RECEIVED

JUL 0 1 2013

PUBLIC SERVICE COMMISSION

2012-00362

-		***************************************	2012	-00562
TASK NUMBER	COVERED TASK	QUAL PERIOD	DATE QUALED	EXP. DATE
E-1	WELD ON STEEL PIPELINES	1 YEAR		
E-2	TEST WELDS USING NON-DESTRUCTIVE PROCESSES	1 YEAR		
F-1	JOINING PLASTIC PIPE	1 YEAR	3/29/2013	3/29/2014
F-2	JOINING PLASTIC PIPE/MECHANICAL COUPLING	1 YEAR	3/29/2013	3/29/2014
G-1	INSPECT EXCAVATION/BACKFILLING ACTIVITIES	3 YEAR	2/17/2012	2/17/2015
H-1	INSTALL METER & REGULATOR	3 YEAR	2/17/2012	2/17/2015
H-2	INSTALL SERVICE LINES	3 YEAR	2/17/2012	2/17/2015
l-1	MONITOR CORROSION CONTROL METHODS USED ON BURRIED PIPELINES	3 YEAR	2/17/2012	2/17/2015
L-1a	TAP PIPELINES UNDER PRESSURE	3 YEAR	2/17/2012	2/17/2015
L-2	PURGING GAS LINES	3 YEAR	2/17/2012	2/17/2015
M-1	PERFORM PATROL & LEAKAGE SURVEYS ON GAS PIPELINE FACILITIES	3 YEAR	5/28/2013	5/28/2016
M-2	LOCATE & MARK UNDERGROUND FACILITIES	3 YEAR		, , , , , , , , , , , , , , , , , , , ,
M-3	TESTING PIPELINES	3 YEAR	2/17/2012	2/17/2015
M-4	INSPECT & TEST PRESSURE LIMIT STATIONS	3 YEAR		
M-5	MAINTAIN LINE VALVES	3 YEAR		
M-7	PREVENT ACCIDENTAL IGNITION/AOC'S	3 YEAR	2/17/2012	2/17/2015
M-8	MAKE FIELD REPAIRS ON DISTRIBUTION LINES	3 YEAR	2/17/2012	2/17/2015
M-9	REPAIR/PROTECT CAST IRON PIPE	3 YEAR		, ,
M-10	ABANDON/DEACTIVATE GAS PIPING	3 YEAR	2/17/2012	2/17/2015
1401	MAINTAIN SAFE WORKING ENVR.WHILE EXC. (COMPETENT PERSON)	3 YEAR	2/17/2012	2/17/2015

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	Mechanical - boltless compression	伝
	Mechanical - bolted compression	A
	Electrofusion	
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pe 2406	6" & 8" Butt Fusion	何
901⁄2 ad	1-1/4" through 4" Butt Fusion	何
	· uono na	
spousau Suurof sin Si	Holder is qualified to join plastic pipe usi ted below:	,18M
PLASTIC FUSION	IECH. JOINT QUALIFICATION RECO	PRD
Name: MA	RVIN ANDERDA -	t
ID#:	2554	
Company/Contractor Nam	MARTINET	
Company/Contractor Nam		
	e - CANTING CONT.	
Qualified Date: 3/2	9/18 Expires on 4 3/20	14
Qualified Date: 3/2 Qualified By:	PA/13 Expires on April 3/20	14
Qualified By:	Expires on April 3/29 Agency: UC grass	<u> 4</u>
Qualified By:	PA/13 Expires on April 3/20	<u> </u> 4

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Inis card certines that

Marvin Anderson - Martin Contracting

has been tested and evaluated according to the requirements of D.O.T. 49 CFR Part 192.285 and applicable Plastic Fusion/Mechanical Joining Procedures.

Evaluation Method:							
Ø	Written Exam	Observation					
3/29/13	3/29/14	Christlich					
QUALIFIED	EXPIRES	EVALUATOR					
	Bluegrass Instru	uctional Services					
34		Winchester, KY 40391					
	859-494-3173 · s	ligh.c@gmail.com					

- ☑ OQ F-1.1 Butt Fuse PE Pipe
 - ☑ Manual
- ☑ Hydraulic
- ☑ Medium Density
- ☑ High Density
- ☑ OQ F-1.2 Socket Fuse PE Pipe
 - ☑ Medium Density
- ☑ High Density
- ☑ OQ F-1.3 Sidewall Fuse PE Pipe
 - ☑ Medium Density
- ☑ High Density
- ☑ OQ F-1.4 Electrofuse Couplings
- ☑ OQ F-1.5 Electrofuse Saddle Fittings
- ☑ OQ F-2 Join PE Pipe w/Mechanical Fittings
- ☑ Compression(F-2.1) ☑ Stab(F-2.2) ☑ Bolted(F-2.3)
- ☐ Mech. Compression(F-2.4) ☐ Mech. Saddle(F-2.5)



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MARVIN D ANDERSON MARTIN CONTRACTING 2371 IRVINE ROAD RICHMOND, KY 40475

Co. Code:

27961

Instructor:

Sligh, Chris

Proctor:

Sligh, Chris

Test Results For:

OQ CF-1 Join Plastic Pipe with Heat Fusion

Test Date: 03/29/2013

Pass/Fail: Pass

Test Key #: 1831

Test Number: 1879

Test Group No: 6462

IV. Employer Record
OQ Task CF-1
Join Plastic Pipe with Heat Fusion
Employee Information (Please Print): Name
Last 4 Digits of Social Security Number
Company Name MARtin Londonacting The
Company Mailing Address _237/ TENINE 20
City Richmond State Ny Zip 40000
Affidavit
I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.
Evaluator Information (Please Print):
NameCHRIS SLIGH
Organization/EmployerBLUEGRASS INSTR. SVC
elephone Number 859-494-3173
Affidavit
affirm that I am the person who has administered this checklist and that I have onducted this assessment with integrity. I also affirm that the above named imployee is the person assessed and that the above named person performed the asks at the indicated level.
valuator's Signature



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MARVIN ANDERSON MARTIN CONTRACTING 2371 IRVINE ROAD RICHMOND, KY 40475

Co. Code: 27961

Instructor:

Sligh, Chris

Proctor:

Sligh, Chris

Test Results For:

F1-F1A Joining Plastic Pipe - Manual and Hydraulic V010913

Test Date: 03/29/2013

Pass/Fail: Pass

Test Key #: 2024

Test Number: 9681

Test Group No: 6411

I. **Employer Record** OQ Task F-1 Joining Plastic Pipe-Manual and Hydraulic OQ Task F-1a Joining Plastic Pipe-Manual Only Join Plastic Pipe **Employee Information (Please Print):** Name _____ Last 4 Digits of Social Security Number or Employee # Company Mailing Address City _____ State _____ Zip <_____ Affidavit I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist. Employee's Signature _____ Date ____ **Evaluator Information (Please Print):** Name Organization/Employer BLUEGRASS INSTR. SVC Telephone Number ____

--- Affidavit

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks.

Evaluator's Signature ____/

_____ Date <u>3/29//3</u>

NISOURCE

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MARVIN D ANDERSON MARTIN CONTRACTING 2371 IRVINE ROAD RICHMOND, KY 40475

Co. Code:

27961

Instructor:

Sligh, Chris

Proctor:

Sligh, Chris

Test Results For:

OQ CF-2 Join Plastic Pipe with Mechanical Fittings

Test Date: 03/29/2013

Pass/Fail: Pass

Test Key #: 1864

Test Number: 1880

Test Group No: 6462

IV. **Employer Record** OQ Task CF-2 Join Plastic Pipe with Mechanical Fittings **Employee Information (Please Print):** Name // felolo /selection Last 4 Digits of Social Security Number ______ Company Name Company Mailing Address 237 22000 2000 City _____ State _____ Zip ____ Affidavit I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures, and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist. Employee's Signature _____ Date _____ **Evaluator Information (Please Print):** CHRIS SLIGH Name _____Organization/Employer _____ BLUEGRASS INSTR. SYC 859-494-313 Telephone Number _____ Affidavit I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.



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MARVIN ANDERSON

Co. Code: 12260

Instructor: Sligh, Chris

Proctor:

Sligh, Chris

Test Results For:

OQ UG-1 Verifying Excavating and Backfilling Operations that Minimize **Excavation Damage to Pipeline Facilities**

Test Date: 02/16/2012

Pass/Fail: Pass

Test Key #: 1665

Test Number: 7979

Test Group No: 5017

Overall Result for This Group

Mean:

Median:

Above Mastery:

In Group:

95.31

93.75

OO Task HG-1

OQ TASK OG-1			
Verifying Excavating and Back Damage to Pipeline Facilities	kfilling Operations	That Minimize Excavation	1
Employee Information (Please	Print):		
Name MARVIN AND	lerson/		
Last 4 Digits of Social Security N	lumber	-554	
Company Name	•		
Company Mailing Address			
City	State	Zip	
	Affidavit		
I acknowledge the performance qualification, and is not intended policies and may not be appropriam responsible for recognizing himust exercise care and good procedures and tools for tasks I pliability for my actions nor for mevaluation checklist. Employee's Signature	to replace or modificitely used in all cited and abnormed judgment; alway perform. Industrial application of the	y company operating proce rcumstances. I acknowled nal conditions in my work plays using appropriate equal Training Services, Inc. assume performance guides used	dures or ge that lace and uipment umes no d in this
Evaluator Information (Please F	Print):		
Name	CHRIS S	LIGH	
Organization/EmployerB	LUEGRASS IN		
Telephone Number	859-494-	3173	ATT TO THE PARTY OF THE PARTY O
~	Af fidav it		
I affirm that I am the person we conducted this assessment with it is the person assessed and that indicated level.	ntegrity. I also affiri	m that the above named on	anlovaa
Evaluator's Signature	is high	Date	



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Co. Code: 12260

Instructor:

Sligh, Chris

Proctor:

Sligh, Chris

Test Results For:

OQ UH-1 Install Domestic Gas Meter and Regulator Sets

Test Date: 02/17/2012

Pass/Fail: Pass

Test Key #: 1644

Test Number: 7983

Test Group No: 5017

Overall Result for This Group

Mean:

Median:

Above Mastery: # In Group:

97.50

100.00

OQS Task UH-1			
Install Domestic Gas Meter	•	ets	
Name MARVIN A	A .		
Last 4 Digits of Social Security		554	
Company Name		,	
Company Mailing Address			
City	State	Zip	,
	Affidavi	it	
I acknowledge the performar qualification, and is not intend or policies and may not be applicated and must exercise of equipment, procedures and to linc. assumes no liability for reguides used in this evaluation.	ed to replace or memorphically used ognizing hazards are and good jute ools for tasks I promy actions nor for the checklist	nodify company in all circumsta and abnormal cudgment; alway erform. Industror my application	operating procedures inces. I acknowledge conditions in my work ys using appropriate rial Training Services, n of the performance
Evaluator Information (Pleas	se Print):		
Name		IS SLIGH	
Organization/Employer	BLUEGRASS	1 NS R. S	VC
Telephone Number	899-4	94-3173	
·	Affidavi	it	
I affirm that I am the person conducted this assessment employee is the person assestasks at the indicated level. Evaluator's Signature	with integrity. I	also affirm that above named p	at the above named
	L		



MARVIN ANDERSON

Co. Code: 12260

Instructor: Sligh, Chris

Proctor: Sligh, Chris

Test Results For:

OQ UH-2 Install Domestic Gas Service Lines

Test Date: 02/17/2012

Pass/Fail: Pass

Test Key #: 1648

Test Number: 7988

Test Group No: 5017

Overall Result for This Group

 Mean:
 Median:
 # Above Mastery:
 # In Group:

 100.00
 4
 4

I	V	•	E	m	plo	yer	Re	cord	l
_									•

Group # 5017

OQ Task UH-2							
Install Domestic Gas Service Lines							
Employee Information (Please Propagation MARVIN ANOLO	rint):						
Last 4 Digits of Social Security Nun	mber <u>2554</u>						
Company Name	,						
Company Mailing Address							
City	State	Zip					
	Affidavit						
I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the performance guides used in this evaluation checklist. Employee's Signature Man. Date 17 FEB 12							
Evaluator Information (Please Pri		(CI)					
NameBI	CHRIS SL IERDACC INC	TD CVP					
Organization/Employer	REGENERAL TRO	173					
Telephone Number		J :					
Affidavit							
I affirm that I am the person who conducted this assessment with i employee is the person assessed a tasks at the indicated level. Evaluator's Signature	integrity. I also a	affirm that the above named					
_	(



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MARVIN ANDERSON

Co. Code: 12260

Instructor: Sligh, Chris

Proctor: Sligh, Chris

Test Results For:

OQ UI-1 Monitor Corrosion Control Methods Used on Buried Metal **Pipelines**

Test Date: 02/16/2012

Pass/Fail: Pass

Test Key #: 1692

Test Number: 7993

Test Group No: 5017

Overall Result for This Group

Mean:		overan result for This Group	
96.67	Median: 97.78	# Above Mastery:	# In Group:
30.07	91.10	4	4

OQ Task UI-1

Monitor Corrosior	n Control	Methods	Used	on	Buried	Metal	Pipelines
-------------------	-----------	---------	------	----	--------	-------	-----------

Employee Information (Please	A 6	
Name MARVIN .	Anderson	
Last 4 Digits of Social Security	Number <u> </u>	į
Company Name		
Company Mailing Address		
City	State	Zip
	Affidavit	
I acknowledge the performance qualification, and is not intended or policies and may not be appethat I am responsible for recognized and must exercise carequipment, procedures and too lnc. assumes no liability for my guides used in this evaluation of Employee's Signature	of to replace or modify of repriately used in all control in all c	company operating procedures ircumstances. I acknowledge normal conditions in my work nt; always using appropriate Industrial Training Services, pplication of the performance
Evaluator Information (Discussion	Disco	
Evaluator Information (Please	CHRIS SIII	6H
NameB Organization/Employer	HEARAGS INST	R. SVC
Organization/Employer	859-494-3	173
Telephone Number		E 1 41
Manage of the same	Affidavit	
affirm that I am the person we conducted this assessment with employee is the person assessed asks at the indicated level. Evaluator's Signature	th integrity. I also a	ffirm that the above named



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MARVIN ANDERSON

Co. Code: 12260

Instructor: Sligh, Chris

Proctor: Sligh, Chris

Test Results For:

OQ UL-1 Tapping Pipelines Under Pressure

Test Date: 02/17/2012

Pass/Fail: Pass

Test Key #: 1649

Test Number: 7998

Test Group No: 5017

Overall Result for This Group

Mean:

Median:

Above Mastery: # In Group:

91.92

91.18

IV. Employer Record	Gr	oup # 5017	
OQS Task UL-1			-
Tap Pipelines Under Pressure			
Name	rint): <u>ANDE</u> RSO,	\sim	
Last 4 Digits of Social Security Nun	nber <i>255</i>	4	
Company Name		7	
Company Mailing Address			
City	State	Zip	
	Affidavit		
I acknowledge the performance of qualification, and is not intended to or policies and may not be appropring that I am responsible for recognizing place and must exercise care as equipment, procedures and tools for lnc. assumes no liability for my actinguides used in this evaluation check.	replace or modificately used in all all all all all all all all all al	y company operating procedure I circumstances. I acknowledge abnormal conditions in my wo sent; always using appropria m. Industrial Training Service application of the performand	es ge rk te
Employee's Signature Mai Le	holes	Date/7	
Evaluator Information (Please Prin	nt):		
Name	CHRIS	SLIGH	
Organization/EmployerBLt	JEGRASS IN	ISTR. SVC	
Telephone Number	859-494	-3173	
· · · · ·	Affidavit		
I affirm that I am the person who he conducted this assessment with in employee is the person assessed are tasks at the indicated level.	HEALIN I SICO	Ottirno that Hand	

Evaluator's Signature _



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MARVIN ANDERSON

Co. Code:

12260

Instructor: Sligh, Chris

Proctor: Sligh, Chris

Test Results For:

OQ UL-2 Purge Gas Lines (Small & Large Diameter)

Test Date: 02/17/2012

Pass/Fail: Pass

Test Key #: 1643

Test Number: 8002

Test Group No: 5017

Overall Result for This Group

Mean: 100.00 Median: 100.00

Above Mastery: # In Group:

Group # 5017

OQ Task UL-2	
Purge Gas Lines	
Employee Information (Plea	se Print):
Name MARVIN	Anderson
Last 4 Digits of Social Security	y Number _ 2554
Company Name	,
Company Mailing Address	
City	State Zip
	Affidavit
or policies and may not be appeared that I am responsible for recording place and must exercise can equipment, procedures and to lnc. assumes no liability for reguides used in this evaluation	nce of this task is solely for the purpose of operator ed to replace or modify company operating procedures oppropriately used in all circumstances. I acknowledge ognizing hazards and abnormal conditions in my work are and good judgment; always using appropriate cols for tasks I perform. Industrial Training Services, my actions nor for my application of the performance checklist. Date 17 FEB 17
Evaluator Information (Pleas	·
Name	CHRIS SLIGH
Organization/Employer	BLUEGRASS INSTRASVU
Telephone Number	859-494-3173
	Affidavit
conducted this assessment v	who has administered this checklist and that I have with integrity. I also affirm that the above named sechand that the above named person performed the
	(/



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MARVIN D ANDERSON

Co. Code: 27961

Instructor:

Sligh, Chris

Proctor:

Sligh, Chris

Test Results For:

OQ UM-1 Performing Patrol and Leakage Surveys on Gas Pipeline **Facilities**

Test Date: 05/28/2013

Pass/Fail: Pass

Test Key #: 1715

Test Number: 1391

Test Group No: 5791

IV.	Employer	Record
	1	

Group # 5791

OQ Task UM-1 Performing Patrol and Leakage Surveys on Gas Pipeline Facilities Employee Information (Please Print): Last 4 Digits of Social Security Number Company Name _ State _ Affidavit I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the performance guides used in this evaluation checklist. Employee's Signature _____ Date _____ **Evaluator Information (Please Print):** CHRIS SLIGH Name ____ Organization/Employer 859-494-31 Telephone Number _____ Affidavit I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature ____

____ Date ____*5/28/13*

This certifies that	Marvin Anderson
of	Martin Contracting
the KY Gas Associatasks as indicatasks as indicatas	per the conditions and guidelines as set forth by 92 & the KY Public Service Commission using gures provided by Industrial Training Services & ation, and determined qualified to perform the ted with a service provided by Industrial Training Services & ation, and determined qualified to perform the ted with a service provided by Industrial Services as McClure Roy, Winchester, KY 40391 59-494-3173 Lsligh.c@gmail.com

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EXPIRES	TASK
	OQ UG-1 : Excavating/Backfilling
	U OQ UH-1 : Install/Repair/Replace M & P. Son
	UG UH-2: Install/Repair/Replace Service Lines
	Od Ui-1: Apply/Monitor Corrosion Control
	Od UL-1: Jap Pipelines (Self-Tanning Only)
	OQ UL-2: Purge Pipelines
5/28/16	OQ UM-1 : Patrol & Leakage Surveys
	OQ UM-3 : Pressure Test Pipelines
	OQ UM-7 : Prevent Accidental Ignition/AOC's
	OQ UM-8 : Install/Repair/Replace Main Lines
	OQ UM-10: Abandon/Deactivate Pipelines

•

Training Roster

Conducted By: Bluegrass Instructional Services

Instructor: Chris Sligh

Date: 5/28//3

Course No.: ITS UM-/

Location: RichmonD, KY

NO.	NAME	SIGNATURE	COMPANY	ID#
1	MARVIN Anderson	Ma Mahr	RUSS MAR MARTIN CONTINCTING	2554
2			,	
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15				



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MARVIN ANDERSON

Co. Code: 12260

Instructor: Sligh, Chris

Proctor:

Sligh, Chris

Test Results For:

OQ UM-3 Testing Domestic Gas Service Lines

Test Date: 02/17/2012

Pass/Fail: Pass

Test Key #: 1641

Test Number: 8007

Test Group No: 5017

Overall Result for This Group

Median:

Above Mastery: # In Group:

Mean: 100.00

100.00

IV. Employer	Record
--------------	--------

Group # 5017

OQ Task UM-3 **Testing Domestic Gas Service Lines** Employee Information (Please Print): MARVIN ANDRESSON Company Name Company Mailing Address City State Zip Affidavit I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the performance guides used in this evaluation checklist. Employee's Signature Mai Unglib Date 17 FEB 12 Evaluator Information (Please Print): CHRIS SLIGH Name _____ BLUEGRASS INSTR. SVC Organization/Employer 859-494-3173 Telephone Number - Affidavit I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level. Evaluator's Signature ___



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MARVIN ANDERSON

Co. Code: 12260

Instructor: Sligh, Chris

Proctor:

Sligh, Chris

Test Results For:

OQ UM-7 Prevent Accidental Ignition

Test Date: 02/16/2012

Pass/Fail: Pass

Test Key #:1639

Test Number: 8013

Test Group No: 5017

Overall Result for This Group

Mean:

Median:

Above Mastery: # In Group:

94.45

96.30



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MARVIN ANDERSON

Co. Code: 12260

Instructor: Sligh, Chris

Proctor: Sligh, Chris

Test Results For:

OQ UM-8 Making Field Repairs on Natural Gas Pipelines

Test Date: 02/16/2012

Pass/Fail: Pass

Test Key #: 1638

Test Number: 8018

Test Group No: 5017

Overall Result for This Group

Mean:

Median:

Above Mastery: # In Group:

93.27

92.31

IV.	Employer	Record

Group # 5017

	0.00P // 001/
OQ Task UM-8	
Make Field Repairs on Natural	Gas Pipelines
Employee Information (Please Name MARVIN And	Print):
Last 4 Digits of Social Security N	
Company Name	
Company Mailing Address	
City	State Zip
	Affidavit
or policies and may not be appropriate and must exercise care equipment, procedures and tools lnc. assumes no liability for my guides used in this evaluation che	of this task is solely for the purpose of operator to replace or modify company operating procedures opriately used in all circumstances. I acknowledge izing hazards and abnormal conditions in my work and good judgment; always using appropriate of for tasks I perform. Industrial Training Services, actions nor for my application of the performance ecklist. Date 16 FEB 12
Evaluator Information (Please P	•
Name	CHRIS SLIGH
Organization/EmployerB	LUEGRASS INSTR. SVC
Telephone Number	859-494-3173
	Affidavit
conducted this assessment with	o has administered this checklist and that I have integrity. I also affirm that the above named and that the above named person performed the



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MARVIN ANDERSON

Co. Code: 12260

Instructor: Sligh, Chris

Proctor: Sligh, Chris

Test Results For:

OQ UM-10 Abandon or Deactivate Gas Pipeline Facilities

Test Date: 02/16/2012

Pass/Fail: Pass

Test Key #: 1637

Test Number: 8023

Test Group No: 5017

Overall Result for This Group

	TOTAL CONTRACTOR CONTR		
Mean:	Median:	# Above Mastery:	# In Group:
95.46	95.46	4	4

IV. Employer Record		Group # 5017
OQ Task UM-10		
Abandon or Deactivate Gas Pipe Employee Information (Please Pi	rint).	7
Name//ARVIN	Anderson	/
Name MARVIN/ Last 4 Digits of Social Security Num	nber	4
Company Name		
Company Mailing Address		
City	State	Zip
	Affidavit	
I acknowledge the performance of qualification, and is not intended to or policies and may not be approped that I am responsible for recognizing place and must exercise care a equipment, procedures and tools for the performance of the perfor	replace or modify riately used in all ng hazards and and good judgme	company operating procedures circumstances. I acknowledge bnormal conditions in my workent: always using appropriate

Organization/Employer

BLUEGRASS INSTR. SVC

Telephone Number

Affidavit

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

CHRIS SLIGH

Date

Inc. assumes no liability for my actions nor for my application of the performance

Evaluator's Signature __

guides used in this evaluation checklist,

Evaluator Information (Please Print):

Employee's Signature 20

RECEIVED

JUL 0 1 2013

RussMar Logistics, LLC.

PUBLIC SERVICE COMMISSION

EDDIE BENNETT

2012-00362

			0-010	-00302
TASK NUMBER	COVERED TASK	QUAL PERIOD	DATE QUALED	EXP. DATE
E-1	WELD ON STEEL PIPELINES	1 YEAR		
E-2	TEST WELDS USING NON-DESTRUCTIVE PROCESSES	1 YEAR		
F-1	JOINING PLASTIC PIPE	1 YEAR		
F-2	JOINING PLASTIC PIPE/MECHANICAL COUPLING	1 YEAR		
G-1	INSPECT EXCAVATION/BACKFILLING ACTIVITIES	3 YEAR	11/19/2012	11/19/2015
H-1	INSTALL METER & REGULATOR	3 YEAR	11/12/2012	11/12/2015
H-2	INSTALL SERVICE LINES	3 YEAR	11/12/2012	11/12/2015
I-1	MONITOR CORROSION CONTROL METHODS USED ON BURRIED PIPELINES	3 YEAR	11/13/2012	11/13/2015
L-1a	TAP PIPELINES UNDER PRESSURE	3 YEAR	11/19/2012	11/19/2015
L-2	PURGING GAS LINES	3 YEAR	11/19/2012	11/19/2015
M-1	PERFORM PATROL & LEAKAGE SURVEYS ON GAS PIPELINE FACILITIES	3 YEAR	11/13/2012	11/13/2015
M-2	LOCATE & MARK UNDERGROUND FACILITIES	3 YEAR		
M-3	TESTING PIPELINES	3 YEAR	11/12/2012	11/12/2015
M-4	INSPECT & TEST PRESSURE LIMIT STATIONS	3 YEAR		
M-5	MAINTAIN LINE VALVES	3 YEAR	11/13/2012	11/13/2015
M-7	PREVENT ACCIDENTAL IGNITION/AOC'S	3 YEAR	11/19/2012	11/19/2015
M-8	MAKE FIELD REPAIRS ON DISTRIBUTION LINES	3 YEAR	11/13/2012	11/13/2015
M-9	REPAIR/PROTECT CAST IRON PIPE	3 YEAR		
M-10	ABANDON/DEACTIVATE GAS PIPING	3 YEAR	11/20/2012	11/20/2015
1401	MAINTAIN SAFE WORKING ENVR.WHILE EXC. (COMPETENT PERSON)	3 YEAR		

Operator Qualification / OQ Tasks								
OQ H-1, H-2, M-3 ALL SIM	on 11/12/2012							
OQ CM-1 1-2, 5 SIM	on 11/13/2012							
OQ CM-5a Ball Plug Gate ALL SIM	on 11/13/2012							
OQ CM-8 1-4, 7 SIM	on 11/13/2012							
OQ CL-1A ALL SIM	on 11/19/2012							
OQ UM-7	on 11/19/2012							
OQ CG-1 ALL SIM	on 11/19/2012							
OQ CL-2-1 SIM	on 11/19/2012							
OQ CM-10 ALL SIM	on 11/20/2012							

^{*}Qualifications are good for three years from date qualified

Operator Qualification Card

This certifies that Eddie L. Bennett, City of
Thompkinsville has been evaluated and determined
qualified to perform the OQ tasks as indicated on the back
of this card.

Qualifications conducted by "ARC Randolph & Associates, LLC" instructors L. Hinkle & G. Wills at the request of MARTIN CONTRACTING with whom copies of the testing records reside.

ARC Randolph & Associates, LLC (412) 580-8668

Operator Qualification / OQ Tasks								
OQ H-1, H-2, M-3 ALL SIM	on 11/12/2012							
OQ CM-1 1-2, 5 SIM	on 11/13/2012							
OQ CM-5a Ball Plug Gate ALL SIM	on 11/13/2012							
OQ CM-8 1-4, 7 SIM	on 11/13/2012							
OQ CL-1A ALL SIM	on 11/19/2012							
OQ UM-7	on 11/19/2012							
OQ CG-1 ALL SIM	on 11/19/2012							
OQ CL-2 1 SIM	on 11/19/2012							
OQ CM-10 ALL SIM	on 11/20/2012							

^{*}Qualifications are good for three years from date qualified

Operator Qualification Card

This certifies that <u>Jesse W. Emberton, City of</u>
<u>Thompkinsville</u> has been evaluated and determined qualified to perform the OQ tasks as indicated on the back of this card.

Qualifications conducted by "ARC Randolph & Associates, LLC" instructors L. Hinkle & G. Wills at the request of MARTIN CONTRACTING with whom copies of the testing records reside.

Industrial Training Services Official Transcript Request CONFIDENTIAL

RECEIVED 11-21-12

WARREN	WARREN	WARREN	WARREN	WARREN	EMBERTON	EMBERTON	EMBERTON	EMBERTON	EMBERTON	EMBERTON	BROWN	BROWN	BROWN	BENNETT	BENNETT	BENNETT	BENNETT	BENNETT	BENNETT	Last Name
JASON	JASON	JASON	JASON	JASON	JESSE	JESSE	JESSE	JESSE	JESSE	JESSE	ROBERT	ROBERT	ROBERT	EDDIE	EDDIE	EDDIE	EDDIE	EDDIE	EDDIE	First Name
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MARTIN CONTRACTING	MARTIN CONTRACTING	MARTIN CONTRACTING	MARTIN CONTRACTING	MARTIN CONTRACTING	CITY OF TOMPKINSVILLE	CITY OF TOMPKINSVILLE	CITY OF TOMPKINSVILLE	CITY OF TOMPKINSVILLE	CITY OF TOMPKINSVILLE	CITY OF TOMPKINSVILLE	MARTIN CONTRACTING	MARTIN CONTRACTING	MARTIN CONTRACTING	CITY OF TOMPKINSVILLE	CITY OF TOMPKINSVILLE	CITY OF TOMPKINSVILLE	CITY OF TOMPKINSVILLE	CITY OF TOMPKINSVILLE	CITY OF TOMPKINSVILLE	Company Name
11/12/2012 P	11/12/2012 P	11/13/2012 P	11/13/2012 P	11/13/2012 P	11/12/2012 P	11/12/2012 P	11/12/2012 P	11/13/2012 P	11/13/2012 P	11/13/2012 P	11/12/2012 P	11/12/2012 P	11/12/2012 P	11/12/2012 P	11/12/2012 P	11/12/2012 P	11/13/2012 P	11/13/2012 P	11/13/2012 P	Test Date P/F
Contradic Gas			HINKLE OQ CM-5a Inspect Emergency Valves	HINKLE Pipelines	HINKLE NGT 1603 OQ M-3 Test Gas Service Lines OQ H-1, H-2, M-3 ALL SIM	HINKLE Service Lines	Domestic Gas	OQ CM-1 Performing Patrol and Leakage HINKLE Surveys on Gas Pipeline Facilities	HINKLE OQ CM-5a Inspect Emergency Valves	HINKLE Pipelines	Lines	HINKLE Service Lines	Domestic Gas	es	HINKLE Service Lines	Domestic Gas	ol and Leakage ^c acilities	HINKLE OQ CM-5a Inspect Emergency Valves	OQ CM-8 Make Field Repairs on Gas HINKLE Pipelines	Instructor
OQ H-1, H-2, M-3 ALL SIM	OQ H-1, H-2, M-3 ALL SIM	OQ CM-1 1-2, 5 SIM	SIM	OQ CM-8 1-4, 7 SIM	0Q H-1, H-2, M-3 ALL SIM	OQ H-1, H-2, M-3 ALL SIM	OQ H-1, H-2, M-3 ALL SIM	OQ CM-1 1-2, 5 SIM	OQ CM-5a BALL PLUG GATE ALL SIM	OQ CM-8 14, 7 SIM	OQ H-1, H-2, M-3 ALL SIM	OQ H-1, H-2, M-3 ALL SIM	OQ H-1, H-2, M-3 ALL SIM	OQ H-1, H-2, M-3 ALL SIM	0Q H-1, H-2, M-3 ALL SIM	OQ H-1, H-2, M-3 ALL SIM	OQ CM-1 1-2, 5 SIM	SIM	OQ CM-8 1-4, 7 SIM	Skill

WARREN

JASON

O MARTIN CONTRACTING

11/12/2012 P

HINKLE NGT 1603 OQ M-3 Test Gas Service Lines OQ H-1, H-2, M-3 ALL SIM

Industrial Training Services Official Transcript Request CONFIDENTIAL

Received: 11/30/12

EMBERTON	EMBERTON EMBERTON	EMBERTON	EMBERTON	EMBERTON	BENNETT	BENNETT	BENNETT	BENNETT	BENNETT	Last Name
JESSE	JESSE JESSE	JESSE	JESSE	JESSE	EDDIE	EDDIE	EDDIE	EDDIE	EDDIE	First Name
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MARTIN CONTRACTING	MARTIN CONTRACTING MARTIN CONTRACTING	MARTIN CONTRACTING	MARTIN CONTRACTING	MARTIN CONTRACTING	MARTIN CONTRACTING	MARTIN CONTRACTING	MARTIN CONTRACTING	MARTIN CONTRACTING	MARTIN GONTRACTING 11/19/	
11/20/2012 P	11/20/2012 P 11/19/2012 P	11/20/2012 P	11/20/2012 P	11/19/2012 P	11/19/2012 P	11/19/2012 P	11/20/2012 P	11/19/2012 P	11/19/2012 P 11/19/2012 F	Test Date P/F
OQ CG-1 Verify Excavating and Backfilling Operations That Minimize WILLS Excavation Damage to Pipeline Facilities	OQ CL-1a Hot Tapping Pipelines Using WILLS Self-Tapping Tees WILLS OQ UM-7 Prevent Accidental Ignition	OQ CI-11 Installing Sacrificial Anodes and WILLS Test Stations	OQ CM-10 Abandon/Deactivate Gas WILLS Pipeline Facilities	OQ CL-2 Purge Pipelines (Small & Large WILLS Diameter)	OQ CI-11 Installing Sacrificial Anodes and WILLS Test Stations	OQ CL-2 Purge Pipelines (Small & Large WILLS Diameter)	OQ CM-10 Abandon/Deactivate Gas WILLS Pipeline Facilities	OQ CG-1 Verify Excavating and Backfilling Operations That Minimize WILLS Excavation Damage to Pipeline Facilities	WILLS Self-Tapping Tees WILLS OQ UM-7 Prevent Accidental Ignition	Instructor Test Name
OQ CG-1 ALL SIM	OQ CL-1A ALL SIM	NO SKILLS RETURNED	OQ CM-10 ALL SIM	00 CL-2 1 SIM	NO SKILLS RETURNED	00 CL-2 1 SIM	OQ CM-10 ALL SIM	OQ CG-1 ALL SIM	OQ CL-1A ALL SIM	Skill

RECEIVED

RussMar Logistics, LLC. MICHAEL CASEY CHELF

JUL 0 1 2013

PUBLIC SERVICE

COMMISSION

2012-00362

TOTAL PROPERTY AND ADDRESS OF THE PARTY OF T			_	
TASK NUMBER	COVERED TASK	QUAL PERIOD	DATE QUALED	EXP. DATE
E-1	WELD ON STEEL PIPELINES	1 YEAR		
E-2	TEST WELDS USING NON-DESTRUCTIVE PROCESSES	1 YEAR		
F-1	JOINING PLASTIC PIPE	1 YEAR	3/29/2013	3/29/2014
F-2	JOINING PLASTIC PIPE/MECHANICAL COUPLING	1 YEAR	3/29/2013	3/29/2014
G-1	INSPECT EXCAVATION/BACKFILLING ACTIVITIES	3 YEAR	2/17/2012	2/17/2015
H-1	INSTALL METER & REGULATOR	3 YEAR	2/17/2012	2/17/2015
H-2	INSTALL SERVICE LINES	3 YEAR	2/17/2012	2/17/2015
I-1	MONITOR CORROSION CONTROL METHODS USED ON BURRIED PIPELINES	3 YEAR	2/17/2012	2/17/2015
L-1a	TAP PIPELINES UNDER PRESSURE	3 YEAR	2/17/2012	2/17/2015
L-2	PURGING GAS LINES	3 YEAR	2/17/2012	2/17/2015
M-1	PERFORM PATROL & LEAKAGE SURVEYS ON GAS PIPELINE FACILITIES	3 YEAR		
M-2	LOCATE & MARK UNDERGROUND FACILITIES	3 YEAR		
M-3	TESTING PIPELINES	3 YEAR	2/17/2012	2/17/2015
M-4	INSPECT & TEST PRESSURE LIMIT STATIONS	3 YEAR		
M-5	MAINTAIN LINE VALVES	3 YEAR		
M-7	PREVENT ACCIDENTAL IGNITION/AOC'S	3 YEAR	2/17/2012	2/17/2015
M-8	MAKE FIELD REPAIRS ON DISTRIBUTION LINES	3 YEAR	2/17/2012	2/17/2015
M-9	REPAIR/PROTECT CAST IRON PIPE	3 YEAR		
M-10	ABANDON/DEACTIVATE GAS PIPING	3 YEAR	2/17/2012	2/17/2015
1401	MAINTAIN SAFE WORKING ENVR.WHILE EXC. (COMPETENT PERSON)	3 YEAR	2/17/2012	2/17/2015

Mechanical - stab	
Mechanical - boltless compression	
Mechanical - bolted compression	
Electrofusion	
Socket Fusion	be 2√106
6" & 8" Butt Fusion	be 2406
1-1/4" through 4" Butt Fusion	pe 2406
req pejon:	
en adid angerd mot or parmenb st 19040H p	Garage Comp. Ser.
7308 MARTIN ContT.	Name:
Expires on April 192 B TO S S Agency: Agency:	Qualified Date: Qualified By
nents of D.O.T. 49 CFR Part 192,285 and appli usion/Mech. Joint Procedures.	seconting to the remark
N N N N N N N N N N N N N N N N N N N	BINBBINS ACCHET Fusion ACCHET Fusion ACCHOLUSION ACCH

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This card certifies that

Casey Chelf - Martin Contracting

has been tested and evaluated according to the requirements of D.O.T. 49 CFR Part 192.285 and applicable Plastic Fusion/Mechanical Joining Procedures.

Evaluation Method:

all	Written	Evam
	VVIIICII	

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3/29/13 QUALIFIED 3/29/14 **EXPIRES**

Bluegrass Instructional Services

3438 McClure Road · Winchester, KY 40391
859-494-3173 · sligh.c@gmail.com

☑ OQ F-1.1 Butt Fuse PE Pipe

☑ Manual

☑ Hydraulic

☑ Medium Density

☑ High Density

OQ F-1.2 Socket Fuse PE Pipe

☑ Medium Density

☑ High Density

OQ F-1.3 Sidewall Fuse PE Pipe

☑ Medium Density

☑ High Density

☑ OQ F-1.4 Electrofuse Couplings

☑ OQ F-1.5 Electrofuse Saddle Fittings

☑ OQ F-2 Join PE Pipe w/Mechanical Fittings

☑ Compression(F-2.1) ☑ Stab(F-2.2) ☑ Bolted(F-2.3)

☐ Mech. Compression(F-2.4) ☐ Mech. Saddle(F-2.5)



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MICHAEL C CHELF MARTIN CONTRACTING 2371 IRVINE ROAD RICHMOND, KY 40475

Co. Code:

27961

Instructor:

Sligh, Chris

Proctor:

Sligh, Chris

Test Results For:

OQ CF-1 Join Plastic Pipe with Heat Fusion

Test Date: 03/29/2013

Pass/Fail: Pass

Test Key #: 1831

Test Number: 1874

Test Group No: 6462

IV. Employer Record				
OQ Task CF-1				
Join Plastic Pipe with Heat Fus	ion			
Employee Information (Please				
Name Sey Che f				
Last 4 Digits of Social Security No	umber	<u> 18</u>		
Company Name Machine Co	what has			
Company Mailing Address 237	1 Ervin	RD		·.
City	State	KT	Zip _	46475
	Affidavit			
qualification, and is not intended to or policies and may not be approached that I am responsible for recognize place and must exercise care equipment, procedures and tools Inc. assumes no liability for my aperformance guides used in this exemployee's Signature	zing hazards and and good judg for tasks I performant for realtions nor for realties.	all circum d abnorma jment; alv orm. Indu my applica st.	stanc al cor ways istrial ation	es. I acknowledge aditions in my work using appropriate Training Services, of the qualification
Evaluator Information (Please Pr	int):			
Name		IS SLIG		
Organization/Employer	BLUEGRASS	SINSTE	1. 5	VC
Telephone Number	859-4	94-31	73	
**yo	Affidavit			
I affirm that I am the person who conducted this assessment with employee is the person assessed tasks at the indicated level.				
Evaluator's Signature	is tigh	Date		3/29/13
•	('	-		



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MICHAEL C CHELF MARTIN CONTRACTING 2371 IRVINE ROAD RICHMOND, KY 40475

Co. Code: 27961

Instructor: Sligh, Chris

Proctor:

Sligh, Chris

Test Results For:

F1-F1A Joining Plastic Pipe - Manual and Hydraulic V010913

Test Date: 03/29/2013

Pass/Fail: Pass

Test Key #: 2024

Test Number: 9683

Test Group No: 6411

Employer Record I. OQ Task F-1 Joining Plastic Pipe-Manual and Hydraulic OQ Task F-1a Joining Plastic Pipe-Manual Only Join Plastic Pipe **Employee Information (Please Print):** Name Caracter Control of the Control Last 4 Digits of Social Security Number or Employee # Company Name _______Company Mailing Address ______ City _____ State ____ Zip ____ Zip Affidavit I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist. Employee's Signature _____ Date ____ **Evaluator Information (Please Print):** CHRIS SLIGH Name ____ Organization/Employer ______BLUEGRASS INSTR. SVC 359-494-3173 Telephone Number _____ Affidavit I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks. ___ Date 3/29/13 MISOURCE



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MICHAEL C CHELF MARTIN CONTRACTING 2371 IRVINE ROAD RICHMOND, KY 40475

Co. Code:

27961

Instructor:

Sligh, Chris

Proctor:

Sligh, Chris

Test Results For:

OQ CF-2 Join Plastic Pipe with Mechanical Fittings

Test Date: 03/29/2013

Pass/Fail: Pass

Test Key #: 1864

Test Number: 1883

Test Group No: 6462

IV. Employer Record		
OQ Task CF-2		
Join Plastic Pipe with Mechani	ical Fittings	
Employee Information (Please	Print):	
Name <u>Sev Andi</u>		
Last 4 Digits of Social Security N	umber	
Company Name		
Company Mailing Address		
City Landson 4	State	Zip
	Affidavit	
or policies and may not be appro- that I am responsible for recogni- place and must exercise care equipment, procedures, and tools Inc. assumes no liability for my performance guides used in this e	priately used in a sizing hazards and and good judg s for tasks I performations nor for nevaluation checklist	olely for the purpose of operator ify company operating procedures all circumstances. I acknowledge d abnormal conditions in my work ment; always using appropriate orm. Industrial Training Services, my application of the qualification st.
Employee's Signature		Date
Evaluator Information (Please P		
Name		S SLIGH
Organization/Employer	BLUEGRASS	INSTR. SVC
Telephone Number	859-4	94-3173
وروء	Affidavit	
I affirm that I am the person who conducted this assessment with employee is the person assessed tasks at the indicated level.	has administere	
Evaluator's Signature	wis High	Date 3/29/13



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MICHAEL C CHELF

Co. Code: 12260

Instructor: Sligh, Chris

Proctor: Sligh, Chris

Test Results For:

OQ UG-1 Verifying Excavating and Backfilling Operations that Minimize Excavation Damage to Pipeline Facilities

Test Date: 02/16/2012

Pass/Fail: Pass

Test Key #: 1665

Test Number: 7977

Test Group No: 5017

Overall Result for This Group

Mean:	Median:	# Above Mastery:	# In Group:
95.31	93.75	4	4

OQ Task UG-1

Verifying Excavating and Backfilling Operations That Minimize Excavation Damage to Pipeline Facilities

Employee Information (Please Prin	t):	
Name <u>Michael</u> <u>ChelF</u> Last 4 Digits of Social Security Numb	and the print	
Company Name	er_ <u>/⊰//</u> X	
Company Mailing Address		
City		
Oity	State Zip	
	Affidavit	
I acknowledge the performance of qualification, and is not intended to repolicies and may not be appropriately am responsible for recognizing hazar must exercise care and good jurprocedures and tools for tasks I perfoliability for my actions per formance of qualification, and is not intended to repolicies and may not be appropriately actions and my actions actions are per formance of qualification, and is not intended to repolicies and may not be appropriately am responsible for recognizing hazarday.	place or modify company operating / used in all circumstances. I acknow and abnormal conditions in my ways using appropriate appropriate and appropriate appropriate and appropriate app	procedures or owledge that work place and equipment,
evaluation checklist.	plication of the performance guide	s used in this
evaluation checklist.	plication of the performance guide	s used in this
evaluation checklist. Employee's Signature	plication of the performance guide	s used in this
evaluation checklist. Employee's Signature	plication of the performance guide	s used in this
evaluation checklist. Employee's Signature	Date 2-/6- : CHRIS SLIGH :SRASS INSTR. SVC	s used in this
evaluation checklist. Employee's Signature	Date 2-/6- : CHRIS SLIGH :SRASS INSTR. SVC	s used in this
evaluation checklist. Employee's Signature	Date 2-/6- : CHRIS SLIGH :SRASS INSTR. SVC	s used in this



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MICHAEL C CHELF

Co. Code: 12260

Instructor: Sligh, Chris Proctor: Sligh, Chris

Test Results For:

OQ UH-1 Install Domestic Gas Meter and Regulator Sets

Test Date: 02/17/2012

Pass/Fail: Pass

Test Key #: 1644

Test Number: 7982

Test Group No: 5017

Overall Result for This Group

Mean: Median: # Above Mastery: # In Group:
97.50 100.00 4 4

IV. Employer Record		Group # 5017
OQS Task UH-1		1 3321
Install Domestic Gas Meter and	Regulator Sets	
Employee Information (Please P Name <u>Michael</u> Chelf	rint):	
Last 4 Digits of Social Security Nur	mber7308	
Company Name		
Company Mailing Address		
City	State	Zip
	Affidavit	
I acknowledge the performance of qualification, and is not intended to or policies and may not be appropriate I am responsible for recognizing place and must exercise care a equipment, procedures and tools follow assumes no liability for my acquides used in this evaluation check	riately used in all ng hazards and a and good judgmoor tasks I perfornctions nor for my klist.	company operating procedures circumstances. I acknowledge abnormal conditions in my work ent; always using appropriate n. Industrial Training Services, application of the performance
Employee's Signature 771 July	nal Charge	
Evaluator Information (Please Prin	nt):	
Name	CHRIS SL	IGH
Organization/EmployerBLU	EGRASS INS	TR. SVC
Telephone Number	859-494-3	3173
6 1	Affidavit	
I affirm that I am the person who he conducted this assessment with in employee is the person assessed are	nas administered	

Evaluator's Signature _



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MICHAEL C CHELF

Co. Code: 12260

Instructor:

Sligh, Chris

Proctor: Sligh, Chris

Test Results For:

OQ UH-2 Install Domestic Gas Service Lines

Test Date: 02/17/2012

Pass/Fail: Pass

Test Key #: 1648

Test Number: 7987

Test Group No: 5017

Overall Result for This Group

Mean: 100.00 Median: 100.00

Above Mastery: # In Group:

TT7	T 1	-
IV.	Employer	Record

Group # 5017

OQ Task UH-2	
Install Domestic Gas Service	Lines
Employee Information (Please Name Michael Che	Print):
Last 4 Digits of Social Security N	Number _7308
Company Name	
Company Mailing Address	
City	State Zip
•	Affidavit
or policies and may not be appropriate that I am responsible for recognized and must exercise care equipment, procedures and tool	A STATE OF THE STA
Evaluator Information (Please	Print):
Name	CHRIS SLIGH
Organization/EmployerBL	LUEGRASS INSTR. SVC
Telephone Number	859-494-3173
	Affidavit
ooridacted this assessifietif Mill	no has administered this checklist and that I have h integrity. I also affirm that the above named d and that the above named person performed the Date



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MICHAEL C CHELF

Co. Code: 12260

Instructor: Sligh, Chris

Proctor:

Sligh, Chris

Test Results For:

OQ UI-1 Monitor Corrosion Control Methods Used on Buried Metal **Pipelines**

Test Date: 02/16/2012

Pass/Fail: Pass

Test Key #: 1692

Test Number: 7992

Test Group No: 5017

Overall Result for This Group

Mean:

Median:

Above Mastery: # In Group:

96.67

97.78

OQ Task Ul-1

Monitor	Corrosion (Control	Methods	Used on	Buried	Metal	Pinelines
						INICIAL	riveilles

		apomics	
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ffi d amit			
-			
iace or modely used in Pazards an good judgasks I perf	all circums all circums d abnormal gment; alw	y operating procedure tances. I acknowledge conditions in my wor ays using appropriate trial Training Committee.	es le k e
	<u></u> Date	2-16-12	
	To the second se		
CHRIS	SLIGH		
GRASS	INSTR.	SVC	
			-
fidavit	***************************************		_
irity i alc	so affirm th ove named	nat the above named person performed the	
rleg,	Date _	2/16/12	•
	State fidavit is task is slace or modely used in nazards an good judgasks I perform for respondent to the second second for the second for t	State Z fidavit is task is solely for the lace or modify companion and circums nazards and abnormal good judgment; alwests I perform. Industs nor for my application of the lace of the	State Zip fidavit is task is solely for the purpose of operate lace or modify company operating procedure lace of modifications in my work good judgment; always using appropriate lasks I perform. Industrial Training Services is nor for my application of the performance. CHRIS SLIGH GRASS INSTR. SVC



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MICHAEL C CHELF

Co. Code: 12260

Instructor: Sligh, Chris

Proctor: Sligh, Chris

Test Results For:

OQ UL-1 Tapping Pipelines Under Pressure

Test Date: 02/17/2012

Pass/Fail: Pass

Test Key #: 1649

Test Number: 7997

Test Group No: 5017

Overall Result for This Group

Mean:	Median:	# Above Mastery:	# In Group:
91.92	91.18	4	4

I	V	•	Employe	r Record
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Group # 5017

OQS Task UL-1 Tap Pipelines Under Pressure **Employee Information (Please Print):** Name Michael Chelf Last 4 Digits of Social Security Number _ 730 8 Company Name Company Mailing Address City State Zip **Affidavit** I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the performance guides used in this evaluation checklist. Employee's Signature 771 Lehan Chan Date 2-17-12 **Evaluator Information (Please Print):** CHRIS SLIGH Name Organization/Employer_ 859-494-3173 Telephone Number _____ __Affidavit I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level. Evaluator's Signature 1d1 Date 2/17/12



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MICHAEL C CHELF

Co. Code: 12260

Instructor: Sligh, Chris

Proctor: Sligh, Chris

Test Results For:

OQ UL-2 Purge Gas Lines (Small & Large Diameter)

Test Date: 02/17/2012

Pass/Fail: Pass

Test Key #: 1643

Test Number: 8003

Test Group No: 5017

Overall Result for This Group

 Mean:
 Median:
 # Above Mastery:
 # In Group:

 100.00
 4
 4

IV	. E	mpl	oyer	Rec	ord
----	------------	-----	------	-----	-----

Group # 5017

OQ Task UL-2		
Purge Gas Lines		•
Employee Information (Please Prin	t):	
Name Michael Chelf	agaile as	
Last 4 Digits of Social Security Number	er_ 730 8	
Company Name		
Company Mailing Address		
City	State	Zip
A	ffidavit	
qualification, and is not intended to report policies and may not be appropriate that I am responsible for recognizing	telv used in all	circumstances Lacknowledge
place and must exercise care and equipment, procedures and tools for Inc. assumes no liability for my actio guides used in this evaluation checklis Employee's Signature	tasks I performed tasks I performed to the tasks I performed to the tasks I performed to the tasks I be tasks	ent; always using appropriate n. Industrial Training Services, application of the performance
equipment, procedures and tools for Inc. assumes no liability for my actio guides used in this evaluation checklis	tasks I perform one nor for my oft.	ent; always using appropriate n. Industrial Training Services, application of the performance
equipment, procedures and tools for Inc. assumes no liability for my actio guides used in this evaluation checklis Employee's Signature	tasks I perform one nor for my st.	ent; always using appropriate Industrial Training Services, application of the performance Date
equipment, procedures and tools for Inc. assumes no liability for my actio guides used in this evaluation checklis Employee's Signature	tasks I perform one nor for my st.	ent; always using appropriate Industrial Training Services, application of the performance Date
equipment, procedures and tools for Inc. assumes no liability for my actio guides used in this evaluation checklis Employee's Signature	tasks I perform one nor for my st.	ent; always using appropriate Industrial Training Services, application of the performance Date
equipment, procedures and tools for Inc. assumes no liability for my actio guides used in this evaluation checklis Employee's Signature	tasks I perform tasks I perform the second for my set. CHRIS SL	ent; always using appropriate Industrial Training Services, application of the performance Date



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MICHAEL C CHELF

Co. Code:

12260

Instructor:

Sligh, Chris

Proctor:

Sligh, Chris

Test Results For:

OQ UM-3 Testing Domestic Gas Service Lines

Test Date: 02/17/2012

Pass/Fail: Pass

Test Key #: 1641

Test Number: 8008

Test Group No: 5017

Overall Result for This Group

Mean:

Median:

Above Mastery: # In Group:

100.00

100.00

IV.	Employer	Record
-----	-----------------	--------

Group # 5017

OQ Task UM-3 **Testing Domestic Gas Service Lines Employee Information (Please Print):** Name Michael Choif Last 4 Digits of Social Security Number _ 7308 Company Name Company Mailing Address City State Zip **Affidavit** I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the performance quides used in this evaluation checklist. Employee's Signature 7814 for Date 2-17-12 **Evaluator Information (Please Print):** CHRIS SLIGH Name _____ BLUEGRASS INSTR. SYC Organization/Employer___ Telephone Number _____ 859-494-3173 Affidavit I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level. Man Date 2/17/12 Evaluator's Signature



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MICHAEL C CHELF

Co. Code: 12260

Instructor: Sligh, Chris

Proctor: Sligh, Chris

Test Results For:

OQ UM-7 Prevent Accidental Ignition

Test Date: 02/16/2012

Pass/Fail: Pass

Test Key #: 1639

Test Number: 8012

Test Group No: 5017

Overall Result for This Group

 Mean:
 Median:
 # Above Mastery:
 # In Group:

 94.45
 96.30
 4
 4



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MICHAEL C CHELF

Co. Code:

12260

Instructor: Sligh, Chris

Proctor: Sligh, Chris

Test Results For:

OQ UM-8 Making Field Repairs on Natural Gas Pipelines

Test Date: 02/16/2012

Pass/Fail: Pass

Test Key #: 1638

Test Number: 8017

Test Group No: 5017

Overall Result for This Group

Mean:

Median:

Above Mastery: # In Group:

93.27

92.31

IV.	Employer	Record
		Trecord

11. Employer Record	G	roup # 5017
OQ Task UM-8		
Make Field Repairs on Natural Gas	s Pipelines	
Employee Information (Please Print Name Michae) Casey	nt): ChelF	
Last 4 Digits of Social Security Numb		8
Company Name		
Company Mailing Address		
City	State	Zip
F	Affidavit	
I acknowledge the performance of a qualification, and is not intended to resort or policies and may not be appropriate that I am responsible for recognizing place and must exercise care and equipment, procedures and tools for Inc. assumes no liability for my action guides used in this evaluation checklish.	eplace or modi ately used in a phazards and d good judgi tasks I perfo ons nor for m st.	ify company operating procedures all circumstances. I acknowledge abnormal conditions in my work ment; always using appropriate rm. Industrial Training Services, y application of the performance
Employee's Signature Thick	el Che	Date <u>2-/6-/2</u>
Evaluator Information (Please Print):	
Name	CHRIS S	
	St. complete 44	SIR. SVC
Telephone Number	559-494-	-3173
A	ffidavit	
I affirm that I am the person who hat conducted this assessment with integer employee is the person assessed and tasks at the indicated level.	AULIIV I DICC	Offirm that the above
Evaluator's Signature/ Mus	Than	Date 2/16/12



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MICHAEL C CHELF

Co. Code: 12260

Instructor: Sligh, Chris

Proctor: Sligh, Chris

Test Results For:

OQ UM-10 Abandon or Deactivate Gas Pipeline Facilities

Test Date: 02/16/2012

Pass/Fail: Pass

Test Key #: 1637

Test Number: 8022

Test Group No: 5017

Overall Result for This Group

Mean: Median: # Above Mastery: # In Group: 95.46 95.46

Group # 5017

OQ Task UM-10			
Abandon or Deactivate Gas Pipeline Facilities Employee Information (Please Print): Name Michael Chelf			
Last 4 Digits of Social Security Number	7308		
Company Name			
Company Mailing Address			
City	State	Zip	
Aff	fidavit		
I acknowledge the performance of this qualification, and is not intended to replate or policies and may not be appropriated that I am responsible for recognizing his place and must exercise care and equipment, procedures and tools for talling. assumes no liability for my actions guides used in this evaluation checklist. Employee's Signature	ace or modify con ly used in all circ azards and abno good judgment; asks I perform. I s nor for my app	mpany operating procedures sumstances. I acknowledge ormal conditions in my work always using appropriate ndustrial Training Services, elication of the performance	
		74.0	
Evaluator Information (Please Print): Name	CHRIS SLIGH	•	
o gameadori Employor	RASS INSTR		
Telephone Number	9-494-317	13	
Aff	idavit		
I affirm that I am the person who has conducted this assessment with integ employee is the person assessed and t tasks at the indicated level.	rity. I also affii	rm that the above named	
Evaluator's Signature	<u></u>	Date <u>2/16/12</u>	
()			

RussMar Logistics, LLC. RECEIVED JESSE EMBERTON

PUBLIC SERVICE COMMISSION

2012-10302

				UBOUN
TASK NUMBER	COVERED TASK	QUAL PERIOD	DATE QUALED	EXP. DATE
E-1	WELD ON STEEL PIPELINES	1 YEAR		
E-2	TEST WELDS USING NON-DESTRUCTIVE PROCESSES	1 YEAR		
F-1	JOINING PLASTIC PIPE	1 YEAR		
F-2	JOINING PLASTIC PIPE/MECHANICAL COUPLING	1 YEAR		
G-1	INSPECT EXCAVATION/BACKFILLING ACTIVITIES	3 YEAR	11/19/2012	11/19/2015
H-1	INSTALL METER & REGULATOR	3 YEAR	11/12/2012	11/12/2015
H-2	INSTALL SERVICE LINES	3 YEAR	11/12/2012	11/12/2015
l-1	MONITOR CORROSION CONTROL METHODS USED ON BURRIED PIPELINES	3 YEAR	11/13/2012	11/13/2015
L-1a	TAP PIPELINES UNDER PRESSURE	3 YEAR	11/19/2012	11/19/2015
L-2	PURGING GAS LINES	3 YEAR	11/19/2012	11/19/2015
M-1	PERFORM PATROL & LEAKAGE SURVEYS ON GAS PIPELINE FACILITIES	3 YEAR	11/13/2012	11/13/2015
M-2	LOCATE & MARK UNDERGROUND FACILITIES	3 YEAR		
M-3	TESTING PIPELINES	3 YEAR	11/12/2012	11/12/2015
M-4	INSPECT & TEST PRESSURE LIMIT STATIONS	3 YEAR		
M-5	MAINTAIN LINE VALVES	3 YEAR	11/13/2012	11/13/2015
M-7	PREVENT ACCIDENTAL IGNITION/AOC'S	3 YEAR	11/19/2012	11/19/2015
M-8	MAKE FIELD REPAIRS ON DISTRIBUTION LINES	3 YEAR	11/13/2012	11/13/2015
M-9	REPAIR/PROTECT CAST IRON PIPE	3 YEAR		
M-10	ABANDON/DEACTIVATE GAS PIPING	3 YEAR	11/20/2012	11/20/2015
1401	MAINTAIN SAFE WORKING ENVR.WHILE EXC. (COMPETENT PERSON)	3 YEAR		

Operator Qualification / OQ Tasks				
OQ H-1, H-2, M-3 ALL SIM	on 11/12/2012			
OQ CM-1 1-2, 5 SIM	on 11/13/2012			
OQ CM-5a Ball Plug Gate ALL SIM	on 11/13/2012			
OQ CM-8 1-4, 7 SIM	on 11/13/2012			
OQ CL-1A ALL SIM	on 11/19/2012			
OQ UM-7	on 11/19/2012			
OQ CG-1 ALL SIM	on 11/19/2012			
OQ CL-2-1 SIM	on 11/19/2012			
OQ CM-10 ALL SIM	on 11/20/2012			

^{*}Qualifications are good for three years from date qualified

Operator Qualification Card

This certifies that Eddie L. Bennett, City of
Thompkinsville has been evaluated and determined
qualified to perform the OQ tasks as indicated on the back
of this card.

Qualifications conducted by "ARC Randolph & Associates, LLC" instructors L. Hinkle & G. Wills at the request of MARTIN CONTRACTING with whom copies of the testing records reside.

ARC Randolph & Associates, LLC (412) 580-8668

Operator Qualification / O	Q Tasks
OQ H-1, H-2, M-3 ALL SIM	on 11/12/2012
OQ CM-1 1-2, 5 SIM	on 11/13/2012
OQ CM-5a Ball Plug Gate ALL SIM	on 11/13/2012
OQ CM-8 1-4, 7 SIM	on 11/13/2012
OQ CL-1A ALL SIM	on 11/19/2012
OQ UM-7	on 11/19/2012
OQ CG-1 ALL SIM	on 11/19/2012
OQ CL-2 1 SIM	on 11/19/2012
OQ CM-10 ALL SIM	on 11/20/2012

^{*}Qualifications are good for three years from date qualified

Operator Qualification Card

This certifies that <u>Jesse W. Emberton, City of</u>
<u>Thompkinsville</u> has been evaluated and determined qualified to perform the OQ tasks as indicated on the back of this card.

Qualifications conducted by "ARC Randolph & Associates, LLC" instructors L. Hinkle & G. Wills at the request of MARTIN CONTRACTING with whom copies of the testing records reside.

Industrial Training Services Official Transcript Request CONFIDENTIAL

RECEIVED 11-21-12

WARREN	WARREN	WARREN	WARREN	WARREN	EMBERTON	EMBERTON	EMBERTON	EMBERTON	EMBERTON	EMBERTON	BROWN	BROWN	BROWN	BENNETT	BENNETT	BENNETT	BENNETT	BENNETT	BENNETT	Last Name
JASON	JASON	JASON	JASON	JASON	JESSE	JESSE	JESSE	JESSE	JESSE	JESSE	ROBERT	ROBERT	ROBERT	EDDIE	EDDIE	EDDIE	EDDIE	EDDIE	EDDIE	First Name
0	0	0	0	0	≶	≨	٤	₹	≶	≶	➣	➤	>	r	Γ-	_	_	_	_	<u> </u>
MARTIN CONTRACTING	MARTIN CONTRACTING	MARTIN CONTRACTING	MARTIN CONTRACTING	MARTIN CONTRACTING	CITY OF TOMPKINSVILLE	CITY OF TOMPKINSVILLE	CITY OF TOMPKINSVILLE	CITY OF TOMPKINSVILLE	CITY OF TOMPKINSVILLE	CITY OF TOMPKINSVILLE	MARTIN CONTRACTING	MARTIN CONTRACTING	MARTIN CONTRACTING	CITY OF TOMPKINSVILLE	CITY OF TOMPKINSVILLE	CITY OF TOMPKINSVILLE	CITY OF TOMPKINSVILLE	CITY OF TOMPKINSVILLE	CITY OF TOMPKINSVILLE	Company Name
11/12/2012 P	11/12/2012 P	11/13/2012 P	11/13/2012 P	11/13/2012 P	11/12/2012 P	11/12/2012 P	11/12/2012 P	11/13/2012 P	11/13/2012 P	11/13/2012 P	11/12/2012 P	11/12/2012 P	11/12/2012 P	11/12/2012 P	11/12/2012 P	11/12/2012 P	11/13/2012 P	11/13/2012 P	11/13/2012 P	Test Date P/F
HINKLE Service Lines	NGT 1603 OQ H-1 Install Domestic Gas HINKLE Meter and Regulator Sets	OQ CM-1 Performing Patrol and Leakage HINKLE Surveys on Gas Pipeline Facilities	HINKLE OQ CM-5a Inspect Emergency Valves	HINKLE Pipelines	Lines	HINKLE Service Lines			HINKLE OQ CM-5a Inspect Emergency Valves	HINKLE Pipelines	HINKLE NGT 1603 OQ M-3 Test Gas Service Lines OQ H-1, H-2, M-3 ALL SIM	HINKLE Service Lines		HINKLE NGT 1603 OQ M-3 Test Gas Service Lines OQ H-1, H-2, M-3 ALL SIM	HINKLE Service Lines		OQ CM-1 Performing Patrol and Leakage HINKLE Surveys on Gas Pipeline Facilities	HINKLE OQ CM-5a Inspect Emergency Valves	OQ CM-8 Make Field Repairs on Gas	Instructor
OQ H-1, H-2, M-3 ALL SIM	OQ H-1, H-2, M-3 ALL SIM	OQ CM-1 1-2, 5 SIM	OQ CM-5a BALL PLUG GATE ALL SIM	OQ CM-8 1-4, 7 SIM	OQ H-1, H-2, M-3 ALL SIM	0Q H-1, H-2, M-3 ALL SIM	OQ H-1, H-2, M-3 ALL SIM	OQ CM-1 1-2, 5 SIM	SIM	0Q CM-8 1-4, 7 SIM	OQ H-1, H-2, M-3 ALL SIM	OQ H-1, H-2, M-3 ALL SIM	0Q H-1, H-2, M-3 ALL SIM	OQ H-1, H-2, M-3 ALL SIM	OQ H-1, H-2, M-3 ALL SIM	OQ H-1, H-2, M-3 ALL SIM	OQ CM-1 1-2, 5 SIM	OQ CM-5a BALL PLUG GATE ALL SIM	OQ CM-8 1-4, 7 SIM	SK≣

RECEIVED 11-21-12

WARREN JASON O MARTIN CONTRACTING 11/12/2012 P HINKLE NGT 1603 OQ M-3 Test Gas Service Lines OQ H-1, H-2, M-3 ALL SIM

Industrial Training Services Official Transcript Request CONFIDENTIAL

Received: 11/30/12

EMBERTON	EMBERTON	EMBERTON	EMBERTON	EMBERTON	BENNETT	BENNETT	BENNETT	BENNETT	BENNETT	Last Name
JESSE	JESSE	JESSE	JESSE	JESSE	EDDIE	EDDIE	EDDIE	EDDIE	EDDIE	First Name
\$	€ €	≶	٤	٤	_	-	_			<u>≤</u>
MARTIN CONTRACTING	MARTIN CONTRACTING MARTIN CONTRACTING	MARTIN CONTRACTING	MARTIN CONTRACTING	MARTIN CONTRACTING	MARTIN CONTRACTING	MARTIN CONTRACTING	MARTIN CONTRACTING	MARTIN CONTRACTING	MARTIN CONTRACTING 11/19/2012 P	
11/20/2012 P	11/20/2012 P 11/19/2012 P	11/20/2012 P	11/20/2012 P	11/19/2012 P	11/19/2012 P	11/19/2012 P	11/20/2012 P	11/19/2012 P	11/19/2012 P 11/19/2012 F	Test Date P/F
OQ CG-1 Verify Excavating and Backfilling Operations That Minimize WILLS Excavation Damage to Pipeline Facilities	OQ CL-1a Hot Tapping Pipelines Using WILLS Self-Tapping Tees WILLS OQ UM-7 Prevent Accidental Ignition	OQ CI-11 Installing Sacrificial Anodes and WILLS Test Stations	OQ CM-10 Abandon/Deactivate Gas WILLS Pipeline Facilities	OQ CL-2 Purge Pipelines (Small & Large WILLS Diameter)	OQ CI-11 Installing Sacrificial Anodes and WILLS Test Stations	OQ CL-2 Purge Pipelines (Small & Large WILLS Diameter)		OQ CG-1 Verify Excavating and Backfilling Operations That Minimize WILLS Excavation Damage to Pipeline Facilities	OQ CL-1a Hot Tapping Pipelines Using WILLS Self-Tapping Tees WILLS OQ UM-7 Prevent Accidental Ignition	P/F Instructor Test Name
OQ CG-1 ALL SIM	OQ CL-1A ALL SIM	NO SKILLS RETURNED	OQ CM-10 ALL SIM	OQ CL-2 1 SIM	NO SKILLS RETURNED	OQ CL-2 1 SIM	OQ CM-10 ALL SIM	OQ CG-1 ALL SIM	OQ CL-1A ALL SIM	Økiii

RECEIVED

JUL 0 1 2013
PUBLIC SERVICE
COMMISSION

RussMar Logistics, LLC. JASON WARREN

2012	18)	3/2	2
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		····		2012-1031
TASK NUMBE	COVERED R TASK	QUAL	DATE QUALED	EXP.
E-1	WELD ON STEEL PIPELINES	1 YEAR		
E-2	TEST WELDS USING NON-DESTRUCTIVE PROCESSES	1 YEAR		
F-1	JOINING PLASTIC PIPE	1 YEAR	3/29/2013	3/29/2014
F-2	JOINING PLASTIC PIPE/MECHANICAL COUPLING	1 YEAR	3/29/2013	3/29/2014
G-1	INSPECT EXCAVATION/BACKFILLING ACTIVITIES	3 YEAR	3,23,2013	3/23/2014
H-1	INSTALL METER & REGULATOR	3 YEAR	11/12/2012	11/12/2015
H-2	INSTALL SERVICE LINES	3 YEAR		
l-1	MONITOR CORROSION CONTROL METHODS USED ON BURRIED PIPELINES	3 YEAR	11/12/2012	
L-1a	TAP PIPELINES UNDER PRESSURE	3 YEAR	11/12/2012	11/12/2013
L-2	PURGING GAS LINES	3 YEAR	11/12/2012	11/12/2015
M-1	PERFORM PATROL & LEAKAGE SURVEYS ON GAS PIPELINE FACILITIES	3 YEAR	11/12/2012	
M-2	LOCATE & MARK UNDERGROUND FACILITIES	3 YEAR	11/12/2012	11/12/2015
M-3	TESTING PIPELINES	3 YEAR	11/12/2012	11/12/2015
M-4	INSPECT & TEST PRESSURE LIMIT STATIONS	3 YEAR	11/12/2012	11/12/2015
M-5	MAINTAIN LINE VALVES		44/40/0040	
M-7	PREVENT ACCIDENTAL IGNITION/AOC'S	3 YEAR	11/12/2012	11/12/2015
M-8	MAKE FIELD REPAIRS ON DISTRIBUTION LINES	3 YEAR	11/12/20	
M-9	REPAIR/PROTECT CAST IRON PIPE		11/12/2012	11/12/2015
M-10	ABANDON/DEACTIVATE GAS PIPING	3 YEAR		
1401	MAINTAIN SAFE WORKING ENVR. WHILE EXC. (COMPETENT PERSON)	3 YEAR 3 YEAR		

This card certifies that

Jason Warren - Martin Contracting

has been tested and evaluated according to the requirements of D.O.T. 49
CFR Part 192.285 and applicable Plastic Fusion/Mechanical Joining
Procedures.

Evaluation Method

	Evaluatio	n Method:
Ø 1	Written Exam	☑ Observation
3/29/13	3/29/14	Cheir hids
QUALIFIED	EXPIRES	EVALUATOR

Bluegrass Instructional Services.

3438 McClure Road · Winchester, KY 40391
859-494-3173 · sligh.c@gmail.com

☑ OQ F-1.1 Butt Fuse PE Pipe

Manual

☑ Hydraulic

☑ Medium Density

☑ High Density

☑ OQ F-1.2 Socket Fuse PE Pipe

☑ Medium Density

☑ High Density

☑ OQ F-1.3 Sidewall Fuse PE Pipe

☑ Medium Density

☑ High Density

☑ OQ F-1.4 Electrofuse Couplings

☑ OQ F-1.5 Electrofuse Saddle Fittings

☑ OQ F-2 Join PE Pipe w/Mechanical Fittings

☑ Compression(F-2.1) ☑ Stab(F-2.2) ☑ Bolted(F-2.3)

☐ Mech. Compression(F-2.4) ☐ Mech. Saddle(F-2.5)

Mechanical - lastab
Mechanical - boltless compression
Mechanical - bolted compression
Electrofusion
Socket Fusion pe 2406
6" & 8" Buft Fusion pe 2406
1-1/4" through 4" Butt Fusion pe 2406
Card Holder is qualified to join plastic pipe using the joining methods marked below:
PLASTIC FUSION/MECH. JOINT QUALIFICATION RECORD
Name: JASON WARREN
1D#: 5626
Company/Contractor Name: MARTW Cowts.
Qualified Date: 3/29/13 Expires on April 3/29/14
Qualified By Miss Agenty, UOG TOSS
Inch Suc
This card certifies that this individual has been (13) and it is a coording to the requirements of D.O.T. 49 CFR Part 192.285 and applicable

•

•



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JASON O WARREN MARTIN CONTRACTING 2371 IRVINE ROAD RICHMOND, KY 40475

Co. Code: 27961

Instructor:

Sligh, Chris

Proctor:

Sligh, Chris

Test Results For:

OQ CF-1 Join Plastic Pipe with Heat Fusion

Test Date: 03/29/2013

Pass/Fail: Pass

Test Key #: 1831

Test Number: 1869

Test Group No: 6462

IV. Employer Record
OQ Task CF-1
Join Plastic Pipe with Heat Fusion
Employee Information (Please Print):
Name Jakon i across
Last 4 Digits of Social Security Number _
Company Name
Company Mailing Address
City State Zip
Affidavit I acknowledge the performance of this task is solely for the purpose of operator
or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.
Employee's Signature Date
Evaluator Information (Please Print):
Name CHRIS SLIGH
Organization/EmployerBLUEGRASS_INSTR_SVC
Telephone Number 859 - 494 - 3173
Affidavit
I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.
Evaluator's Signature Date Date Date



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JASON WARREN MARTIN CONTRACTING 2371 IRVINE ROAD RICHMOND, KY 40475 Co. Code:

27961

Instructor:

Sligh, Chris

Proctor:

Sligh, Chris

Test Results For:

F1-F1A Joining Plastic Pipe - Manual and Hydraulic V010913

Test Date: 03/29/2013

Pass/Fail: Pass

Test Key #: 2024

Test Number: 6609

Test Group No: 6401

Employer Record OQ Task F-1 Joining Plastic Pipe-Manual and Hydraulic OQ Task F-1a Joining Plastic Pipe-Manual Only Join Plastic Pipe **Employee Information (Please Print):** Last 4 Digits of Social Security Number or Employee # Company Name ______ Company Mailing Address _____ City _____ State ____ Zip ____ Affidavit I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist. Employee's Signature _____ Date ____ **Evaluator Information (Please Print):** CHRIS SLIGH Name _____ Organization/Employer _____ d59-494-3173 Telephone Number _____

Affidavit

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks.

Evaluator's Signature

Date 3/29/13

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JASON O WARREN MARTIN CONTRACTING 2371 IRVINE ROAD RICHMOND, KY 40475 Co. Code: 27961

instructor:

Sligh, Chris

Proctor:

Sligh, Chris

Test Results For:

OQ CF-2 Join Plastic Pipe with Mechanical Fittings

Test Date: 03/29/2013

Pass/Fail: Pass

Test Key #: 1864

Test Number: 1889

Test Group No: 6462

IV. Employer Record
OQ Task CF-2
Join Plastic Pipe with Mechanical Fittings
Employee Information (Please Print): Name
Last 4 Digits of Social Security Number
Company Name
Company Mailing Address
City State Zip
Affidavit
l acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures, and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist. Employee's Signature
Evaluator Information (Please Print):
NameCHRIS SLIGH
Organization/Employer BLUEGRASS INSTR. SVC
Telephone Number 809-494-3173
Affidavit
affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the asks at the indicated level.
Evaluator's Signature Date Date Date 3/39/13

Jason Warren

Operator Qualification / OQ Tasks

OQ H-1, H-2, M-3 ALL SIM on 11/12/2012 OQ CM-1 1-2, 5 SIM on 11/13/2012 OQ CM-5a Ball Plug Gate ALL SIM on 11/13/2012 OQ CM-8 1-4, 7 SIM on 11/13/2012

^{*}Qualifications are good for three years from date qualified



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JASON O WARREN MARTIN CONTRACTING 2371 IRVINE ROAD RICHMOND, KY 40475

Co. Code: 27961

Instructor: Rhodes, Rodney

Proctor: Rhodes, Rodney

Test Results For:

GDS 3.6 Maintaining Compliance with the National Fuel Gas Code NFPA #54

Test Date: 02/07/2013

Pass/Fail: Pass

Test Key #: 2087

Test Number: 5284

Test Group No: 6279

This test result does not meet the skills and ability requirement of the Code of Federal Regulations Part 192 for Operator Qualification.



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JASON O WARREN MARTIN CONTRACTING 2371 IRVINE ROAD RICHMOND, KY 40475

Co. Code: 27961

Instructor:

Tapp, Kenneth L

Proctor:

Tapp, Kenneth L

Test Results For:

OQ UM-5 Maintain Line Valves in Gas Transmission/Distribution Piping

Test Date: 10/24/2012

Pass/Fail: Pass

Test Key #: 1690

Test Number: 7211

Test Group No: 6012

Overall Result for This Group

Mean: Median: # Above Mastery: # In Group:
89.58 90.28 4 4

This test result does not meet the skills and ability requirement of the Code of Federal Regulations Part 192 for Operator Qualification.