

City of Liberty

P.O. Box 127 • Liberty, KY 42539

RECEIVED

JAN 26 2017

PUBLIC SERVICE
COMMISSION

January 20, 2017

Kentucky Public Service Commission
211 Sower Blvd.
Frankfort, KY 40601

Re: Case No. 2016-00391
Investigation into Compliance of City of Liberty Gas
Company with KRS 278.495 and 49 CFR Part 192

To Whom It May Concern:

The City of Liberty Gas Company recently submitted a response letter to Case No. 2016-00391. In the investigation letter from the Kentucky Public Service Commission, a repair worksheet was requested for two leaks that were found during the Leakage Survey in July 2016 (#14a.). At the time of the response letter, the repairs for those Grade 2 leaks had not been completed. Those leaks have now been repaired and the leakage repair worksheets are enclosed with this letter.

For any questions or concerns regarding those leak repairs, please call me or Mayor Brown at (606)787-9973 or email me at libertybb@windstream.net.

Sincerely,

Bridgett Blake

Bridgett Blake
City of Liberty



City Hall
(606) 787-9973

Utilities
(606) 787-6691

Fax (606) 787-7992

TDD # 1-800-247-2510



DISTRIBUTION PLANT INSPECTION AND LEAKAGE REPAIR

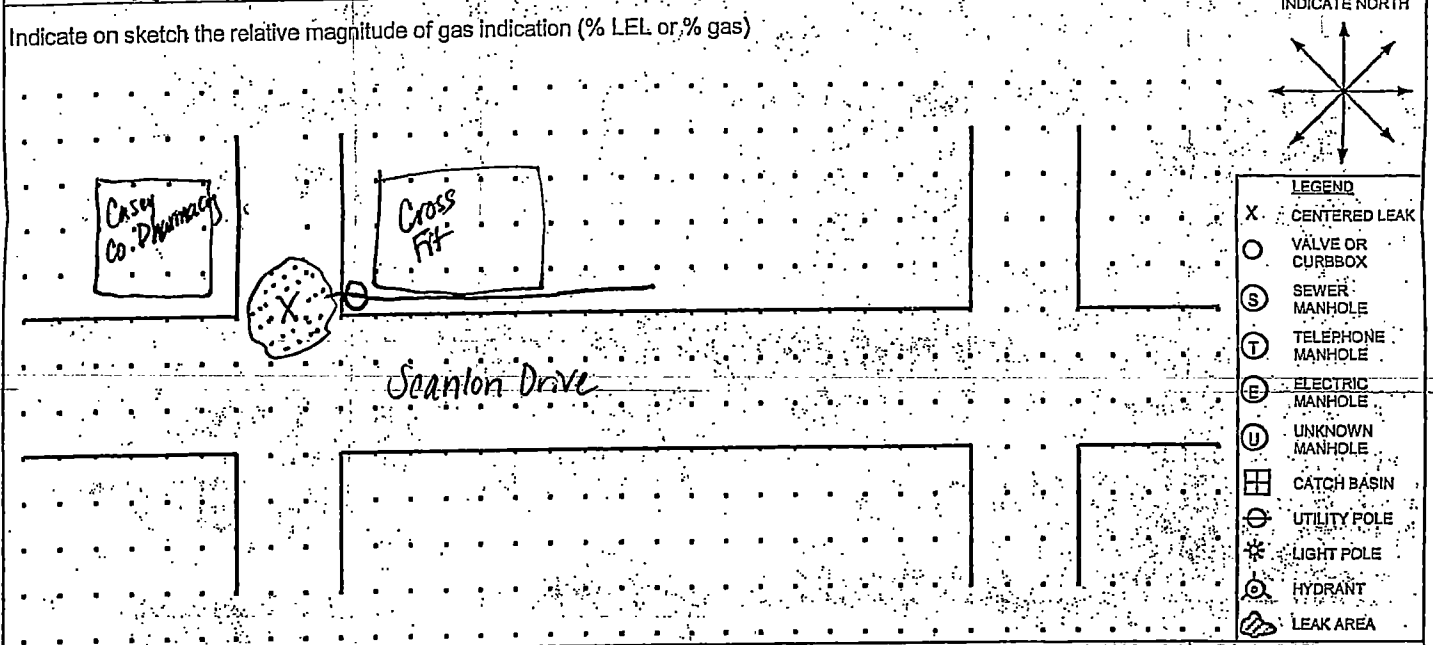
Leakage Survey

INSPECTED BY *Heath Consultants*

REPORTED TO *Darren Atwood + Grey Rodgers* AT

HOUR ON *07:21* | *16*

CO *	LOC. NO.	MAP NO.	SYSTEM NO.	DATE	ORIG. CODE *	REF. LEAK ORDER NO.	FOOTAGE INSP.	LEAK GRADE *	LEAK ORDER NO.
				<i>07/21/16</i>	<i>03</i>			<i>2</i>	
STREET NAME/RTE.-ADDRESS/LEAK LOCATION				MUNICIPALITY		COUNTY			R/R CODE *
<i>49, Scanlon Drive</i>				<i>Liberty</i>		<i>Casey</i>			
BETWEEN		AND		DETECTOR NUMBER		SERVICE OR WORK ORDER NUMBER		TIME FOUND	
<i>Casey Co. Pharmacy + Crossfit Building</i>									
GPS LONGITUDE (X) COORDINATE			GPS LATITUDE (Y) COORDINATE			GPS Z COORDINATE			
<i>37.319639</i>			<i>-84.927187</i>						



SURFACE TYPE CODE *	TYPE OF AREA	PROBABLE LEAK SOURCE			JOB ORDER OR ACCOUNT NO.
<i>Gravel</i>	<input checked="" type="checkbox"/> BUSINESS DISTRICT OR ANNUAL SURVEY <input type="checkbox"/> OUTSIDE BUSINESS DISTRICT (3 YR OR 5 YR SURVEY)	<input checked="" type="checkbox"/> TRANSMISSION LINE <input checked="" type="checkbox"/> SERVICE LINE	<input type="checkbox"/> DISTRIBUTION MAIN <input type="checkbox"/> CUST. METER SETTING	<input type="checkbox"/> MAIN VALVE <input type="checkbox"/> STATION PIPING	

REMARKS

EXPOSURE DATA	MATERIAL CODE	PIPE CONDITION CODE	CORROSION CODE	PITS CODE	INTERNAL CORROSION FOUND?	COATING CODES		EXPOSED PIPE (FT)	DEPTH OF COVER (IN)	SOIL TYPE REMOVED CODE	YEAR INSTALLED	NO. OF EXISTING CLAMPS	PIPE SIZE		CORROSION CONTROL CODE *
						CONDITION	TYPE						INCHES	FRACTION	
SERVICE LINE	<i>P</i>	<i>G</i>	<i>N</i>	<i>N</i>	<i>X</i>	<i>N</i>	<i>NO</i>	<i>15'</i>	<i>24"</i>	<i>6</i>	<i>2015</i>	<i>0</i>	<i>1"</i>		<i>N</i>
MAIN															

LEAK CLEARANCE DATA	CLEARED BY CODE *	LEAK LOCATION CODE *	LEAK CAUSE CODE *	NO. CLAMPS INSTALLED	NO. ANODES INSTALLED	OPERATING PRESSURE CODE *	CLEARED DATE
	<i>25</i>	<i>52</i>	<i>G</i>	<i>0</i>	<i>0</i>	<i>MP</i>	<i>0.1/1.9/1.7</i>

REMARKS: (Include mention of the other underground structures and leakage encounters)

REPAIRED BY	DATE	REINSPECTED BY	DATE	OTHER REFERENCE NUMBER (DAMAGE REPORT, FACILITY FAILURE REPORT, J.O., OTHER)
<i>Darren Atwood</i>	<i>1/19/17</i>			
CLEARED BY	DATE	REINSPECTED BY	DATE	
<i>Grey Rodgers</i>	<i>1/19/17</i>			
FOLLOWUP INSPECTION BY	DATE	REINSPECTED BY	DATE	PIPE TO SOIL POTENTIAL
FOLLOWUP INSPECTION RESULTS	NEW LEAK ORDER NUMBER (FOLLOWUP INSPECTION OR RECLASSIFICATION)			
<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE				

* REFER TO DISTRIBUTION PLANT INSPECTION AND LEAKAGE REPAIR CODES FOUND ON REVERSE SIDE.

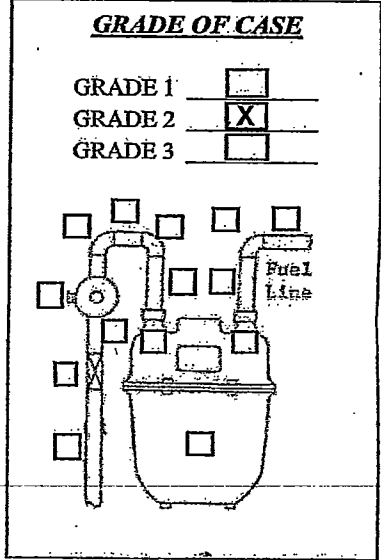
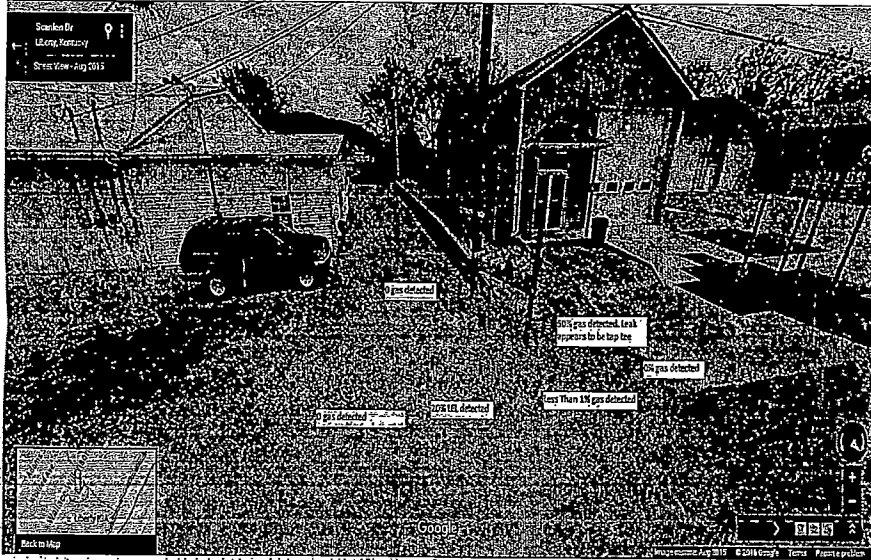
Leakage Control Report
Field Survey



9030 Monroe Rd
 Houston, TX 77061

Address 49 Scanlon Dr
 City/County Liberty State KY
 Leak Survey Area Business

Page Number _____
 Field Case Number **2016-001**



LEAK DATA

DETECTED BY	COLLECTING	SOURCE	ASSET NUMBER	SOIL	PRESSURE	SURFACE	PIPE & SIZE
OMD	<input type="checkbox"/> In Building	<input type="checkbox"/> Main		Rock	<input type="checkbox"/> Low	<input type="checkbox"/> Soil	<input type="checkbox"/> Steel
DPIR	<input checked="" type="checkbox"/> Near Bldg	<input type="checkbox"/> Service		Cinders	<input type="checkbox"/> I.P.	<input checked="" type="checkbox"/> Gravel	<input checked="" type="checkbox"/> Plastic
Visual/Vegetation	<input type="checkbox"/> In Man Hole	<input type="checkbox"/> Service Tap		Clay	<input type="checkbox"/> High	<input type="checkbox"/> Paved	<input type="checkbox"/> Cast Iron
Combustible Meter	<input type="checkbox"/> In Soil	<input checked="" type="checkbox"/> Valve		Loam		<input type="checkbox"/> Other	<input type="checkbox"/> Ductile
Odor	<input type="checkbox"/> In Air	<input type="checkbox"/> Meter Set		Sand			<input type="checkbox"/> Other
Other	<input type="checkbox"/> Other	<input type="checkbox"/> Regulator		Other	<input checked="" type="checkbox"/>		<input type="checkbox"/> Sleeved
RMLD		<input type="checkbox"/> Other					

Remarks: 50% gas detected in gravel lot 6 ft from EOP. Leak appears to be at tap tee.

AREA LOCATION: Commercial Industrial Other Non-Residential Residential

TECHNICIAN Nathan R Miller (Heath Consultants) DATE 7-21-16

to be completed by qualified field personnel

LEAK CAUSE	COMPONENT AND EXPLANATION	PART OF SYSTEM	PIPE & SIZE	REPAIR DATA
Corrosion	<input type="checkbox"/> Pipe	Main	<input type="checkbox"/> Steel	Number of Leaks
Natural Forces	<input type="checkbox"/> Valve	Service	<input type="checkbox"/> Cast Iron	Bare
Material & Welds	<input type="checkbox"/> Mechanical Fitting	Meter Set	<input type="checkbox"/> Ductile Iron	Coated
Excavation	<input type="checkbox"/> Cap	Customer Pipe	<input type="checkbox"/> Copper	Date Repaired
Other Outside Force	<input type="checkbox"/> Electrofusion	Other	<input type="checkbox"/> Plastic	Date Rechecked
Equipment Operations	<input type="checkbox"/> Tap		<input type="checkbox"/> Other	Positive <input type="checkbox"/> Negative <input type="checkbox"/>
Other	<input type="checkbox"/> Other			

Remarks _____

Asset # _____

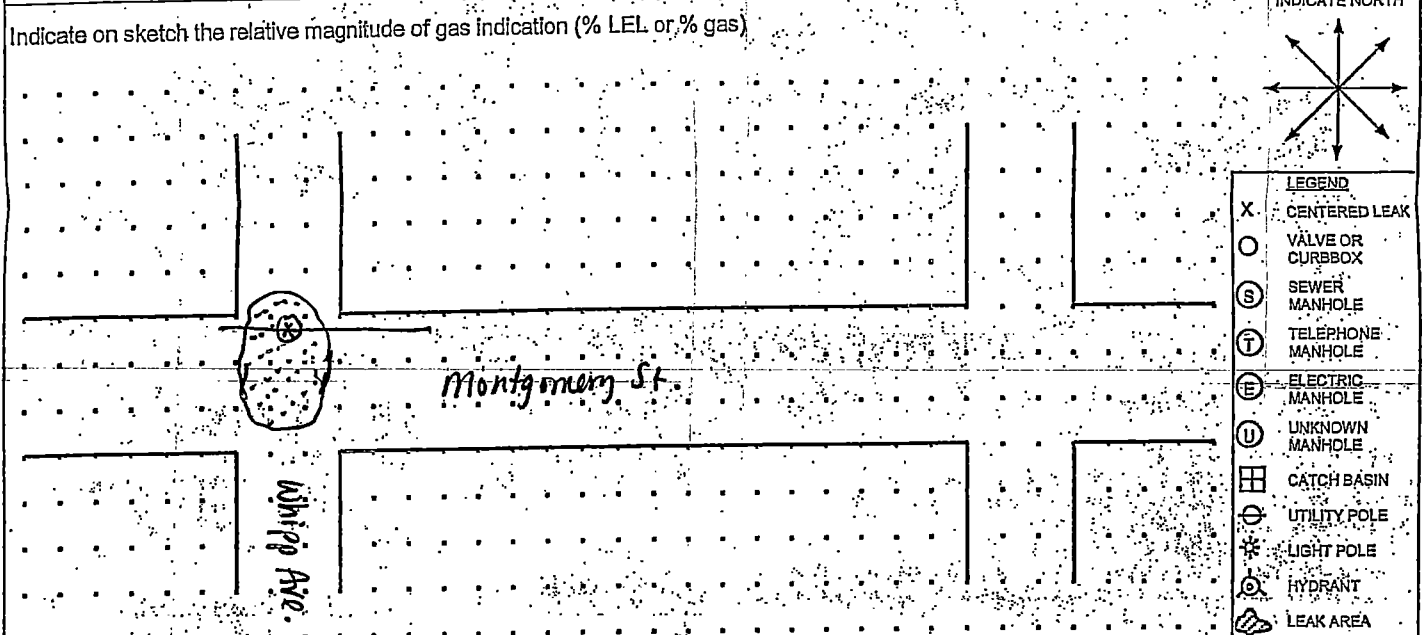
DATE _____

TECHNICIAN _____

DISTRIBUTION PLANT INSPECTION AND LEAKAGE REPAIR

INSPECTED BY Heath Consultants REPORTED TO Greg Rodgers + Darren Howard AT _____ HOUR ON 07/21/16

CO *	LOC. NO.	MAP NO.	SYSTEM NO.	DATE	ORIG. CODE #	REF. LEAK ORDER NO.	FOOTAGE INSP.	LEAK GRADE #	LEAK ORDER NO.
				07/21/16	03			2	
STREET NAME/RTE. ADDRESS/LEAK LOCATION				MUNICIPALITY		COUNTY		R/R CODE *	
MONTGOMERY ST + WHIPP AVE				LIBERTY		CASEY			
BETWEEN AND				DETECTOR NUMBER		SERVICE OR WORK ORDER NUMBER		TIME FOUND	
Intersection of Montgomery St. + Whipp Ave.									
GPS LONGITUDE (X) COORDINATE			GPS LATITUDE (Y) COORDINATE			GPS Z COORDINATE			
37.317821			-84.935168						



SURFACE TYPE CODE *	TYPE OF AREA	PROBABLE LEAK SOURCE			JOB ORDER OR ACCOUNT NO.
Asphalt	<input type="checkbox"/> BUSINESS DISTRICT OR ANNUAL SURVEY <input checked="" type="checkbox"/> OUTSIDE BUSINESS DISTRICT (3 YR OR 5 YR SURVEY)	<input type="checkbox"/> TRANSMISSION LINE <input type="checkbox"/> SERVICE LINE	<input type="checkbox"/> DISTRIBUTION MAIN <input type="checkbox"/> CUST. METER SETTING	<input checked="" type="checkbox"/> MAIN VALVE <input type="checkbox"/> STATION PIPING	

REMARKS:

EXPOSURE DATA	MATERIAL CODE	PIPE CONDITION CODE	CORROSION CODE	PITS CODE	INTERNAL CORROSION FOUND?	COATING CODES		EXPOSED PIPE (FT)	DEPTH OF COVER (IN)	SOIL TYPE REMOVED CODE	YEAR INSTALLED	NO. OF EXISTING CLAMPS	PIPE SIZE		CORROSION CONTROL CODE *	
						CONDITION	TYPE						INCHES	FRACTION		
SERVICE LINE																
MAIN	S	G	N	N	X	G	CJ	4'	20"	3	90s	0	2"		N	

LEAK CLEARANCE DATA	CLEARED BY CODE *	LEAK LOCATION CODE *	LEAK CAUSE CODE *	NO. CLAMPS INSTALLED	NO. ANODES INSTALLED	OPERATING PRESSURE CODE *	CLEARED DATE
	21	60	G	0	0	MP	0.1.19.17

REMARKS: (Include mention of the other underground structures and leakage encounters)

REPAIRED BY	DATE	REINSPECTED BY	DATE	OTHER REFERENCE NUMBER (DAMAGE REPORT, FACILITY FAILURE REPORT, J.O., OTHER)
<u>Darren Howard</u>	1/19/17			
CLEARED BY	DATE	REINSPECTED BY	DATE	
<u>Greg Rodgers</u>	1/19/17			
FOLLOWUP INSPECTION BY	DATE	REINSPECTED BY	DATE	PIPE TO SOIL POTENTIAL
FOLLOWUP INSPECTION RESULTS	NEW LEAK ORDER NUMBER (FOLLOWUP INSPECTION OR RECLASSIFICATION)			VOLTS
<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE				

* REFER TO DISTRIBUTION PLANT INSPECTION AND LEAKAGE REPAIR CODES FOUND ON REVERSE SIDE.

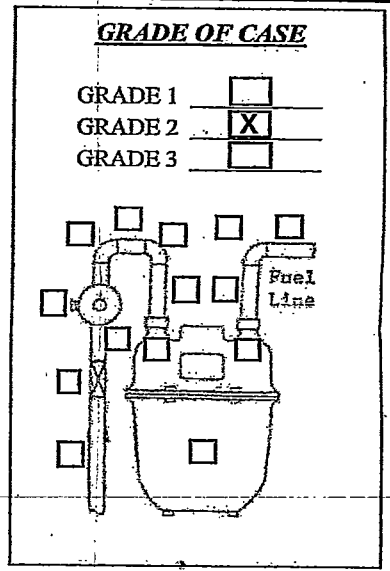
Leakage Control Report
Field Survey



9030 Monroe Rd
 Houston, TX 77061

Address Montgomery St @ Whipp Ave
 City/County Liberty State KY
 Leak Survey Area Residential

Page Number _____
 Field Case Number **2016-002**



LEAK DATA

DETECTED BY	COLLECTING	SOURCE	ASSET NUMBER	SOIL	PRESSURE	SURFACE	PIPE & SIZE
GMD	<input type="checkbox"/> In Building	<input type="checkbox"/> Main		Rock <input type="checkbox"/>	Low <input type="checkbox"/>	Soil <input type="checkbox"/>	Steel <input type="checkbox"/>
DPIR	<input checked="" type="checkbox"/> Near Bldg	<input type="checkbox"/> Service		Cinders <input type="checkbox"/>	I.P. <input checked="" type="checkbox"/>	Gravel <input type="checkbox"/>	Plastic <input type="checkbox"/>
Visual/Vegetation	<input type="checkbox"/> In Man Hole	<input type="checkbox"/> Service Tap		Clay <input type="checkbox"/>	High <input type="checkbox"/>	Paved <input checked="" type="checkbox"/>	Cast Iron <input type="checkbox"/>
Combustible Meter	<input type="checkbox"/> In Soil	<input type="checkbox"/> Valve		Loam <input type="checkbox"/>		Other <input type="checkbox"/>	Ductile <input type="checkbox"/>
Odor	<input type="checkbox"/> In Air	<input type="checkbox"/> Meter Set		Sand <input type="checkbox"/>			Other <input type="checkbox"/>
Other	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Regulator		Other <input checked="" type="checkbox"/>			Sleeved <input type="checkbox"/>
RMLD		<input type="checkbox"/> Other					

Remarks: 20% gas detected in valve box

AREA LOCATION: Commercial Industrial Other Non-Residential Residential

TECHNICIAN Nathan R Miller (Heath Consultants) DATE 7-21-16

to be completed by qualified field personnel

LEAK CAUSE	COMPONENT AND EXPLANATION	PART OF SYSTEM	PIPE & SIZE	REPAIR DATA
Corrosion	<input type="checkbox"/> Pipe	Main <input type="checkbox"/>	Steel <input type="checkbox"/>	Number of Leaks
Natural Forces	<input type="checkbox"/> Valve	Service <input type="checkbox"/>	Cast Iron <input type="checkbox"/>	Bare <input type="checkbox"/>
Material & Welds	<input type="checkbox"/> Mechanical Fitting	Meter Set <input type="checkbox"/>	Ductile Iron <input type="checkbox"/>	Coated <input type="checkbox"/>
Excavation	<input type="checkbox"/> Cap	Customer Pipe <input type="checkbox"/>	Copper <input type="checkbox"/>	Date Repaired
Other Outside Force	<input type="checkbox"/> Electrofusion	Other <input type="checkbox"/>	Plastic <input type="checkbox"/>	Date Rechecked
Equipment	<input type="checkbox"/> Tap		Other <input type="checkbox"/>	Positive <input type="checkbox"/> Negative <input type="checkbox"/>
Operations	<input type="checkbox"/> Other			
Other				

Remarks _____

Asset # _____

TECHNICIAN _____ DATE _____