

BTU GAS CO., INC.

P.O. BOX 707
SALYERSVILLE, KY 41465
PHONE: 606-884-2000
FAX: 606-884-2010
E-MAIL: pamwilliams@foothills.net

October 25, 2010

Public Service Commission
211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40602-0615

RECEIVED

OCT 26 2010

PUBLIC SERVICE
COMMISSION

Dear Mr. Derouen;

In regard to Order September 23, 2010 BTU Gas has been and will continue to work on the deficiencies involved in our case 2007-00403.

I believe we have corrected and submitted to the PSC all of our corrections for most of the deficiencies. As you are aware BTU had hired Mr. Roger Wingate to help us with our situation. I would like to take the time to break these deficiencies down.

1. Excess Flow Valve – BTU has then in place and notified the PSC June 28, 2008 of this plan.
2. Public Awareness Plan – Was supplied originally to the PSC on November 3, 2008. After we hired Mr. Wingate the new plan was received by the PSC February 10, 2010.
3. Qualification of the men: Mr. Wingate spent the week of June 21, 2010 qualifying our two men. (See attached roster sheets)
4. The map – The map we have the PSC and BTU completed together. I believe the PSC has a copy of this map.
5. Pipeline Markers – New pipeline markers were put back in place. Pictures of these markers along with their location was received by the PSC June 28, 2010.
6. Above ground pipe – The customer where this above ground pipe was found was notified and the customer has since corrected this violation. This was corrected September 2009.
7. Operation & Maintenance Plans – These were originally submitted to the PSC Nov. 2, 2008. The new plans done by Mr. Wingate were submitted February 10, 2010.
8. Gas Odorization - After the purchase of an odorator and the qualification of the men these tests were performed. (See attached test sheets)
9. Patrolling - The patrolling forms BTU Gas had was supplied to the PSC June 2008.
10. Leakage survey – BTU Gas has hired Frontier Gas to perform this task for us.
11. The Valves – A list of these valves were received by the PSC February 10, 2010.
12. Pressure stations – A list of these were received by the PSC February 10, 2010.
13. Relief Valves -- A list of these were received by the PSC February 10, 2010.
14. Corrosion – These locations were received by the PSC February 10, 2010.

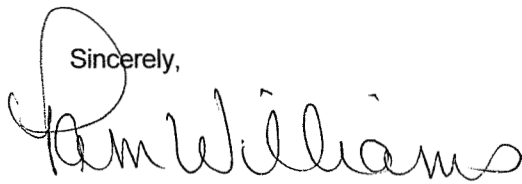
15. 811 – BTU Gas is now a member of 811. Received by the PSC May 25, 2010.

16. Form RSPA F 7100 -1-1 – This form was filed with the PSC April 19, 2010. BTU Gas does not show in the PHMSA system so I have been working with Mr. Jamerson Pender to get an ID number and password to make sure these reports get filed.

17. Drug and Alcohol Plan – Filed with the PSC.

After reviewing the PSC web site (at the direction of Mr. Jason Brangers) I believe we have made a lot of progress and will continue to stay in compliance with the PSC. The annual reports for 2008 and 2009 will be forwarded on to you as soon as the CPA's get them finished. We were going through an audit 2008-2009 that is why these have not been filed.

Sincerely,

A handwritten signature in cursive script that reads "Pam Williams". The signature is written in black ink and is positioned below the word "Sincerely,".

Pam Williams
President

OPERATOR QUALIFICATIONS

R.L. WINGATE

ROSTER REPORTS



Industrial Training Services

Roster Report

Bill To:

RL WINGATE
1112 N CLEVELAND RD
LEXINGTON KY 40509

Ship To:

Test Name: OQ TASK M-2 Locating and Marking Underground Pipeline Facilities

Test Group: 2535

Date: 7/9/2010

Page: 1

Student Name

JACKIE JORDAN

Company Name

BTU GAS

Pass/Fail

P



Industrial Training Services

Roster Report

Bill To:

RL WINGATE
1112 N CLEVELAND RD
LEXINGTON KY 40509

Ship To:

Test Name: OQ TASK M-2 Locating and Marking Underground Pipeline Facilities

Test Group: 2535

Date: 6/21/2010

Page: 1

Student Name

JACKIE JORDAN
LOUIE PATRICK

Company Name

BTU GAS
BTU GAS

Pass/Fail

F
P



Industrial Training Services

Roster Report

Bill To:

RL WINGATE
1112 N CLEVELAND RD
LEXINGTON KY 40509

Ship To:

Test Name: OQS F-1 and F-2 Joining Polyethylene Pipe

Test Group: 2865

Date: 6/21/2010

Page: 1

Student Name

JACKIE JORDAN
LOUIE PATRICK

Company Name

BTU GAS
BTU GAS

Pass/Fail

P
P



Industrial Training Services

Roster Report

Bill To:

RL WINGATE
1112 N CLEVELAND RD
LEXINGTON KY 40509

Ship To:

Test Name: OQ I-1(a) Monitoring Corrosion Control Methods/Patrolling and Surveillance

Test Group: 3038

Date: 6/21/2010

Page: 1

<u>Student Name</u>	<u>Company Name</u>	<u>Pass/Fail</u>
JACKIE JORDAN	BTU GAS	P
LOUIE PATRICK	BTU GAS	P



Industrial Training Services

Roster Report

Bill To:

RL WINGATE
1112 N CLEVELAND RD
LEXINGTON KY 40509

Ship To:

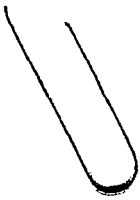
Test Name: OQS L-2b Purgig Gas Lines (4" Diameter or Less)

Test Group: 3038

Date: 6/21/2010

Page: 1

<u>Student Name</u>	<u>Company Name</u>	<u>Pass/Fail</u>
JACKIE JORDAN	BTU GAS	P
LOUIE PATRICK	BTU GAS	P



Industrial Training Services

Roster Report

Bill To:

RL WINGATE
1112 N CLEVELAND RD
LEXINGTON KY 40509

Ship To:

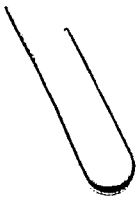
Test Name: OQS L-3 Monitoring Odorant Levels

Test Group: 3038

Date: 6/21/2010

Page: 1

<u>Student Name</u>	<u>Company Name</u>	<u>Pass/Fail</u>
JACKIE JORDAN	BTU GAS	P
LOUIE PATRICK	BTU GAS	P



Industrial Training Services

Roster Report

Bill To:

RL WINGATE
1112 N CLEVELAND RD
LEXINGTON KY 40509

Ship To:

Test Name: GDS 4.1 OQ H-1 Installing and Maintaining Domestic Gas Meter and Regulator Sets
and Service Lines

Test Group: 3038

Date: 6/21/2010

Page: 1

<u>Student Name</u>	<u>Company Name</u>	<u>Pass/Fail</u>
JACKIE JORDAN	BTU GAS	P
LOUIE PATRICK	BTU GAS	P



Industrial Training Services
Roster Report

Bill To:

RL WINGATE
1112 N CLEVELAND RD
LEXINGTON KY 40509

Ship To:

Test Name: OQ TASK M-1 Performing Patrol and Leakage Surveys on Gas Pipeline Facilities

Test Group: 2865

Date: 6/21/2010

Page: 1

<u>Student Name</u>	<u>Company Name</u>	<u>Pass/Fail</u>
JACKIE JORDAN	BTU GAS	P
LOUIE PATRICK	BTU GAS	P



Industrial Training Services

Roster Report

Bill To:

RL WINGATE
1112 N CLEVELAND RD
LEXINGTON KY 40509

Ship To:

Test Name: OQ M-4 Inspect and Test Pressure Limit Stations, Relief Devices and Pressure
Regulating Stations

Test Group: 3008

Date: 6/21/2010

Page: 1

Student Name

JACKIE JORDAN
LOUIE PATRICK

Company Name

BTU GAS
BTU GAS

Pass/Fail

P
P



Industrial Training Services

Roster Report

Bill To:

RL WINGATE
1112 N CLEVELAND RD
LEXINGTON KY 40509

Ship To:

Test Name: OQ M-5 (a) Inspecting Emergency Valves

Test Group: 2789

Date: 6/21/2010

Page: 1

Student Name

JACKIE JORDAN
LOUIE PATRICK

Company Name

BTU GAS
BTU GAS

Pass/Fail

P
P

Industrial Training Services
Roster Report

Bill To:

RL WINGATE
1112 N CLEVELAND RD
LEXINGTON KY 40509

Ship To:

Test Name: OQS M-7 Prevent Accidental Ignition

Test Group: 3038

Date: 6/21/2010

Page: 1

<u>Student Name</u>	<u>Company Name</u>	<u>Pass/Fail</u>
JACKIE JORDAN	BTU GAS	P
LOUIE PATRICK	BTU GAS	P



Industrial Training Services

Roster Report

Bill To:

RL WINGATE
1112 N CLEVELAND RD
LEXINGTON KY 40509

Ship To:

Test Name: OQ M-8 Making Field Repairs on Natural Gas Pipelines

Test Group: 2789

Date: 6/21/2010

Page: 1

Student Name

JACKIE JORDAN
LOUIE PATRICK

Company Name

BTU GAS
BTU GAS

Pass/Fail

P
P



Industrial Training Services

Roster Report

Bill To:

RL WINGATE
1112 N CLEVELAND RD
LEXINGTON KY 40509

Ship To:

Test Name: OQS M-10 Abandon/Deactivate Gas Pipeline Systems

Test Group: 2789

Date: 6/21/2010

Page: 1

Student Name

JACKIE JORDAN
LOUIE PATRICK

Company Name

BTU GAS
BTU GAS

Pass/Fail

P
P

ODORIZATION REPORTS

"SNIFF TEST and/or "ODOROMETER TEST"
ODORIZATION CHECK REPORT

LOCATION: SHOP

DATE: 7-5-10

TIME: 3:20

ODOR LEVEL:

- NIL
- BARELY DETECTABLE
- 1.0 READILY DETECTABLE
- STRONG

LIST OTHER ODORS PRESENT: _____

REMARKS: (Odorometer reading) _____

Observed by: LP

LOCATION: ELK CREEK

DATE: 7-9-10

TIME: 3:45

ODOR LEVEL:

- NIL
- BARELY DETECTABLE
- 1.0 READILY DETECTABLE
- STRONG

LIST OTHER ODORS PRESENT: _____

REMARKS: (Odorometer reading) _____

Observed by: LP

LOCATION: MINE FORK

DATE: 7-9-10

TIME: 11:15

ODOR LEVEL:

- NIL
- BARELY DETECTABLE
- 1.0 READILY DETECTABLE
- STRONG

LIST OTHER ODORS PRESENT: _____

REMARKS: (Odorometer reading) _____

Observed by: LP

LOCATION: ROCKHOUSE

DATE: 7-9-10

TIME: 12:40

ODOR LEVEL:

- NIL
- BARELY DETECTABLE
- 1.0 READILY DETECTABLE
- STRONG

REMARKS: (Odorometer reading) _____

Observed by: LP

"SNIFF TEST and/or "ODOROMETER TEST"
ODORIZATION CHECK REPORT

LOCATION: SHOP
DATE: 7-12-10
ODOR LEVEL:

TIME: 8:30
____ NIL
____ BARELY DETECTABLE
1.4 READILY DETECTABLE
____ STRONG

LIST OTHER ODORS PRESENT: _____
REMARKS: (Odorometer reading) _____

Observed by: L.P.

LOCATION: ELK CREEK
DATE: 7-12-10
ODOR LEVEL:

TIME: 9:15
____ NIL
____ BARELY DETECTABLE
1.5 READILY DETECTABLE
____ STRONG

LIST OTHER ODORS PRESENT: _____
REMARKS: (Odorometer reading) _____

Observed by: L.P.

LOCATION: MINE FORK
DATE: 7-12-10
ODOR LEVEL:

TIME: 10:45
____ NIL
____ BARELY DETECTABLE
1.6 READILY DETECTABLE
____ STRONG

LIST OTHER ODORS PRESENT: _____
REMARKS: (Odorometer reading) _____

Observed by: L.P.

LOCATION: ROCKHOUSE
DATE: 7-12-10

TIME: 12:00

ODOR LEVEL:

____ NIL
____ BARELY DETECTABLE
1.5 READILY DETECTABLE
____ STRONG

REMARKS: (Odorometer reading) _____

Observed by: L.P.

"SNIFF TEST and/or "ODOROMETER TEST"
ODORIZATION CHECK REPORT

LOCATION: SHOP
DATE: 7-19-10 TIME: 8:15
ODOR LEVEL: _____ NIL
_____ BARELY DETECTABLE
1.75 READILY DETECTABLE
_____ STRONG

LIST OTHER ODORS PRESENT: _____
REMARKS: (Odorometer reading) _____

Observed by: LP

LOCATION: ELK CREEK
DATE: 7-19-10 TIME: 9:30
ODOR LEVEL: _____ NIL
_____ BARELY DETECTABLE
1.75 READILY DETECTABLE
_____ STRONG

LIST OTHER ODORS PRESENT: _____
REMARKS: (Odorometer reading) _____

Observed by: LP

LOCATION: MINE FORK
DATE: 7-19-10 TIME: 10:50
ODOR LEVEL: _____ NIL
_____ BARELY DETECTABLE
1.5 READILY DETECTABLE
_____ STRONG

LIST OTHER ODORS PRESENT: _____
REMARKS: (Odorometer reading) _____

Observed by: LP

LOCATION: ROCKHOUSE
DATE: 7-19-10 TIME: 17:30
ODOR LEVEL: _____ NIL
_____ BARELY DETECTABLE
1.5 READILY DETECTABLE
_____ STRONG

REMARKS: (Odorometer reading) _____
Observed by: LP

"SNIFF TEST and/or "ODOROMETER TEST"
ODORIZATION CHECK REPORT

LOCATION: SHOP
DATE: 7-20-10 TIME: 8:03
ODOR LEVEL: NIL
 BARELY DETECTABLE
1.03 READILY DETECTABLE
 STRONG

LIST OTHER ODORS PRESENT: _____
REMARKS: (Odorometer reading) _____

Observed by: LP

LOCATION: ELK CREEK
DATE: 7-20-10 TIME: 10:00
ODOR LEVEL: NIL
 BARELY DETECTABLE
1.23 READILY DETECTABLE
 STRONG

LIST OTHER ODORS PRESENT: _____
REMARKS: (Odorometer reading) _____

Observed by: LP

LOCATION: MINE FORK
DATE: 7-26-10 TIME: 11:15
ODOR LEVEL: ~~1.03~~ NIL
 BARELY DETECTABLE
1.23 READILY DETECTABLE
 STRONG

LIST OTHER ODORS PRESENT: _____
REMARKS: (Odorometer reading) _____

Observed by: LP

LOCATION: ROCKHOUSE
DATE: 7-26-10 TIME: 1:00
ODOR LEVEL: NIL
 BARELY DETECTABLE
1.04 READILY DETECTABLE
 STRONG

REMARKS: (Odorometer reading) _____
Observed by: LP

"SNIFF TEST and/or "ODOROMETER TEST"
ODORIZATION CHECK REPORT

LOCATION: SHOP

DATE: 8-2-10

TIME: 8:15

ODOR LEVEL: _____ NIL
_____ BARELY DETECTABLE
1.75 READILY DETECTABLE
_____ STRONG

LIST OTHER ODORS PRESENT: _____

REMARKS: (Odorometer reading) _____

Observed by: LP

LOCATION: ELK CREEK

DATE: 8-2-10

TIME: 9:40

ODOR LEVEL: _____ NIL
1.35 BARELY DETECTABLE
_____ READILY DETECTABLE
_____ STRONG

LIST OTHER ODORS PRESENT: _____

REMARKS: (Odorometer reading) _____

Observed by: LP

LOCATION: MINE FORK

DATE: 8-2-10

TIME: 11:30

ODOR LEVEL: _____ NIL
_____ BARELY DETECTABLE
1.24 READILY DETECTABLE
_____ STRONG

LIST OTHER ODORS PRESENT: _____

REMARKS: (Odorometer reading) _____

Observed by: LP

LOCATION: ROCKHOUSE

DATE: 8-2-10

TIME: 1:15

ODOR LEVEL: _____ NIL
1.20 BARELY DETECTABLE
1.20 READILY DETECTABLE
_____ STRONG

REMARKS: (Odorometer reading) _____

Observed by: LP

"SNIFF TEST and/or "ODOROMETER TEST"
ODORIZATION CHECK REPORT

LOCATION: SHOP
DATE: 8-9-10 TIME: 8:15
ODOR LEVEL: _____
 NIL
 BARELY DETECTABLE
 READILY DETECTABLE
 STRONG

LIST OTHER ODORS PRESENT: _____
REMARKS: (Odorometer reading) _____

Observed by: _____

LOCATION: ELK CREEK
DATE: 8-9-10 TIME: 9:45
ODOR LEVEL: _____
 NIL
 BARELY DETECTABLE
 READILY DETECTABLE
 STRONG

LIST OTHER ODORS PRESENT: _____
REMARKS: (Odorometer reading) _____

Observed by: _____

LOCATION: MINE FORK
DATE: 8-9-10 TIME: 10:50
ODOR LEVEL: _____
 NIL
 BARELY DETECTABLE
 READILY DETECTABLE
 STRONG

LIST OTHER ODORS PRESENT: _____
REMARKS: (Odorometer reading) _____

Observed by: _____

LOCATION: ROCKHOUSE
DATE: 8-9-10 TIME: 12:40
ODOR LEVEL: _____
 NIL
 BARELY DETECTABLE
 READILY DETECTABLE
 STRONG

REMARKS: (Odorometer reading) _____
Observed by: _____

"SNIFF TEST and/or "ODOROMETER TEST"
ODORIZATION CHECK REPORT

LOCATION: SHOP
DATE: 8-16-10 TIME: 7:30
ODOR LEVEL: _____
 NIL
 BARELY DETECTABLE
 1.25 READILY DETECTABLE
 STRONG

LIST OTHER ODORS PRESENT: _____
REMARKS: (Odorometer reading) _____

Observed by: LD

LOCATION: ELK CREEK
DATE: 8-16-10 TIME: 8:45
ODOR LEVEL: _____
 NIL
 BARELY DETECTABLE
 1.24 READILY DETECTABLE
 STRONG

LIST OTHER ODORS PRESENT: _____
REMARKS: (Odorometer reading) _____

Observed by: LF

LOCATION: MINE FORK
DATE: 8-16-10 TIME: 12:30
ODOR LEVEL: _____
 NIL
 BARELY DETECTABLE
 0.5 READILY DETECTABLE
 STRONG

LIST OTHER ODORS PRESENT: _____
REMARKS: (Odorometer reading) _____

Observed by: LF

LOCATION: ROCKHOUSE
DATE: 8-16-10 TIME: 1:00
ODOR LEVEL: _____
 NIL
 BARELY DETECTABLE
 1.28 READILY DETECTABLE
 STRONG

REMARKS: (Odorometer reading) _____
Observed by: LD

"SNIFF TEST and/or "ODOROMETER TEST"
ODORIZATION CHECK REPORT

LOCATION: SHOP
DATE: 8-23-10 TIME: 8:10
ODOR LEVEL: _____
 NIL
 BARELY DETECTABLE
 READILY DETECTABLE
 STRONG

LIST OTHER ODORS PRESENT: _____
REMARKS: (Odorometer reading) _____

Observed by: LP

LOCATION: ELK CREEK
DATE: 8-23-10 TIME: 8:40
ODOR LEVEL: _____
 NIL
 BARELY DETECTABLE
 READILY DETECTABLE
 STRONG

LIST OTHER ODORS PRESENT: _____
REMARKS: (Odorometer reading) _____

Observed by: LP

LOCATION: MINE FORK
DATE: 8-23-10 TIME: 11:15
ODOR LEVEL: _____
 NIL
 BARELY DETECTABLE
 READILY DETECTABLE
 STRONG

LIST OTHER ODORS PRESENT: _____
REMARKS: (Odorometer reading) _____

Observed by: LP

LOCATION: ROCKHOUSE
DATE: 8-23-10 TIME: 10:10
ODOR LEVEL: _____
 NIL
 BARELY DETECTABLE
 READILY DETECTABLE
 STRONG

REMARKS: (Odorometer reading) _____
Observed by: LP

"SNIFF TEST and/or "ODOROMETER TEST"
ODORIZATION CHECK REPORT

LOCATION SHOP
DATE 8-30-10 TIME 8:00
ODOR LEVEL _____ NIL
_____ BARELY DETECTABLE
1/26 _____ READILY DETECTABLE
_____ STRONG

LIST OTHER ODORS PRESENT _____
REMARKS (Odorometer reading) _____

Observed by LP

LOCATION ELK CREEK
DATE 8-30-10 TIME 9:30
ODOR LEVEL _____ NIL
_____ BARELY DETECTABLE
1/25 _____ READILY DETECTABLE
_____ STRONG

LIST OTHER ODORS PRESENT _____
REMARKS (Odorometer reading) _____

Observed by LP

LOCATION MINE FORK
DATE 8-30-10 TIME 10:50
ODOR LEVEL _____ NIL
_____ BARELY DETECTABLE
1/25 _____ READILY DETECTABLE
_____ STRONG

LIST OTHER ODORS PRESENT _____
REMARKS (Odorometer reading) _____

Observed by LP

LOCATION ROCKHOUSE
DATE 8-30-10 TIME 1:15
ODOR LEVEL _____ NIL
_____ BARELY DETECTABLE
1/26 _____ READILY DETECTABLE
_____ STRONG

REMARKS (Odorometer reading) _____
Observed by LP

VALVE LOCATION AND INSPECTION

REPORTS

Valve Location and Inspection Record

Location Identification	Company <u>BTO</u>	Valve Number: <u>1</u>
	Location <u>AUXIER BR</u>	

If Above Ground perform an Atmospheric Corrosion Check

Is valve located Above Ground <input type="checkbox"/>	Coating Good <input type="checkbox"/>	Needs Maintenance <input type="checkbox"/>	Below Ground <input checked="" type="checkbox"/>
--	---------------------------------------	--	--

Business <input type="checkbox"/> yes	Within <input type="checkbox"/> yes	Rural <input type="checkbox"/> yes	Within <input type="checkbox"/> yes
District <input type="checkbox"/> no	City limits <input type="checkbox"/> no	Area <input type="checkbox"/> no	A Subdivision <input type="checkbox"/> no

Valve Size <u>2"</u>	Make: _____	Operating Nut Size <u>2"</u>
----------------------	-------------	------------------------------

Characteristics <input type="checkbox"/> Metallic	<input checked="" type="checkbox"/> Plastic	<input type="checkbox"/> Plug	<input type="checkbox"/> Gate
---	---	-------------------------------	-------------------------------

Surface <input type="checkbox"/> Asphalt	<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Gate
--	-----------------------------------	---------------------------------	-------------------------------

Type <input type="checkbox"/> Side walk	<input checked="" type="checkbox"/> Other (List) <u>GRASS AND DIST GROUND</u>
---	---

Valve Location: See sketch on reverse side.

Safety Valve Inspection History

(for Inspector Use Only)

Inspection Date	Name of Inspector	Valve Operable	
		Yes	No
7-1-10	Stain PATRICK	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Valve Location and Inspection Record

Location Identification	Company <u>BTD</u>	Valve Number: <u>2</u>
	Location <u>AUX. R. BR</u>	

If Above Ground perform an Atmospheric Corrosion Check

Is valve located Above Ground	<input type="checkbox"/>	Coating Good	<input type="checkbox"/>	Needs Maintenance	<input type="checkbox"/>	Below Ground	<input checked="" type="checkbox"/>
-------------------------------	--------------------------	--------------	--------------------------	-------------------	--------------------------	--------------	-------------------------------------

Business	<input type="checkbox"/> yes	Within	<input type="checkbox"/> yes	Rural	<input type="checkbox"/> yes	Within	<input type="checkbox"/> yes
District	<input type="checkbox"/> no	City	<input type="checkbox"/> no	Area	<input type="checkbox"/> no	A	<input type="checkbox"/> no
		Towns	<input type="checkbox"/> no			Subdivision	<input type="checkbox"/> no

Valve Size	<u>3"</u>	Make	<u>Bell</u>	Operating Nut Size	<u>2"</u>
------------	-----------	------	-------------	--------------------	-----------

Characteristics

<input type="checkbox"/> Metallic	<input checked="" type="checkbox"/> Plastic	<input type="checkbox"/> Plug	<input type="checkbox"/> Gate
-----------------------------------	---	-------------------------------	-------------------------------

Surface

<input type="checkbox"/> Asphalt	<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Gate
----------------------------------	-----------------------------------	---------------------------------	-------------------------------

Type

<input type="checkbox"/> Side walk	<input checked="" type="checkbox"/> Other (List) <u>CRASS and dirt GROUND</u>
------------------------------------	---

Valve Location: See sketch on reverse side.

Safety Valve Inspection History

(for Inspector Use Only)

Inspection Date	Name of Inspector	Valve Operable	
		Yes	No
<u>7-1-16</u>	<u>Jenni PATR LK</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Valve Location and Inspection Record

Location Identification	Company <u>BTU</u>	Valve Number: <u>3</u>
	Location <u>AT High School</u>	

If Above Ground perform an Atmospheric Corrosion Check

Is valve located Above Ground <input type="checkbox"/>	Coating Good <input type="checkbox"/>	Needs Maintenance <input type="checkbox"/>	Below Ground <input checked="" type="checkbox"/>
--	---------------------------------------	--	--

Business <input type="checkbox"/> yes	Within <input type="checkbox"/> yes	Rural <input type="checkbox"/> yes	Within <input type="checkbox"/> yes
District <input type="checkbox"/> no	City Limits <input type="checkbox"/> no	Area <input type="checkbox"/> no	Subdivision A <input type="checkbox"/> no

Valve Size <u>3"</u>	Make <u>Billy</u>	Operating Nut Size <u>2"</u>
----------------------	-------------------	------------------------------

Characteristics

<input type="checkbox"/> Metallic	<input checked="" type="checkbox"/> Plastic	<input type="checkbox"/> Plug	<input type="checkbox"/> Gate
-----------------------------------	---	-------------------------------	-------------------------------

Surface

<input type="checkbox"/> Asphalt	<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Gate
----------------------------------	-----------------------------------	---------------------------------	-------------------------------

Type

<input type="checkbox"/> Side walk	<input checked="" type="checkbox"/> Other (List) <u>GRASS AND DIRT GROUND</u>
------------------------------------	---

Valve Location: See sketch on reverse side.

Safety Valve Inspection History

(for Inspector Use Only)

Inspection Date	Name of Inspector	Valve Operable	
		Yes	No
<u>7-1-10</u>	<u>John Patrick</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Valve Location and Inspection Record

Location Identification	Company <u>BTO</u>	Valve Number: <u>4</u>
	Location <u>E/K CREEK</u>	

If Above Ground perform an Atmospheric Corrosion Check

Is valve located Above Ground	<input type="checkbox"/>	Coating Good	<input type="checkbox"/>	Needs Maintenance	<input type="checkbox"/>	Below Ground	<input checked="" type="checkbox"/>
-------------------------------	--------------------------	--------------	--------------------------	-------------------	--------------------------	--------------	-------------------------------------

Business	<input type="checkbox"/> yes	Within	<input type="checkbox"/> yes	Rural	<input type="checkbox"/> yes	Within	<input type="checkbox"/> yes
District	<input type="checkbox"/> no	City	<input type="checkbox"/> no	Area	<input type="checkbox"/> no	Subdivision	<input type="checkbox"/> no

Valve Size	<u>3"</u>	Make	<u>Ball</u>	Operating Nut Size	<u>2"</u>
------------	-----------	------	-------------	--------------------	-----------

Characteristics	<input type="checkbox"/> Metallic	<input checked="" type="checkbox"/> Plastic	<input type="checkbox"/> Plug	<input type="checkbox"/> Gate
-----------------	-----------------------------------	---	-------------------------------	-------------------------------

Surface	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Gate
Type	<input type="checkbox"/> Side walk	Other (List) <u>GRASS and dirt ground</u>		

Valve Location: See sketch on reverse side.

Safety Valve Inspection History

(for Inspector Use Only)

Inspection Date	Name of Inspector	Valve Operable	
		Yes	No
<u>7-4-10</u>	<u>[Signature]</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Valve Location and Inspection Record

Location Identification	Company <u>BTO</u>	Valve Number: <u>5</u>
	Location <u>ELK CREEK</u>	

If Above Ground perform an Atmospheric Corrosion Check

Is valve located Above Ground	<input type="checkbox"/>	Coating Good	<input type="checkbox"/>	Needs Maintenance	<input type="checkbox"/>	Below Ground	<input checked="" type="checkbox"/>
-------------------------------	--------------------------	--------------	--------------------------	-------------------	--------------------------	--------------	-------------------------------------

Business	<input type="checkbox"/> yes	Within	<input type="checkbox"/> yes	Rural	<input type="checkbox"/> yes	Within	<input type="checkbox"/> yes
District	<input type="checkbox"/> no	City	<input type="checkbox"/> no	Area	<input type="checkbox"/> no	Subdivision	<input type="checkbox"/> no

Valve Size	<u>3"</u>	Make	<u>POLY</u>	Operating Nut Size	<u>2"</u>
------------	-----------	------	-------------	--------------------	-----------

Characteristics

<input type="checkbox"/> Metallic	<input checked="" type="checkbox"/> Plastic	<input type="checkbox"/> Plug	<input type="checkbox"/> Gate
-----------------------------------	---	-------------------------------	-------------------------------

Surface

<input type="checkbox"/> Asphalt	<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Gate
----------------------------------	-----------------------------------	---------------------------------	-------------------------------

Type

<input type="checkbox"/> Side walk	<input checked="" type="checkbox"/> Other (List) <u>COVERED AND 18" T GROUND</u>
------------------------------------	--

Valve Location: See sketch on reverse side.

Safety Valve Inspection History

(for Inspector Use Only)

Inspection Date	Name of Inspector	Valve Operable	
		Yes	No
<u>7/1/0</u>	<u>Steve PATRICK</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PHMSA

(PROOF OF FILING)

Office of Pipeline Safety

Pipeline and Hazardous Materials Safety Administration

OPS Online Data Entry and Operator Registration System

[OPS Home](#) | [ODES Main](#) | [Contact Information](#) | [Disclaimer](#) | [Log Out](#)

Confirmation Page
This report was successfully submitted to the OPS Database. Please do not mail or fax this report to the Office of Pipeline Safety. If you have any questions, please contact Donald Taylor at 202-366-8075.
Type of Report : Annual Report - Gas Distribution System Report ID: 20091421 -- 15860 Company Name: BTU GAS COMPANY, INC. Operator ID: 32518 Date of Entry: 10/25/2010 08:52:47 Prepare's Name: PAM WILLIAMS Prepare's Telephone Number: (606)884-2000 Prepare's Email Address: PAMWILLIAMS@FOOTHILLS.NET
<input type="button" value="Back to Summary"/> <input type="button" value="Print this page"/>

[OPS Home](#) | [ODES Main](#) | [Contact Information](#) | [Privacy](#)