COMMONWEALTH OF KENTUCKY BEFORE THE PUBLIC SERVICE COMMISSION

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RECEIVED

IN THE MATTER OF:

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JUL 0 7 2017

PUBLIC SERVICE COMMISSION

CITY OF FLEMINGSBURG AND CITY OF FLEMINGSBURG UTILITY SYSTEM ALLEGED FAILURE TO COMPLY WITH KRS 278.495 AND 49 CFR PART 192.605 (a); 49 CFR PART 192.721; 49 CFR PART 199.105: AND 49 CFR 199.225

CASE NO. 2017-00079

RESPONSE OF CITY OF FLEMINGSBURG AND FLEMINGSBURG UTILITY SYSTEM TO COMMISSION STAFF'S POST-HEARING REQUEST FOR INFORMATION

Please see the attached Affidavit of Joe Dunaway, Jr., Utilities Superintendent, City of Flemingsburg, Kentucky in response to the Commission Staff's Post-Hearing Request for Information dated June 20, 2017.

MacDonald, Walton & Razor, PLLC By: Kimberly Leet Razor, Assistant City Attorney CERTIFICATE OF SERVICE

The undersigned hereby certifies that the foregoing Response, Affidavit, and requested documentation was filed with the Commission by express mailing the original and ten copies to Talina R. Matthews, Executive Director, Public Service Commission, 211 Sower Boulevard, Frankfort, KY 40601, and to parties of record this <u>May of July</u>, 2017.

Kimberly Leet Razor 1

COMMONWEALTH OF KENTUCKY BEFORE THE PUBLIC SERVICE COMMISSION

IN THE MATTER OF:

CITY OF FLEMINGSBURG AND CITY OF FLEMINGSBURG UTILITY SYSTEM ALLEGED FAILURE TO COMPLY WITH KRS 278.495 AND 49 CFR PART 192.605 (a);) 49 CFR PART 192.721; 49 CFR PART 199.105:) AND 49 CFR 199.225

CASE NO. 2017-00079

AFFIDAVIT

Comes the Affiant, Joe Dunaway, Jr., and after first being duly sworn, states as follows:

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A. My name is Joe Dunaway, Jr.

B. I am the Utilities Superintendent for the City of Flemingsburg, Kentucky.

C. On May 25, 2017, the Commission Staff requested, and I am responding as set forth below:

1. State each gas-related training certificate or re-qualification obtained by Coty D. Hunt, Michael H. Brown, and Joe Edward Dunaway, Jr., since March 1, 2013.

a. For each gas-related training certificate or re-qualification, state the date of attainment and the name of the person or organization that approved or issued the certification or requalification.

Responses:

Coty D. Hunt

- March 25, 26, 27, and 28, 2013 Industrial Training Services, Inc.

- February 22, 23, 24, 25, and 26, 2016 Arc Randolph & Associates, LLC

Michael H. Brown

- March 25, 26, 27, and 28, 2013 Industrial Training Services, Inc.

- February 22, 23, 24, 25, and 26, 2016 Arc Randolph & Associates, LLC

Joe Edward Dunaway, Jr.

- March 25, 26, 27, and 28, 2013 Industrial Training Services, Inc.

- February 22, 23, 24, 25, and 26, 2016 Arc Randolph & Associates, LLC

b. For each gas-related training certificate or re-qualification, provide a description of the program or subject matter of the certificate or re-qualification.

Responses:

Coty D. Hunt

- Installing and Maintaining Domestic Gas Meter and Regulator Sets and Service Lines (March 25, 2013)

- Prevent Accidental Ignition/Abnormal Operating Conditions (March 25, 2013)

- Performing Pipe-to-Soil Potential Surveys on Effectively Coated Buried or Submerged Pipelines (March 26, 2013)

- Purge Pipelines (Small & Large Diameter) (March 26, 2013)

- Monitor Odorant Levels (March 26, 2013)

- Abandon or Deactivate Gas Pipeline Facilities (March 26, 2013)

- Inspect Emergency Valves (March 26, 2013)

- Join Plastic Pipe and Mechanical Couplings (March 27, 2013
- Hot Tapping Pipelines Using Self-Tapping Tees (March 27, 2013)

- Making Field Repairs on Gas Lines (March 27, 2013)

-Performing Patrol and Leakage Surveys on Gas Pipeline Facilities (March 28, 2013)

- Locate and Mark Underground Pipeline Facilities (March 28, 2013)

- M-2 :Locate & Mark Underground Gas Pipeline", M-7 "Recognize Abnormal Operating Conditions" (February 22, 2016)

- M-5A "Inspect Emergency Valves", L-3A "Monitor Odorant Levels", M-1 "Patrol/Perform Leakage Surveys (February 23, 2016)

- I-10 "Inspect Exposed Piping For Corrosion", H-2 "Install Customer Gas Service Lines", M-10 "Abandon/Deactivate Gas Pipeline (February 24, 2016)

- H-1 "Install Customer Gas Meters & Regulators", L-2 "Purge Pipelines (Large & Small Diameter)" (February 24, 2016

- F-2 "Join Plastic Pipe w/Mechanical Fittings", L-1A "Hot Tapping Using Self-Tapping Tees", M-3 "Pressure Testing Gas Pipeline" (February 25, 2016)

- I-1 "Perform Pipe-To-Soil Surveys", I-11 "Install Sacrificial Anodes", I-13 "Inspect, Apply & Repair Pipe Coating" (February 26, 2016)

Michael H. Brown

- Installing and Maintaining Domestic Gas Meter and Regulator Sets and Service Lines (March 25, 2013)

- Prevent Accidental Ignition/Abnormal Operating Conditions (March 25, 2013)

- Performing Pipe-to-Soil Potential Surveys on Effectively Coated Buried or Submerged Pipelines (March 26, 2013)

- Purge Pipelines (Small & Large Diameter) (March 26, 2013)

- Monitor Odorant Levels (March 26, 2013)
- Abandon or Deactivate Gas Pipeline Facilities (March 26, 2013)
- Inspect Emergency Valves (March 26, 2013)
- Join Plastic Pipe and Mechanical Couplings (March 27, 2013

- Hot Tapping Pipelines Using Self-Tapping Tees (March 27, 2013)

- Making Field Repairs on Gas Lines (March 27, 2013)

-Performing Patrol and Leakage Surveys on Gas Pipeline Facilities (March 28, 2013)

- Locate and Mark Underground Pipeline Facilities (March 28, 2013)

- M-2 :Locate & Mark Underground Gas Pipeline", M-7 "Recognize Abnormal Operating Conditions" (February 22, 2016)

- M-5A "Inspect Emergency Valves", L-3A "Monitor Odorant Levels", M-1 "Patrol/Perform Leakage Surveys (February 23, 2016)

- I-10 "Inspect Exposed Piping For Corrosion", H-2 "Install Customer Gas Service Lines", M-10⁵"Abandon/Deactivate Gas Pipeline (February 24, 2016)

- H-1 "Install Customer Gas Meters & Regulators", L-2 "Purge Pipelines (Large & Small Diameter)" (February 24, 2016

- F-2 "Join Plastic Pipe w/Mechanical Fittings", L-1A "Hot Tapping Using Self-Tapping Tees", M-3 "Pressure Testing Gas Pipeline" (February 25, 2016)

- I-1 "Perform Pipe-To-Soil Surveys", I-11 "Install Sacrificial Anodes", I-13 "Inspect, Apply & Repair Pipe Coating" (February 26, 2016)

Joe Edward Dunaway, Jr.

- Installing and Maintaining Domestic Gas Meter and Regulator Sets and Service Lines (March 25, 2013)

- Prevent Accidental Ignition/Abnormal Operating Conditions (March 25, 2013)

- Performing Pipe-to-Soil Potential Surveys on Effectively Coated Buried or Submerged Pipelines (March 26, 2013)

- Purge Pipelines (Small & Large Diameter) (March 26, 2013)

- Monitor Odorant Levels (March 26, 2013)

- Abandon or Deactivate Gas Pipeline Facilities (March 26, 2013)
- Inspect Emergency Valves (March 26, 2013)

- Join Plastic Pipe and Mechanical Couplings (March 27, 2013

- Hot Tapping Pipelines Using Self-Tapping Tees (March 27, 2013)

- Making Field Repairs on Gas Lines (March 27, 2013)

-Performing Patrol and Leakage Surveys on Gas Pipeline Facilities (March 28, 2013)

- Locate and Mark Underground Pipeline Facilities (March 28, 2013)

- M-2 :Locate & Mark Underground Gas Pipeline", M-7 "Recognize Abnormal Operating Conditions" (February 22, 2016)

- M-5A "Inspect Emergency Valves", L-3A "Monitor Odorant Levels", M-1 "Patrol/Perform Leakage Surveys (February 23, 2016)

- I-10 "Inspect Exposed Piping For Corrosion", H-2 "Install Customer Gas Service Lines", M-10 "Abandon/Deactivate Gas Pipeline (February 24, 2016)

- H-1 "Install Customer Gas Meters & Regulators", L-2 "Purge Pipelines (Large & Small Diameter)" (February 24, 2016

- F-2 "Join Plastic Pipe w/Mechanical Fittings", L-1A "Hot Tapping Using Self-Tapping Tees", M-3 "Pressure Testing Gas Pipeline" (February 25, 2016)

- I-1 "Perform Pipe-To-Soil Surveys", I-11 "Install Sacrificial Anodes", I-13 "Inspect, Apply & Repair Pipe Coating" (February 26, 2016)

c. Provide a copy of each gas-related training certificate or re-qualification.

Responses:

Coty D. Hunt - See attached.

Michael H. Brown - See attached.

Joe Edward Dunaway, Jr. - See attached.

2. State whether the contractor who completed the repair work to the 4-inch main at the accident site conducted pressure testing of the new and replaced gas pipeline to substantiate the maximum allowable operating pressures ("MAOP").

Response: Yes.

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a. If pressure testing was conducted, state whether Flemingsburg has a copy of the pressure-testing documentation.

i. If so, provide a copy of the pressure-testing documentation.

Response: See attached.

ii. If not, explain why Flemingsburg does not possess the pressure-testing documentation.

Response: N/A.

b. If pressure testing was not conducted, explain why pressure testing was not conducted.

Response: N/A.

3. Provide a copy of the investigation report referenced by Mr. Brown during his testimony at the June 1, 2017 hearing.

Response: See attached.

4. State whether the final Pipeline and Hazardous Material Safety Administration ("PHMSA") report has been completed.

Response: Yes.

a. If so, provide a copy of the final PHMSA report.

Response: See attached.

b. If not, explain why it has not been completed and provide an estimate of the date by which it will be completed.

Response: N/A.

5. State whether Flemingsburg has standard operating procedures regarding the use of safety equipment for gas-related activities.

Response: Not yet, but there is a plan in place to get this done as explained in the response to 5 (c) below.

a. If so, provide a copy of all documentation regarding the utilization of safety

equipment by the Flemingsburg employees for gas-related activities.

Response: N/A

b. Provide any instructional manuals, training materials, or other similar guidance documents in the possession of Flemingsburg that address the proper use of Flemingsburg's safety equipment for gas-related activities.

Response: See attached.

c. Explain how Flemingsburg trains its employees in the proper use of safety equipment for gas-related activities.

Response: On the second Wednesday of each month beginning July 12, 2017, Danny Shrout (Chief Operator), myself and all utility department employees will participate in a safety meeting. We plan to cover twelve items each year (a different area each month) regarding the proper use of safety equipment for gas-related activities. Training will be conducted by myself, Danny Shrout and the employees. During the training, standard operating procedures will be developed by myself, Danny Shrout and all employees. These safety meetings will continue indefinitely and Standard Operating Procedures will be updated and modified as necessary.

Also, all utility employees receive training every three years for re-certification, and I personally plan to research and attend the Kentucky Gas Association trainings that are offered.

D. These responses are true and accurate to the best of my knowledge, information, and belief formed after a reasonable inquiry.

Further the affiant sayeth naught this 3 day of July, 2017.

Tee Dum

Joe Dunaway, Jr. Utilities Superintendent City of Flemingsburg

STATE OF KENTUCKY COUNTY OF FLEMING

Before me personally appeared Joe Dunaway, Jr., personally known to me, who signed and acknowledged the foregoing Affidavit to be his free act and deed for all purposes therein contained.

_ day of July, 2017. Witness my hand and official seal this _ Notary Public, State at Large My Comm. Expires: Prepared by:

KIMBERLY LEET RAZOR MACDONALD, WALTON & RAZOR, PLLC 129 WEST WATER STREET FLEMINGSBURG, KY 41041

Coty D. Hunt

of

Flemingsburg Utilities has completed the Knowledge and Skill Components for

GDS 4.1 OQ H-1, H-2, M-3 Installing and Maintaining Domestic Gas Meter and Regulator Sets and Service Lines

conducted by RL Wingate and Associates

Industrial Training Services, Inc. is authorized by IACET to offer .6 CEUs for this program.

AUTHORIZED

March 25, 2013 DATE

Coty D. Hunt

of

Flemingsburg Utilities has completed the Knowledge Component for OQS M-7

Prevent Accidental Ignition/ Abnormal Operating Conditions

conducted by RL Wingate and Associates

Industrial Training Services, Inc. is authorized by IACET to offer .6 CEUs for this program.

THIGIPIZED

March 25, 2013

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Coty D. Hunt

Flemingsburg Utilities

of

has completed the Knowledge and Skill Components for OQ CI-1 Performing Pipe-to-Soil Potential Surveys on Effectively Coated Buried or Submerged Pipelines

> conducted by RL Wingate and Associates

Industrial Training Services, Inc. is authorized by IACET to offer .2 CEUs for this program.



March 26, 2013

INDUSTRIAL TRAINING SERVICES, INC Coty D. Hunt

of Flemingsburg Utilities

has completed the Knowledge and Skill Components for OQ CL-2

Purge Pipelines (Small & Large Diameter)

conducted by RL Wingate and Associates

Industrial Training Services, Inc. is authorized by IACET to offer .2 CEUs for this program.

March 26. 2013

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	INDUSTRIAL TRAINING SERVICES, INC. of Flemingsburg Utilities	
	has completed the Knowledge and Skill Components for OQ CL-3a Monitor Odorant Levels	
	conducted by RL Wingate and Associates Industrial Training Services, Inc. is authorized by IACET to offer .2 CEUs for this program.	
	Regulation March 26, 2013 DATE	
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Coty D. Hunt

of

Flemingsburg Utilities has completed the Knowledge and Skill Components for OQ UM-10

Abandon or Deactivate Gas Pipeline Facilities

conducted by RL Wingate and Associates

Industrial Training Services, Inc. is authorized by IACET to offer .2 CEUs for this program.

COURSENSTRUCT



<u>March 26, 2013</u> DATE

Coty D. Hunt

of Flemingsburg Utilities has completed the Knowledge and Skill Components for OQ CM-5a

Inspect Emergency Valves

conducted by RL Wingate and Associates

Industrial Training Services, Inc. is authorized by IACET to offer .4 CEUs for this program.



March 26, 2013

R. L. WINGATE & ASSOCIATES, INC.

This is to confirm that

COTY HUNT

of the City of Flemingsburg has qualified to perform task

Join Plastic Pipe with Mechanical Couplings

F-2/

Dated the 27th day of March, 2013

Roger Q. Wingate, President

Coty D. Hunt

of Flemingsburg Utilities

has completed the Knowledge and Skill Components for OQ CL-1a

Hot Tapping Pipelines Using Self-Tapping Tees

conducted by RL Wingate and Associates

Industrial Training Services, Inc. is authorized by IACET to offer .2 CEUs for this program.



March 27, 2013 DATE



of Flemingsburg Utilities

has completed the Knowledge and Skill Components for

OQ CM-8

Making Field Repairs on Gas Pipelines

conducted by **RL** Wingate and Associates

Industrial Training Services, Inc. is authorized by IACET to offer .4 CEUs for this program.

COURSENSTRUC

AUTHORIZED
PROVIDER

larch	27,	20		
DATE				

Coty D. Hunt

Flemingsburg Utilities

of

has completed the Knowledge and Skill Components for OQ CM-1

Performing Patrol and Leakage Surveys on Gas Pipeline Facilities

> conducted by RL Wingate and Associates

Industrial Training Services, Inc. is authorized by IACET to offer .3 CEUs for this program.

March 28, 2013

DATE

COURSENSTRUC

Coty D. Hunt

of Flemingsburg Utilities has completed the Knowledge and Skill Components for OQ CM-2

Locate and Mark Underground Pipeline Facilities

conducted by RL Wingate and Associates

Industrial Training Services, Inc. is authorized by IACET to offer .6 CEUs for this program.

March 28, 2013

DATE

COURSENSTRUC

This is to confirm that:

Coty D. Hunt

has the knowledge to perform Operator Qualification task:

M-2 "Locate & Mark Underground Gas Pipeline" M-7 "Recognize Abnormal Operating Conditions"

Dated the 22cmd day of February in the year 2016

D.J. Nedelk M.S., President

This is to confirm that:

Coty D. Hunt

has the knowledge to perform Operator Qualification task:

M-5A "Inspect Emergency Valves" L-3A "Monitor Odorant Levels" M-1 "Patrol/Perform Leakage Surveys"

Dated the 23rd day of February in the year 2016

D.J. Nedell/M.S., President

This is to confirm that:

Coty D. Hunt

has the knowledge to perform Operator Qualification task:

I-10 "Inspect Exposed Piping For Corrosion" H-2 "Install Customer Gas Service Lines" M-10 "Abandon/Deactivate Gas Pipeline"

Dated the 24th day of February in the year 2016

D.L. Nedelly M.S., President

This is to confirm that:

Coty D. Hunt

has the knowledge to perform Operator Qualification task:

H-1 "Install Customer Gas Meters & Regulators" L-2 "Purge Pipelines (Large & Small Diameter)"

Dated the 24th day of February in the year 2016

D.J. Nedelk M.S., President

This is to confirm that:

Coty D. Hunt

has the knowledge to perform Operator Qualification task:

F-2 "Join Plastic Pipe w/Mechanical Fittings" L-1A "Hot Tapping Using Self-Tapping Tees" M-3 "Pressure Testing Gas Pipeline"

Dated the 25th day of February in the year 2016

D.J. Nedelk M.S., President

This is to confirm that:

Coty D. Humt

has the knowledge to perform Operator Qualification task:

I-1 "Perform Pipe-To-Soil Surveys" I-11 "Install Sacrificial Anodes" I-13 "Inspect, Apply & Repair Pipe Coating"

Dated the 26th day of February in the year 2016

D.J. Nedelk M.S., President

INDUSTRIAL TRAINING SERVICES, INC Michael H. Brown

Michael H. Brown

Flemingsburg Utilities has completed the Knowledge and Skill Components for

GDS 4.1 OQ H-1, H-2, M-3 **Installing and Maintaining Domestic Gas Meter** and Regulator Sets and Service Lines

conducted by RL Wingate and Associates

Industrial Training Services, Inc. is authorized by IACET to offer .6 CEUs for this program.

KAUTHORIZED;	
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PROVIDER	

March 25, 2013 DATE

Michael H. Brown

of Flemingsburg Utilities has completed the Knowledge Component for OQS M-7 Prevent Accidental Ignition/ **Abnormal Operating Conditions**

conducted by RL Wingate and Associates

Industrial Training Services, Inc. is authorized by IACET to offer .6 CEUs for this program.

COURSENSTRUCTOR

AUTHORIZED
RIRGWINDER

March 25, 2013

DATE

INDUSTRIAL TRAINING SERVICES. INC. Michael H. Brown

of Flemingsburg Utilities

has completed the Knowledge and Skill Components for OQ CI-1 Performing Pipe-to-Soil Potential Surveys on Effectively Coated Buried or Submerged Pipelines

> conducted by RL Wingate and Associates

Industrial Training Services, Inc. is authorized by IACET to offer .2 CEUs for this program.

March 26, 2013

INDUSTRIAL TRAINING SERVICES. INC Michael H. Brown

Michael H. Brown

ot Flemingsburg Utilities

has completed the Knowledge and Skill Components for OQ CL-2

Purge Pipelines (Small & Large Diameter)

conducted by RL Wingate and Associates

Industrial Training Services, Inc. is authorized by IACET to offer .2 CEUs for this program.

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	DATE		

INDUSTRIAL TRAINING SERVICES, INC Michael H. Brown

Michael H. Brown

of Flemingsburg Utilities

has completed the Knowledge and Skill Components for OQ CL-3a **Monitor Odorant Levels**

> conducted by RL Wingate and Associates

Industrial Training Services, Inc. is authorized by IACET to offer .2 CEUs for this program.

COURSENSTRUCTOR

March	<u>26,</u>	2013
-	ATE	

Michael H. Brown

of Flemingsburg Utilities

has completed the Knowledge and Skill Components for **OQ UM-10**

Abandon or Deactivate Gas Pipeline Facilities

conducted by RL Wingate and Associates

Industrial Training Services, Inc. is authorized by IACET to offer .2 CEUs for this program.

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	•		DATE		

Michael H. Brown

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Flemingsburg Utilities

has completed the Knowledge and Skill Components for OQ CM-5a

Inspect Emergency Valves

conducted by RL Wingate and Associates

Industrial Training Services, Inc. is authorized by IACET to offer .4 CEUs for this program.



March 26, 2013 DATE

R. L. WINGATE & ASSOCIATES, INC.

THE REAL PROPERTY PRO

This is to confirm that

MICHAEL BROWN

of the City of Flemingsburg has qualified to perform task

Join Plastic Pipe with Mechanical Couplings

F-2

Dated the 27th day of March, 2013

et and a Roger D. Wingate, President

Michael H. Brown

of Flemingsburg Utilities

has completed the Knowledge and Skill Components for OQ CL-1a

Hot Tapping Pipelines Using Self-Tapping Tees

conducted by **RL** Wingate and Associates

Industrial Training Services, Inc. is authorized by IACET to offer .2 CEUs for this program.

COURSENSTRUCTOR



March 27, 2013

INDUSTRIAL TRAINING SERVICES. INC

Michael H. Brown

of Flemingsburg Utilities

has completed the Knowledge and Skill Components for OQ CM-8

Making Field Repairs on Gas Pipelines

conducted by RL Wingate and Associates

Industrial Training Services, Inc. is authorized by IACET to offer .4 CEUs for this program.

March 27, 2013

COURSENSTRUCTO

INDUSTRIAL TRAINING SERVICES, INC Michael H. Brown

of Flemingsburg Utilities

has completed the Knowledge and Skill Components for OQ CM-1

Performing Patrol and Leakage Surveys on Gas Pipeline Facilities

> conducted by RL Wingate and Associates

Industrial Training Services, Inc. is authorized by IACET to offer .3 CEUs for this program.

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<u>Aarch</u>	28,	20	1
0	DATE		

INDUSTRIAL TRAINING SERVICES, INC.

Michael H. Brown

of · Flemingsburg Utilities

has completed the Knowledge and Skill Components for **OQ CM-2** Locate and Mark Underground

Pipeline Facilities

conducted by RL Wingate and Associates

Industrial Training Services, Inc. is authorized by IACET to offer .6 CEUs for this program.

AUTHORIZED
LACET

March 28, 2013 DATE

This is to confirm that:

Michael H. Brown

has the knowledge to perform Operator Qualification task:

M-2 "Locate & Mark Underground Gas Pipeline" M-7 "Recognize Abnormal Operating Conditions"

Dated the 22cnd day of February in the year 2016

DJ. Nedelk MS., President

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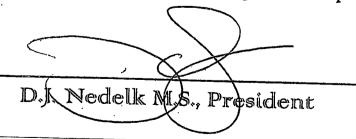
This is to confirm that:

Michael H. Brown

has the knowledge to perform Operator Qualification task:

M-5A "Inspect Emergency Valves" L-3A "Monitor Odorant Levels" M-1 "Patrol/Perform Leakage Surveys"

Dated the 23rd day of February in the year 2016



REAL PROPERTY

This is to confirm that:

Michael H. Brown

has the knowledge to perform Operator Qualification task:

I-10 "Inspect Exposed Piping For Corrosion" H-2 "Install Customer Gas Service Lines" M-10 "Abandon/Deactivate Gas Pipeline"

Dated the 24th day of February in the year 2016



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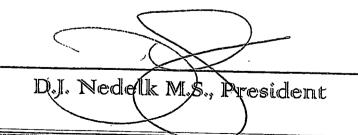
This is to confirm that:

Michael H. Brown

has the knowledge to perform Operator Qualification task:

H-1 "Install Customer Gas Meters & Regulators" L-2 "Purge Pipelines (Large & Small Diameter)"

Dated the 24th day of February in the year 2016



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C. P. M. C. P. M. C. P. M.

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This is to confirm that:

Michael H. Brown

has the knowledge to perform Operator Qualification task:

F-2 "Join Plastic Pipe w/Mechanical Fittings" L-1A "Hot Tapping Using Self-Tapping Tees" M-3 "Pressure Testing Gas Pipeline"

Dated the 25th day of February in the year 2016

D.J. Nedelk M.S., President

This is to confirm that:

Michael H. Brown

has the knowledge to perform Operator Qualification task:

I-1 "Perform Pipe-To-Soil Surveys" I-11 "Install Sacrificial Anodes" I-13 "Inspect, Apply & Repair Pipe Coating"

Dated the 26th day of February in the year 2016

R.J. Nedelk M.S., President

NREAL CONTRACTOR RELATION RELATION RELATION

INDUSTRIAL TRAINING SERVICES, INC.

Joe Dunaway

Flemingsburg Utilities has completed the Knowledge and Skill Components for

GDS 4.1 OQ H-1, H-2, M-3 Installing and Maintaining Domestic Gas Meter and Regulator Sets and Service Lines

> conducted by RL Wingate and Associates

Industrial Training Services, Inc. is authorized by IACET to offer .6 CEUs for this program.

AUTHORIZED

PROVID

March 25, 2013

COURSENSTRUCTO

INDUSTRIAL TRAINING SERVICES, INC. Joe Dunaway

of Flemingsburg Utilities has completed the Knowledge Component for OQS M-7

Prevent Accidental Ignition/ Abnormal Operating Conditions

conducted by RL Wingate and Associates

Industrial Training Services, Inc. is authorized by IACET to offer .6 CEUs for this program.

NHOR RIZED

March 25, 2013

COURSENSTRUCTOR

INDUSTRIAL TRAINING SERVICES. INC

Joe Dunaway

of

Flemingsburg Utilities has completed the Knowledge and Skill Components for OQ CI-1 Performing Pipe-to-Soil Potential Surveys on Effectively Coated Buried or Submerged Pipelines

> conducted by RL Wingate and Associates

Industrial Training Services, Inc. is authorized by IACET to offer .2 CEUs for this program.

March 26, 2013

COURSENSTRUCTOR

	1
INDUSTRIAL TRAINING SERVICES, INC. Joe Dunaway	
Joe Dunaway of	
Flemingsburg Utilities has completed the Knowledge and Skill Components for	
OQ CL-2 Purge Pipelines (Small & Large Diameter)	
RL Wingate and Associates Industrial Training Services, Inc. is authorized by IACET to offer .2 CEUs for this program.	
Real instructor COURSENISTRUCTOR March 26, 2013 DATE	

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1253

INDUSTRIAL TRAINING SERVICES, INC. Joe Dunaway

Joe Dunaway Flemingsburg Utilities

has completed the Knowledge and Skill Components for OQ CL-3a **Monitor Odorant Levels**

> conducted by RL Wingate and Associates

Industrial Training Services, Inc. is authorized by IACET to offer .2 CEUs for this program.

COURSENSTRUCTOR



March 26, 2013 DATE

H		
	INDUSTRIAL TRAINING SERVICES, INC	
	Joe Dunaway	
	of Flemingsburg Utilities	
\mathbf{X}	has completed the Knowledge and Skill Components for OQ UM-10 Abandon of Decetionate Con Digital Transitions	
	Abandon or Deactivate Gas Pipeline Facilities conducted by RL Wingate and Associates	
\mathbf{X}	Industrial Training Services, Inc. is authorized by IACET to offer .2 CEUs for this program.	
X	COURSENSTRUCTOR March 26, 2013 DATE	

A. M. 12

INDUSTRIAL TRAINING SERVICES, INC. Joe Dunaway

of Flemingsburg Utilities has completed the Knowledge and Skill Components for OQ CM-5a

Inspect Emergency Valves

conducted by RL Wingate and Associates

Industrial Training Services, Inc. is authorized by IACET to offer .4 CEUs for this program.

COURSENSTRUCTOR

OURSENSTRUCTOR



March 26, 2013

R. L. WINGATE & ASSOCIATES, INC.

This is to confirm that

JOE DUNAWAY

of the City of Flemingsburg has qualified to perform task

Join Plastic Pipe with Mechanical Couplings

F-2

Dated the 27th day of March, 2013

wals Roger I. Wingate, President

INDUSTRIAL TRAINING SERVICES, INC. Joe Dunaway

of

Flemingsburg Utilities has completed the Knowledge and Skill Components for OQ CL-1a

Hot Tapping Pipelines Using Self-Tapping Tees

conducted by RL Wingate and Associates

Industrial Training Services, Inc. is authorized by IACET to offer .2 CEUs for this program.

COURSE WSTRUCTOR



March 27, 2013

		7
	INDUSTRIAL TRAINING SERVICES, INC	
\mathbf{X}	Joe Dunaway	
	of Flemingsburg Utilities	
	has completed the Knowledge and Skill Components for OQ CM-8	
	Making Field Repairs on Gas Pipelines	X
	RL Wingate and Associates Industrial Training Services, Inc. is authorized by IACET to offer .4 CEUs for this program.	$ \ge $
\mathbb{N}		
$\langle \chi \rangle$	COURSENSTRUCTOR March 27, 2013 DATE	X
H		P

INDUSTRIAL TRAINING SERVICES, INC. Joe Dunaway of Flemingsburg Utilities has completed the Knowledge and Skill Components for OQ CM-1 Performing Patrol and Leakage Surveys on Gas Pipeline Facilities conducted by RL Wingate and Associates

Industrial Training Services, Inc. is authorized by IACET to offer .3 CEUs for this program.

COURSENSTRUCTOR



March 28, 2013

INDUSTRIAL TRAINING SERVICES, INC

Joe Dunaway

of Flemingsburg Utilities has completed the Knowledge and Skill Components for OQ CM-2

Locate and Mark Underground **Pipeline Facilities**

conducted by RL Wingate and Associates

Industrial Training Services, Inc. is authorized by IACET to offer .6 CEUs for this program.

March 28, 2013

COURSENSTRUCTOR

This is to confirm that:

Joe E. Dunaway

has the knowledge to perform Operator Qualification task:

M-2 "Locate & Mark Underground Gas Pipeline" M-7 "Recognize Abnormal Operating Conditions"

Dated the 22cmd day of February in the year 2016

D.J. Nedelk M.S., President

TO THE REAL OF THE

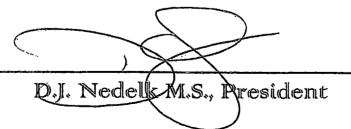
This is to confirm that:

Joe E. Dunaway

has the knowledge to perform Operator Qualification task:

M-5A "Inspect Emergency Valves" L-3A "Monitor Odorant Levels" M-1 "Patrol/Perform Leakage Surveys"

Dated the 23rd day of February in the year 2016



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This is to confirm that:

Joe E. Dunaway

has the knowledge to perform Operator Qualification task:

I-10 "Inspect Exposed Piping For Corrosion" H-2 "Install Customer Gas Service Lines" M-10 "Abandon/Deactivate Gas Pipeline"

Dated the 24th day of February in the year 2016

D.J. Nedelk M.S., President

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This is to confirm that:

Joe E. Dunaway

has the knowledge to perform Operator Qualification task:

H-1 "Install Customer Gas Meters & Regulators" L-2 "Purge Pipelines (Large & Small Diameter)"

Dated the 24th day of February in the year 2016



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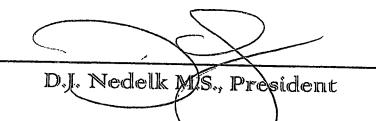
This is to confirm that:

Joe E. Dunaway

has the knowledge to perform Operator Qualification task:

F-2 "Join Plastic Pipe w/Mechanical Fittings" L-1A "Hot Tapping Using Self-Tapping Tees" M-3 "Pressure Testing Gas Pipeline"

Dated the 25th day of February in the year 2016



This is to confirm that:

Joe E. Dunaway

has the knowledge to perform Operator Qualification task:

I-1 "Perform Pipe-To-Soil Surveys" I-11 "Install Sacrificial Anodes" I-13 "Inspect, Apply & Repair Pipe Coating"

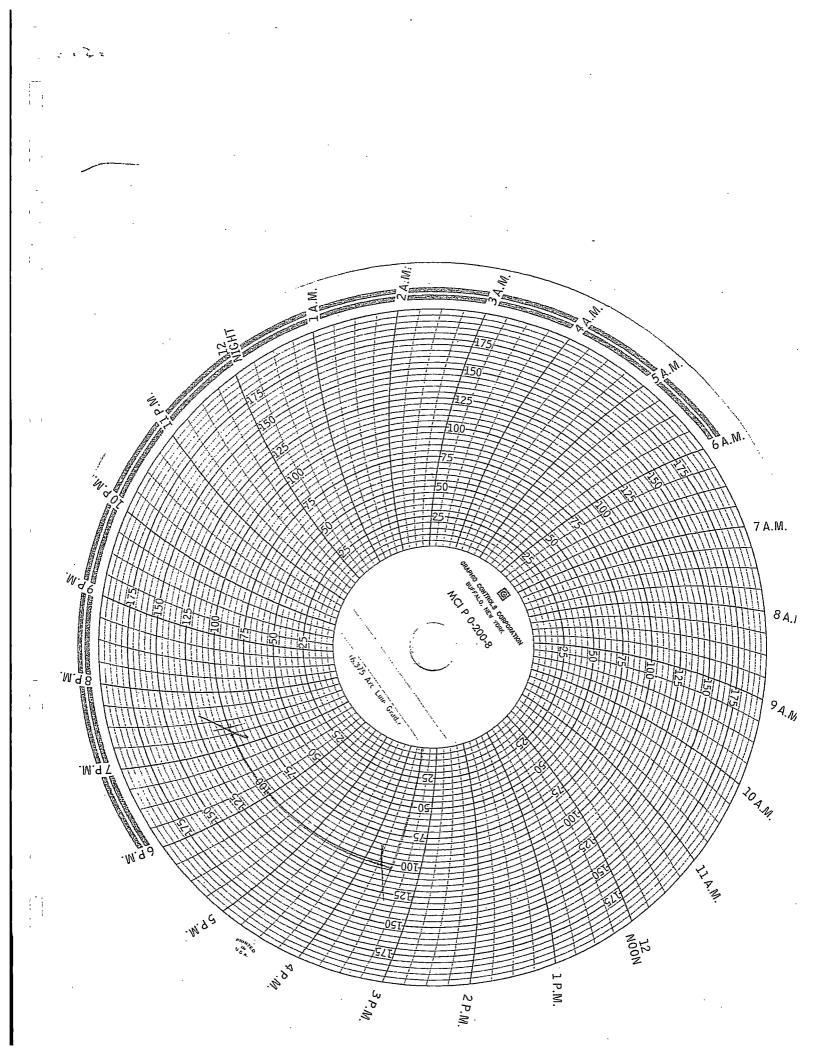
Dated the 26th day of February in the year 2016

D.J. Nedelk M.S., President

·	Work Order Number Check One:	Construction Use Only Total Hours
Specific W.O. Number	01 03 Record Route/Folio 06 Record	1.#M
	2	
	REPLACE 4'OF 4"	PE Pipe
	4' PE Pizz Pret	4")
	SEE ATTACKED	
	INSTALL 1 - 4"x	3/4" FE
	TAP TEE W/E	EV
	Squeize 4" OFI	= INSTALL
	new PE P. D.	can by pass
		pineter riser
rawing By: Alorman Swartz	Date: Refer to Work Order	

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COMPLETIO	N REPORT - SPECI			
	The one of the offer	FIC WUP	K ORDE	R

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Other (Describe) GL A/C No. Clean Up GL A/C No. Affective Change Over Affective Change Over Affective Change Over	Date In Service (-30-14	Tax District	MarysLick	Retirem	ent Yes No
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					PE TAP IET (POLT BN)
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Date:	ariations from request or other remarks: 	RAH BY	Pass while eather	work was	completed to
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(Engineering Use Only) To Be Installed By Cathodic Prot. Dept. PSI for <u>3.5</u> hours (Test chart attached to Engi- becific construction specifications. INSPECTED BY:	Sketch is Necessary Attach AS BUILT D	DRAWING (Form N	10. 406)		
(Engineering Use Only) he property units installed were tested at PSI for PSI for hours (Test chart attached to Engi- eering copy). All work authorized by this work order was completed in accordance with the Company general and becific construction specifications.	Sketch is Necessary Attach AS BUILT t	DRAWING (Form N	10. 406)	Cathodic Protection	n Information (Check One)
Inspector	Sketch is Necessary Attach AS BUILT Date:	DRAWING (Form N	lo. 406)	Cathodic Protection	n Information (Check One) Reading
INSPECTED BY:	Sketch is Necessary Attach AS BUILT Date:	DRAWING (Form N	lo. 406)	Cathodic Protection	n Information (Check One) Reading
Inspector Deter		DRAWING (Form N	No. 406)	Cathodic Protection	n Information (Check One) Reading By Cathodic Prot. Dept.
APPROVED BY: Norman Swait 1-30-16		ed at <u>100</u>	No. 406)	Cathodic Protection	n Information (Check One) Reading By Cathodic Prot. Dept.
	Sketch is Necessary Attach AS BUILT Date: Date: (Engineering Use Only)	ed at <u>100</u> INSPEC	No. 406)	Cathodic Protection	n Information (Check One) Reading By Cathodic Prot. Dept. Irs (Test chart attached to Engi- th the Company general and



1/8/16 TEST 40' fo 4" PE 100# 3.25 hrs. for Emergency use

Kentucky Labor Cabinet

Occupational Safety and Health Program 1047 US HIGHWAY 127 SOUTH SUITE 4 FRANKFORT, KY 40601 Phone: (502)564-3535 FAX: (502)564-5723



Citation and Notification of Penalty

To: CITY OF FLEMINGSBURG-PUBLIC	Inspection Number:	318049996
WORKS DEPARTMENT FLEMINGSBURG, KENTUCKY 41041 PO BOX 406, 140 W. ELECTRIC AVENUE FLEMINGSBURG, KENTUCKY 41041	CSHO ID:	M7514/S0130
ATTN: MAYOR MARTIN VOIERS	Optional Report No. Inspection Date(s):	
Transation Sites	Issuance Date:	7/15/2016
Inspection Site: 140 W ELECTRIC AVE Flemingsburg, KY 41041	The violation(s) described in Notification of Penalty is (an or about the day(s) the inspe otherwise indicated within th	re) alleged to have occurred on action was made unless

This Citation and Notification of Penalty (this Citation) describes violations of the Kentucky Occupational Safety and Health Statute. The penalty(ies) listed herein is (are) based on these violations. You must abate the violations referred to in this Citation by the dates listed and pay the penalties proposed, unless within 15 working days (excluding weekends, Federal and state holidays) from your receipt of the Citation and Notification of Penalty you mail a notice of contest to the Kentucky Labor Cabinet Division of KY-OSH Compliance at the address shown above. Issuance of this Citation does not constitute a finding that a violation of KRS Chapter 338, or any standard, rule, order or regulation filed pursuant thereto, has occurred unless there is a failure to contest as provided for in KRS Chapter 338, or, if contested, unless this Citation is affirmed by the Review Commission.

Posting - The law requires that a copy of this Citation and Notification of Penalty be posted immediately in a conspicuous place at or near the location of the violation(s) cited herein, or, if it is not practicable because of the nature of the employer's operations, where it will be readily observable by all affected employees. This Citation must remain posted until the violation(s) cited herein has (have) been abated, or for 3 working days (excluding weekends, Federal and State holidays), whichever is longer.

Informal Conference - An informal conference is not required. However, if you wish to have such a conference you may request one with the Division of KY-OSH Compliance during the 15 working day contest period. During such an informal conference you may present any evidence or views which you believe would support an adjustment to the citation(s) and/or penalty(ies).

If you are considering a request for an informal conference to discuss any issues related to this Citation and Notification of Penalty, you must take care to schedule it early enough to allow time to contest after the informal conference, should you decide to do so. Please keep in mind that a written letter of intent to contest must be submitted to the Division of KY-OSH Compliance within 15 working days of your receipt of this Citation. An informal conference does not extend the 15 working day contest period. Letters containing both a request for an informal conference and a notice of contest will be treated as a notice of contest.

If you decide to request an informal conference, please complete, remove and post the page 3 Notice to Employees next to this Citation and Notification of Penalty as soon as the time, date, and place of the informal conference have been determined. Be sure to bring to the conference any and all supporting documentation of existing conditions as well as any abatement steps taken thus far.

Right to Contest - You have the right to contest this Citation and Notification of Penalty. You may contest all citation items or only individual items. You may also contest proposed penalties and/or abatement dates without contesting the underlying violations. <u>Unless you inform the Division of KY-OSH Compliance in writing that you intend to contest the citation(s) and/or proposed penalty(ies) within 15 working days after receipt, the citation(s) and the proposed penalty(ies) will become a final order of the Kentucky Occupational Safety and Health Review Commission and may not be reviewed by any court or agency.</u>

Penalty Payment - Penalties are due within 15 working days of receipt of this notification unless contested. Make your check or money order payable to "KENTUCKY STATE TREASURER". Please indicate the Inspection Number 318049996 on the remittance and send to Kentucky Labor Cabinet, Division of OSH Compliance, 1047 US Hwy 127 S, Suite 4, Frankfort, KY 40601.

If uncontested, case becomes a final order and payment is due. Kentucky Revised Statutes 45.239(4) and 45.241 et seq. authorize the Department of Revenue to collect delinquent debt owed the Commonwealth. If this debt is not received within ten (10) business days, the following administrative actions may be taken in order to collect the debt due:

Seizure may be made on all property or rights to property, both real and personal. This includes, but is not limited to, the attachment of any funds held by a bank on your behalf, any wages paid to you; and the seizure and sale of any real estate you may own.

A Notice of State Lien may be filed with your County Clerk. This lien will encumber all real and personal property you now own or may acquire. The filing of a lien may be reflected in credit reports maintained by various credit bureaus.

Any tax refund or other monies that may become due to you from the Commonwealth may be offset to the outstanding debt.

A twenty-five (25) percent collection fee may be added to the total debt amount to defray the cost of collection.

Notification of Corrective Action - For violations which you do not contest, you should notify the Kentucky Labor Cabinet of KY-OSH Compliance promptly by letter that you have taken appropriate corrective action within the time frame set forth on this Citation. Please inform the Division of KY-OSH Compliance in writing of the abatement steps you have taken and of their dates, together with adequate supporting documentation, e.g., drawings or photographs of corrected conditions, purchase/work orders related to abatement actions, air sampling results, etc.

Employer Discrimination Unlawful - The law states that "No person shall discharge or in any manner discriminate against an employee because such employee has filed any complaint or instituted or caused to be instituted any proceeding under or related to this Chapter or has testified or is about to testify in such proceeding or because of the exercise by such employee on behalf of himself or others of any right afforded by this Chapter". An employee who believes that he/she has been discriminated against may file a complaint no later than 120 days after the discrimination occurred with the Kentucky Labor Cabinet, Division of KY-OSH Compliance at the address shown above.

Notice to Employees - Any employee or representative of employees, whose employer has received a citation, may file a written notice of contest with the Division of KY-OSH Compliance. The contest must be mailed to the Kentucky Labor Cabinet Division of KY-OSH Compliance at the address shown above and postmarked within 15 working days (excluding weekends, Federal and State holidays) of the receipt by the employer of this Citation and Notification of Penalty.

Kentucky Labor Cabinet Occupational Safety and Health Program

NOTICE TO EMPLOYEES OF INFORMAL CONFERENCE

An informal conference has been scheduled with Kentucky OSH to discuss the citation(s) issued on 7/15/2016. The conference will be held at the Kentucky Labor Cabinet Division of OSH Compliance office located at 1047 US Highway 127 South, Suite 4, Frankfort, KY 40601 on $\frac{409057}{2}$ at 13157. Employees and/or representatives of employees have a right to attend an informal conference.

POSTED	WEONESDAY	8-3-16
	THURSDAY	8-4-16
	FRIDAY	8-5-16

1

Joe Dunning Jr. Goe D gr. 8-3-16

Kentucky Labor Cabinet Office of Occupational Safety and Health

 Inspection Number:
 318049996

 Inspection Date(s):
 5/23/2016 - 6/24/2016

 Issuance Date:
 7/15/2016

 CSHO ID:
 M7514

 Optional Report No.:
 022-16

Citation and Notification of Penalty

Company Name:CITY OF FLEMINGSBURG-PUBLIC WORKS DEPARTMENTInspection Site:140 W ELECTRIC AVE, Flemingsburg, KY 41041

Citation 01 Item 001 Type of Violation: Serious

29 CFR 1910.132(d)(1)(i): When hazards are present, or likely to be present, the employer did not select and have each affected employee use, the types of personal protective equipment that would protect the employee from the hazards identified in the hazard assessment:

A. On or about January 28, 2016, the City of Flemingsburg Public Works Department did not provide fire resistant clothing for three (3) employees who were assigned to repair a natural gas leak on a four (4) inch gas line. As a result one (1) employee suffered burns due to a flash explosion and was transferred by helicopter from the local hospital to the University of Kentucky Hospital in Lexington, Kentucky.

Date By Which Violation Must Be Abated: Proposed Penalty: Corrected During Inspection \$4,900.00

Kentucky Labor Cabinet Office of Occupational Safety and Health

 Inspection Number:
 318049996

 Inspection Date(s):
 5/23/2016 - 6/24/2016

 Issuance Date:
 7/15/2016

 CSHO ID:
 M7514

 Optional Report No.:
 022-16

Citation and Notification of Penalty

Company Name: CITY OF FLEMINGSBURG-PUBLIC WORKS DEPARTMENT **Inspection Site:** 140 W ELECTRIC AVE, Flemingsburg, KY 41041

Citation 01 Item 002 Type of Violation: Serious

29 CFR 1910.147(c)(4)(i): Procedures were not developed, documented and utilized for the control of potentially hazardous energy when employees were engaged in activities covered by this section:

a. On or before January 28, 2016, the City of Flemingsburg Public Works Department failed to institute an energy control program for employees tasked with working on natural gas lines.

Date By Which Violation Must Be Abated:	8/2/2016
Proposed Penalty:	\$4,900.00

Kentucky Labor Cabinet Office of Occupational Safety and Health

Inspection Number:	318049996
Inspection Date(s):	5/23/2016 - 6/24/2016
Issuance Date:	7/15/2016
CSHO ID:	M7514
Optional Report No.:	022-16

<u>Citation and Notification of Penalty</u>

Company Name:CITY OF FLEMINGSBURG-PUBLIC WORKS DEPARTMENTInspection Site:140 W ELECTRIC AVE, Flemingsburg, KY 41041

Citation 02 Item 001 Type of Violation: Other

803 KAR 2:180 Section 3 (3)(b): Employers did not orally report to the Kentucky Labor Cabinet, Division of Occupational Safety and Health Compliance, at (502) 564-3070, any work-related incident which results in the following: The hospitalization of fewer than three (3) employees within seventy-two (72) hours following the incident.

a. The City of Flemingsburg Public Works Department in Flemingsburg, Kentucky, did not report to this agency within seventy-two (72) hours the hospitalization of an employee who was injured on January 28, 2016, while working on a gas line.

Date By Which Violation Must Be Abated: Proposed Penalty:

Tony Long, Safety Program Manager M7514/S0130-022-16 KY-OSH COMPLIANCE Corrected During Inspection \$3,500.00

7/15/2016

NOTICE: This spect is cognized by 40 CER Red 404 E-time to see the		<u>, </u>	
NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil 100,000 for each violation for each day that such violation persists except that the maximu exceed \$1,000,000 as provided in 49 USC 60122.	penalty not to exceed m civil penalty shall not	OMB NO: 2137-0522 EXPIRATION DATE: 10/31/2	2017
0	Original Report Date:	07/03/20	 17
U.S Department of Transportation	No.	20170054- 1	6588
Pipeline and Hazardous Materials Safety Administration			
		(DOT Use Or	<u>ly)</u>
INCIDENT REPORT - GAS SYSTEM			un an
A federal agency may not conduct or sponsor, and a person is not required to respond to, collection of information subject to the requirements of the Paperwork Reduction Act unles. The OMB Control Number for this information collection is 2137-0522. All responses to thi burden or any other aspect of this collection of information, including suggestions for reduct of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.	s that collection of information s collection of information	ation displays a current valid ON are mandatory Send commer	AB Control Number.
INSTRUCTIONS			
Important: Please read the separate instructions for completing this form before you begi you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline S http://www.phmsa.dot.gov/pipeline/library/forms.	n. They clarify the inform afety Community Web Pa	ation requested and provide spe ge at	ecific examples. If
PART A - KEY REPORT INFORMATION			
Report Type: (select all that apply)	Original:	Supplemental:	Final:
Last Revision Date	Yes		Yes
Operator's OPS-issued Operator Identification Number (OPID):	5230		
2. Name of Operator		UTILITIES SYSTEM	
3. Address of Operator:	TEEMINOODOINO		
3a. Street Address	116 MAIN CROSS	STREET	
3b. City	FLEMINGSBURG		
3c. State	Kentucky		
3d. Zip Code	41041		
4. Local time (24-hr clock) and date of the Incident:	01/28/2016 12:42		
5. Location of Incident:			
5a. Street Address or location description	5040 Main Street		
5b. City	Mayslick		
5c. County or Parish	Mason		
5d. State:	Kentucky		
5e. Zip Code:	41055-0000		
5f. Latitude:	38.51881		
Longitude:	-83.84138		
6. National Response Center Report Number:	1139171		
Local time (24-hr clock) and date of initial telephonic report to the National Response Center:	01/28/2016 14:43		
8. Incident resulted from:	Intentional release	ofgas	
9. Gas released:	Natural Gas		
- Other Gas Released Name:			··
10. Estimated volume of gas released - Thousand Cubic Feet (MCF): 11. Were there fatalities?	5.000		
- If Yes, specify the number in each category:	No		
11a. Operator employees			
11b. Contractor employees working for the Operator			
11c. Non-Operator emergency responders			
11d. Workers working on the right-of-way, but NOT associated with this Operator	1		<u> </u>
11e. General public			<u>.</u>
11f. Total fatalities (sum of above)		··	
12. Were there injuries requiring inpatient hospitalization?	Yes	·	
 If Yes, specify the number in each category: 			
12a. Operator employees	1		
12b. Contractor employees working for the Operator	0		
12c. Non-Operator emergency responders	0		
12d. Workers working on the right-of-way, but NOT	0		
associated with this Operator			
12e. General public	0	<u>.</u>	
12f. Total injuries (sum of above)	1		
 Was the pipeline/facility shut down due to the incident? If No, Explain: 	Yes		
- If Yes, complete Questions 13a and 13b: (use local time, 24-hr clock)	-l		
use local time, 24-hr clock)			

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Form PHMSA F 7100.1

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13a. Local time and date of shutdown:	01/30/2016 08:00
13b. Local time pipeline/facility restarted:	01/30/2016 12:00
- Still shut down? (* Supplemental Report Required)	
14. Did the gas ignite?	Yes
15. Did the gas explode?	No
16. Number of general public evacuated:	0
17. Time sequence (use local time, 24-hour clock):	
17a. Local time operator identified Incident - effective 10-2014, "Incident" changed to "failure"	01/28/2016 03:00
17b. Local time operator resources arrived on site:	01/28/2016 08:30
PART B - ADDITIONAL LOCATION INFORMATION 1. Was the Incident on Federal land?	No
2. Location of Incident	Utility Right-of-way / Easement
3. Area of Incident:	Underground
Specify:	Exposed due to excavation
If Other, Describe:	
Depth of Cover:	36
4. Did Incident occur in a crossing?	No
- If Yes, specify type below:	
- If Bridge crossing –	·
	· · · · · · · · · · · · · · · · · · ·
Cased/ Uncased:	
- If Railroad crossing -	
Cased/ Uncased/ Bored/drilled	
- If Road crossing –	
Cased/ Uncased/ Bored/drilled	
- If Water crossing –	
Cased/ Uncased	······································
Name of body of water (if commonly known):	
Approx. water depth (ft):	
	Municipally Owned
1. Indicate the type of pipeline system: - If Other, specify:	Municipally Owned
Indicate the type of pipeline system:	Municipally Owned Main
Indicate the type of pipeline system:	Main
Indicate the type of pipeline system:	Main 1996
Indicate the type of pipeline system:	Main 1996 nt" (from PART C, Question 2), provide the following:
Indicate the type of pipeline system:	Main 1996 nt" (from PART C, Question 2), provide the following: 4
Indicate the type of pipeline system:	Main 1996 nt" (from PART C, Question 2), provide the following: 4 ASTM D2513
Indicate the type of pipeline system:	Main 1996 nt" (from PART C, Question 2), provide the following: 4 ASTM D2513 AMERIFLOW
Indicate the type of pipeline system:	Main 1996 nt" (from PART C, Question 2), provide the following: 4 ASTM D2513 AMERIFLOW Unknown
Indicate the type of pipeline system:	Main 1996 nt" (from PART C, Question 2), provide the following: 4 ASTM D2513 AMERIFLOW
Indicate the type of pipeline system:	Main 1996 nt" (from PART C, Question 2), provide the following: 4 ASTM D2513 AMERIFLOW Unknown
Indicate the type of pipeline system:	Main 1996 nt" (from PART C, Question 2), provide the following: 4 ASTM D2513 AMERIFLOW Unknown
Indicate the type of pipeline system:	Main 1996 nt" (from PART C, Question 2), provide the following: 4 ASTM D2513 AMERIFLOW Unknown
Indicate the type of pipeline system:	Main 1996 nt" (from PART C, Question 2), provide the following: 4 ASTM D2513 AMERIFLOW Unknown Plastic
Indicate the type of pipeline system:	Main 1996 nt" (from PART C, Question 2), provide the following: 4 ASTM D2513 AMERIFLOW Unknown
Indicate the type of pipeline system:	Main 1996 nt" (from PART C, Question 2), provide the following: 4 ASTM D2513 AMERIFLOW Unknown Plastic
Indicate the type of pipeline system:	Main 1996 nt" (from PART C, Question 2), provide the following: 4 ASTM D2513 AMERIFLOW Unknown Plastic Polyethylene (PE)
Indicate the type of pipeline system:	Main 1996 nt" (from PART C, Question 2), provide the following: 4 ASTM D2513 AMERIFLOW Unknown Plastic Polyethylene (PE) 438
Indicate the type of pipeline system:	Main 1996 nt" (from PART C, Question 2), provide the following: 4 ASTM D2513 AMERIFLOW Unknown Plastic Polyethylene (PE) 438 estion 4.c:
1. Indicate the type of pipeline system: - If Other, specify: 2. Part of system involved in Incident: - If Other, specify: 2a. Year "Part of system involved in Incident" was installed: 3. When "Main" or "Service" is selected as the "Part of system involved in Incide 3a. Nominal diameter of pipe (in): 3b. Pipe specification (e.g., API 5L, ASTM D2513): 3c. Pipe manufacturer: 3d. Year of manufacture: 4. Material involved in Incident: - If Other, specify: 4a. If Steel, Specify seam type: None/Unknown? 4b. If Steel, Specify wall thickness <i>(inches)</i> : 4c. If Plastic, Specify type: - If Other, describe: 4d. If Plastic, Specify Standard Dimension Ratio (SDR): Or wall thickness: 4e. If Polyethylene (PE) is selected as the type of plastic in Part C, Qu - Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.)	Main 1996 nt" (from PART C, Question 2), provide the following: 4 ASTM D2513 AMERIFLOW Unknown Plastic Polyethylene (PE) 438
Indicate the type of pipeline system:	Main 1996 nt" (from PART C, Question 2), provide the following: 4 ASTM D2513 AMERIFLOW Unknown Plastic Polyethylene (PE) .438 estion 4.c: 2406
Indicate the type of pipeline system:	Main 1996 nt" (from PART C, Question 2), provide the following: 4 ASTM D2513 AMERIFLOW Unknown Plastic Polyethylene (PE) 438 estion 4.c:
Indicate the type of pipeline system:	Main 1996 nt" (from PART C, Question 2), provide the following: 4 ASTM D2513 AMERIFLOW Unknown Plastic Polyethylene (PE) .438 estion 4.c: 2406
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1. Indicate the type of pipeline system: - If Other, specify: 2. Part of system involved in Incident: - If Other, specify: 2a. Year "Part of system involved in Incident" was installed: 3. When "Main" or "Service" is selected as the "Part of system involved in Incide 3a. Nominal diameter of pipe (in): 3b. Pipe specification (e.g., API 5L, ASTM D2513): 3c. Pipe manufacturer: 3d. Year of manufacture: 4. Material involved in Incident: - If Other, specify: 4a. If Steel, Specify seam type: - If Other, specify: 4a. If Steel, Specify wall thickness (inches): 4c. If Plastic, Specify type: - If Other, describe: 4d. If Plastic, Specify Standard Dimension Ratio (SDR): - Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.) 5. Type of release involved : - If Mechanical Puncture - Specify Approx size: - If Mechanical Puncture - Specify Approx size: - If Other, Describe: - If Other, Describe: - If Other, Describe: - If Other, Describe: - If Rupture - Select Orientation: - If Other, Describe:	Main 1996 nt" (from PART C, Question 2), provide the following: 4 ASTM D2513 AMERIFLOW Unknown Plastic Polyethylene (PE) .438 estion 4.c: 2406
Indicate the type of pipeline system:	Main 1996 nt" (from PART C, Question 2), provide the following: 4 ASTM D2513 AMERIFLOW Unknown Plastic Polyethylene (PE) .438 estion 4.c: 2406
2. Part of system involved in Incident: - If Other, specify: 2a. Year "Part of system involved in Incident" was installed: 3. When "Main" or "Service" is selected as the "Part of system involved in Incide 3a. Nominal diameter of pipe (in): 3b. Pipe specification (e.g., API 5L, ASTM D2513): 3c. Pipe manufacture: 4. Material involved in Incident: - If Other, specify: 4a. If Steel, Specify seam type: - If Other, specify: 4a. If Steel, Specify wall thickness <i>(inches)</i> : 4c. If Plastic, Specify wall thickness <i>(inches)</i> : 4c. If Plastic, Specify Standard Dimension Ratio (SDR): - If Other, describe: 4d. If Polyethylene (PE) is selected as the type of plastic in Part C, Qu - Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.) 5. Type of release involved : - If Mechanical Puncture - Specify Approx size: - If Mechanical Puncture - Specify Approx size: - If Other, Describe: - If Ot	Main 1996 nt" (from PART C, Question 2), provide the following: 4 ASTM D2513 AMERIFLOW Unknown Plastic Polyethylene (PE) .438 estion 4.c: 2406
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	natural gas was escaping to the atmosphere
PART D - ADDITIONAL CONSEQUENCE INFORMATION	
I. Class Location of Incident :	Class 2 Location
2. Estimated Property Damage :	
2a. Estimated cost of public and non-Operator private	\$0
property damage paid/reimbursed by the Operator – effective 6-2011,	φ υ
"paid/reimbursed by the Operator" removed	
Estimated cost of gas released – effective 6-2011, moved to item 2f	· · · · · · · · · · · · · · · · · · ·
2b. Estimated cost of Operator's property damage & repairs	
2c. Estimated cost of Operator's emergency response	\$ 0 \$ 500
2d. Estimated other costs	
	\$0
2e. Property damage subtotal (sum of above)	£ 500
ze. Property damage subtotal (sum of above)	\$ 500
Cost of Gas Released	
<u></u>	
2f. Estimated cost of gas released	\$ 20
Total of all costs	\$ 520
3. Estimated number of customers out of service:	
3a. Commercial entities	0
3b. Industrial entities	0
3c. Residences	0
PART E - ADDITIONAL OPERATING INFORMATION	
 Estimated pressure at the point and time of the Incident (psig): 	28.00
Normal operating pressure at the point and time of the incident (psig):	28.00
Maximum Allowable Operating Pressure (MAOP) at the point and time of	60.00
he Incident (psig):	
 Describe the pressure on the system relating to the Incident: 	Pressure did not exceed MAOP
5. Was a Supervisory Control and Data Acquisition (SCADA) based system in	No
place on the pipeline or facility involved in the Incident?	
- If Yes:	
5a. Was it operating at the time of the Incident?	
5b. Was it fully functional at the time of the Incident?	
5c. Did SCADA-based information (such as alarm(s), alert(s),	
event(s), and/or volume or pack calculations) assist with the	
detection of the Incident?	
5d. Did SCADA-based information (such as alarm(s), alert(s),	
event(s), and/or volume calculations) assist with the confirmation of	
the Incident?	
6. How was the Incident initially identified for the Operator?	Notification from Emergency Responder
- If Other, Specify:	
6a. If "Controller", "Local Operating Personnel, including	
contractors", "Air Patrol", or "Ground Patrol by Operator or its	
contractor" is selected in Question 6, specify.	
7. Was an investigation initiated into whether or not the controller(s) or control	No, the facility was not monitored by a controller(s) at the time
oom issues were the cause of or a contributing factor to the Incident?	of the Incident
- If "No, the operator did not find that an investigation of the controller(s)	
actions or control room issues was necessary due to:"	
(provide an explanation for why the operator did not investigate)	
- If Yes, Specify investigation result(s) (select all that apply):	
 Investigation reviewed work schedule rotations, continuous hours 	
of service (while working for the Operator), and other factors associated with fatique	
- Investigation did NOT review work schedule rotations, continuous	
hours of service (while working for the Operator), and other factors	
associated with fatigue	
- Provide an explanation for why not:	·
- Investigation identified no control room issues	
Investigation identified no controller issues	
Investigation identified incorrect controller action or controller error	
 Investigation identified that fatigue may have affected the 	
controller(s) involved or impacted the involved controller(s) response	
Investigation identified incorrect procedures	
 Investigation identified incorrect proceedies Investigation identified incorrect control room equipment operation 	
 Investigation identified maintenance activities that affected control 	
room operations, procedures, and/or controller response	

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Page 3 of 9

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Describe:	ļ	
PART F - DRUG & ALCOHOL TESTING INFORMATION		
1. As a result of this Incident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No	
- If Yes:		
1a. How many were tested:		
1b. How many failed:		
2. As a result of this Incident, were any Operator contractor employees tested	No	
under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?		
- If Yes:		
2a. How many were tested:		
2b. How many failed:		
PART G - CAUSE INFORMATION		
Select only one box from PART G in shaded column on left representing the App right. Describe secondary, contributing, or root causes of the Incident in the narr		
Apparent Cause:	G7 - Incorrect Operation	
G1 - Corrosion Failure - only one sub-cause can be picked from shaded le	ft-hand column	
Corrosion Failure Sub-Cause:		
- If External Corrosion:		
1. Results of visual examination:		
- If Other, Specify:		
2. Type of corrosion:		
- Galvanic		
- Atmospheric		
- Stray Current		
- Microbiological		
- Selective Seam		
- Other		
- If Other, Describe:		
The type(s) of corrosion selected in Question 2 is based on the following: Field examination	· · · · · · · · · · · · · · · · · · ·	
- Determined by metallurgical analysis		
- Other		
- If Other, Describe:		
4. Was the failed item buried under the ground?		
- If Yes:		
4a. Was failed item considered to be under cathodic protection at the time of the incident?		
- If Yes, Year protection started:		
4b. Was shielding, tenting, or disbonding of coating evident at the point of the incident?		
4c. Has one or more Cathodic Protection Survey been conducted at the point of the incident?		
If "Yes, CP Annual Survey" – Most recent year conducted:	· · · · · · · · · · · · · · · · · · ·	
If "Yes, Close Interval Survey" – Most recent year conducted:		
If "Yes, Other CP Survey" – Most recent year conducted:		
- If No:		
4d. Was the failed item externally coated or painted?		
5. Was there observable damage to the coating or paint in the vicinity of the corrosion?		
6. Pipeline coating type, if steel pipe is involved:	·····	
- If Other, Describe:	I	
- If Internal Corrosion:		
7. Results of visual examination:		
- If Other, Describe: - Second Seco	l	
- Corrosive Commodity		
- Water drop-out/Acid		
- Microbiological		
- Erosion	<u> </u>	
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Other	
- Other	
- If Other, Specify:	
9. The cause(s) of corrosion selected in Question 8 is based on the following: (s	select all that apply):
- Field examination	
- Determined by metallurgical analysis	
- Other	· · · · · · · · · · · · · · · · · · ·
- If Other, Describe:	
10. Location of corrosion (select all that apply):	l
- Low point in pipe	
- Elbow	
- Drop-out	
- Other	
- If Other, Describe:	
11. Was the gas/fluid treated with corrosion inhibitor or biocides?	
12. Were any liquids found in the distribution system where the Incident	
occurred?	
Complete the following if any Corrosion Failure sub-cause is selected AND to Question 2) is Main, Service, or Service Riser.	he "Part of system involved in incident" (from PART C,
13. Date of the most recent Leak Survey conducted	
14. Has one or more pressure test been conducted since original construction	······································
at the point of the Incident?	
- If Yes:	· · · · · · · · · · · · · · · · · · ·
Most recent year tested:	
Test pressure:	
G2 - Natural Force Damage - only one sub-cause can be picked from sha	ided left-handed column
Natural Force Damage – Sub-Cause:	
- If Earth Movement, NOT due to Heavy Rains/Floods:	
1. Specify:	
- If Other, Specify:	
	· · · · · · · · · · · · · · · · · · ·
- If Heavy Rains/Floods:	
2. Specify:	
- If Other, Specify:	· · · · · · · · · · · · · · · · · · ·
- If Lightning:	
3. Specify:	· · · · · · · · · · · · · · · · · · ·
- If Temperature:	
4. Specify:	
- If Other, Specify:	
- If Other Natural Force Damage:	1 = = = =
	r
5. Describe:	
Complete the following if any Natural Force Damage sub-cause is selected.	
6. Were the natural forces causing the Incident generated in conjunction with	
an extreme weather event?	
	L
6.a If Yes, specify (select all that apply):	p
- Hurricane	
- Tropical Storm	
- Tornado	
- Other	
- If Other, Specify:	
G3 – Excavation Damage – only one sub-cause can be picked from shaded	d left-hand column
Excavation Damage – Sub-Cause:	
	NI V IE the "Dest of evotor involved is heider?" (for a Dest of
- If Previous Damage due to Excavation Activity: Complete the following O Question 2) is Main, Service, or Service Riser.	NLY IF the "Part of system involved in Incident" (from Part C,
 If Previous Damage due to Excavation Activity: Complete the following O Question 2) is Main, Service, or Service Riser. 1. Date of the most recent Leak Survey conducted 	NLY IF the "Part of system involved in Incident" (from Part C,
- If Previous Damage due to Excavation Activity: Complete the following O Question 2) is Main, Service, or Service Riser.	NLY IF the "Part of system involved in Incident" (from Part C,
 If Previous Damage due to Excavation Activity: Complete the following O Question 2) is Main, Service, or Service Riser. 1. Date of the most recent Leak Survey conducted 2. Has one or more pressure test been conducted since original construction 	NLY IF the "Part of system involved in Incident" (from Part C,
 If Previous Damage due to Excavation Activity: Complete the following O Question 2) is Main, Service, or Service Riser. 1. Date of the most recent Leak Survey conducted 2. Has one or more pressure test been conducted since original construction at the point of the Incident? If Yes: 	NLY IF the "Part of system involved in Incident" (from Part C,
If Previous Damage due to Excavation Activity: Complete the following O Question 2) is Main, Service, or Service Riser. Date of the most recent Leak Survey conducted Als one or more pressure test been conducted since original construction at the point of the Incident? - If Yes: Most recent year tested:	NLY IF the "Part of system involved in Incident" (from Part C,
 If Previous Damage due to Excavation Activity: Complete the following O Question 2) is Main, Service, or Service Riser. 1. Date of the most recent Leak Survey conducted 2. Has one or more pressure test been conducted since original construction at the point of the Incident? If Yes: 	NLY IF the "Part of system involved in Incident" (from Part C,
If Previous Damage due to Excavation Activity: Complete the following O Question 2) is Main, Service, or Service Riser. Date of the most recent Leak Survey conducted Als one or more pressure test been conducted since original construction at the point of the Incident? - If Yes: Most recent year tested:	NLY IF the "Part of system involved in Incident" (from Part C,
If Previous Damage due to Excavation Activity: Complete the following O Question 2) is Main, Service, or Service Riser. Date of the most recent Leak Survey conducted Has one or more pressure test been conducted since original construction at the point of the Incident? - If Yes: Most recent year tested: Test pressure:	NLY IF the "Part of system involved in Incident" (from Part C,
If Previous Damage due to Excavation Activity: Complete the following O Question 2) is Main, Service, or Service Riser. 1. Date of the most recent Leak Survey conducted 2. Has one or more pressure test been conducted since original construction at the point of the Incident? - If Yes: Most recent year tested: Test pressure: Complete the following if Excavation Damage by Third Party is selected.	NLY IF the "Part of system involved in Incident" (from Part C,

Page 5 of 9

- One-Call System - Excavator	<u> </u>
- Contractor	
- Landowner	
Complete the following mandatory CGA-DIRT Program questions if any Exc.	avation Damage sub-cause is selected.
4. Do you want PHMSA to upload the following information to CGA-DIRT (
www.cga_dirt.com)?	
5. Right-of-Way where event occurred (select all that apply):	
- Public	
- If Public, Specify:	
- Private	
- If Private, Specify:	
- Pipeline Property/Easement	
- Power/Transmission Line	
- Railroad	
- Dedicated Public Utility Easement	
- Federal Land	
- Data not collected	
- Unknown/Other	
6. Type of excavator :	
7. Type of excavation equipment :	· · · · · · · · · · · · · · · · · · ·
8. Type of work performed :	
9. Was the One-Call Center notified?	l
9a. If Yes, specify ticket number:	
9b. If this is a State where more than a single One-Call Center exists, list	
the name of the One-Call Center notified:	
10. Type of Locator:	······································
11. Were facility locate marks visible in the area of excavation?	
12. Were facilities marked correctly?	· · ·
13. Did the damage cause an interruption in service?	· · · · ·
13a. If Yes, specify duration of the interruption:	
14. Description of the CGA-DIRT Root Cause (select only the one predominant	first loval CCA DIDT Doot Course and then where available as
- Root Cause Description: - If One-Call Notification Practices Not Sufficient, specify: - If Locating Practices Not Sufficient, specify:	
 If Excavation Practices Not Sufficient, specify: 	
 If Other/None of the Above, explain: 	
G4 - Other Outside Force Damage - only one sub-cause can be selected	from the shaded left-hand column
G4 - Other Outside Force Damage - only one sub-cause can be selected Other Outside Force Damage – Sub-Cause:	from the shaded left-hand column
Other Outside Force Damage – Sub-Cause:	
Other Outside Force Damage – Sub-Cause: - If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Eng 1. Vehicle/Equipment operated by: - If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment of Mooring:	aged in Excavation: Description: Der Vessels Set Adrift or Which Have Otherwise Lost Their
Other Outside Force Damage – Sub-Cause: If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Eng Vehicle/Equipment operated by: If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment of Mooring: Select one or more of the following IF an extreme weather event was a factor	aged in Excavation: Description: Der Vessels Set Adrift or Which Have Otherwise Lost Their
Other Outside Force Damage – Sub-Cause: If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Eng Vehicle/Equipment operated by: If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment of Mooring: Select one or more of the following IF an extreme weather event was a factor - Hurricane	aged in Excavation: Description: Der Vessels Set Adrift or Which Have Otherwise Lost Their
Other Outside Force Damage – Sub-Cause: If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Eng 1. Vehicle/Equipment operated by: If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment of Mooring: 2. Select one or more of the following IF an extreme weather event was a factor - Hurricane - Tropical Storm	aged in Excavation: Description: Der Vessels Set Adrift or Which Have Otherwise Lost Their
Other Outside Force Damage – Sub-Cause: If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Eng Vehicle/Equipment operated by: If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment of Mooring: Select one or more of the following IF an extreme weather event was a factor - Hurricane - Tropical Storm - Tornado	aged in Excavation: Description: Der Vessels Set Adrift or Which Have Otherwise Lost Their
Other Outside Force Damage – Sub-Cause: If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Eng 1. Vehicle/Equipment operated by: If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment of Mooring: 2. Select one or more of the following IF an extreme weather event was a factor - Hurricane - Tropical Storm	aged in Excavation: Description: Der Vessels Set Adrift or Which Have Otherwise Lost Their
Other Outside Force Damage – Sub-Cause: - If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Eng 1. Vehicle/Equipment operated by: - If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment of Mooring: 2. Select one or more of the following IF an extreme weather event was a factor - Hurricane - Tropical Storm - Tornado - Heavy Rains/Flood - Other	aged in Excavation: Description: Der Vessels Set Adrift or Which Have Otherwise Lost Their
Other Outside Force Damage – Sub-Cause: If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Eng 1. Vehicle/Equipment operated by: If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment of Mooring: 2. Select one or more of the following IF an extreme weather event was a factor - Hurricane - Tropical Storm - Tornado - Heavy Rains/Flood	aged in Excavation: Description: Description of Which Have Otherwise Lost Their
Other Outside Force Damage – Sub-Cause: If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Eng Vehicle/Equipment operated by: If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment of Mooring: Select one or more of the following IF an extreme weather event was a factor Hurricane Tropical Storm Tornado Heavy Rains/Flood Other If Other, Specify: If Previous Mechanical Damage NOT Related to Excavation: Complete the Part C, Question 2) is Main, Service, or Service Riser. Date of the most recent Leak Survey conducted:	aged in Excavation:
Other Outside Force Damage – Sub-Cause: If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Eng Vehicle/Equipment operated by: If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment of Mooring: Select one or more of the following IF an extreme weather event was a factor Hurricane Tropical Storm Tornado Heavy Rains/Flood Other If Other, Specify: If Previous Mechanical Damage NOT Related to Excavation: Complete the Part C, Question 2) is Main, Service, or Service Riser. Date of the most recent Leak Survey conducted: Has one or more pressure test been conducted since original construction	aged in Excavation:
Other Outside Force Damage – Sub-Cause: If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Eng I. Vehicle/Equipment operated by: If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment of Mooring: Select one or more of the following IF an extreme weather event was a factor Hurricane Tropical Storm Tornado Heavy Rains/Flood Other If Other, Specify: If Previous Mechanical Damage NOT Related to Excavation: Complete the Part C, Question 2) is Main, Service, or Service Riser. Date of the most recent Leak Survey conducted: Heaving and the point of the Incident?	aged in Excavation:
Other Outside Force Damage – Sub-Cause: If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Eng I. Vehicle/Equipment operated by: If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment of Mooring: Select one or more of the following IF an extreme weather event was a factor Hurricane Topical Storm Tornado Heavy Rains/Flood Other If Other, Specify: If Previous Mechanical Damage NOT Related to Excavation: Complete the Part C, Question 2) is Main, Service, or Service Riser. Date of the most recent Leak Survey conducted: Has one or more pressure test been conducted since original construction at the point of the Incident? If Damage Data State	aged in Excavation:
Other Outside Force Damage – Sub-Cause: If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Eng I. Vehicle/Equipment operated by: If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment of Mooring: Select one or more of the following IF an extreme weather event was a factor Hurricane Torpical Storm Tornado Heavy Rains/Flood Other If Other, Specify: If Previous Mechanical Damage NOT Related to Excavation: Complete the Part C, Question 2) is Main, Service, or Service Riser. Date of the most recent Leak Survey conducted: Has one or more pressure test been conducted since original construction at the point of the Incident? If Yes: Most recent year tested:	aged in Excavation:
Other Outside Force Damage – Sub-Cause: If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Eng I. Vehicle/Equipment operated by: If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment of Mooring: Select one or more of the following IF an extreme weather event was a factor Hurricane Tropical Storm Tornado Heavy Rains/Flood Other If Other, Specify: If Previous Mechanical Damage NOT Related to Excavation: Complete the Part C, Question 2) is Main, Service, or Service Riser. Date of the most recent Leak Survey conducted: Has one or more pressure test been conducted since original construction at the point of the Incident? If Yes: Most recent year tested: Test pressure (psig):	aged in Excavation:
Other Outside Force Damage – Sub-Cause: If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Eng I. Vehicle/Equipment operated by: If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment of Mooring: 2. Select one or more of the following IF an extreme weather event was a factor - Hurricane - Tropical Storm - Tornado - Heavy Rains/Flood - Other - If Other, Specify: If Previous Mechanical Damage NOT Related to Excavation: Complete the Part C, Question 2) is Main, Service, or Service Riser. 3. Date of the most recent Leak Survey conducted: 4. Has one or more pressure test been conducted since original construction at the point of the Incident? - If Yes: Most recent year tested: Test pressure (psig): - If Intentional Damage:	aged in Excavation:
Other Outside Force Damage – Sub-Cause: If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Eng I. Vehicle/Equipment operated by: If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment of Mooring: 2. Select one or more of the following IF an extreme weather event was a factor - Hurricane - Tropical Storm - Tornado - Heavy Rains/Flood - Other - If Other, Specify: If Previous Mechanical Damage NOT Related to Excavation: Complete the Part C, Question 2) is Main, Service, or Service Riser. 3. Date of the most recent Leak Survey conducted: 4. Has one or more pressure test been conducted since original construction at the point of the Incident? - If Yes: Most recent year tested: Test pressure (psig): If Intentional Damage: 5. Specify:	aged in Excavation:
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Pipe, Weld or Joint Failure – Sub-Cause:		
- If Body of Pipe:	,,	
1. Specify:		
	- If Other, Describe:	
- If Butt Weld:		
2. Specify:		
	- If Other, Describe:	
- If Fillet Weld:		
3. Specify:	- If Other, Describe:	
- If Pipe Seam:	- il Other, Describe.	
4. Specify:		
	- If Other, Describe:	
- If Mechanical Fitting:		······································
5. Specify the mechanical fitting involved:		
	- If Other, Describe:	
6. Specify the type of mechanical fitting:		
7 Manufactures	- If Other, Describe:	
7. Manufacturer: 8. Year manufactured:		
9. Year Installed:		
10. Other attributes:		
11. Specify the two materials being joined:		
11a. First material being joined:		
	- If Other, Specify:	
11b. If Plastic, specify:		
110 Second meterial bains ising di	- If Other Plastic, specify:	
11c. Second material being joined:	- If Other, Specify:	
11d. If Plastic, specify:	- Il Otilei, Specity.	
	- If Other Plastic, Specify:	
12. If used on plastic pipe, did the fitting - as des	igned by the manufacturer -	
include restraint?		
12a. If Yes, specify:		
- If Compression Fitting:		
13. Fitting type:		
14. Manufacturer:		
16. Year installed:		
17. Other attributes:		
18. Specify the two materials being joined:		
18a. First material being joined:		
	- If Other, specify:	· · · · · · · · · · · · · · · · · · ·
18b. If Plastic, specify:	KOIL PLATE I	
18c. Second material being joined:	- If Other Plastic, specify:	
Too. Second material being joined.	If Other, specify:	
18d. If Plastic, specify:		
	- Other Plastic, specify:	
- If Fusion Joint:		
19. Specify:		,,,,,,,
	- If Other, Specify:	
20. Year installed:		
21. Other attributes:		
22. Specify the two materials being joined: 22a. First material being joined:		
בבמ. הופו חומנכוומי טכוווע וטווופט.	- If Other, Specify:	
22b. Second material being joined:		
	- If Other, Specify:	

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Page 8 of 9

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	powered tool to tighten up the bolts while gas was leaking to		
Complete the following if any Incorrect Operation sub-cause is selected.	the atmosphere		
2. Was this Incident related to: (select all that apply)			
- Inadequate procedure			
- No procedure established			
- Failure to follow procedure	Yes		
- Other			
- If Other, Describe:			
3. What category type was the activity that caused the Incident:	Non-routine operating conditions (abnormal operations or emergencies)		
4. Was the task(s) that led to the Incident identified as a covered task in your Operator Qualification Program?	Yes		
4a. If Yes, were the individuals performing the task(s) qualified for the task(s)?	Yes, they were qualified for the task(s)		
G8 - Other Incident Cause - only one sub-cause can be selected from the	shaded left-hand column		
Other Incident Cause Sub-Cause:			
- If Miscellaneous:			
1. Describe:			
- if Unknown:			
2. Specify:			
PART H - NARRATIVE DESCRIPTION OF THE INCIDENT			
electrical arcing caused by operator while using a electrical powered tool to tighten up the bolts while gas was leaking to the atmosphere			
PART I - PREPARER AND AUTHORIZED SIGNATURE			
Preparer's Name	Joe Dunaway Jr.		
Preparer's Title	Utilities Superintendent		
Preparer's Telephone Number	6067488778		
Preparer's E-mail Address	joedunaway@altiusbb.com		
Preparer's Facsimile Number	6068450712		
Authorize Signature's Name	Joe Dunaway Jr.		
Authorized Signature's Title	Utilities Superintendent		

joedunaway@altiusbb.com

Authorized Signature's Email Address

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