



**FOR ADDISON USE ONLY**  
 Permit Number: W-1470  
 Location: 3815 SPRING VALLEY

**APPLICATION**  
**Right of Way Work Permit-FRANCHISE**

(For Franchise Utility/CTP – Street Cut/Excavation/Lane Closure)

**PLEASE PRINT LEGIBLY**

Date of Application: 7-12-18  
 Facility Owner Company: Atmos Energy Company Phone #: 866-322-8667  
 Utility/CTP Representative: Brian Burleson Cell Phone #: 214-316-4591  
 Utility/CTP Representative E-mail: Brian.Burleson@Atmosenergy.com  
 General Contractor: Driver Pipeline Co. Company Phone # 214-638-7131  
 Site Supervisor Name: Filiberto Cervantes 24-hour Phone # 469-226-6015  
 Contractor E-mail: FCervantes@Driverpipeline.com Site Foreman E-mail: N/A  
 Work Site Address and Location: 3815 Spring Valley Rd, Addison TX  
 Purpose and general description of work: Gas Leak Repair Emergency  
 Proposed Start Work Date: 7-12-18 Estimated Completion Date: N/A  
 Pavement Cut?  Yes  No Directional Bore/Boring?  Yes  No Excavation?  Yes  No  
 Lane Closure?  Yes  No Other: \_\_\_\_\_  
 Applicant's Printed Name: Khoa Thai Signature: [Signature] Position with Company: Purchasing  
 Applicant's E-mail: Kthai@Driverpipeline.com Applicant's Phone #: 817-789-3504  
 Direct Supervisor's Name: Miguel Estrada Phone Number: 214-535-5368 Company Name: Driver Pipeline Co.  
 Supervisor's E-mail: Mestrada@Driverpipeline.com

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Received By: [Signature] Entered?  Yes Received Date: 7-12-18  
 Approved By: [Signature] Inspector: LTF Issue Date: 7/12/18  
 Plans Submitted?  Yes  No  N/A Traffic Control Plan submitted?  Yes  No  N/A Expiration Date: 7/25/18  
 Insurance Provided?  Yes  No  On File Performance/Maintenance Bond?  Yes  No  On File  N/A  
 Fee Paid: 0 Receipt #: N/A Processed By: [Signature]  
 Picked Up By: Khoa Company: Driver Date & Time: 9:32 AM

TOWN OF ADDISON INFRASTRUCTURE AND DEVELOPMENT SERVICES DEPARTMENT  
 ATTN.: RIGHT OF WAY PERMIT - DAVE WILDE 972-450-2847  
 16801 WESTGROVE RD. ADDISON, TX 75001-9010  
 PHONE: 972-450-2871 FAX: 972-450-2837

7/13/18



585958

Town: Addison
Address: 3815 SPRING VALLEY RD.
Tech Assigned to Repair Leak: Gonzales, Juan G (Jo)
Contractor Assigned to Leak: Driver Pipeline

Date Found: 06/14/2018
Technician: Prudhomme, Pierre
Probable Source: Service
Gas Detected: Enclosure

LIO #:
Survey Job#:
Grade: 2.030

CGI Test: 68
Meter #: 000014387
Bar Test each direction to 0%
No migration indicated

Time Graded:
Assistance requested:
Assistance arrived:
Condition eliminated:

Surface Over Leak: Gravel, Concrete
Surface Over Main: Gravel, Concrete
Probable Pipe Type: Bare Steel

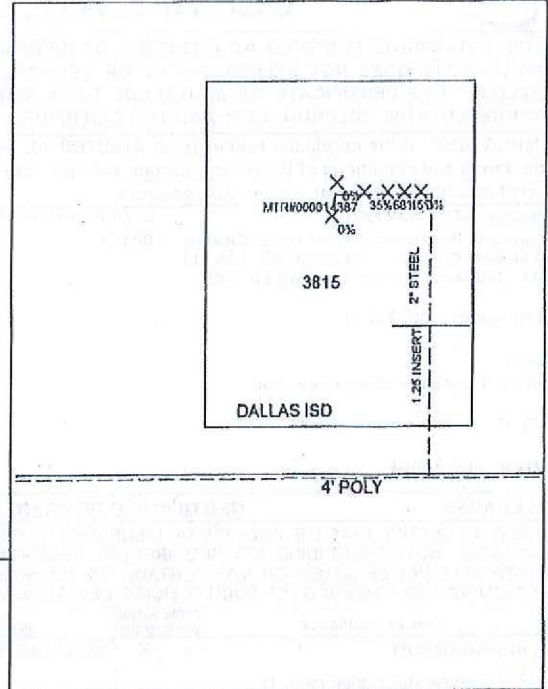
Mapsheet: 221
Mapsc0: 14J

Last Repair Date:
Line Locate Number:

Class 4 Location: No
Business District: No
Dug up inlet riser: No

Lat: 32.9612 Long: 96.8363 County: Dallas

Temporary Repair:



Leak Repair On
Main
Service
Above Ground
APT
Control Dev
Meter
Pipe
Joint
Valve
Fitting
Tap
Comp Coupling
Mfg
Model/Style
Type
Soil type
Pullout?
Separated?

Pressure
L.P. oz
I.P. 1-60 PSIG
H.P. > 80 PSIG
>= 20% SMYS

Proof Pressure Test Information
Pressure Test Of
Test Medium
Test Pressure
Test Duration

Permanent Repair
Retired Main
Replaced Main
Replaced Section of Pipe
Bolted Split Sleeve
Bell Joint Repair
Replaced Fittings
Repaired / Greased Valve
Installed Electrofusion Coupling
Weld Split Sleeve
Repaired Weld
Install Welded Patch
Stub Fitting Used
Telescopic Fitting
Encapsulate
Trident Seal
Installed Clamp
Skinner
Band
F/C

Services
Replaced Service Line
Replaced Dam. Sec. Only
Replaced Dam./Stub fit used
Replaced Fittings
Replaced Prebent Riser
Replaced Riser
Retired at Joint Service
Retired Service at Main
Retired Service at PL
Repaired Weld
Greased Valve
Inst. Electrofusion Cpl.
Trident Seal
Replaced Tap
Telescopic Fitting
Replaced Service Cap
Cap Cracked

Other
No Leak / Bar Tested
No Leak / Lab Report
Excavated / Not Company Leak
Leak on Cust Piping

POST REPAIR TEST
CGI Test
Sustained % Gas
Conditions will not permit bar test

Above Ground Facility
Replaced / Repaired Control Device
Replaced / Repaired Meter
Replaced Fittings
Replaced Gaskets
Replaced / Repaired Valve
Soap Tested / No Leak
Tightened Fitting
Tight Seal
Rebuilt Meter Loop

O2 Level
Greater than or equal to 19.5%
Less than 19.5% (corrective action taken)
N/A

Soap Test
Fail
Pass

Paving Repair
Pipe Size
Pipe Grade
Station Plus

Table with columns: Anodes Installed (#, Weight, Test Station), Tied to (Main/APT, Service, N/A-Recified), Pipe to Soil (Found V, Left V), OQ ID, TS Station Plus.

Table for Wall Thickness with columns: Specified, Found, Top, Side, Bottom.

Pipe Installed
Poly Pipe
DiscoFlex
Uponor
Coated Steel
Designation Code
SDR
Pipe Size
Feet
Print Line Number
Print Line Date

Plastic Pipe Removed
CSR
Performance
Uponor
Dupont
Dileco
Flexco
DiscoFlex
Nipak
J M Mfg
Unknown
Designation Code
For unknown pipe, enter UNK above
CEC
CDC
NA
CEE
SDR
Feet

Condition of Underground Coated/Bare Steel Pipe Observed During Repairs
External
Corrosion
Pits
Coating
Max Pit Depth
Max Pit Length
Coating Type
Internal Corrosion
OQ ID

Date Repaired / / Leak Repaired By

Table with columns: Total Drive Time (hours), Total Number of Employees, Total Job Time (hours).





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/08/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER LIC #0B29370 1-205-581-3330  
Edgewood Partners Insurance Center (EPIC)  
(Alabama Branch - Branch ID 15491)  
2901 2nd Avenue South, Suite 200  
Birmingham, AL 35233

CONTACT NAME: Erika Freeman  
PHONE (A/C, No, Ext): 205-581-3336 FAX (A/C, No): 205-250-1173  
E-MAIL ADDRESS: erika.freeman@epicbrokers.com

INSURED  
Driver Pipeline Company, Inc.  
1200 N. Union Bower Road  
Irving, TX 75061

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: LIBERTY HUT FIRE INS CO	23035
INSURER B: NATIONAL FIRE & MARINE INS CO	20079
INSURER C: INDIAN HARBOR INS CO	36940
INSURER D: TRAVELERS LLOYDS INS CO	41262
INSURER E:	
INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: 52036073

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	X	TB5671461494077	10/01/17	10/01/18	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	X	AS2691461494017	10/01/17	10/01/18	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS \$ 10,000			42UMQ10007105	10/01/17	10/01/18	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A		X	WC5691461494047	10/01/17	10/01/18	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Pollution/Professional			CEO7446469	10/01/17	10/01/18	See Attached
D	Contractors Equipment			QT6303G116634TLC17	10/01/17	10/01/18	Owned/Leased/Rent 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

\*\*\*see attached additional coverage wording

**CERTIFICATE HOLDER****CANCELLATION**

The City of Farmers Branch and its officers, employees, board and commission members, and elected representatives  
13000 William Dodson Parkway  
Farmers Branch, TX 75234  
USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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