

**NEW HAMPSHIRE DEPARTMENT of ENERGY
STATUS OF LEAKS
MONTHLY LEAK REPORT
(In compliance with En 509.11)**

Company Name: _____

Month of: _____ 20____

STATUS OF LEAKS

	CLASS I	CLASS II	CLASS III
Number of Leaks at beginning of Month	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of Leaks Reportd During the Month	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of Leaks Repaired During the Month	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Leaks Remaining at End of Month	<input type="text"/>	<input type="text"/>	<input type="text"/>

**FOR LEAKS REPAIRED DURING THE MONTH
(PLEASE PROVIDE THE FOLLOWING INFORMATION)**

Leak Address: _____ **Date Leak Reported:** _____

I.D. # of leak: _____ **Leak Area (Rural, Residential, Urban):** _____ **Classification of Leak:** _____

Method of How Company Became Aware of Leak (i.e. public, employee, winter patrol): _____

Type of Cover over Leak (i.e. asphalt, concrete): _____ **Pipeline Facility (i.e. main, service):** _____

Operating Pressure (i.e. low, intermediate, high): _____

Most Likely material(s) Involved in a Class III Leak: _____

CAUSE OF LEAK	MAIN TOTAL	SERVICES TOTAL
CORROSION		
NATURAL FORCES		
EXCAVATION		
OTHER OUTSIDE FORCE		
MATERIAL OR WELDS		
EQUIPMENT		
INCORRECT OPERATIONS		
OTHER (please explain below):		

Supervisor's Name / Title: _____
(please print)

Supervisor's Signature: _____

Date Submitted: _____