

City of Liberty

P.O. Box 127 • Liberty, KY 42539

RECEIVED

FEB 26 2018

PUBLIC SERVICE
COMMISSION

February 21, 2018

Kentucky Public Service Commission
211 Sower Boulevard
P.O. Box 615
Frankfort, KY 40602

Re: Case No. 2017-00053

Dear Commission,

The leakage survey for the Liberty Gas System was completed by Heath Consultants in August 2017. During the survey, fourteen (14) grade 2 leaks were discovered in Liberty's gas system. Liberty Gas System has previously submitted a leakage repair report for six (6) leaks found. Included in this letter, you will find two (2) more leakage repair reports from the Liberty Gas System as well as the Field Report from Heath Consultants.

The remaining leakage repairs are on schedule to be repaired within the 6 month time frame. Repair reports will be sent to the Commission as soon as they are repaired.

Please contact me at 606-787-9973 or libertybb@windstream.net for any questions or concerns.

Sincerely,



Bridgett Blake, City Clerk
City of Liberty, Kentucky



City Hall
(606) 787-9973

Utilities
(606) 787-6691

Fax (606) 787-7992

TDD # 1-800-247-2510





Heath Consultants Incorporated
9030 Monroe Road, Houston, TX 77061

No leak

Page No. 2
Date 8-22-17

Status (Circle Status) **Pos.** Neg.

Leak Indication Classification (Circle Leak Indication)
1 **2** 3

TIME REPORTED
1 LEAK ONLY

LEAKAGE CONTROL REPORT
FIELD SURVEY

Company CITY OF LIBERTY District _____
City LIBERTY, KY State KY
Nearest Street Address _____

24111 KY 49

TYPE OF GAS	
Natural	<input checked="" type="checkbox"/>
Manuf.	<input type="checkbox"/>
L.P.	<input type="checkbox"/>
Other	<input type="checkbox"/>

LEAK INDICATION FIRST DETECTED (AT) (IN) (BY)		
Atmosphere	RMLD	<input checked="" type="checkbox"/>
Bar Hole Test		<input type="checkbox"/>
Man Hole		<input type="checkbox"/>
Pit (Reg. or Meter)		<input type="checkbox"/>
Valve Box		<input type="checkbox"/>
Main Valve		<input type="checkbox"/>
Curb Valve		<input type="checkbox"/>
Meter Box		<input type="checkbox"/>
Underground Fuel Tank		<input type="checkbox"/>
Selected Test		<input type="checkbox"/>

METHOD OF SURVEY	
Vegetation	<input type="checkbox"/>
Portable FT DPID	<input checked="" type="checkbox"/>
Mobile FI	<input type="checkbox"/>
Bar Hole	<input type="checkbox"/>
Other RMLD	<input checked="" type="checkbox"/>

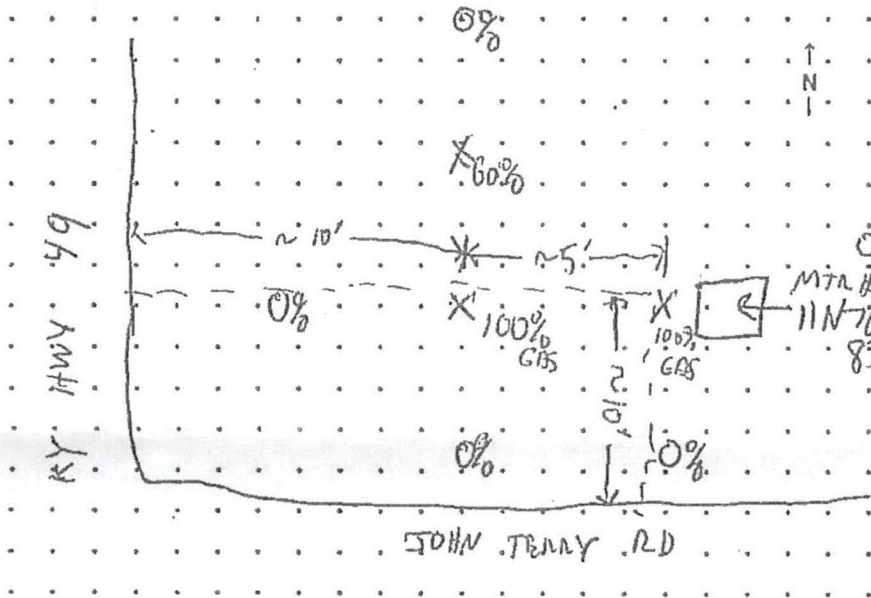
LEAK INDICATION APPEARS TO BE AT:	
Main	<input type="checkbox"/>
Service	<input checked="" type="checkbox"/>
Service Tap	<input type="checkbox"/>
Main At Tie In	<input type="checkbox"/>
Drip	<input type="checkbox"/>
Meter	<input type="checkbox"/>
Curb Valve	<input type="checkbox"/>
Main Valve	<input type="checkbox"/>
Other	<input type="checkbox"/>

PIPE DESIGNATION	
Distribution	<input checked="" type="checkbox"/>
Transmission	<input type="checkbox"/>
Gathering	<input type="checkbox"/>
Other	<input type="checkbox"/>

PRESSURE	
High	<input type="checkbox"/>
Intermediate	<input checked="" type="checkbox"/>
Low	<input type="checkbox"/>

CGI TEST	
Positive	<input checked="" type="checkbox"/>
Negative	<input type="checkbox"/>

LEAK INDICATION (Vegetation Only)	
Trees	<input type="checkbox"/>
Shrubs	<input type="checkbox"/>
Grass	<input type="checkbox"/>
Lawn	<input type="checkbox"/>
Weeds	<input type="checkbox"/>
Odor	<input type="checkbox"/>
Other	<input type="checkbox"/>



LOCATION OF PIPE	
Street	<input type="checkbox"/>
Between St. & Sidewalk	<input type="checkbox"/>
Under Sidewalk	<input type="checkbox"/>
Lawn	<input type="checkbox"/>
Easement	<input type="checkbox"/>
R.O.W.	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>

Remarks
100% GAS @ 2 BARHOLES, ONE ~ 10' FROM PAVEMENT EDGE OF KY 49, SECOND ~ 5' BEYOND @ RISEN, BOTH ~ 10' FROM EDGE OF JOHN TERRY RD. BARHOLES IN DIAGRAM ~ 5' APART.

COVER	
Concrete	<input type="checkbox"/>
Asphalt	<input type="checkbox"/>
Brick	<input type="checkbox"/>
Gravel	<input type="checkbox"/>
Soil	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Client Representative _____ Health Consultant JONATHAN MASPARK 123-LEAKAGE CONTROL



LEAK REPORT

White/System/LOS
Yellow/Central/NR
Pink/Pending/Until Repaired

Upgrading
Copy/Work Order File/LOS

Date Discovered: 8-22-17 Resurvey Date(s): 2-14-18

Leak Class: 1 2 3 Facility Classification: Distribution Main Gathering Line
 Service Line Transmission Line
 Meter Installation Regulator Station

Submitted By: _____

Leak Location: 291 Ky 49

Map Sheet Number: _____ GPS Latitude: _____
 VIP Pipeline Designation: _____ Longitude: _____

How Discovered: Leak Survey Patrol Other - Explain: going back check
May 14, 2018

Date Repaired: _____ Repaired By: checked by Jeff + Chris

Cause of Leak: **Corrosion** **Incorrect Operations** **Other Outside Force**

Atmospheric Human Error External Loading
 External Ineffective Procedures Fire/Explosion
 Internal (Send Pipe Sample to Director-Technical Services) Vandalism
 Vehicle
 Other - Explain: no leak found CG meter

Natural Forces <input type="checkbox"/> Earthquake <input type="checkbox"/> Earth/Rock Movement <input type="checkbox"/> Flood <input type="checkbox"/> Frost Heave <input type="checkbox"/> Landslide <input type="checkbox"/> Lightning <input type="checkbox"/> Subsidence <input type="checkbox"/> Tornado <input type="checkbox"/> Washout <input type="checkbox"/> Other	Equipment <input type="checkbox"/> Excess Flow Valve <input type="checkbox"/> Filter <input type="checkbox"/> Flow/Pressure Controller <input type="checkbox"/> Heater <input type="checkbox"/> Meter Casing <input type="checkbox"/> Odorizer <input type="checkbox"/> Regulator/Relief Valve <input type="checkbox"/> Thread <input type="checkbox"/> Valve <input type="checkbox"/> Other - Explain:	Material and Welds <input type="checkbox"/> Directional Fitting <input type="checkbox"/> Flange <input type="checkbox"/> Mechanical Fitting <input type="checkbox"/> Pipe <input type="checkbox"/> Plastic Fusion Coupling <input type="checkbox"/> Plastic to Plastic Compression Coupling <input type="checkbox"/> Plastic to Steel Transition <input type="checkbox"/> Screw Fitting <input type="checkbox"/> Tap-Tee <input type="checkbox"/> Workmanship Defect <input type="checkbox"/> Other - Explain:
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Brittleness - Crack/Split (Send Pipe Sample to Manager-Construction) **Excavation** Name of Excavator: _____
 Result of Previous Damage: Yes No

Other - Explain: _____

Pipe Size: _____ Pipe Condition: Good Fair Poor

Pipe Type: Plastic: Aldyl A Plexco PE 2406 Other Steel: Threaded Welded

Cathodically Protected: Yes No Cathodic Protection P/S Reading: _____

Type of Coating: Bare Millwrap Plastic X-Tru Coat Thin Film
 (Steel Only) Other - Explain: _____

Coating Condition: Satisfactory Unsatisfactory Year Pipe Installed: _____

Steel Pipe Condition Report Number: _____ Original Work Order Number: _____

Repair Method: Replaced Leak Clamp Other - Explain: _____

Test Method: Leak (Fittings) Pressure _____ Psig _____ Duration _____
 (Reinstated Service Lines Only)

Approved By: Dan [Signature]



Health Consultants Incorporated
 9330 Menroe Road, Houston, TX 77061

Fixed

Page No. 14
 Date 8-29-17

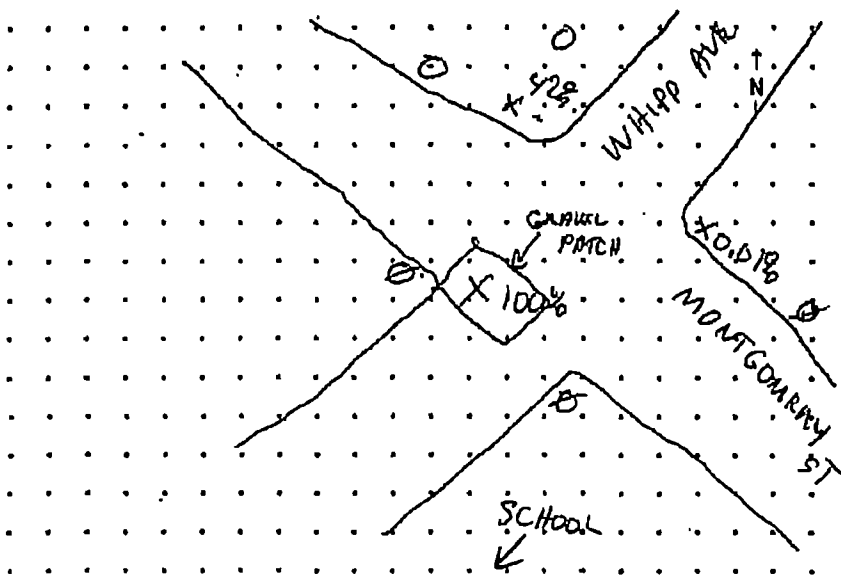
Status (Circle Status) Pos. Neg.
 Leak Indication Classification (Circle Leak Indication)
 1 2 3

TIME REPORTED
 1 LEAK ONLY

**LEAKAGE CONTROL REPORT
 FIELD SURVEY**

Company LIBERTY CITY OF District _____
 City LIBERTY State KY
 Nearest Street Address _____

TYPE OF GAS		LEAK INDICATION FIRST DETECTED (AT) (IN) (BY)		METHOD OF SURVEY		LEAK INDICATION APPEARS TO BE AT:	
Natural	<input checked="" type="checkbox"/>	Atmosphere	<u>RMLD</u>	Vegetation		Main	<input checked="" type="checkbox"/>
Manuf.		Bar Hole Test		Portable-Pit	<u>DP1A</u>	Service	
L.P.		Man Hole		Mobile FI		Service Tap	
Other		Pit (Reg. or Meter)		Bar Hole		Main At The In	
PIPE DESIGNATION		Valve Box		Other	<u>RMLD</u>	Drip	
Distribution	<input checked="" type="checkbox"/>	Main Valve		PRESSURE		Meter	
Transmission		Curb Valve		High		Curb Valve	
Gathering		Motor Box		Intermediate	<input checked="" type="checkbox"/>	Main Valve	
Other		Underground Fuel Tank		Low		Other	
		Selected Test				CGI TEST	
						Positive	<input checked="" type="checkbox"/>
						Negative	



Positive	<input checked="" type="checkbox"/>
Negative	

LEAK INDICATION (Vegetation Only)	
Trace	
Shrubs	
Grass	
Lawn	
Weeds	
Odor	
Other	

LOCATION OF PIPE	
Street	<input checked="" type="checkbox"/>
Between St. & Sidewalk	
Under Sidewalk	
Lawn	
Easement	
R.O.W.	
Other	

Remarks 100% GAS @ BANHOLE @ N NEAR MAIN
SPRINK ACROSS STREET TO 42% GAS @ BANHOLE
@ N CORNER OF INTERSECTION; AND
0.01% @ BANHOLE @ E CORNER OF INTERSECTION.
NO OTHER INDICATION.

COVER	
Concrete	<input checked="" type="checkbox"/>
Asphalt	<input checked="" type="checkbox"/>
Brick	
Gravel	
Soil	
Other	

Client Representative _____ Health Consultant _____



LEAK REPORT

White/System/LOS
Yellow/Central/NR
Pink/Pending/Until Repaired

Upgrading
Copy/Work Order File/LOS

Date Discovered: 8-29-17 Resurvey Date(s): _____

Leak Class: 1 2 3 Facility Classification: Distribution Main Gathering Line
 Service Line Transmission Line
 Meter Installation Regulator Station

Submitted By: _____

Leak Location: W. PP Montgomery

Map Sheet Number: _____ GPS Latitude: _____
 VIP Pipeline Designation: _____ Longitude: _____

How Discovered: Leak Survey Patrol Other - Explain: _____

Date Repaired: 2-20-18 Repaired By: JEFF Darren Berg

Cause of Leak: **Corrosion** Atmospheric External Internal
 (Send Pipe Sample to Director-Technical Services)

Incorrect Operations Human Error Ineffective Procedures

Other Outside Force External Loading Fire/Explosion Vandalism Vehicle Other - Explain: Valve

Natural Forces Earthquake Earth/Rock Movement Flood Frost Heave Landslide Lightning Subsidence Tornado Washout Other

Equipment Excess Flow Valve Filter Flow/Pressure Controller Heater Meter Casing Odorizer Regulator/Relief Valve Thread Valve Other - Explain: _____

Material and Welds Directional Fitting Flange Mechanical Fitting Pipe Plastic Fusion Coupling Plastic to Plastic Compression Coupling Plastic to Steel Transition Screw Fitting Tap Tee Workmanship Defect Other - Explain: _____

Brittleness - Crack/Split (Send Pipe Sample to Manager-Construction) **Excavation** Name of Excavator: _____
 Result of Previous Damage: Yes No

Other - Explain: _____

Pipe Size: 2" Pipe Condition: Good Fair Poor

Pipe Type: Plastic: Aldyl A Plexco PE 2406 Other Steel: Threaded Welded

Cathodically Protected: Yes No Cathodic Protection P/S Reading: _____

Type of Coating: Bare Millwrap Plastic X-Tru Coat Thin Film
 (Steel Only) Other - Explain: _____

Coating Condition: Satisfactory Unsatisfactory Year Pipe Installed: _____

Steel Pipe Condition Report Number: _____ Original Work Order Number: _____

Repair Method: Replaced Leak Clamp Other - Explain: _____

Test Method: Leak (Fittings) Pressure _____ Psig _____ Duration _____
 (Reinstated Service Lines Only)

Approved By: Dave Albrecht