

COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

BARREN COUNTY GAS COMPANY, RANDY KNIGHT)
AND BARRY ROGERS, INDIVIDUALLY)
_____) CASE NO. 96-050
)
ALLEGED VIOLATION OF KRS CHAPTER 278)

O R D E R

The Commission's Gas Pipeline Safety Branch conducted an investigation of two incidents involving Barren County Gas Company ("Barren County Gas") and leaks which occurred in its natural gas distribution system in Barren County, Kentucky. A copy of the report is attached as an Appendix to this Order. Barren County Gas is classified by the Commission as a local distribution system and is subject to the Commission's jurisdiction under KRS 278.040 and subject to all safety requirements pertaining to natural gas utilities under KRS Chapter 278 and 807 KAR 5:022. Barry Rogers is the president of Barren County Gas.

Commission investigators first interviewed Jadie and Rex Parsons of Mammoth Petroleum, Inc., who stated they received a phone call on October 8, 1995 from the Barren County 911 Dispatch Center advising them of a natural gas leak at a creek crossing near Glover Road in Barren County. The operator was told to contact Randy Knight, manager of Barren County Gas, as Jadie and Rex Parsons were no longer affiliated with Barren County Gas. Attempts by the 911 dispatcher to contact Randy Knight were unsuccessful. The Chief of the Temple Hill Volunteer Fire Department, Sammy

Perkins, contacted the property owner and a well feeding the Barren County Gas system was closed.

Mammoth Petroleum, at the request of Mark O'Brien, President of Natural Gas of Kentucky, Inc. and Bluegrass Gas Sales, Inc., subsequently repaired the leak on November 13, 1995.

The Captain of the East Barren Volunteer Fire Department, Tony Jackson, stated that on at least one occasion his department was unable to make contact with Barren County Gas when a property owner severed a gas service line with a lawnmower. It is unknown at this time how this leak was eventually repaired and by whom.

Both Chief Perkins and Captain Jackson stated that they have never been contacted by Barren County Gas or its agents to establish and maintain liaison with the appropriate fire, police, and other officials to allow a proper response to gas pipeline emergencies as required by 807 KAR 5:022, Section 13(9)(a) and (c).

From the facts alleged, the Commission finds that a prima facie showing has been made that Barren County Gas, Randy Knight, and Barry Rogers have violated all the above-cited regulations in failing to respond to emergency situations which have the potential to cause injuries to persons and property, and to coordinate responses with emergency officials. KRS 278.992 provides that any person who violates any Commission regulation governing the safety of pipeline facilities shall be subject to a civil penalty not to exceed \$10,000 for each violation for each day the violation persisted, not to exceed \$500,000 for any related series of violations.

IT IS THEREFORE ORDERED that:


1. Barren County Gas, Inc., Barry Rogers, as its president and in his individual capacity, and Randy Knight, in his individual capacity, shall appear before the Commission on May 14, 1996 at 10:00 a.m., Eastern Daylight Time, in Hearing Room 1 of the Commission's offices at 730 Schenkel Lane, Frankfort, Kentucky, to show cause why civil fines of up to \$500,000 should not be assessed for the pipeline safety violations noted in this Order.

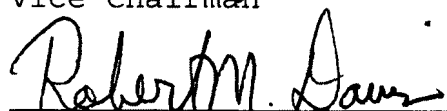
2. Barren County Gas, Inc., Barry Rogers, and Randy Knight shall file within 7 days of the date of this Order, a written response to the inspection report contained in the Appendix.

Done at Frankfort, Kentucky, this 14th day of March, 1996.

PUBLIC SERVICE COMMISSION


Chairman


Vice Chairman


Commissioner

ATTEST:


Executive Director

APPENDIX

AN APPENDIX TO AN ORDER OF THE KENTUCKY PUBLIC SERVICE
COMMISSION IN CASE NO. 96-050 DATED MARCH 14, 1996.



COMMONWEALTH OF KENTUCKY
PUBLIC SERVICE COMMISSION
730 SCHENKEL LANE
POST OFFICE BOX 615
FRANKFORT, KY. 40602
(502) 564-3940

January 5, 1996

Mr. Barry Rogers, President
Barren County Gas Company
P. O. Box 8341
Shawnee Mission, Kansas 66208-0341

Dear Mr. Rogers:

Attached is a copy of an inspection report on the Barren County Gas Company which was initiated as the result of a complaint from a local volunteer fire department.

Please respond to this report by February 5, 1996 with any information you may have as to why Barren County Gas Company should not be required to appear before the Commission in this matter.

If you require further information, please contact David B. Kinman at (502) 564-3940.

Sincerely,

E. Scott Smith, Manager
Gas Safety Branch

ESS:DBK:dcp
9533500, 9533600, 9533700

COMMONWEALTH OF KENTUCKY
PUBLIC SERVICE COMMISSION

COMPLAINT INVESTIGATION

BARREN COUNTY GAS COMPANY

JANUARY 5, 1996

BRIEF

A complaint investigation of Barren County Gas Company ("Barren County Gas") was initiated when Jadie Parsons, a caller, reported on December 6, 1995, problems in contacting Barren County Gas regarding a natural gas leak on its system.

This investigation was conducted on December 19-20, 1995 by David B. Kinman, pipeline safety investigator for the Kentucky Public Service Commission.

Natural gas operators are jurisdictional to the PSC under KRS 278.040, KRS 278.495, and through a 5(a) Agreement with the United States Department of Transportation, Office of Pipeline Safety, for the enforcement of the Natural Gas Pipeline Safety Act of 1968.

INSPECTION

Messrs. Jadie and Rex Parsons of Mammoth Petroleum, Inc. ("Mammoth Petroleum") stated that they received a telephone call on October 8, 1995 from the Barren County 911 Dispatch Center advising them of a natural gas leak at the creek crossing on Glover Road in Barren County. Mr. Jadie Parsons, who at one time, helped maintain the Barren County Gas system for its owner, Barry Rogers, advised the 911 dispatcher that they were no longer affiliated with Barren County Gas and advised the dispatcher to notify Mr. Randy Knight, Manager of Barren County Gas. The 911 dispatcher attempted to

notify Barren County Gas of the leak by calling the telephone numbers they have listed for this operator: (913) 727-2433, (502) 864-5885, and (502) 864-2600. This occurred on October 8, 1995.

According to statements from Mr. Sammy Perkins, Chief of the Temple Hill Volunteer Fire Department, who responded to the leak, the landowner was notified and a well feeding into the Barren County Gas system was turned off.

Mr. Jadie Parsons stated that when Mammoth Petroleum repaired the same leak at the same site on November 13, 1995, at the request of Mr. Mark O'Brien, President of Natural Gas of Kentucky and Bluegrass Gas Sales, Inc., that the leak was still active and blowing gas into the atmosphere. An unrelated leak in the same area on May 27, 1995 also resulted in a lack of response due to an inability to contact this operator according to Chief Perkins.

Mr. Tony Jackson, Captain of the East Barren Volunteer Fire Department, was also interviewed during this investigation. He stated that on May 20, 1994, when a property owner severed a gas service line with a lawn mower, his department was unable to make contact with Barren County Gas. How this leak was eventually repaired is unknown.

Both, Chief Perkins and Captain Jackson, stated that they have never been contacted by Mr. Rogers nor Mr. Knight, operators of Barren County Gas, as required by 807 KAR 5:022, Section 13(9)c.

FINDINGS

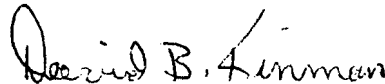
1. Barren County Gas has failed to comply with 807 KAR 5:022, Section 13(9)(a), which requires each natural gas operator to establish written procedures to minimize hazards resulting from a gas pipeline emergency. This requires prompt and effective response to emergency situations and making safe any actual or potential hazard to life or property.

2. Barren County Gas has failed to comply with 807 KAR 5:022, Section 13(9)(c), which requires each natural gas operator to establish and maintain liaison with appropriate fire, police and other public officials.

RECOMMENDATIONS

Given these circumstances and the lack of response by Barren County Gas to leak calls which have the potential to cause fires and explosions, it is recommended that the Commission consider action against the utility in accordance with KRS 278.992.

Respectfully submitted,


David B. Kinman
Gas Utility Investigator

LLA
EJL

TEMPLE HILL VOLUNTEER FIRE DEPARTMENT
8537 TOMPKINSVILLE RD.
GLASGOW, KY 42141

FIRE 651-9700 OFFICE 427-2220

NO. #

Times

Date 5/27/95

Received _____

Dispatched 18:25

10-18 18:32

10-97 18:46

10-98 2305

10-10 2310

41 _____ 42 _____

43 _____ 44

45 46 _____

Incident Address Whites Chapel Rd Bridge Occupants

Owner _____

Address _____

Nature of Alarm

- | | | | | |
|---|---|---|---|---|
| <input type="checkbox"/> ADT-ALARM | <input type="checkbox"/> ASSIST OTHER DEPT. | <input type="checkbox"/> GAS WASH-DOWN* | <input type="checkbox"/> OFFICE BLD. | <input type="checkbox"/> MOTEL |
| <input type="checkbox"/> AIRPLANE / AIRPORT | <input type="checkbox"/> FACTORY BLD. | <input checked="" type="checkbox"/> HAZ. MATERIAL | <input type="checkbox"/> RESCUE-ACCIDENT | <input type="checkbox"/> STAND-BY |
| <input type="checkbox"/> BARN | <input type="checkbox"/> FARM EQUIP.* | <input type="checkbox"/> HOSPITAL | <input type="checkbox"/> RESCUE-MEDICAL | <input type="checkbox"/> TRASH* |
| <input type="checkbox"/> BUSINESS BLD. | <input type="checkbox"/> FIELD / BRUSH* | <input type="checkbox"/> HOUSE | <input type="checkbox"/> SCHOOL BLD. | <input type="checkbox"/> TRUCK* |
| <input type="checkbox"/> CAR* | <input type="checkbox"/> GARAGE | <input type="checkbox"/> LOCK-OUT* | <input type="checkbox"/> SHED / OUT BLD. | <input type="checkbox"/> UNKNOWN |
| <input type="checkbox"/> CHURCH BLD. | <input type="checkbox"/> GAS STATION | <input type="checkbox"/> NURSING HOME | <input type="checkbox"/> SMOKE / DETECTOR | <input checked="" type="checkbox"/> OTHER |

Units Responding 44-45 Other _____

NUMBER FIRE SERVICE PERSONNEL RESPONDED <u>9</u>	NUMBER ENGINES RESPONDED <u>2</u>	NUMBER AERIAL APPARATUS RESPONDED <u>0</u>	NUMBER OTHER VEHICLES RESPONDED <u>0</u>
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NUMBER OF INJURIES FIRE SERVICE <u>0</u>	OTHER _____	NUMBER OF FATALITIES FIRE SERVICE _____	OTHER _____
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TYPE OF BUILDING		MOBILE PROPERTY TYPE	
AREA OF FIRE ORIGIN		EQUIPMENT INVOLVED IN IGMTION	
FORM OF HEAT OF IGNITION	TYPE OF MATERIAL IGNITED	FORM OF MATERIAL IGNITED	
METHOD OF EXTINGUISHMENT <input type="checkbox"/> 1. Self-extinguished <input type="checkbox"/> 2. Make-shift aids <input type="checkbox"/> 3. Portable extinguisher <input type="checkbox"/> 4. Automatic <input type="checkbox"/> 5. Preconnected hose/water carried in apparatus tanks <input type="checkbox"/> 6. Preconnected hose/water from hydrant, draft, standpipe <input type="checkbox"/> 7. Hand-laid hose <input type="checkbox"/> 8. Master stream devices <input type="checkbox"/> 9. Control not classified <input type="checkbox"/> 0. Undeter/not reported		LEVEL OF FIRE ORIGIN <input type="checkbox"/> 1. Grade level to 9 ft. above <input type="checkbox"/> 2. 10 to 19 ft. above <input type="checkbox"/> 3. 20 to 29 ft. above <input type="checkbox"/> 4. 30 to 49 ft. above <input type="checkbox"/> 5. 50 to 70 ft. above <input type="checkbox"/> 6. Over 70 ft. <input type="checkbox"/> 7. Objects in flight <input type="checkbox"/> 8. Below ground/water level <input type="checkbox"/> 9. Not classified <input type="checkbox"/> 0. Undeter/not reported	
ESTIMATED LOSS (DOLLARS ONLY)			

NUMBER OF STORIES <input type="checkbox"/> 1. 1 story <input type="checkbox"/> 2. 2 stories <input type="checkbox"/> 3. 3 to 4 stories <input type="checkbox"/> 4. 5 to 6 stories <input type="checkbox"/> 5. 7 to 12 stories <input type="checkbox"/> 6. 13 to 24 stories <input type="checkbox"/> 7. 25 to 49 stories <input type="checkbox"/> 8. 50 stories or more <input type="checkbox"/> 0. Undeter/not reported	CONSTRUCTION TYPE <input type="checkbox"/> 1. Fire resistive <input type="checkbox"/> 2. Heavy timber <input type="checkbox"/> 3. Protected noncombustible <input type="checkbox"/> 4. Unprotected noncombustible <input type="checkbox"/> 5. Protected ordinary <input type="checkbox"/> 6. Unprotected ordinary <input type="checkbox"/> 7. Protected wood frame <input type="checkbox"/> 8. Unprotected wood trim <input type="checkbox"/> 9. Not classified <input type="checkbox"/> 0. Undetermined
--	--

EXTENT OF FLAME DAMAGE <input type="checkbox"/> 1. Object of origin <input type="checkbox"/> 2. Part of room/area of origin <input type="checkbox"/> 3. Room of origin <input type="checkbox"/> 4. Fire-rated compartment <input type="checkbox"/> 5. Floor of origin <input type="checkbox"/> 6. Structure <input type="checkbox"/> 7. Beyond structure of origin <input type="checkbox"/> 0. Undeter/not reported	EXTENT OF SMOKE DAMAGE <input type="checkbox"/> 1. Object of origin <input type="checkbox"/> 2. Part of room/area of origin <input type="checkbox"/> 3. Room of origin <input type="checkbox"/> 4. Fire-rated compartment <input type="checkbox"/> 5. Floor of origin <input type="checkbox"/> 6. Structure <input type="checkbox"/> 7. Beyond structure of origin <input type="checkbox"/> 9. No damage <input type="checkbox"/> 0. Undeter/not reported
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DETECTOR PERFORMANCE <input type="checkbox"/> 1. In room or space/operated <input type="checkbox"/> 2. Not in room or space/operated <input type="checkbox"/> 3. In room or space/not operated <input type="checkbox"/> 4. Not in room or space/not operated <input type="checkbox"/> 5. In room or space/fire too small <input type="checkbox"/> 8. No detectors present <input type="checkbox"/> 9. Not classified <input type="checkbox"/> 0. Undeter/not reported	SPRINKLER PERFORMANCE <input type="checkbox"/> 1. Equipment operated <input type="checkbox"/> 2. Equipment should operated/did not <input type="checkbox"/> 3. Equipment present/fire too small <input type="checkbox"/> 6. No equipment present <input type="checkbox"/> 9. Not classified <input type="checkbox"/> 0. Undeter/not reported
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IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	TYPE OF MATERIAL GENERATING MOST SMOKE	AVENUE OF SMOKE TRAVEL <input type="checkbox"/> 1. Air handling duct <input type="checkbox"/> 2. Corridor <input type="checkbox"/> 3. Elevator Shaft <input type="checkbox"/> 4. Stairwell <input type="checkbox"/> 5. Opening in construction <input type="checkbox"/> 6. Utility opening/wall <input type="checkbox"/> 7. Utility opening/floor <input type="checkbox"/> 8. No avenue of smoke tr <input type="checkbox"/> 9. Not classified <input type="checkbox"/> 0. Undeter/not reported
	FORM OF MATERIAL GENERATING MOST SMOKE	

IF MOBILE PROPERTY	YEAR	MAKE	MODEL	SERIAL NO.	LICENSE NO.
IF EQUIPMENT INVOLVED IN IGNITION	YEAR	MAKE	MODEL	SERIAL NO.	

TEMPLE HILL VOLUNTEER FIRE DEPARTMENT

8537 TOMPKINSVILLE RD.

GLASGOW, KY 42141

FIRE 651-9700 OFFICE 427-2220

Times

Date 10-8-

Received _____

Dispatched 20:

10-18 2037

10-97 202:

10-98 2115

2115

41 _____ 42 _____

43 _____ 44 ✓

45 _____ 46 _____

Incident Address

White Chapel Ch. Occupants _____

Owner

Barren Co. Gas.

Address _____

Nature of Alarm

- | | | | | |
|---|---|---|---|-----------------------------------|
| <input type="checkbox"/> ADT-ALARM | <input type="checkbox"/> ASSIST OTHER DEPT. | <input type="checkbox"/> GAS WASH-DOWN* | <input type="checkbox"/> OFFICE BLD. | <input type="checkbox"/> MOTEL |
| <input type="checkbox"/> AIRPLANE / AIRPORT | <input type="checkbox"/> FACTORY BLD. | <input checked="" type="checkbox"/> HAZ. MATERIAL | <input type="checkbox"/> RESCUE-ACCIDENT | <input type="checkbox"/> STAND-BY |
| <input type="checkbox"/> BARN | <input type="checkbox"/> FARM EQUIP.* | <input type="checkbox"/> HOSPITAL | <input type="checkbox"/> RESCUE-MEDICAL | <input type="checkbox"/> TRASH* |
| <input type="checkbox"/> BUSINESS BLD. | <input type="checkbox"/> FIELD / BRUSH* | <input type="checkbox"/> HOUSE | <input type="checkbox"/> SCHOOL BLD. | <input type="checkbox"/> TRUCK* |
| <input type="checkbox"/> CAR* | <input type="checkbox"/> GARAGE | <input type="checkbox"/> LOCK-OUT* | <input type="checkbox"/> SHED / OUT BLD. | <input type="checkbox"/> UNKNOWN |
| <input type="checkbox"/> CHURCH BLD. | <input type="checkbox"/> GAS STATION | <input type="checkbox"/> NURSING HOME | <input type="checkbox"/> SMOKE / DETECTOR | <input type="checkbox"/> OTHER |

Units Responding

44

Other _____

NUMBER FIRE SERVICE PERSONNEL RESPONDED <u>5</u>	NUMBER ENGINES RESPONDED <u>1</u>	NUMBER AERIAL APPARATUS RESPONDED	NUMBER OTHER VEHICLES RESPONDED
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NUMBER OF INJURIES FIRE SERVICE	OTHER	NUMBER OF FATALITIES FIRE SERVICE	OTHER
------------------------------------	-------	--------------------------------------	-------

TYPE OF BUILDING Gas Leaks MOBILE PROPERTY TYPE

AREA OF FIRE ORIGIN Gas EQUIPMENT INVOLVED IN IGNITION

FORM OF HEAT OF IGNITION TYPE OF MATERIAL IGNITED FORM OF MATERIAL IGNITED

METHOD OF EXTINGUISHMENT <input type="checkbox"/> 1. Self-extinguished <input type="checkbox"/> 2. Make-shift aids <input type="checkbox"/> 3. Portable extinguisher <input type="checkbox"/> 4. Automatic <input type="checkbox"/> 5. Preconnected hose/water carried in apparatus tanks <input type="checkbox"/> 6. Preconnected hose/water from hydrant, draft, standpops <input type="checkbox"/> 7. Hand-laid hose <input type="checkbox"/> 8. Master stream devices <input type="checkbox"/> 9. Control not classified <input type="checkbox"/> 0. Undeter/not reported	LEVEL OF FIRE ORIGIN <input type="checkbox"/> 1. Grade level to 9 ft. above <input type="checkbox"/> 2. 10 to 19 ft. above <input type="checkbox"/> 3. 20 to 29 ft. above <input type="checkbox"/> 4. 30 to 49 ft. above <input type="checkbox"/> 5. 50 to 70 ft. above <input type="checkbox"/> 6. Over 70 ft. <input type="checkbox"/> 7. Objects in flight <input type="checkbox"/> 8. Below ground/water level <input type="checkbox"/> 9. Not classified <input type="checkbox"/> 0. Undeter/not reported	ESTIMATED LOSS (DOLLARS ONLY)
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NUMBER OF STORIES <input type="checkbox"/> 1. 1 story <input type="checkbox"/> 2. 2 stories <input type="checkbox"/> 3. 3 to 4 stories <input type="checkbox"/> 4. 5 to 6 stories <input type="checkbox"/> 5. 7 to 12 stories <input type="checkbox"/> 6. 13 to 24 stories <input type="checkbox"/> 7. 25 to 49 stories <input type="checkbox"/> 8. 50 stories or more <input type="checkbox"/> 9. Undeter/not reported	CONSTRUCTION TYPE <input type="checkbox"/> 1. Fire resistive <input type="checkbox"/> 2. Heavy timber <input type="checkbox"/> 3. Protected noncombustible <input type="checkbox"/> 4. Unprotected noncombustible <input type="checkbox"/> 5. Protected ordinary <input type="checkbox"/> 6. Unprotected ordinary <input type="checkbox"/> 7. Protected wood frame <input type="checkbox"/> 8. Unprotected wood <input type="checkbox"/> 9. Not classified <input type="checkbox"/> 0. Undetermined
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EXTENT OF FLAME DAMAGE <input type="checkbox"/> 1. Object of origin <input type="checkbox"/> 2. Part of room/area of origin <input type="checkbox"/> 3. Room of origin <input type="checkbox"/> 4. Fire-rated compartment <input type="checkbox"/> 5. Floor of origin <input type="checkbox"/> 6. Structure <input type="checkbox"/> 7. Beyond structure of origin <input type="checkbox"/> 0. Undeter/not reported	EXTENT OF SMOKE DAMAGE <input type="checkbox"/> 1. Object of origin <input type="checkbox"/> 2. Part of room/area of origin <input type="checkbox"/> 3. Room of origin <input type="checkbox"/> 4. Fire-rated compartment <input type="checkbox"/> 5. Floor of origin <input type="checkbox"/> 6. Structure <input type="checkbox"/> 7. Beyond structure of origin <input type="checkbox"/> 9. No damage <input type="checkbox"/> 0. Undeter/not reported
---	--

DETECTOR PERFORMANCE <input type="checkbox"/> 1. In room or space/operated <input type="checkbox"/> 2. Not in room or space/operated <input type="checkbox"/> 3. In room or space/not operated <input type="checkbox"/> 4. Not in room or space/not operated <input type="checkbox"/> 5. In room or space/fire too small <input type="checkbox"/> 6. No detectors present <input type="checkbox"/> 9. Not classified <input type="checkbox"/> 0. Undeter/not reported	SPRINKLER PERFORMANCE <input type="checkbox"/> 1. Equipment operated <input type="checkbox"/> 2. Equipment should operated/did not <input type="checkbox"/> 3. Equipment present/fire too small <input type="checkbox"/> 8. No equipment present <input type="checkbox"/> 9. Not classified <input type="checkbox"/> 0. Undeter/not reported
---	--

IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	TYPE OF MATERIAL GENERATING MOST SMOKE	AVENUE OF SMOKE TRAVEL <input type="checkbox"/> 1. Air handling duct <input type="checkbox"/> 2. Corridor <input type="checkbox"/> 3. Elevator Shaft <input type="checkbox"/> 4. Stairwell <input type="checkbox"/> 5. Opening in construction <input type="checkbox"/> 6. Utility opening/wall <input type="checkbox"/> 7. Utility opening/floor <input type="checkbox"/> 8. No avenue of smoke <input type="checkbox"/> 9. Not classified <input type="checkbox"/> 0. Undeter/not reported
	FORM OF MATERIAL GENERATING MOST SMOKE	

IF MOBILE PROPERTY	YEAR	MAKE	MODEL	SERIAL NO.	LICENSE NO.
IF EQUIPMENT INVOLVED IN IGNITION	YEAR	MAKE	MODEL	SERIAL NO.	

12/08/95

2 pages

To: Dave Kinman

502 564-1582

From: Rex Parsons.

502 565 4949

Here is the Mammoth Invoice
to Barren County Gas.

Any questions, please call

BARRENCO.XLS

To: **Barren County Gas**

Date 12/8/95

From: Mammoth Petroleum, Inc.

Hrs	Description	Rate per hour	Total
6	2 man crew	\$20.00	\$120.00
6	Utility truck and tool	30.00	180.00
6	Backhoe	40.00	240.00
Total Due----->			<u>\$540.00</u>

Repairs done to Barren County Gas system 11/13/95
Repair Broken 1" blow-off on 3" main line on Glover Rd. in Barren County, KY

PUBLIC SERVICE COMMISSION
GAS INSPECTION REPORT

INSPECTIONS CONCLUDED BETWEEN 12/01/95 AND 12/31/95

UTILITY ID: 3650
COMPANY NAME: BARREN COUNTY GAS COMPANY

INSPECTION NBR:95 335 00 UNIT:00/
GAS OPERATION TYPE: GAS DISTRIBUTION TYPE OF GAS: NATURAL
LINE SEG/VALVE SECT: MILE POST: INSP. TYPE:F COMPLAINT
COMPRESSOR STATION/NBR: NAME: NBR. OF VIOLATIONS:
TYPE OF PIPE IN SYSTEM:
INSP. NAME:NANTZ BEGIN DATE:12/ 6/95 END DATE:12/ 7/95 D.O.T. DAYS: 2
RESP. DUE: NOTICES:(1) (2) (3) (4)
RESULT OF INCIDENT REPORT? Y INCIDENT REPORT NUMBER:
REMARKS:Failure to respond to gas leak call on 10/8/95
ENTRY DATE:12/27/95

INSPECTION NBR:95 336 00 UNIT:00/
GAS OPERATION TYPE: GAS DISTRIBUTION TYPE OF GAS: NATURAL
LINE SEG/VALVE SECT: MILE POST: INSP. TYPE:F COMPLAINT
COMPRESSOR STATION/NBR: NAME: NBR. OF VIOLATIONS:
TYPE OF PIPE IN SYSTEM:
INSP. NAME:KINMAN BEGIN DATE:12/ 6/95 END DATE:12/ 7/95 D.O.T. DAYS: 2
RESP. DUE: NOTICES:(1) (2) (3) (4)
RESULT OF INCIDENT REPORT? Y INCIDENT REPORT NUMBER:
REMARKS:failure to respond to gas leak call on 10/8/95
ENTRY DATE:12/27/95

INSPECTION NBR:95 337 00 UNIT:00/
GAS OPERATION TYPE: GAS DISTRIBUTION TYPE OF GAS: NATURAL
LINE SEG/VALVE SECT: MILE POST: INSP. TYPE:F COMPLAINT
COMPRESSOR STATION/NBR: NAME: NBR. OF VIOLATIONS: 2
TYPE OF PIPE IN SYSTEM:
INSP. NAME:KINMAN BEGIN DATE:12/19/95 END DATE:12/20/95 D.O.T. DAYS: 2
RESP. DUE: NOTICES:(1) (2) (3) (4)
RESULT OF INCIDENT REPORT? Y INCIDENT REPORT NUMBER:
REMARKS:failure to respond to gas leak call on 10/8/95. Rec of show cause.
ENTRY DATE:12/27/95

INSPECTIONS CONCLUDED BETWEEN 12/01/95 AND 12/31/95

UTILITY ID: 3650
COMPANY NAME: BARREN COUNTY GAS COMPANY

INSP. NBR:95 337 00 V/N:001 UNIT:00/
GAS OPERATION TYPE: GAS DISTRIBUTION TYPE OF GAS: NATURAL
LINE SEG/VALVE SECT: MILE POST: INSP. TYPE:F COMPLAINT
COMPRESSOR STATION NBR: NAME: NBR. OF VIOLATIONS: 2

FINDING PER REGULATION: 807 KAR 5:022, Section 13(9)a VIO. CODE: .
Barren County Gas has failed to comply with this regulation PENALTY RECOMMENDED
which requires each natural gas operator to establish \$.00
written procedures to minimize hazards resulting from a gas PENALTY APPROVED
pipeline emergency. This requires prompt and effective \$.00
response to emergency situations and making safe any actual DUE DATE:
or potential hazard to life or property.
RECOMMENDATIONS PER FINDING: PENALTY RECEIVED
Formal hearing be held in this matter with action against \$.00
the utility in accordance with KRS 278.992. REC DATE:
VIO. CORR. DATE

ENTRY DATE:12/27/95

INSP. NBR:95 337 00 V/N:002 UNIT:00/
GAS OPERATION TYPE: GAS DISTRIBUTION TYPE OF GAS: NATURAL
LINE SEG/VALVE SECT: MILE POST: INSP. TYPE:F COMPLAINT
COMPRESSOR STATION NBR: NAME: NBR. OF VIOLATIONS: 2

FINDING PER REGULATION: 807 KAR 5:022, Section 9(c) VIO. CODE: .
Operator has failed to comply with this regulation which PENALTY RECOMMENDED
requires each natural gas operator to establish and maintain \$.00
liaison with appropriate fire, police and other public PENALTY APPROVED
officials. \$.00
DUE DATE:
RECOMMENDATIONS PER FINDING: PENALTY RECEIVED
Formal hearing to be held in this matter that the Commission \$.00
consider action against the utility in accordance with KRS REC DATE:
278.992. VIO. CORR. DATE

ENTRY DATE:12/27/95

02/28/96
12:53:03

Barren County SE911
Call Number Detail

PAGE 1
USER JAMES

Dispatch #: 94-005005
Phone: 678-5163
Name: STEVE BURTON
Address: 262 HILLWOOD RD

Source: 911
Fire:
Law:
Rescue:
Disp: C

Incoming Call: 05/20/94 16:37:54
Call Dispatch Time: 16:39:41
Call Arrival Time: 16:51:37
Call Clear Time: 17:49:34
Call Closed: 05/20/94 17:49:34

Event: FUEL SPILL

Units Dispatched: 1

Original Dispatch Remarks:

LADY ADV A NATURAL GAS LINE HAD BEEN CUT WITH LAWN MOWER
THIS IS STEVE BURTON RESIDENCE. PHONE LISTED AS PHYSICAL THERAPY

UNIT	DEPT	STATUS/DSP/RUN#	LOCATION/REMARK	USER	DATE/TIME
EB1	F08	DSP 93		ALLEN	05/20 16:39:41
EB1	F08	1018		ALLEN	05/20 16:49:41
EB1	F08	1097		ALLEN	05/20 16:51:37
EB1	F08	1098		ALLEN	05/20 17:40:49
EB1	F08	1010S		ALLEN	05/20 17:49:33

RECEIVED
FEB 29 1996
DIVISION OF UTILITY
ENGINEERING & SERVICES

Kentucky Basic Fire Incident Report
 EAST BARREN FIRE DEPT.

0 New Report

FDID 752	Inc.-Exp. No. 940093-00	Date 5/20/94	Day of Week Friday	Alarm Time 1639	Arrival Time 1651	In Service Time 1749
Type of Situation Found 41 Leak with no ignition		Type of Action Taken 5 Standby		Mutual Aid 3 N/A		
Fixed Property Use 411 One-family dwelling: year round use			Ignition Factor 08 Not a Fire			
Correct Address 262 HILLWOOD RD.			Zip Code 42141	Census Tract 0000.00		
Occupant Name (Last, First, Mi) BURTON STEVE			Telephone 502-678-5163	Room or Apt.		
Owner Name (Last, First, Mi) BURTON STEVE		Address 262 HILLWOOD RD. GLASGOW		Telephone 502-678-5163		
Method of Alarm From Public 1 Telephone Direct		Inspection District Shift		No. Alarms 1		

Fire Personnel 5	Engines Responded 1	Aerials Responded	Other Vehicles 1
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Number of Injuries		Number of Fatalities	
Fire Service	Other	Fire Service	Other

Complex	Mobile Property Type		
Area of Fire Origin	Equipment Involved in Ignition		
Form of Heat of Ignition	Type of Material Ignited	Form of Material	
Method of Extinguishment	Level of Fire Origin	Estimated Loss (\$)	

Number of Stories	Construction Type
Extent of Flame Damage	Extent of Smoke Damage
Detector Performance	Sprinkler Performance

If Smoke Spread Beyond Room of Origin	
Type Material Generating Smoke	Avenue of Smoke Travel
Form of Material Generating Most Smoke	

Mobile Property			
Year Make	Model	Serial Number	License No.

Equipment Involved in Ignition			
Year	Make	Model	Serial Number

Officer In Charge	Name, Position, Assignment	Date
Hodges, Steve	ASST-CHIEF #2	5/20/94
Member Making Report if Different from Above		Date
Jackson, Tony	CAPTAIN #3	5/20/94