

Permit Zaku  
Design

JT  
~~Tracks~~

Issued  
T-Ray  
8/1/16  
191'

# Comcast

## Plant Maintenance Request

Job number

**NW370**

Node DC202 City Maple Grove Date 7/29/2016

Address 10340 Nathan Ln Cross Street \_\_\_\_\_

Maint tech Name: Joe Krick Tech # 1523 Phone: (612) 875-6448

Span type  span (temped)  Span (no temp)  Digup  Other  Spring

Priority	1	<input checked="" type="checkbox"/> a.) Customer Impacting Issue	b.) Vulnerable temp	c.) TIE related ticket
	2	<input type="checkbox"/> a.) Aerial temp cables	b.) Any temp - no liability issues	
	3	<input type="checkbox"/> a.) Identified cables - no customer impact	b.) Leaks - no customer impact	

Work is an Emergency (outage issue)  Emergency  Normal

Work is a :	<input checked="" type="checkbox"/> Cable Replacement	<input type="checkbox"/> Broken Lashing	<input type="checkbox"/> Pole Transfer	<input type="checkbox"/> Damaged Ped
	<input type="checkbox"/> Utility Violation	<input type="checkbox"/> Storm Damage	<input type="checkbox"/> Leakage	<input type="checkbox"/> Other

MDU? (Attachments, lockboxes, cable on the roof)  Yes  No

Type of Cable Size: 625  Aerial  UG Bare  UG Duct  Self Support

Footage: Aerial \_\_\_\_\_ **Underground 191'**

Bore Required  Yes  No If yes, what type and how many \_\_\_\_\_ 2 Driveway

Cause for referral:	<input checked="" type="checkbox"/> RTM	<input type="checkbox"/> Leakage	<input type="checkbox"/> Rapid Resolve (Flux)	<input type="checkbox"/> Damage/Outage	<input type="checkbox"/> NH/MH
(check one)	<input type="checkbox"/> Priority plant fault	<input type="checkbox"/> LPI	<input type="checkbox"/> Service Call Alert	<input type="checkbox"/> PI Ticket	<input type="checkbox"/> Other

### Explain Damage:

The span TDRed at 191', print shows 155'. There are multiple points of damage. I also tested the B-Side and that was bad as well. Replace the entire span from the 20v to 17v tap. Temp is laying on top of two driveways, please get this done ASAP.

### Maintenance Department Use Only

Date Received \_\_\_\_\_ Capitol  Yes  No Maint complete   
Total Tech Hours \_\_\_\_\_ Techs \_\_\_\_\_

### A Highlighted plant map must be attached

To help expedite this maintenance request, information on this form needs to be filled out completely and signed by a technician and a supervisor requesting the repair.

Tech Signature Joe Krick Tech # 1523 Date 7/29/2016  
Supervisor Signature \_\_\_\_\_

### Construction Department Use Only

Date received \_\_\_\_\_ Project # \_\_\_\_\_  Construction Completed  
Coordinator Signature \_\_\_\_\_ Supervisor Signature \_\_\_\_\_



OCTAGONAL	
AREA	25.67
PERIMETER	127.1
DIAGONAL	127.1
ANGLE	90
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