

ATTENTION: DO NOT RELY ON THIS INFORMATION ALONE. You must manually dig to locate gas lines before using excavation machinery. All locations are shown approximate only & gas lines built after the date below are not in this information package. FortisBC will not accept responsibility for errors or omissions. Depth of gas line are not available due to possible change of grade.

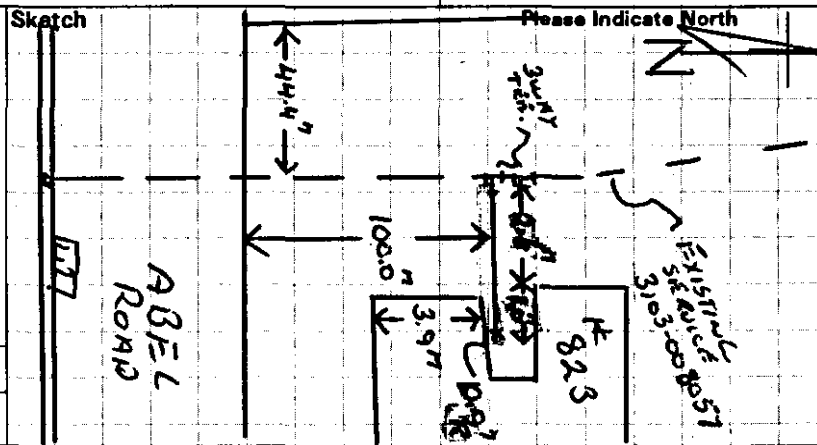
040900259

10

Service Information

Service Pipe	Length (m)	Size (mm)	Material	Curb Cock Installed <input type="checkbox"/>	Yes <input type="checkbox"/>	Tie In Method	Job No.
Main - PE Sched 40 - Building	2.9"	26	<input checked="" type="checkbox"/> PE <input type="checkbox"/> ST	Mag Anode Installed <input type="checkbox"/>	<input type="checkbox"/>	3WAY TIE	3103-008058
Extended Past Corner	1.0"	26	<input checked="" type="checkbox"/> PE <input type="checkbox"/> ST	Protection Post Installed <input type="checkbox"/>	<input type="checkbox"/>	Depth (m) Tap Size (mm)	
Horz - Jog			<input type="checkbox"/> PE <input type="checkbox"/> ST	Undergrd House Lines <input type="checkbox"/>	<input type="checkbox"/>	0.8"	
Vert - Jog			<input type="checkbox"/> PE <input type="checkbox"/> ST	Insert Through Old Pipe <input type="checkbox"/>	<input type="checkbox"/>		
Riser (Vert)	0.9"	26x1.8	<input checked="" type="checkbox"/> PE <input type="checkbox"/> ST	Frost Encountered <input type="checkbox"/>	<input type="checkbox"/>		
Sub Totals			<input type="checkbox"/> PE <input type="checkbox"/> ST	Meter Location: <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> LHS <input type="checkbox"/> RHS	Excess Metres:		
Length/Size			<input type="checkbox"/> PE <input type="checkbox"/> ST	Change From Job Instructions:	<input type="checkbox"/> Past Corner		
Total Service Length	4.8"	Main to Meter Cock		<input type="checkbox"/> Length Extended m (Charge)	<input type="checkbox"/> Service Line		
				<input type="checkbox"/> Length Reduced m (Credit)	Total Installed m		
				<input type="checkbox"/> Other (Specify)	Total Allowed m		
				SECONDARY SERVICE X Net m = \$.....		
				Customer Approval: Signature			
				Date (Yr/Mth/Day)			

Location/Description of Work
 OWNER DUG DITCH.
 823 ABEL RD.
 No Materials Consumed/Recovered
 Service Standard Non-Standard
 Unable to Work Reason



Meter Information

I/R	BC Gas Meter No.	Meter Type	Dials	Reading	Seal Year	Press Code	Del Press (kPa)	Left On/Off	PFM Number	Reason Code/Loc
1	1040756-701		4	6621	94			<input type="checkbox"/> On <input type="checkbox"/> Off	PFM# Permit#	

Leak Information

Gas Analysis	Test Method	Pressure (kPa)	Duration	Appliance	Qty	Load	UOM	Total m ³ /hr
<input type="checkbox"/> Field <input type="checkbox"/> Lab	<input checked="" type="checkbox"/> Air	639	10 MIN				<input type="checkbox"/> BTU/hr <input type="checkbox"/> kW	
Date (Yr/Mth/Day)	<input type="checkbox"/> Nitrogen						<input type="checkbox"/> BTU/hr <input type="checkbox"/> kW	
Results	<input type="checkbox"/> Hydrostatic						<input type="checkbox"/> BTU/hr <input type="checkbox"/> kW	
	<input checked="" type="checkbox"/> Soap Suds <input type="checkbox"/> Radiograph (X-Ray)							
	<input type="checkbox"/> Other							

Other

Further Work Required Yes No
 U'ground Inspect. Report Completed Yes No
 Delivery Slips/Packing Slips/PO's No. Attached

Contract Services (Not M&S Contractor)
 Backhoe/Equipment X
 Flag Persons X
 Other X

Paving Details

Length (m)	Width (m)	Thickness (mm)	Material	Location
			<input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete	<input type="checkbox"/> Inside <input checked="" type="checkbox"/> Outside
			<input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete	<input type="checkbox"/> Inside <input checked="" type="checkbox"/> Outside

Cost To Be Billed

Nil
 All
 Partial %

1440 92/12
 (INTERIOR TURN AROUND DOCUMENT)

Initial on Completion
 CIS Keyed
 WMS Field Complete Date Keyed
 WMS Data Entry Complete Keyed

Crew Sign-off

I hereby certify that the work was completed in accordance with company standard practices.

Crew Leader's Signature: *R.A.*
 Date (Yr/Mth/Day): 9/4/09/14

Supervisor's Signature: _____
 Date (Yr/Mth/Day): _____

Contract Progress Report(s) Number(s): 32217
 Living Out Details: No. of Persons: 7, Job (hrs) Duration: 1/2

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T-DOC

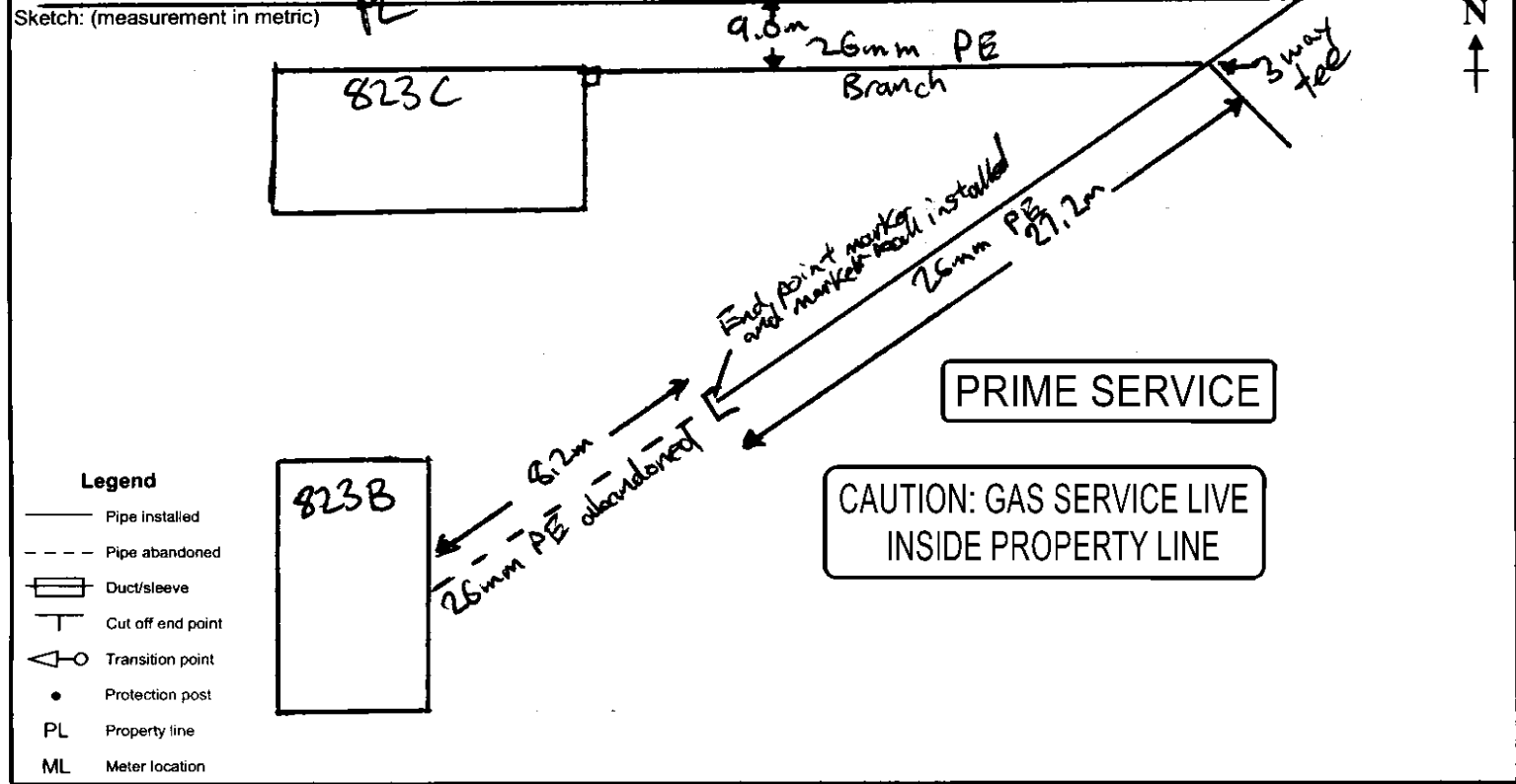
ABANDONMENT

C10 115 PL
00172886001



Job number: **31142792** For office use only: _____
Premise number: _____

Job address: **823B Armentieres Road Sorrento**



Description of work/additional comments:
Abandoned 8.2m of 26mm PE to above address inside PL. Install End point marker and marker ball on stub.

Customer trench _____ length (m)	Tie in method _____	Valve details:
Customer sleeve _____ length (m)	Depth of main (m) 0.5m	New Installs (mandatory) or Existing (if known)
Protection posts _____ quantity	Tap size (mm) _____	<input type="checkbox"/> Service valve <input type="checkbox"/> Main valve
Winter charges apply? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pressure test	Manufacturer _____
Snow shed <input type="checkbox"/> Yes <input type="checkbox"/> No	Pressure (kPa) _____	Serial _____
<input type="checkbox"/> Dresser	Duration _____	Valve ID _____
<input type="checkbox"/> Mag anode installed	<input type="checkbox"/> Air	Leak category <input type="checkbox"/> 1 <input type="checkbox"/> 2
<input type="checkbox"/> Insert thru old pipe	<input type="checkbox"/> Nitrogen	<input type="checkbox"/> Bottle/bag sample taken
<input type="checkbox"/> Boring tool used	<input type="checkbox"/> Hydrostatic	Leak repair <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
<input type="checkbox"/> Stub marker ball	<input checked="" type="checkbox"/> Soap test	
	Inspections:	
	<input type="checkbox"/> Radiography (X-ray)	<input checked="" type="checkbox"/> Tracer wire continuity
	<input type="checkbox"/> NDI of welds	<input type="checkbox"/> Other

NON-MOBILE COMPLETION USERS ONLY							
	Length	Size	Material				
Extended past safe meter location	(m)	(mm)	<input type="checkbox"/> PE	<input type="checkbox"/> ST			
Abandoned pipe	8.2m	(mm)	<input type="checkbox"/> PE	<input type="checkbox"/> ST			
<input type="checkbox"/> Install	Unit No. or address	FortisBC Meter No.	Manufacturer's No.	Dials	Reading	Del. Press	Reg tag
<input checked="" type="checkbox"/> Remove		S011275854	TS849010	4	0000	1.75	
<input type="checkbox"/> Reset							
<input type="checkbox"/> Install							
<input type="checkbox"/> Remove							
<input type="checkbox"/> Reset							

ID number: **4799** Completion date (Yr/Mth/Day): **20/08/05**

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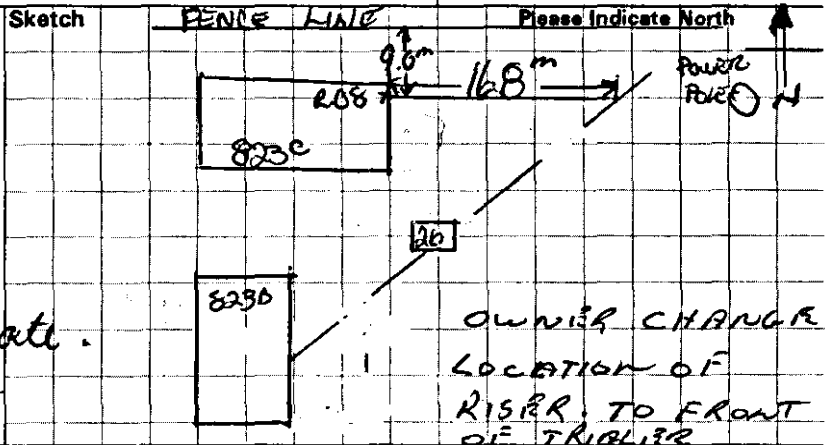
040 900 287 823C Armentieres Rd (2)

Service Information

Service Pipe	Length (m)	Size (mm)	Material	Curb Cock Installed	Yes	Tie In Method	Job No.
Main			<input type="checkbox"/> PE <input type="checkbox"/> ST	<input type="checkbox"/>		INLINE 26" TEE	3103-010787
- Building	16.8	26	<input checked="" type="checkbox"/> PE <input type="checkbox"/> ST	<input type="checkbox"/>			
Extended Past Corner			<input type="checkbox"/> PE <input type="checkbox"/> ST	<input type="checkbox"/>		Depth (m) 0.5 Tap Size (mm)	
Horz - Jog			<input type="checkbox"/> PE <input type="checkbox"/> ST	<input type="checkbox"/>		Service Cut off at:	
Vert - Jog			<input type="checkbox"/> PE <input type="checkbox"/> ST	<input type="checkbox"/>		<input type="checkbox"/> Main <input type="checkbox"/> Other (Specify):	
Riser (Vert)	0.9		<input checked="" type="checkbox"/> PE <input type="checkbox"/> ST	<input type="checkbox"/>		Meter Location: <input checked="" type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> LHS <input type="checkbox"/> RHS	Excess Metres:
Sub Totals			<input type="checkbox"/> PE <input type="checkbox"/> ST	<input type="checkbox"/>		Change From Job Instructions:	<input type="checkbox"/> Past Corner
Length/Size			<input type="checkbox"/> PE <input type="checkbox"/> ST	<input type="checkbox"/>		<input type="checkbox"/> Length Extended m (Charge)	<input type="checkbox"/> Service Line
Total Service Length	17.7					<input type="checkbox"/> Length Reduced m (Credit)	Total Installed m
						<input type="checkbox"/> Other (Specify)	Total Allowed m
							\$..... X Net m = \$.....

SECONDARY SERVICE

Location/Description of Work
 Tied 9m to an existing 26mm service supplying additional trailer on same property. Average No. Pl. no protection. Post required due to meter relocate.
 No Materials Consumed/Recovered Standard Non-Standard
 Unable to Work Reason



Meter Information

I/R	BC Gas Meter No.	Meter Type	Dials	Reading	Seal Year	Press Code	Del Press (kPa)	Left On/Off	PFM Number	Reason Code/ Loc
1	TBM-76645D	RCM-230	5	∅	94	375	1.75	<input type="checkbox"/> On <input checked="" type="checkbox"/> Off	PFM# Permit#	

Leak Information

Gas Analysis	Test Method	Gas Load (Actual)
<input type="checkbox"/> Field <input type="checkbox"/> Lab	<input checked="" type="checkbox"/> Air Pressure (kPa) 6.89 Duration 10 MIN	Appliance Qty Load UOM Total m³/hr
Date (Yr/Mth/Day)	<input type="checkbox"/> Nitrogen	<input type="checkbox"/> BTU/hr <input type="checkbox"/> kW
Results	<input type="checkbox"/> Hydrostatic	<input type="checkbox"/> BTU/hr <input type="checkbox"/> kW
	<input checked="" type="checkbox"/> Soap Suds <input type="checkbox"/> Radiograph (X-Ray)	<input type="checkbox"/> BTU/hr <input type="checkbox"/> kW
	<input type="checkbox"/> Other	Total m³/hr

Other

Further Work Required <input type="checkbox"/>	Yes <input type="checkbox"/> Purchase Orders/Requisitions	Yes <input type="checkbox"/> Backhoe/Equipment	No. Hrs.
U'ground Inspect. Report Completed <input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/> Flag Persons X
Delivery Slips/Packing Slips/PO's <input type="checkbox"/>	<input type="checkbox"/> No. Attached	Other X

Paving Details

Length (m)	Width (m)	Thickness (mm)	Material	Location
			<input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete	<input type="checkbox"/> Inside <input type="checkbox"/> Outside

Crew Sign-off

I hereby certify that the work was completed in accordance with company standard practices.
 Crew Leader's Signature: [Signature] Date (Yr/Mth/Day): 9/5/09/13
 Supervisor's Signature: [Signature] Date (Yr/Mth/Day): 9/5/09/18

Cost To Be Billed

Nil
 All
 Partial %

Initial on Completion
 CIS Keyed SEP 25 1995
 WMS Field Complete Date Keyed SEP 25 1995
 WMS Data Entry Complete Keyed

Contract Progress Report(s) Number(s)	Living Out Details
33966	No. of Persons 7 Job (hrs) Duration 1.0