OFFICE OF REGULATORY STAFF OF SOUTH CAROLINA
INSPECTION REPORT OF NATURAL GAS FACILITIES

DATE: _____ REPORT BY:_____

OPERATOR: _____

FIELD OBSERVATION OF REPAIRED LEAKS ON DISTRIBUTION SYSTEM

ADDRESS	POSITIVE	NEGATIVE	COMMENTS
1-			
2-			
3-			
4-			
5-			
6-			
7-			
8-			
9-			
10-			
11-			
12-			
13-			
14-			
15-			
16-			
17-			
18-			
19-			
20-			