

COMMONWEALTH OF KENTUCKY  
BEFORE THE KENTUCKY PUBLIC SERVICE COMMISSION

RECEIVED

In the Matter of: )  
)  
SARAH E. WOLFORD, )  
)  
COMPLAINANT )  
)  
v. )  
)  
KENTUCKY-AMERICAN WATER COMPANY )  
)  
DEFENDANT )

JAN 23 2012

PUBLIC SERVICE  
COMMISSION

CASE NO. 2011-00413

**KENTUCKY-AMERICAN WATER COMPANY'S  
DESCRIPTION OF THE CONDITIONS OF STORAGE**

The Commission's December 22, 2011 Order required Kentucky-American Water Company to (1) file with the Commission all records related to and all tests performed on the meter in question that were not filed with its Answer; and (2) advise the Commission in writing as to the conditions under which the meter has been stored, if the meter has been removed from service.

As to the first requirement, Kentucky-American Water Company provided all records relating to and tests performed on the meter when the meter was retrieved by the Commission on January 10, 2012. An additional copy of the records is attached as Exhibit A.

As to the second requirement, the meter was removed from service on August 19, 2011, which was when it failed the low flow test. The meter was then placed in Kentucky-American Water Company's meter shop, where it remained until December 30, 2011. At that time, the meter was placed in a box and was given to Kentucky-American Water Company's security guard, who maintained possession of the meter until it was retrieved by the Commission on

January 10, 2012. As demonstrated by the foregoing, the meter was continuously in the custody of Kentucky-American Water Company once it was removed from service until retrieved by the Commission.

Dated January 23, 2012

Respectfully submitted,

Monica H. Braun

Lindsey W. Ingram, III

Monica H. Braun

Stoll Keenon Ogden PLLC

300 West Vine Street, Suite 2100

Lexington, KY 40507

(859) 231-3000

Counsel for Kentucky-American Water Company

#### **CERTIFICATE OF SERVICE**

This is to certify that an original and ten copies of the foregoing have been filed on this 23<sup>rd</sup> day of January 2012 at the Kentucky Public Service Commission and that a true and accurate copy of same has been served via U.S. mail on the 23<sup>rd</sup> day of January, upon the following:

Sarah Wolford  
118 Arcadia Park  
Lexington, KY 40503

Monica H. Braun  
Counsel for Kentucky-American Water Company

# EXHIBIT A

Kentucky-American Water Company

Customer Name Sarah E. Woolford Account # 629924  
 Service Address 118 S. Arcadia Park Premise# 120068456  
 Meter Size 5/8 Make N Number 90738239 Date 9-19-11

Readings

	GPM	Begin	End	% of Accuracy	Required Accuracy
Low flow	<u>1/4</u>	<u>9200</u>	<u>9294</u>	<u>94</u>	<u>95%-101%</u>
Intermediate flow	<u>2</u>	<u>9300</u>	<u>9400</u>	<u>100</u>	<u>98.5%-101.5%</u>
Maximum flow	<u>15</u>	<u>9400</u>	<u>0398</u>	<u>99.8</u>	<u>98.5%-101.5%</u>

IF ANY OF THE TESTS ABOVE ARE NOT WITHIN THE REQUIRED ACCURACY LIMITS THEN FURTHER TESTING IS REQUIRED BELOW.

Readings

Flow Rate %  
Of Capacity

	GPM	Begin	End	% of Accuracy
25%	<u>5</u>	<u>0400</u>	<u>0500</u>	<u>100</u>
50%	<u>10</u>	<u>0500</u>	<u>0600</u>	<u>100</u>
75%	<u>15</u>	<u>0600</u>	<u>1596</u>	<u>99.6</u>

Average of All 3 tests: 97.93  
 Less Standard: 100%  
 Equal % of Error: \_\_\_\_\_ Fast \_\_\_\_\_ Slow \_\_\_\_\_  
 Before Test Reading: 0106.10 after Test Reading 0107.15  
 Customer Witness? Yes \_\_\_\_\_ No

IF PERCENT OF ERROR IS GREATER THAN 2% THEN COMPLETE THE APPROPRIATE SECTION BELOW.

Length of time error is known to have existed \_\_\_\_\_  
 FAST METER basis for refund \_\_\_\_\_ Amount of refund \_\_\_\_\_  
 SLOW METER basis for additional Bill \_\_\_\_\_ Amount of additional Bill \_\_\_\_\_  
 Comments Meter failed test, MIU and register OK, will not reset, will keep 1 year

Copy to : \_\_\_\_\_

Disputes : Jay Miller Meter Tech. : Tony Richardson

# Repair Crew Report

# Kentucky American Water

AMERICAN WATER

District <input type="checkbox"/> Central <input type="checkbox"/> Northern	Leak ID Date Reported Date Repaired Date cleaned up Date Completed <b>9-5-11</b> Chlorine Residual Est. Water Loss gal Premise # <b>120068456</b> Service Order # <b>3299918</b>	Repair Data Time Crew Called _____ AM PM Time Crew Onsite _____ AM PM Pressure Before Repair _____ psi Time Water Turned Off _____ AM PM Time Water Turned On _____ AM PM Pressure After Repair _____ psi Time Completed _____ AM PM Customers out of Service <input type="checkbox"/> # Res <input type="checkbox"/> # Corn <input type="checkbox"/> Repaired Under Pressure																												
House # <b>118</b> Street <b>ARCADIA PARK</b> Cross Street GPS Pressure Zone Map Ref. Municipality	Crew Leader Assigned <b>M. Mohaly</b> Supervisor: Work to be Completed LEAK REPAIR    BOX REPAIR    READING, METER CHANGE HYD REPAIR    RESTORATION    FLUSH WQ Sarah E. Woolford Acc# <b>629924</b> No witness Jay Miller	Pipe Information Material Type & Size Pipe Depth _____ ft Leak Confirmed <input type="checkbox"/> KAWI Leak Confirmed <input type="checkbox"/> Customer Leak <input type="checkbox"/> No Leak <input type="checkbox"/> Other Total Water Loss: _____ gpm @ _____ min @ _____ gal Leak Site <input type="checkbox"/> Main <input type="checkbox"/> Hydrant/Lateral <input type="checkbox"/> Valve <input type="checkbox"/> Fitting <input type="checkbox"/> Service <input type="checkbox"/> Curb Stop <input type="checkbox"/> Blow Off <input type="checkbox"/> Boots/Gasket <input type="checkbox"/> Hydrant <input type="checkbox"/> Saddles <input type="checkbox"/> Air Release <input type="checkbox"/> Repair/Clamp <input type="checkbox"/> Other																												
Meter Information Periodic <input type="checkbox"/> Stuck <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Burst <input checked="" type="checkbox"/> Test Size <b>3/8"</b> Make <b>N</b> Old MTR # <b>090738239</b> Old Read <b>0106</b> Old MTR # <b>1484184756</b> Size <b>3/8"</b> MAKE <b>N</b> New MTR # <b>090072440</b> New Read <b>0000</b> New MTR # <b>1483593166</b>	Crew Names <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Employee &amp; Job Code</th> <th>Reg</th> <th>OT</th> <th>DT</th> </tr> </thead> <tbody> <tr><td>CL-UT-BH-HR-JB</td><td></td><td></td><td></td></tr> <tr><td>CL-UT-BH-HR-JB</td><td></td><td></td><td></td></tr> <tr><td>CL-UT-BH-HR-JB</td><td></td><td></td><td></td></tr> <tr><td>CL-UT-BH-HR-JB</td><td></td><td></td><td></td></tr> <tr><td>CL-UT-BH-HR-JB</td><td></td><td></td><td></td></tr> <tr><td>CL-UT-BH-HR-JB</td><td></td><td></td><td></td></tr> </tbody> </table>	Employee & Job Code	Reg	OT	DT	CL-UT-BH-HR-JB				CL-UT-BH-HR-JB				CL-UT-BH-HR-JB				CL-UT-BH-HR-JB				CL-UT-BH-HR-JB				CL-UT-BH-HR-JB				Restoration <input type="checkbox"/> Paving Needed (Type) _____ X <b>1483593166</b> (H) Sq. Ft. <input type="checkbox"/> Erosion Cont. Comment <input type="checkbox"/> Labor Comment <input type="checkbox"/> Equipment Comment <input type="checkbox"/> Paving Comment <input checked="" type="checkbox"/> Seed X = _____ Sq. Ft. <input checked="" type="checkbox"/> Sod X = _____ Sq. Ft.
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Conditions Type <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Chlorination Method <input type="checkbox"/> Tablet <input type="checkbox"/> Other	Materials & Equipment Used on Repair Retired Material																													