RECEIVED

COMMONWEALTH OF KENTUCKY

BEFORE THE PUBLIC SERVICE COMMISSION AUG @ 9 2018

PUBLIC SERVICE COMMISSION

In the Matter of:

Joint Application of Sentra)	
Corporation, a Wholly Owned)	
Subsidiary of Blue Ridge)	Case No. 2018-00107
Mountain Resources, and Sentra)	<i>,</i>
Resources, LLC for the Transfer)	
and Acquisition of Stock)	

RESPONSE TO ORDER DATED JULY 12, 2018

John N. Hughes 124 W. Todd St.

Frankfort, KY 40601

jnhughes@johnnhughespsc.com

502-227-7270

Attorney for Sentra Corporation

AFFIDAVIT

COMMONWEALTH OF KENTUCKY

COUNTY OF FAYETTE

Affiant, Kimble Reid , appearing personally before me a notary public for and of the Commonwealth of Kentucky and after being first sworn, deposes, states, acknowledges, affirms and declares that he is authorized to submit this Response on behalf of Sentra Corporation and that the information contained in the Response is true and accurate to the best of his knowledge, information and belief, after a reasonable inquiry and as to those matters that are based on information provided to him, he believes to be true and correct.

Kimble Reid

This instrument was produced, signed, acknowledged and declared by Kimble Reid to be his act and deed the 7 to day of August, 2018.

Notary Public

Registration Number: 600953

My Commission expires:

ب

NOTARY PUBLIC NOTARY PUBLIC STATE AT LARGE KENTUCKY COMMISSION EXPIRES

PSC Case No. 2018-00107 Witness: Kimble Reid

SENTRA CORPORATION AND BLUE RIDGE MOUNTAIN RESOURCES, INC. RESPONSE TO ORDER DATED JULY 12, 2018

12. Within 30 days of the date of entry of this Order, BRMR shall file the Annual Report for Calendar Year 2017 Gas Distribution System with the U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration as required by 49 CFR 191.11 and shall provide Sentra the necessary financial information to enable Sentra to file its 2018 annual report to the Commission.

Response: Attached

NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in exceed 100,000 for each violation for each day that such violation persists except the penalty shall not exceed \$1,000,000 as provided in 49 USC 60122.	a civil penalty not to at the maximum civil	OMB NO: 2137-0629 EXPIRATION DATE: 1/31/2018
U.S Department of Transportation Pipeline and Hazardous Materials Safety Administration	Initial Date Submitted:	08/07/2018
	Form Type:	INITIAL
Pipeline and Hazardous Materials Cately Administration	Date Submitted:	
	REPORT FOR AR YEAR 2017	

GAS DISTRIBUTION SYSTEM

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of A leavant agency may not conduct or sponsor, and a person is not required to respond to, nor snall a person to subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0629. Public reporting for this collection of information is estimated to be approximately 16 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

Important: Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at http://www.phmsa.dot.gov/pipeline/library/forms.

PART.A - OPERATOR INFORMATION	(BCT use only) 20189046-36786
1. Name of Operator	SENTRA CORPORATION
LOCATION OF OFFICE (WHERE ADDITIONAL INFORMATION MAY BE OBTAINED)	
2a. Street Address	120 Prosperous Place, Suite 201
2b. City and County	Lexington Fayette
2c. State	ку
2d. Zip Code	40509
3. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER	31831
4. HEADQUARTERS NAME & ADDRESS	
4a. Street Address	120 PROSPEROUS PLACE, SUITE 201
4b. City and County	LEXINGTON
4c. State	KY
4d. Zip Code	40509
5. STATE IN WHICH SYSTEM OPERATES	ку
6. THIS REPORT PERTAINS TO THE FOLLOWING COMMODITY Good complete the report for that Commodity Group. File a separate report for	ROUP (Select Commodity Group based on the predominant gas carried and or each Commodity Group included in this OPID.)
Natural Gas	
7. THIS REPORT PERTAINS TO THE FOLLOWING TYPE OF OPER included in this OPID for which this report is being submitted.):	ATOR (Select Type of Operator based on the structure of the company
Privately Owned	

PART B SYSTEM DESCRIPTION

1.GENERAL

		STI	EEL	_						,	
	UNPROTECTED		CATHODICALLY PROTECTED		PLASTIC	CAST/ WROUGHT	DUCTILE	COPPER	OTHER	RECONDITION ED	SYSTEM TOTAL
	BARE	COATED	BARE	COATED		IRON				CAST IRON	
MILES OF MAIN					38						38
NO. OF SERVICES					219					·	219

MATERIAL	UNKNOWN	2" OR LESS	OVER 2" THRU 4"	OVER 4" THRU 8"	OVER 8" THRU 12"	OVER 12"	SYSTEM TOTALS
STEEL	0	0	0	0	0	0	0
DUCTILE IRON	0	0	0	0	0	0	0
COPPER	0	0	0	0	0	0	a
CAST/WROUGHT IRON	0	0	0	0 .	0	0	a
PLASTIC PVC	0	o	0	0	. 0	0	0
PLASTIC PE 0		19	19	0	0	0	38
PLASTIC ABS 0		٥	0	0	0	0	0
PLASTIC OTHER	0	0	0	0	0	0	0
OTHER	0	0	0	0	0	0	0
RECONDITIONED CAST IRON	0	0	0	. 0	0	0	0
TOTAL	0	19	19	0	0	0	38
Describe Other Ma	aterial:						
3.NUMBER OF SERV	TICES IN SYSTEM A	T END OF YEAR		<u></u>	VERAGE SERVICE LE	NGTH: 218	······································
···			AVED 4"	<u></u>			EVETEN
MATERIAL	UNKNOWN	1" OR LESS	OVER 1" THRU 2"	OVER 2" THRU 4"	OVER 4" THRU 8"	OVER 8"	TOTALS
MATERIAL STEEL	UNKNOWN 0	1" OR LESS	THRU 2"	OVER 2" THRU 4"	OVER 4" THRU 8"	OVER 8"	0
MATERIAL STEEL DUCTILE IRON	0 0	1" OR LESS 0	THRU 2"	OVER 2" THRU 4"	OVER 4" THRU 8"	OVER 8"	TOTALS
MATERIAL STEEL DUCTILE IRON COPPER	UNKNOWN 0	1" OR LESS	THRU 2"	OVER 2" THRU 4"	OVER 4" THRU 8"	OVER 8"	TOTALS 0
MATERIAL STEEL DUCTILE IRON	0 0	1" OR LESS 0	THRU 2" 0	OVER 2" THRU 4" 0	OVER 4" THRU 8"	OVER 8"	0 0
MATERIAL STEEL DUCTILE IRON COPPER CAST/WROUGHT	0 0 0	1" OR LESS 0 0 0	0 0 0	OVER 2" THRU 4" 0 0	OVER 4" THRU 8" 0 0	0 0 0 0	0 0 0
MATERIAL STEEL DUCTILE IRON COPPER CAST/WROUGHT IRON	0 0 0 0	1" OR LESS 0 0 0 0	0 0 0 0	OVER 2" THRU 4" 0 0 0 0	OVER 4" THRU 8" 0 0 0 0	0 0 0 0 0 0	0 0 0 0
MATERIAL STEEL DUCTILE IRON COPPER CAST/WROUGHT IRON PLASTIC PVC	0 0 0 0 0	1" OR LESS 0 0 0 0 0	0 0 0 0 0	OVER 2" THRU 4" 0 0 0 0 0	OVER 4" THRU 8" 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
MATERIAL STEEL DUCTILE IRON COPPER CAST/WROUGHT IRON PLASTIC PVC PLASTIC PE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1" OR LESS 0 0 0 0 0 219	0 0 0 0 0 0 0 0	OVER 2" THRU 4" 0 0 0 0 0 0	OVER 4" THRU 8" 0 0 0 0 0 0	OVER 8" 0 0 0 0 0 0 0	0 0 0 0 0 0 219
MATERIAL STEEL DUCTILE IRON COPPER CAST/WROUGHT IRON PLASTIC PVC PLASTIC PE PLASTIC ABS	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1" OR LESS 0 0 0 0 0 219 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OVER 2" THRU 4" 0 0 0 0 0 0 0 0	OVER 4" THRU 8" 0 0 0 0 0 0 0 0	OVER 8" 0 0 0 0 0 0 0 0 0	0 0 0 0 0 219 0
MATERIAL STEEL DUCTILE IRON COPPER CAST/WROUGHT IRON PLASTIC PVC PLASTIC PE PLASTIC ABS PLASTIC OTHER	UNKNOWN 0 0 0 0 0 0 0 0 0 0 0 0	1" OR LESS 0 0 0 0 0 219 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OVER 2" THRU 4" 0 0 0 0 0 0 0 0 0 0	OVER 4" THRU 8" 0 0 0 0 0 0 0 0 0	OVER 8" 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 219 0 0
MATERIAL STEEL DUCTILE IRON COPPER CAST/WROUGHT IRON PLASTIC PVC PLASTIC PE PLASTIC ABS PLASTIC OTHER OTHER RECONDITIONED	UNKNOWN 0 0 0 0 0 0 0 0 0 0 0 0	1" OR LESS 0 0 0 0 0 219 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OVER 2" THRU 4" 0 0 0 0 0 0 0 0 0 0	OVER 4" THRU 8" 0 0 0 0 0 0 0 0 0 0 0 0 0	OVER 8" 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 219 0 0 0
MATERIAL STEEL DUCTILE IRON COPPER CAST/WROUGHT IRON PLASTIC PVC PLASTIC PE PLASTIC ABS PLASTIC OTHER OTHER RECONDITIONED CAST IRON	UNKNOWN 0 0 0 0 0 0 0 0 0 0 0 0 0	1" OR LESS 0 0 0 0 0 219 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0	THRU 2" 0 0 0 0 0 0 0 0 0 0 0 0 0	OVER 2" THRU 4" 0 0 0 0 0 0 0 0 0 0 0 0	OVER 4" THRU 8" 0 0 0 0 0 0 0 0 0 0 0 0 0	OVER 8" 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

MAIN	0	a	0	a	0	0	0	10	10 -	18	38
OF ERVICES	O	o	0	0	σ	0	0	50	150	19	219
ART C - TO	TAL LEAKS	AND HAZ	ARDOUS LE	AKS ELIMIN	IATED/REP/	AIRED DURII	NG THE YEA	IR .			
MAINS							- 1		SERVICE		
CAUSE OF LEAK		TOTAL E			IAZARDOUS	TOTAL			HAZARDOUS		
CORROSION FAILURE											
NATURA	L FORCE DA	AMAGE									
	VATION DAM			· · · · · · · · · · · · · · · · · · ·				3			
OTHER	OUTSIDE FO	ORCE									
PIPE, WEL	D OR JOINT	FAILURE									
EQUI	PMENT FAIL	URE									
INCORR	RECT OPERA	TIONS									
0	THER CAUSE	=	<u> </u>			·			<u> </u>		
NUMBER OF	KNOWN SYS	TEM LEAKS	AT END OF	YEAR SCHED	ULED FOR RE	PAIR: 0					
ART D = EX	CAVATION		And the second second second				control field in Secretary, and all or state of	wiscommonwoods.commelons.	AND THE PROPERTY AND ADDRESS OF THE PARTY OF	and the second section of the	sestambridanéholese
TOTAL NUMBER OF EXCAVATION DAMAGES BY APPARENT ROOT CAUSE: _0						PARTE-E	CESS FLO	W VALUE (E	FV) AND SE	RVICE VAL	VE DAT
	IMBER OF E	yvitali satsiyer	ON DAMAGE	S BY APPAF	RENT	Total Numbe	er Of Service	s with EFV In	stalled Durin	g Year: 0	
OOT CAUS	IMBER OF E	XCAVATIC			RENT	Total Numbe	er Of Service		stalled Durin	g Year: 0	
One-Call I	JMBER OF E E: _0	XCAVATIC - ractices No	ot Sufficient:		RENT	Total Number	er Of Service	s with EFV In	stalled Durin	g Year: 0	Of Year:
OOT CAUS One-Call I Locating F	JMBER OF E E: _0 Notification P	XCAVATIC - ractices No Sufficient:	ot Sufficient:		RENT	Total Number	er Of Service	s with EFV In	stalled Durin	g Year: 0	Of Year:
OOT CAUS One-Call I Locating F Excavation	JMBER OF E E: _0 Notification Pr	XCAVATIC - ractices No Sufficient:	ot Sufficient:		RENT	Total Number Estimated N 12 * Total Num Year: 0 * Estimated	er Of Service number Of Se ber of Manua Number of S	s with EFV In	stalled Durin FV In the System Shut-off Variation	g Year: Ω stem At End	Of Year:
OOT CAUS One-Call I Locating F	JMBER OF E E: _0 Notification Pr	XCAVATIC - ractices No Sufficient:	ot Sufficient:		RENT	Total Number Estimated N 12 * Total Num Year: 0 * Estimated Installed in the stalled in the st	er Of Service tumber Of Se ber of Manua Number of S he System a	s with EFV In ervices with E al Service Lin	e Shut-off Va	g Year: Q stem At End lives Installed	Of Year: d During
OOT CAUS One-Call I Locating F Excavation Other: 0	JMBER OF E E: _0 Notification Pr	XCAVATIC - ractices No Sufficient ot Sufficier	ot Sufficient		RENT	Total Number Estimated N 12 * Total Num Year: 0 * Estimated Installed in the stalled in the st	er Of Service tumber Of Se ber of Manua Number of S he System a	s with EFV In ervices with E al Service Lin- dervices with I t End of Year	e Shut-off Va	g Year: Q stem At End lives Installed	Of Year: d During
One-Call I Locating F Excavation Other: 0	JMBER OF E SE: _0 Notification Pr Practices Not in Practices N	XCAVATIC - ractices No Sufficient ot Sufficier	ot Sufficient O Int: O		RENT	Total Number Estimated N 12 * Total Num Year: Q * Estimated Installed in the stalled in the st	er Of Service tumber Of Se ber of Manua Number of S he System a	s with EFV In ervices with E al Service Lin- dervices with I t End of Year	e Shut-off Va Manual Servi D reporting ye	g Year: Q stem At End lives Installed ce Line Shut ars 2017 &	Of Year: d During
One-Call I Locating F Excavation Other: 0 NUMBER O ART F LE	JMBER OF E SE: _0 Notification Practices Not in Practices N	XCAVATIC - ractices No Sufficient ot Sufficient TION TICK DERAL LA	ot Sufficient O ht: O	0		Total Number Estimated N 12 * Total Num Year: Q * Estimated Installed in the stalled in the stalled Installed Inst	er Of Service tumber Of Service ber of Manua Number of S he System a estions only RCENT OF	s with EFV In ervices with E al Service Lin ervices with I t End of Year	e Shut-off Va Manual Servi Teporting ye TED FOR G	g Year: Q stem At End lives Installed ce Line Shut ars 2017 &	Of Year: d During coff Valve beyond
One-Call I Locating F Excavation Other: 0 NUMBER O ART F LE	JMBER OF E SE: _0 Notification Pr Practices Not In Practices N OF EXCAVA AKS ON FEE BER OF LEA	XCAVATIC - ractices No Sufficient ot Sufficient TION TICK DERAL LA	ot Sufficient O ht: O	0		Total Number Estimated N 12 * Total Num Year: 0 * Estimated Installed in the stalled in the stalled in the stalled Installed	er Of Service tumber Of Se ber of Manua Number of S he System a estions only RCENT OF	s with EFV In ervices with E al Service Lin ervices with I t End of Year y pertain to a	e Shut-off Va Manual Servi Deporting ye TED FOR GA PERCENT OF	g Year: Q stem At End lives Installed ce Line Shut ars 2017 &	Of Year: d During coff Valve beyond

PART II-PREPARER	
Russell Hamilton (Preparer's Name and Title)	(859)263-3948 (Area Code and Telephone Number)
	·
rhamilton@mhp.energy (Preparer's email address)	(Area Code and Facsimile Number)