 2" Material st  
 (b) Is this service  Single  Branch  
 (c) Length of service under paving \_\_\_\_\_ Dirt of sod over service  YES  NO  
 (d) Pressure  55psi  30psi  20psi  LP If LP is drip required?  YES  NO  
 (e) Is grade of yard normal?  YES  NO  
 (f) Is meter to be moved outside?  YES  NO
4. Location of existing meter.  INSIDE  OUTSIDE
5. Above ground shut off needed?  YES  NO
6. (a) Main size: \_\_\_\_\_ Material \_\_\_\_\_ Location \_\_\_\_\_  
 (b) Type of street paving:  MACADAM  CONCRETE  OTHER \_\_\_\_\_
7. (a) Area clear of trees, shrubs, hedges, and fence?  YES  NO  
 (b) Will tree permit be required?  YES  NO
8. (a) Can service be inserted?  YES  NO  
 (b) Any evidence of obstructions such as ells, bends, sewing joints, etc?  YES  NO
9. (a) Can machine be used?  YES  NO  
 (b) Light truck needed?  YES  NO  
 (c) No parking signs needed?  YES  NO
10. (a) Is carpenter needed?  YES  NO  
 (b) Material  DRYWALL  PANELING  CABINET  OTHER \_\_\_\_\_
11. Approximately how long job will take? \_\_\_\_\_ Hrs.
12. Time restricted street?  YES  NO
13. MERCURY REGULATOR?  YES  NO

Signature: \_\_\_\_\_ Date: 9-5-13 Crew # 711

ADC M&G QUAD MAP  
 MO37E09 B 016NE T & D T & D H  
 PRIORITY CODE: 1 ROUTE NO: 246-03 PRINT SEQ: 00071 DATE WANTED: 09/05  
 ADDRESS: 8703 ARLISS ST ACCOUNT NO: 2491.011629  
 SILVER SPRING MD 20901  
 DISPATCH CODE: 012 LK OUTSIDE RATE CLASS: 0033 SAFETY SECTOR: 3928  
 REMARKS: C/O KAY MANAGEMENT  
 PER S/M 777 29% 6' FROM BW  
 777 IS STANDING  
 KCOOPER /C-S/M 777/  
 CUST NAME: FLOWER BRANCH APTS TEL NO: 439-9630  
 ORIG BY: OKC11162 09/05/13 11:26

METER#: G94085 SIZE: 11

X Piney Branch rd

**FIELD ORDER INFORMATION**

Condition# 144161 WR# 1218548 Cut# \_\_\_\_\_ MissU# 13508596  
121854761R

Primary	{	Supervisor: <u>Fredrick</u> Time Assigned: <u>11:27</u> ETA: _____ Arrived: _____
		Assigned To: <u>711</u> Time Assigned: <u>11:29</u> ETA: _____ Arrived: _____
Secondary	{	Assigned To: _____ Time Assigned: _____ ETA: _____ Arrived: _____
		Assigned To: _____ Time Assigned: _____ ETA: _____ Arrived: _____

GAS OFF: \_\_\_\_\_

**THIRD PARTY DAMAGE INFORMATION**

Size, Type, Material, & Pressure: \_\_\_\_\_

Company Causing Damage: \_\_\_\_\_

Facility Damaged By (equipment): \_\_\_\_\_

Was Miss Utility Requested?  YES  NO If yes, Miss Utility #: \_\_\_\_\_

Was Facility Marked?:  YES  NO Was Facility marked Accurately?:  YES  NO

If not marked accurately - Marks off by: \_\_\_\_\_ FT \_\_\_\_\_ Inches.

Was facility locatable?:  YES  NO Is locate wire visible?:  YES  NO

# of Outages \_\_\_\_\_

Were any streets closed?  YES Evacuations?  YES If yes # \_\_\_\_\_

Are there any injuries?  YES If yes # \_\_\_\_\_

Was Safety Notified?:  YES Name: \_\_\_\_\_ Time: \_\_\_\_\_

Was Media Notified?:  YES Name: \_\_\_\_\_ Time: \_\_\_\_\_

**Operations Alert**

Operations Alert 1

Operations Alert 2

Operations Alert 3