

BTU GAS CO., INC.

P.O. BOX 707
SALYERSVILLE, KY 41465
PHONE: 606-884-2000
FAX: 606-884-2010
E-MAIL: pamwilliams@foothills.net

December 16, 2010

Public Service Commission
211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40602-0615

RECEIVED

DEC 20 2010

PUBLIC SERVICE
COMMISSION

Dear Mr. Derouen;

In response to the Order November 5, 2010 BTU Gas has been and will continue to work on the deficiencies involved in our case 2007-00403.

I would like to take the time to break these deficiencies down.

1. Excess Flow Valve – BTU has then in place and notified the PSC June 28, 2008 of this plan. Any new customers we hook up will have this in place.
2. Public Awareness Plan – Was supplied originally to the PSC on November 3, 2008. After we hired Mr. Wingate the new plan was received by the PSC February 10, 2010. See attached sheets.
3. Qualification of the men: Mr. Wingate spent the week of June 21, 2010 qualifying our two men. This information was received by the PSC October 26, 2010.
4. The map – The map we have the PSC and BTU completed together. I believe the PSC has a copy of this map. BTU Gas is currently updating the existing map to include river crossings, master meters and valves etc.
5. Pipeline Markers -- New pipeline markers were put back in place. Pictures of these markers along with their location was received by the PSC June 28, 2010. BTU Gas has ordered new pipeline stickers for BTU Gas to go on the pipeline markers. These were ordered 12-8-10. As of this date the stickers have not come in. I ordered them from Commercial Printing in Paintsville, Kentucky.
6. Above ground pipe – The customers where above ground pipe was found have been notified by registered letter. See attached letters.
7. Operation & Maintenance Plans – These were originally submitted to the PSC Nov. 2, 2008. The new plans done by Mr. Wingate were submitted February 10, 2010.
8. Gas Odorization - After the purchase of an odorator and the qualification of the men these tests were performed. These sheets were received by the PSC October 26, 2010. Mr. Larry Rich will be performing this task for BTU Gas now. BTU machine was lost in fire and due to the PSC fine BTU can not at this time afford to replace this machine. Attached are the reports from Frontier Gas.
9. Patrolling - The patrolling forms BTU Gas had was supplied to the PSC June 2008 and have been supplied for 2009. See attached sheets for January 2010 to date. I will forward these to you.
10. Leakage survey – BTU Gas has hired Frontier Gas to perform this task for us. The leakage survey has been completed by Frontier gas. This was received by the PSC November 8, 2010.

11. The Valves – A list of these valves were received by the PSC February 10, 2010. See attached inspection forms.

12. Pressure stations – A list of these were received by the PSC February 10, 2010. I will forward these to you as soon as completed.

13. Relief Valves – A list of these were received by the PSC February 10, 2010. This task has been performed. See attached sheet.

14. Corrosion – These locations were received by the PSC February 10, 2010. I will forward these to you as soon as completed.

15. 811 – BTU Gas is now a member of 811. Received by the PSC May 25, 2010.

16. Form RSPA F 7100 -1-1 – This form was filed with the PSC April 19, 2010. BTU Gas does not show in the PHMSA system so I have been working with Mr. Jamerson Pender to get an ID number and password to make sure these reports get filed. This report has now been filed and BTU Gas is in their system. This form was received by PSC October 26, 2010. Attached is a copy of the report filed for 2009.

17. Drug and Alcohol Plan – Filed with the PSC February 19, 2010. The recommended word changes have been made to this plan. See attached notice.

I will continue to forward information to you as we complete it. I do appreciate everyone's help in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Pam Williams". The signature is written in black ink and is positioned below the word "Sincerely,".

Pam Williams
President

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DEC 20 2010

PUBLIC SERVICE
COMMISSION

PUBLIC AWARENESS MATERIALS

NOTICE

B.T.U. Gas Company, Inc. Damage Prevention & Safety Program

B.T.U. Gas Company has an active Damaged Prevention & Safety Program. Our objective is to avoid damage to natural gas pipelines which could ultimately cause a safety hazard or interruption of service.

WE ASK FOR YOUR HELP IN THIS MATTER before any "Excavation Activities" take place such as bulldozing, backhoe work, blasting, boring, tunneling, post hole digging or the removal of above ground structures please call as required by law, the Kentucky Underground at 1-800-752-6007 and they will notify us of any excavating. In an emergency, please call B.T.U. Gas Company directly.

If you smell natural gas odors (in some cases like rotten eggs), it could be dangerous and should be dealt with promptly.

Even if you do not use natural gas in your home and smell natural gas - take these precautions promptly:

1. Call B.T.U. Gas Company at 606-884-2000 24 hours a day.
2. If the odor is very strong and you are indoors open windows and doors to ventilate. Go outside. Call us from a neighbor's house.
3. Do not turn any electrical switches on or off.
4. Do not light matches, smoke cigarettes or create any source of combustion.

However slim the chance of danger, it doesn't pay to take needless risks. At the first sniff of gas, play it safe.

***Remember, before you dig, or if you detect natural gas odors,
call 606-884-2000.***

Thank you for your cooperation,
B.T.U. Gas Company, Inc.
P.O. Box 707
Salyersville, KY 41465

PUBLIC SERVICE SAFETY ANNOUNCEMENT

SIGNS OF A GAS LEAK

When It Comes to Natural Gas Safety --- Always Follow Your Nose!!

Natural Gas Has A “rotten egg” Smell So It is Easily Detectable!

These are just a few tips of what to do if you smell gas in your home.

Do Not Light Matches or Lighter to check for leaks

Call your natural gas provider

If You Smell Gas In Your Area and Suspect There Is A Gas Leak Please Notify Us:

BTU GAS COMPANY, INC.

P.O. BOX 707

SALYERSVILLE, KENTUCKY 41465

24 HOUR PHONE NUMBER: 606-884-2000

NOTICE

To all contractors in the Magoffin County, Kentucky area, P & J Resources has main natural gas lines and BTU Gas Company has natural gas service lines running in the outer limits of Magoffin County, Kentucky.

Before you do any work in these areas please notify us first. We can be reached 24 hours a day at 606-884-2000 or by calling 811.

Richard Williams

Pam Williams

CONTRACTORS ADDRESSES:

Ranger Contracting
436 Brad Drive
Salyersville, KY 41465

Tackett & Sons
264 Twin Lick Rd.
Salyersville, KY 41465

Kentucky Frontier Gas
P.O. Box 408
Prestonsburg, KY 41653

Magoffin County Water District
P.O. Box 490
Salyersville, KY 41465

JD Carty Resources, LLC
P.O. Box 869
Salyersville, KY 41465

Salyersville Water Works
401 College Street
Salyersville, KY 41465

NOTICE

BTU Gas recently submitted odorization test that were performed by us. We now realize we do not do the conversion factors for these numbers. Please disregard those as we have now hired Frontier Gas to do those test for us and attached you will find the test results from them.

Pam Williams

RECEIVED

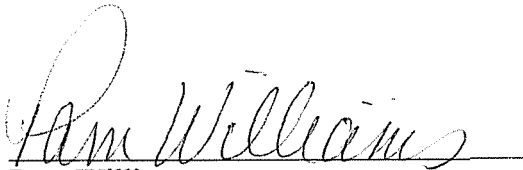
DEC 20 2010

PUBLIC SERVICE
COMMISSION

MAP UPDATE

NOTICE

BTU Gas is currently updating their map by adding the river crossings, valves etc. to their map as was discussed December 7, 2010.


Pam Williams

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DEC 20 2010

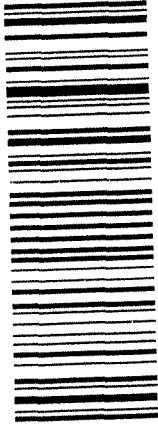
PUBLIC SERVICE
COMMISSION

DANGEROUS CONDITIONS

7009 3410 0002 4149 7595

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To 1081 Auto Steve Howard
 Street, Apt. No. or PO Box No. 4390 Coon Creek
 City, State, ZIP+4 Jalynsville Ky 41465

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

1081 Auto/Steve Howard
4390 Coon Creek
Jalynsville, Ky 41465

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

Domestic Return Receipt

102595-02-M-1540

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P.O. Box 707
Salyersville, KY 41465
Phone: 606-884-2000
Fax: 606-884-2010
E-mail: pamwilliams@foothills.net

BTU GAS COMPANY, INC.

December 16, 2010

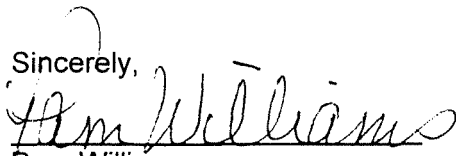
1081 Auto/Steve Howard
4390 Coon Creek
Salyersville, KY 41465

Dear Mr. Howard:

On November 24, 2010 the Public Service Commission done a visual inspection of BTU Gas's system. They brought in pictures of your service line going from your meter into your home. The Public Service Commission requires all plastic pipe to be buried. They also require that metal has to be used from the meter to the ground.

The Public Service Commission has instructed us to give you ten (10) days in which to correct these safety hazards or BTU Gas will have to terminate your service until they are corrected. This shall serve as your notice that you have ten (10) days to bury the plastic pipe and to change to metal from your meter to the ground. Once you have these problems corrected please contact us so we can come out and take pictures to verify this has been corrected.

Should you have any questions you may contact the Public Service Commission at 502-564-3940 and speak with the customer service there.

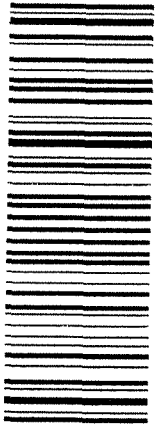
Sincerely,

Pam Williams
BTU Gas Company, Inc.

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7009 3410 0002 4149 7601

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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U.S. Postal Service™
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To RC May
 Street, Apt. No., or PO Box No. Lakeville Road
 City, State, ZIP+4 Salersville Ky 41465

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

RC May
Lakeville Road
Salersville, Ky 41465

2. Article Number

(Transfer from service label)

7009 3410 0002 4149 7601

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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P.O. Box 707
Salyersville, KY 41465
Phone: 606-884-2000
Fax: 606-884-2010
E-mail: pamwilliams@foothills.net

BTU GAS COMPANY, INC.

December 16, 2010

R.C. May
Lakeville Road
Salyersville, KY 41465

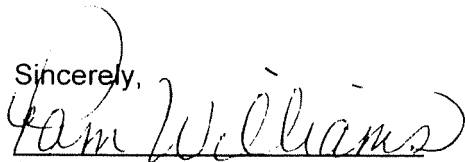
Dear Mr. May:

On November 24, 2010 the Public Service Commission done a visual inspection of BTU Gas's system. They brought in pictures of a service line belonging to the rent trailer located beside your home. The Public Service Commission requires all plastic pipe to be buried. They also require that metal has to be used from the meter to the ground.

The Public Service Commission has instructed us to give you ten (10) days in which to correct these safety hazards or BTU Gas will have to terminate your service until they are corrected. This shall serve as your notice that you have ten (10) days to bury the plastic pipe and to change to metal from your meter to the ground. Once you have these problems corrected please contact us so we can come out and take pictures to verify this has been corrected.

Should you have any questions you may contact the Public Service Commission at 502-564-3940 and speak with the customer service there.

Sincerely,



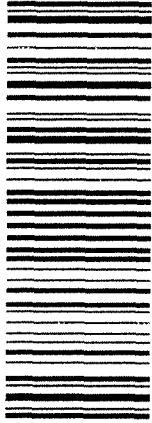
Pam Williams
BTU Gas Company, Inc.

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7009 3410 0002 4149 7618

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL™



7009 3410 0002 4149 7618

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U.S. Postal Service™
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent to
 Allison Howard
 Street, Apt. No.,
 or PO Box No. 2405 Buffalo Rd
 City, State, ZIP+4
 Salersville Ky 41465

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Allison Howard
2405 Buffalo Rd
Salersville, Ky 41465

7009 3410 0002 4149 7618

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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P.O. Box 707
Salyersville, KY 41465
Phone: 606-884-2000
Fax: 606-884-2010
E-mail: pamwilliams@foothills.net

BTU GAS COMPANY, INC.

December 16, 2010

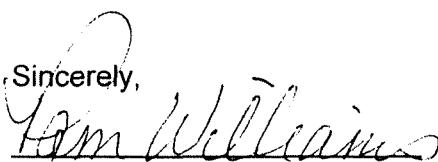
Allison Howard
2405 Buffalo Rd.
Salyersville, KY 41465

Dear Mr. Howard:

On November 24, 2010 the Public Service Commission done a visual inspection of BTU Gas's system. They brought in pictures of your service line going from your meter into your home. The Public Service Commission requires all plastic pipe to be buried. They also require that metal has to be used from the meter to the ground.

The Public Service Commission has instructed us to give you ten (10) days in which to correct these safety hazards or BTU Gas will have to terminate your service until they are corrected. This shall serve as your notice that you have ten (10) days to bury the plastic pipe and to change to metal from your meter to the ground. Once you have these problems corrected please contact us so we can come out and take pictures to verify this has been corrected.

Should you have any questions you may contact the Public Service Commission at 502-564-3940 and speak with the customer service there.

Sincerely,

Pam Williams
BTU Gas Company, Inc.

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PUBLIC SERVICE
COMMISSION

ODORIZATION REPORTS

NOTICE

BTU Gas recently submitted odorization test that were performed by us. We now realize we did not do the conversion factors for these numbers. Please disregard those as we have now hired Frontier Gas to do those test for us and attached you will find the test results from them.

Pam Williams



Odorization Check Report

Location: BTU GAS LOCATION #1 OFFICE GARAGE

Date: 11/15/10 Time: 11:10 AM

Odor Level: Nil
 Barely Detectable
 Readily Detectable
 Strong

List other odors present: _____

Remarks: (odorometer reading) TDL 0.04% RDL 0.74%

Observed By: [Signature]

Location: BTU GAS LOCATION #2 ELK CREEK

Date: 11/15/10 Time: 12:25 PM

Odor Level: Nil
 Barely Detectable
 Readily Detectable
 Strong

List other odors present: _____

Remarks: (odorometer reading) TDL 0.03% RDL 0.52%

Observed By: [Signature]

Location: BTU GAS LOCATION #3 MOUTH OF LITERAL FK.

Date: 11/15/10 Time: 12:50 PM

Odor Level: Nil
 Barely Detectable
 Readily Detectable
 Strong

List other odors present: _____

Remarks: (odorometer reading) TDL 0.03% RDL 0.64%

Observed By: [Signature]

Kentucky Frontier Gas LLC



Odorization Check Report

Location: BTU GAS LOCATION #4 METER SET ON RT. 114

Date: 11/15/10 Time: 1:35 PM

Odor Level: Nil, Barely Detectable, Readily Detectable (checked), Strong

List other odors present:

Remarks: (odorometer reading) TDL 0.03% RDL 0.58%

Observed By: [Signature]

Location:

Date: Time:

Odor Level: Nil, Barely Detectable, Readily Detectable, Strong

List other odors present:

Remarks: (odorometer reading)

Observed By:

Location:

Date: Time:

Odor Level: Nil, Barely Detectable, Readily Detectable, Strong

List other odors present:

Remarks: (odorometer reading)

Observed By:

Kentucky Frontier Gas, LLC

DTEX Test Log

Test #:	00013	BTU GAS TEST #1	User:	JASON WESLEY	
Test Start Date:	11-19-10	BTU OFFICE GARAGE	Notes:		
Test Start Time:	04:33:02	<Blank>	DTEX Model:	DX1000G	
TDL Result:	0.02%	SALYERSVILLE	Serial Number:	40984	
RDL Result:	0.62%	KY	Test Error Code:	**	
Test Time (Sec):	14	Altitude (ft): 0	41465	Test Temp (C):	26

DTEX Test Log

Test #:	00021	BTU GAS TEST #3	User:	JASON WESLEY
Test Start Date:	11-19-10	MOUTH OF LITTERAL FK	Notes:	
Test Start Time:	05:29:53	-	DTEX Model:	DX1000G
TDL Result:	0.02%	SALYERSVILLE	Serial Number:	40984
RDL Result:	0.60%	KY	Test Error Code:	**
Test Time (Sec):	14	Allitude (ft): 0	Test Temp (C):	25

DTEX Test Log

Test #:	00023	BTU GAS TEST #4	User:	JASON WESLEY
Test Start Date:	11-19-10	RT. 114 METER SET	Notes:	
Test Start Time:	06:03:46	<Blank>	DTEX Model:	DX1000G
TDL Result:	0.03%	SALYERSVILLE	Serial Number:	40984
RDL Result:	0.65%	KY	Test Error Code:	**
Test Time (Sec):	12	Altitude (ft): 0	Test Temp (C):	24

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PUBLIC SERVICE
COMMISSION

RIVER CROSSING INSPECTION

REPORTS

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PUBLIC SERVICE
COMMISSION

VALVE LOCATION AND INSPECTION

REPORTS

Part of Project
Valve Location and Inspection Record *Project*

Location	Company: <u>BTD</u>	Valve Number: <u>1</u>
Identification	Location: <u>Auxiliary BR</u>	

If Above Ground perform an Atmospheric Corrosion Check

Is valve located	Above Ground <input type="checkbox"/>	Coating Good <input type="checkbox"/>	Needs Maintenance <input type="checkbox"/>	Below Ground <input checked="" type="checkbox"/>
------------------	---------------------------------------	---------------------------------------	--	--

Business	<input type="checkbox"/>	Within <input checked="" type="checkbox"/>	Rural <input checked="" type="checkbox"/>	Within <input checked="" type="checkbox"/>
District	<input type="checkbox"/>	City <input type="checkbox"/>	Area <input type="checkbox"/>	A <input type="checkbox"/>
	<input type="checkbox"/>	Subdivision <input type="checkbox"/>		

Valve Size: 2" Material: B711 Operating Nut Size: 2X2

Characteristics

<input type="checkbox"/> Metallic	<input type="checkbox"/> Plastic	<input type="checkbox"/> Plug	<input type="checkbox"/> Gate
-----------------------------------	----------------------------------	-------------------------------	-------------------------------

Surface

<input type="checkbox"/> Asphalt	<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Gate
----------------------------------	-----------------------------------	---------------------------------	-------------------------------

Type

<input type="checkbox"/> Side walk	<input type="checkbox"/> Other (List): <u>UNDER GROUND</u>
------------------------------------	--

Valve Location. See sketch on reverse side.

Safety Valve Inspection History

(for Inspector Use Only)

Inspection Date	Name of Inspector	Valve Operable	
		Yes	No
<u>12-14-10</u>	<u>L.P.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Point on the light of road

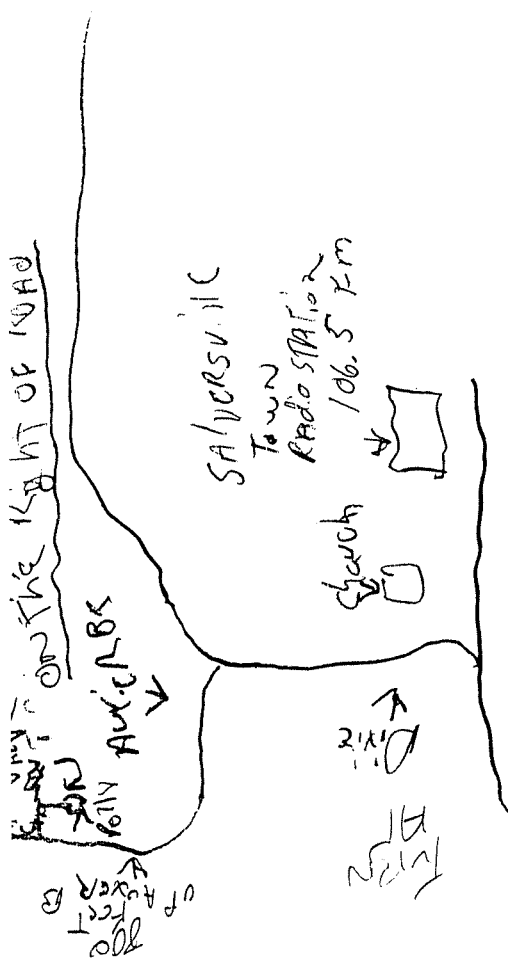
NEW
DIXIE
ROAD
AUGERS

SALERSVILLE

TOWN
RADIO STATION
106.5 FM

Church

Town
Dixie



Valve Location and Inspection Record

Location Identification	Company: <u>BTU</u>	Valve Number: <u>2</u>
	Location: <u>AUX, CR BK</u>	

If Above Ground perform an Atmospheric Corrosion Check

IS valve located Above Ground	<input type="checkbox"/>	Coating Good	<input type="checkbox"/>	Needs Maintenance	<input type="checkbox"/>	Below Ground	<input checked="" type="checkbox"/>
-------------------------------	--------------------------	--------------	--------------------------	-------------------	--------------------------	--------------	-------------------------------------

Business District	<input type="checkbox"/>	Within	<input checked="" type="checkbox"/>	Rural Area	<input type="checkbox"/>	Within	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	City	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Subdivision	<input type="checkbox"/>

Valve Size: 2" Make: METAL Operating Nut Size: Ball Valve

Characteristics

<input type="checkbox"/> Metallic	<input type="checkbox"/> Plastic	<input type="checkbox"/> Plug	<input type="checkbox"/> Gate
-----------------------------------	----------------------------------	-------------------------------	-------------------------------

Surface Type

<input type="checkbox"/> Asphalt	<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Gate
----------------------------------	-----------------------------------	---------------------------------	-------------------------------

Other (List): METAL BALL VALVE

Valve Location: See sketch on reverse side.

Safety Valve Inspection History

(For Inspector Use Only)

Inspection Date	Name of Inspector	Valve Operable	
		Yes	No
<u>12-14-10</u>	<u>LR</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Valve Location and Inspection Record

Location Identification	Company: <u>RTU</u>	Valve Number: <u>3</u>
	Location: <u>MAJOR I.R. @ High School on Rt 7</u>	

IS valve located Above Ground Below Ground

if Above Ground perform Atmospheric Corrosion Check
 Coating Good Needs Maintenance

Business	<input type="checkbox"/>	Win	<input checked="" type="checkbox"/>	Rural	<input checked="" type="checkbox"/>	Within	<input checked="" type="checkbox"/>
District	<input type="checkbox"/>	CN	<input type="checkbox"/>	Area	<input type="checkbox"/>	A	<input type="checkbox"/>
	<input type="checkbox"/>	Imrs	<input type="checkbox"/>		<input type="checkbox"/>	Subdivision	<input type="checkbox"/>

Valve Steel Gate Polyl Operating Nut Size 2x2

Characteristics

<input type="checkbox"/> Metallic	<input type="checkbox"/> Plastic	<input type="checkbox"/> Plug	<input type="checkbox"/> Gate
-----------------------------------	----------------------------------	-------------------------------	-------------------------------

Surface

<input type="checkbox"/> Asphalt	<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Gate
----------------------------------	-----------------------------------	---------------------------------	-------------------------------

Type

<input type="checkbox"/> Sub main	<input type="checkbox"/> Other (List: <u>under ground Polyl Valve</u>)
-----------------------------------	---

Valve Location: See sketch on reverse side.

Safety Valve Inspection History

(for Inspector Use Only)

Inspection Date	Name of Inspector	Valve Operable	
		Yes	No
<u>12-14-10</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>



Valve Location and Inspection Record

Location Identification	Company: <u>BTC</u>	Valve Number: <u>4</u>
	Location: <u>mouth of RT 30 OFF OF 460</u>	

If Above Ground perform an Atmospheric Corrosion Check
 IS valve located Above Ground Coating Good Needs Maintenance Below Ground

Business	<input type="checkbox"/>	Within	<input checked="" type="checkbox"/>	Rural	<input checked="" type="checkbox"/>	Within	<input checked="" type="checkbox"/>
District	<input type="checkbox"/>	City	<input type="checkbox"/>	Area	<input type="checkbox"/>	A	<input type="checkbox"/>
	<input type="checkbox"/>	County	<input type="checkbox"/>		<input type="checkbox"/>	Subdivision	<input type="checkbox"/>

Valve	Size: <u>2"</u>	Material: <u>Poly</u>	Operating Nut Size: <u>2x2</u>
-------	-----------------	-----------------------	--------------------------------

Characteristics: Metallic Plastic Plug Gate

Surface: Asphalt Concrete Gravel Gate

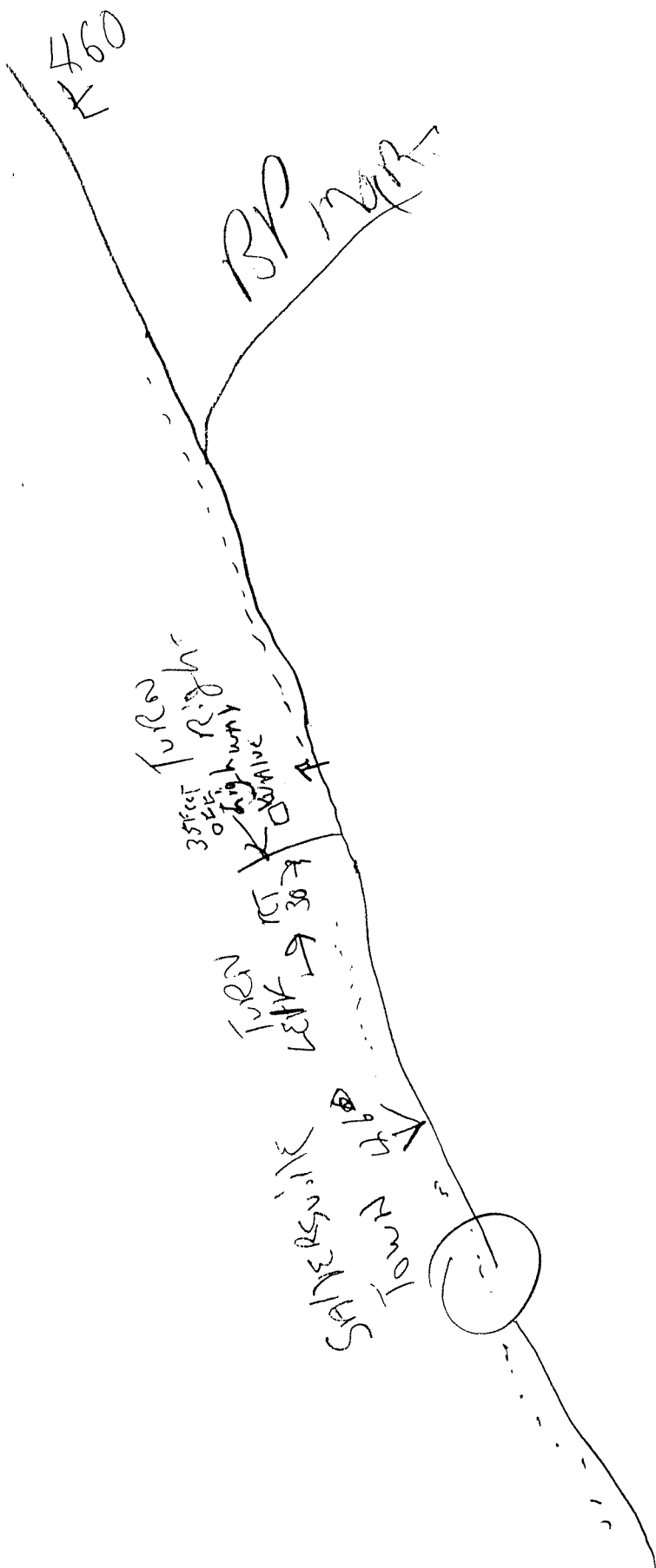
Type: Standard Other (List): UNDERGROUND

Valve Location. See sketch on reverse side

Safety Valve Inspection History

(For Inspector Use Only)

Inspection Date	Name of Inspector	Valve Operable	
		Yes	No
<u>12-14-10</u>	<u>L.P.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Valve Location and Inspection Record

Location Identification	Company: <u>BTU</u>	Valve Number: <u>5</u>
	Location: <u>ON highway 2019 @ ON ETC GREEN</u>	

If Above Ground perform an Atmospheric Corrosion Check

Is valve located Above Ground	<input type="checkbox"/>	Coating Good	<input type="checkbox"/>	Needs Maintenance	<input type="checkbox"/>	Below Ground	<input checked="" type="checkbox"/>
-------------------------------	--------------------------	--------------	--------------------------	-------------------	--------------------------	--------------	-------------------------------------

Business District	<input type="checkbox"/> yes	Within Area	<input type="checkbox"/> yes	Rural	<input type="checkbox"/> yes	Within A Subdivision	<input type="checkbox"/> yes
	<input type="checkbox"/> no		<input type="checkbox"/> no		<input type="checkbox"/> no		<input type="checkbox"/> no

Valve Size	<input type="text"/>	Make	<input type="text"/>	Operating Nut Size	<u>2 1/2</u>
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Characteristics

<input type="checkbox"/> Metallic	<input checked="" type="checkbox"/> Plastic	<input type="checkbox"/> Plug	<input type="checkbox"/> Gate
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Surface Type

<input type="checkbox"/> Asphalt	<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Gate
----------------------------------	-----------------------------------	---------------------------------	-------------------------------

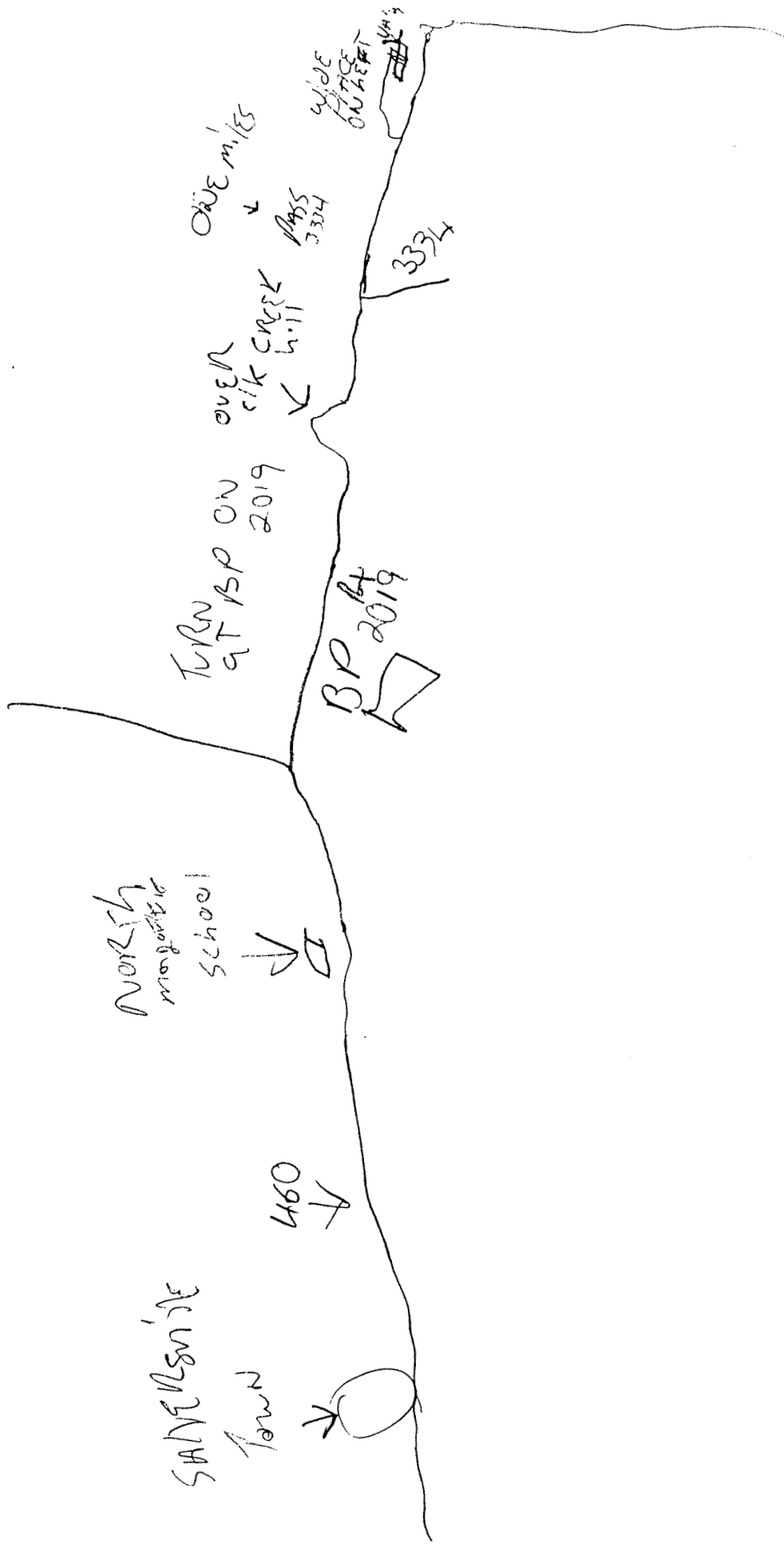
Other (List): underground POLY VALVE

Valve Location: See sketch on reverse side.

Safety Valve Inspection History

(for Inspector Use Only)

Inspection Date	Name of Inspector	Valve Operable	
		yes	no
<u>12-1-10</u>	<u>LP</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Valve Location and Inspection Record

Location Identification	Company: <u>BTU</u>	Valve Number: <u>76</u>
	Location: <u>E/R CREEK</u>	

If Above Ground perform an Atmospheric Corrosion Check

Is valve located Above Ground	<input type="checkbox"/>	Coating Good	<input type="checkbox"/>	Needs Maintenance	<input type="checkbox"/>	Below Ground	<input checked="" type="checkbox"/>
-------------------------------	--------------------------	--------------	--------------------------	-------------------	--------------------------	--------------	-------------------------------------

Business District	<input type="checkbox"/>	Within City Limits	<input checked="" type="checkbox"/>	Rural Area	<input checked="" type="checkbox"/>	Within Subdivision	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Valve Size	<u>3"</u>	Material	<u>Cast Iron</u>	Operating Nut Size	<u>2x2</u>
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Characteristics

<input type="checkbox"/> Metallic	<input type="checkbox"/> Plastic	<input type="checkbox"/> Plug	<input type="checkbox"/> Gate
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Surface Type

<input type="checkbox"/> Asphalt	<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Gate
<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Other (List): <u>under ground</u>		

Valve Location: See sketch on reverse side.

Safety Valve Inspection History

(For Inspector Use Only)

Inspection Date	Name of Inspector	Valve Operable	
		Yes	No
<u>12-15-10</u>	<u>LR</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

RESTORATION
YOU CLIMB
DOWN
DICK
CR...

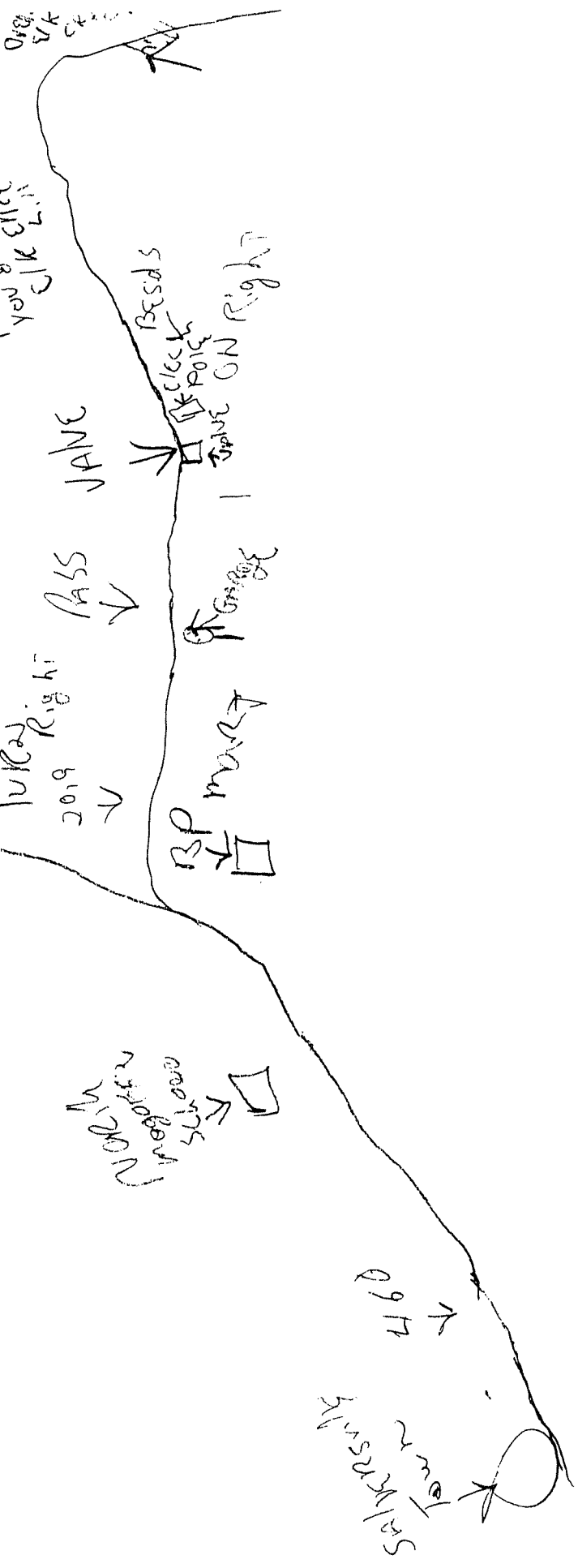
TURKEY
2019 RIGHT
PASS
JANE

BECK
POLICE
JANE ON RIGHT

BP
MARK

MOON
IN
SHADOW

460
TOWER
S
MERSH



Valve Location and Inspection Record

Location Identification	Company: <u>BTD</u>	Valve Number: <u>Q7</u>
	Location: <u>MINEFORK</u>	

If Above Ground perform an Atmospheric Corrosion Check

Is valve located Above Ground	<input type="checkbox"/>	Coating Good	<input type="checkbox"/>	Needs Maintenance	<input type="checkbox"/>	Below Ground	<input checked="" type="checkbox"/>
-------------------------------	--------------------------	--------------	--------------------------	-------------------	--------------------------	--------------	-------------------------------------

Business District	<input type="checkbox"/>	Within City Limits	<input checked="" type="checkbox"/>	Rural Area	<input checked="" type="checkbox"/>	Within Subdivision	<input checked="" type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Valve Size	<u>2"</u>	Make	<u>P111</u>	Operating Nut Size	<u>2 1/2</u>
Characteristics	<input type="checkbox"/> Metallic	<input type="checkbox"/> Plastic	<input type="checkbox"/> Plug	<input type="checkbox"/> Gate	
Surface Type	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Gate	
	<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Other (List) <u>UNDER GROUND</u>			

Valve Location: See sketch on reverse side.

Safety Valve Inspection History

(for Inspector Use Only)

Inspection Date	Name of Inspector	Valve Operable	
		Yes	No
<u>12-14-10</u>	<u>[Signature]</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

GRACI ROAD

3 MINS
LEFT OFF ROAD

Garage
House
D.C.
D.C.
D.C.

TURN LEFT

TOP OF HILL

TURN ON

RT 40

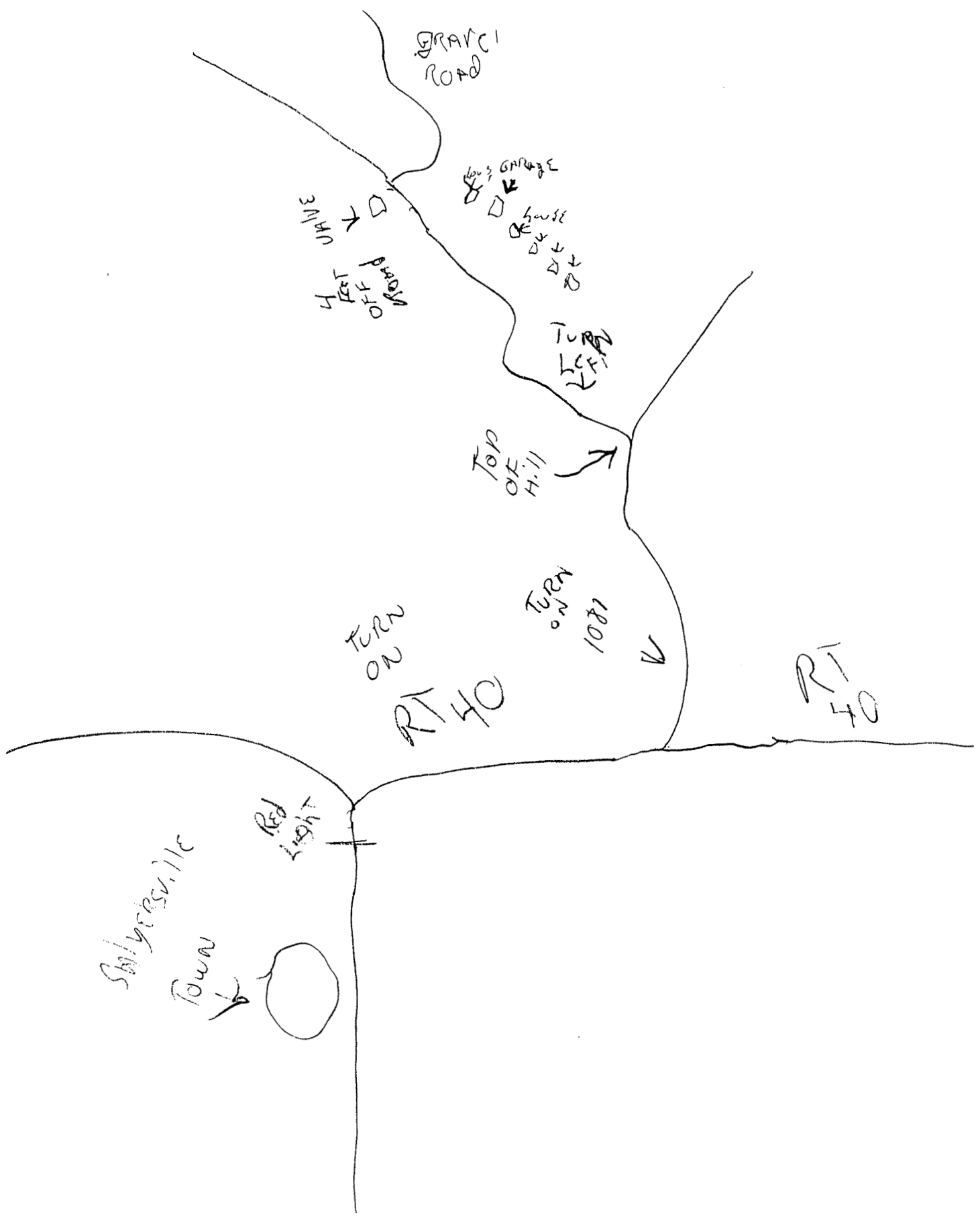
TURN ON 1081

RT 40

Salisburyville

Town

Red Light



Location Identification	Company: <u>BTU</u>	Valve Number: <u>8</u>
	Location: <u>CLAREY</u>	

If Above Ground perform an Atmospheric Corrosion Check

Is valve located Above Ground Coating Good Needs Maintenance Below Ground

Business Win Rural Within

District CH Area A

no no no no

Valve Size Make Operating Nut Size

Characteristics Metallic Plastic Plug Gate

Surface Asphalt Concrete Gravel Gate

Type Sub main Other (List): UNDERGROUND

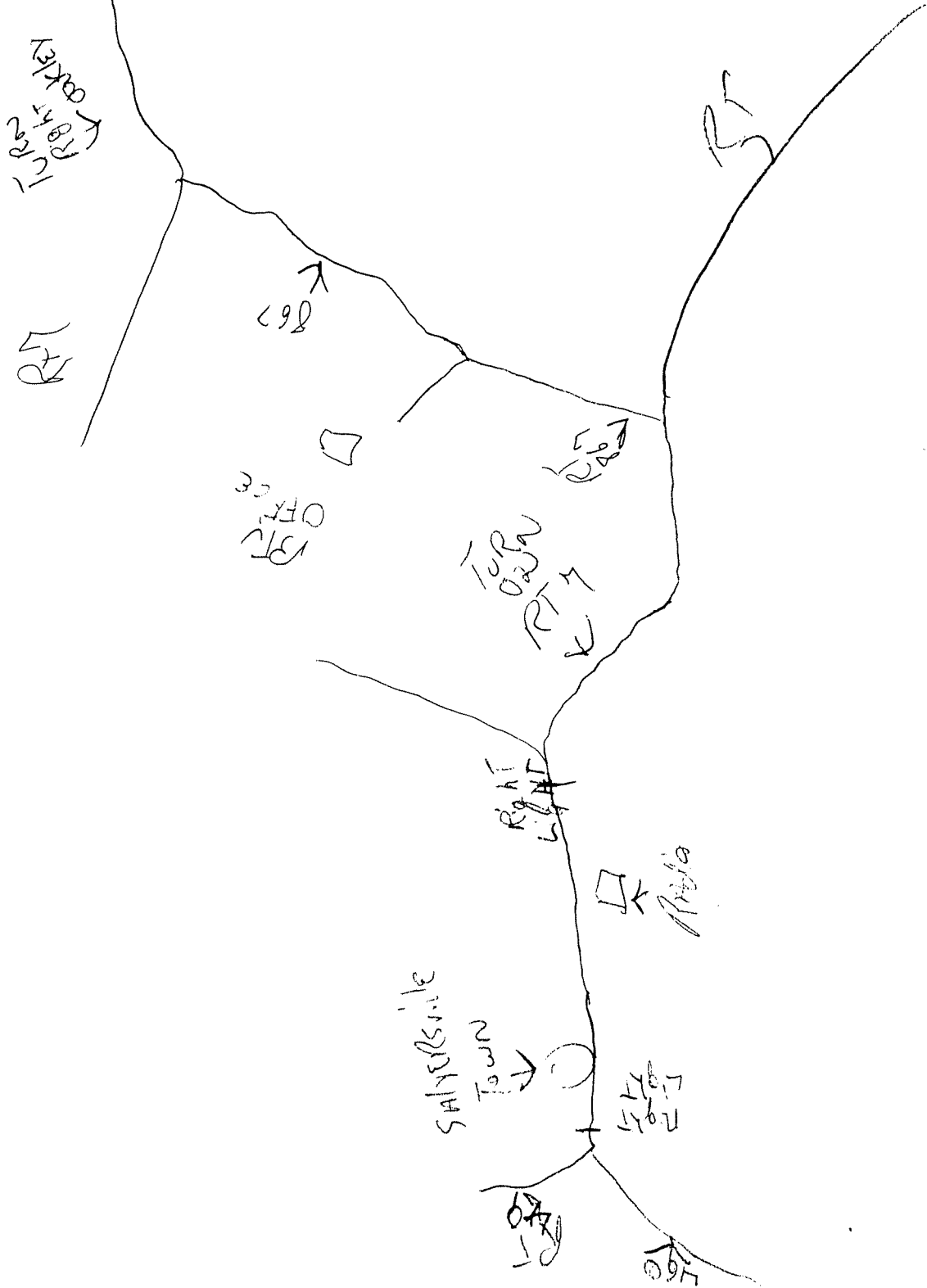
Valve Location. See sketch on reverse side.

Safety Valve Inspection History

(For Inspector Use Only)

Inspection Date	Name of Inspector	Valve Operable	
		Yes	No
12-14-10	LP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

TURN OFF
I TEN OF A miles
OAKLEY
133 FEET
20 FEET
OFFICE
VALVE
G.P.E. CO. 100
IN PAVE-
DITCH LINE
VALLEY YARD MARKER showing of



Valve Location and Inspection Record

PAGE 2

Location Identification	Company: <u>BTO</u>	Valve Number: <u>9</u>
	Location: <u>CARLEY</u>	

If Above Ground perform an Atmospheric Corrosion Check

Is valve located Above Ground	<input type="checkbox"/>	Coating Good	<input type="checkbox"/>	Needs Maintenance	<input type="checkbox"/>	Below Ground	<input checked="" type="checkbox"/>
-------------------------------	--------------------------	--------------	--------------------------	-------------------	--------------------------	--------------	-------------------------------------

Business	<input type="checkbox"/>	W/In	<input checked="" type="checkbox"/>	Rural	<input checked="" type="checkbox"/>	W/In	<input checked="" type="checkbox"/>
District	<input type="checkbox"/>	City	<input type="checkbox"/>	Area	<input type="checkbox"/>	A	<input type="checkbox"/>
	no	no	no	no	no	Subdivision	<input type="checkbox"/>

Valve	Size	Make	Operating Nut Size
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Characteristics

<input type="checkbox"/> Metallic	<input checked="" type="checkbox"/> Plastic	<input type="checkbox"/> Plug	<input type="checkbox"/> Gate
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Surface Type

<input type="checkbox"/> Asphalt	<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Gate
<input type="checkbox"/> SWS mat	<input type="checkbox"/> Other (List)	<u>UNDER GROUND</u>	

Valve Location. See sketch on reverse side.

Safety Valve Inspection History

(for Inspector Use Only)

Inspection Date	Name of Inspector	Valve Operable	
		Yes	No
11-15-20	LP	✓	

PAGE 2

Valve Location and Inspection Record

Location Identification	Company <u>BTC</u>	Valve Number <u>10</u>
	Location <u>IN MIDDLE OF TOWN IN FRONT OF RADIO STATION</u>	

If Above Ground perform an Atmospheric Corrosion Check

Is valve located Above Ground <input type="checkbox"/>	Coating Good <input type="checkbox"/>	Needs Maintenance <input type="checkbox"/>	Below Ground <input checked="" type="checkbox"/>
--	---------------------------------------	--	--

Business <input type="checkbox"/>	Win <input checked="" type="checkbox"/>	Rural <input type="checkbox"/>	Within <input type="checkbox"/>
District <input type="checkbox"/>	City <input type="checkbox"/>	Area <input type="checkbox"/>	A <input type="checkbox"/>
<input type="checkbox"/>	Subdiv <input type="checkbox"/>	Area <input type="checkbox"/>	Subdivision <input type="checkbox"/>

Valve Size <u>2"</u>	Make <u>PLASTIC</u>	Operating Nut Size <u>2x2</u>
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Characteristics

<input type="checkbox"/> Metallic	<input checked="" type="checkbox"/> Plastic	<input type="checkbox"/> Plug	<input type="checkbox"/> Gate
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Surface

<input type="checkbox"/> Asphalt	<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Gate
----------------------------------	-----------------------------------	---------------------------------	-------------------------------

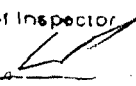
Type

<input type="checkbox"/> Standard	<input type="checkbox"/> Other (List) <u>UNDER GROUND</u>
-----------------------------------	---

Valve Location: See sketch on reverse side.

Safety Valve Inspection History

(for Inspector Use Only)

Inspection Date	Name of Inspector	Valve Operable	
		Yes	No
<u>12/5/10</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>

106.5 FM

SALYERSVILLE
MIDDLE
J.F.

TOWN

RADIO
STATION



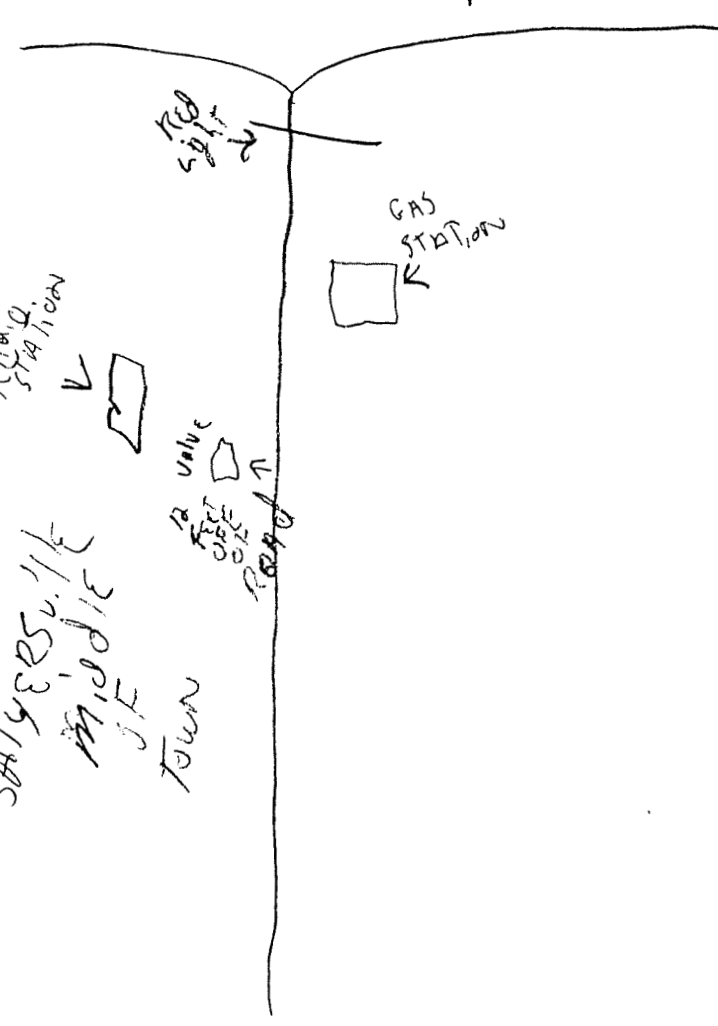
20 valve
PUMP
OIL
ROAD



GAS
STATION

RED
SPLIT

R
40



Valve Location and Inspection Record

Location Identification	Company <u>BTU</u>	Valve Number <u>11</u>
	Location <u>RT 30 OFF OF 460</u>	

IS valve located Above Ground Below Ground

Atmospheric Corrosion Check
Coating Good Needs Maintenance

Business District Within City Limits Rural Area Within Subdivision

Other (List) underground

Valve Size 2" Make BUTV Operating Nut Size 1 1/2"

Characteristics: Metallic Plastic Plug Gate

Surface Type: Asphalt Concrete Gravel Gate

Other (List) underground

Valve Location: See sketch on reverse side.

Safety Valve Inspection History

(For Inspector Use Only)

Inspection Date	Name of Inspector	Valve Operable	
		Yes	No
<u>12-13-10</u>	<u>[Signature]</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

500
FEET
PASS
UNDER
PASS

OUTLET
OF
MILL
W/IN
W/IN

UPPER
PASS

TURN
RT
R+30

DR
DODD
WILLIAMS &
BROS
R30

PH
SALVAGE
TOWN



Valve Location and Inspection Record

Location Identification	Company: <u>BTU</u>	Valve Number: <u>12</u>
	Location: <u>on Lick Creek</u>	

If Above Ground perform an Atmospheric Corrosion Check

Is valve located Above Ground	<input type="checkbox"/>	Coating Good	<input type="checkbox"/>	Needs Maintenance	<input type="checkbox"/>	Below Ground	<input checked="" type="checkbox"/>
-------------------------------	--------------------------	--------------	--------------------------	-------------------	--------------------------	--------------	-------------------------------------

Business	<input type="checkbox"/>	Win	<input checked="" type="checkbox"/>	Rural	<input checked="" type="checkbox"/>	Within	<input checked="" type="checkbox"/>
District	<input type="checkbox"/>	CH	<input type="checkbox"/>	Area	<input type="checkbox"/>	A	<input type="checkbox"/>
	<input type="checkbox"/>	imrs	<input type="checkbox"/>		<input type="checkbox"/>	Subdivision	<input type="checkbox"/>

Valve	<u>Steel 2"</u>	Make	<u>Polly</u>	Operating Nut Size	<u>2x2</u>
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Characteristics	<input type="checkbox"/> Metallic	<input checked="" type="checkbox"/> Plastic	<input type="checkbox"/> Plug	<input type="checkbox"/> Gate
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Surface	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Gate
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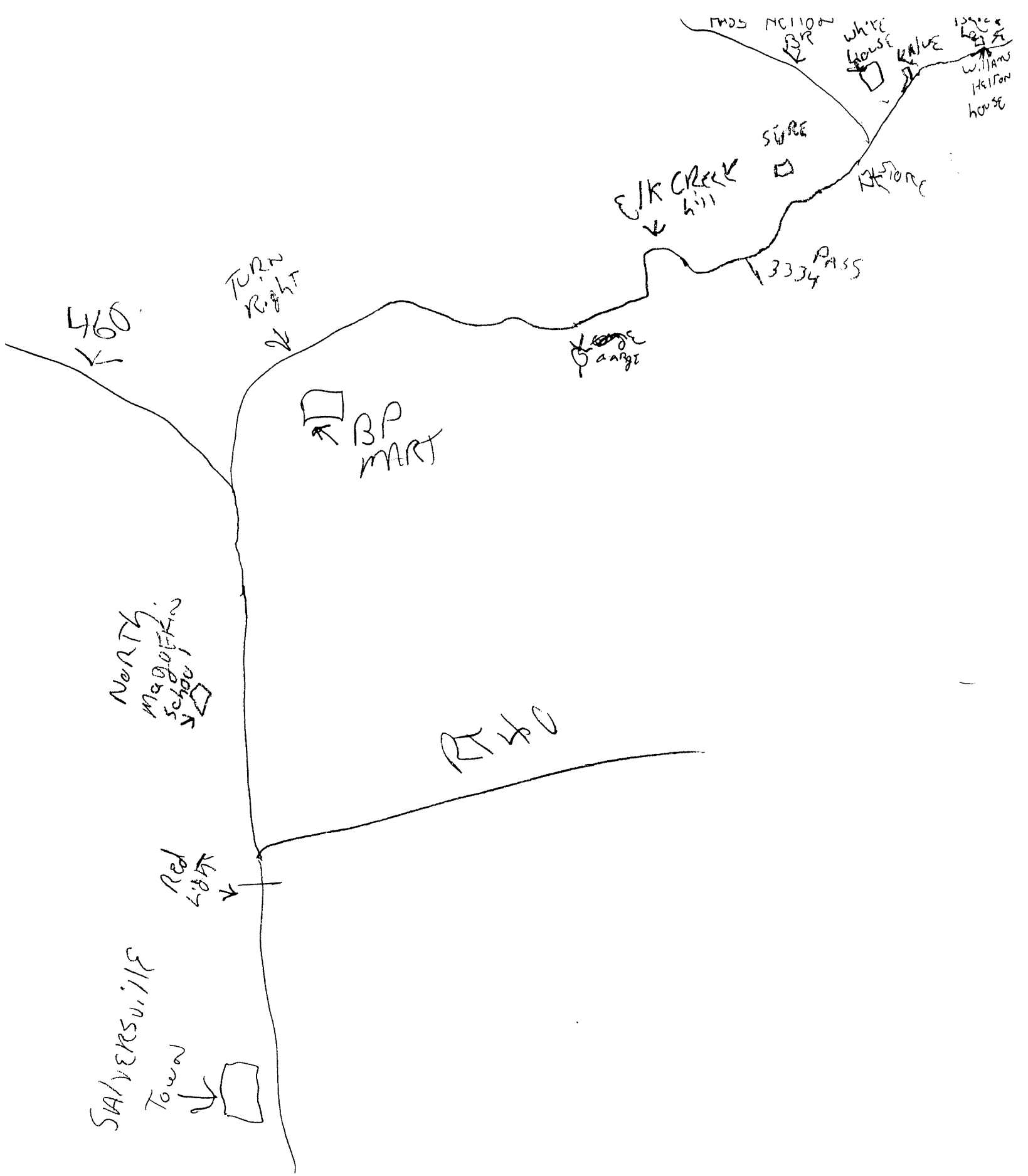
Type	<input type="checkbox"/> Street walk	<input type="checkbox"/> Other (List)	<u>Under Ground Polly</u>
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Valve Location. See sketch on reverse side

Safety Valve Inspection History

(for Inspector Use Only)

Inspection Date	Name of Inspector	Valve Operable	
		Yes	No
<u>12/1/10</u>		<input checked="" type="checkbox"/>	



Valve Location and Inspection Record

Location Identification	Company: <u>BTU</u>	Valve Number: <u>13</u>
	Location: <u>ON OLD LICK CREEK R# 3334</u>	

If Above Ground perform an Atmospheric Corrosion Check

Is valve located Above Ground	<input type="checkbox"/>	Coating Good	<input type="checkbox"/>	Needs Maintenance	<input type="checkbox"/>	Below Ground	<input checked="" type="checkbox"/>
-------------------------------	--------------------------	--------------	--------------------------	-------------------	--------------------------	--------------	-------------------------------------

Business	<input type="checkbox"/>	Win	<input checked="" type="checkbox"/>	Rural	<input checked="" type="checkbox"/>	Within	<input checked="" type="checkbox"/>
District	<input type="checkbox"/>	Ch	<input type="checkbox"/>	Area	<input type="checkbox"/>	A	<input type="checkbox"/>
	<input type="checkbox"/>	limbs	<input type="checkbox"/>		<input type="checkbox"/>	Subdivision	<input type="checkbox"/>

Valve Size	<u>2"</u>	Make	<u>BTU</u>	Operating Nut Size	<u>2x2</u>
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Characteristics

<input type="checkbox"/> Metallic	<input checked="" type="checkbox"/> Plastic	<input type="checkbox"/> Plug	<input type="checkbox"/> Gate
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Surface

<input type="checkbox"/> Asphalt	<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Gate
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Type

<input type="checkbox"/> Street main	<input type="checkbox"/> Other (List): <u>UNDER GROUND BTU VALVE</u>
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Valve Location. See sketch on reverse side.

Safety Valve Inspection History

(for Inspector Use Only)

Inspection Date	Name of Inspector	Valve Operable	
		Yes	No
<u>12-11-10</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>

ELK CREEK
TURN
Right
↓

ELK
CREEK
Valley

Bottom
of
hill

TURN Right
RT 3334
↓

BR mart

TURN
LEFT
↓

RT 40

RAIL ROAD
VALLEY

TRAIL
HOUSE

ELK CREEK
CROSS

BRIDGE

Red
Light

SAVERVILLE
TOWN

TRAIL
CROSS



55 feet
↓

Valve Location and Inspection Record

Location Identification	Company: <u>BTU</u>	Valve Number: <u>4</u>
	Location: <u>ON LICK CREEK</u>	

If Above Ground perform an Atmospheric Corrosion Check

Is valve located Above Ground	<input type="checkbox"/>	Coating Good	<input type="checkbox"/>	Needs Maintenance	<input type="checkbox"/>	Below Ground	<input checked="" type="checkbox"/>
-------------------------------	--------------------------	--------------	--------------------------	-------------------	--------------------------	--------------	-------------------------------------

Business	<input type="checkbox"/>	Within	<input checked="" type="checkbox"/>	Rural	<input checked="" type="checkbox"/>	Within	<input checked="" type="checkbox"/>
District	<input type="checkbox"/>	City	<input type="checkbox"/>	Area	<input type="checkbox"/>	A	<input type="checkbox"/>
	<input type="checkbox"/>	Subdiv	<input type="checkbox"/>		<input type="checkbox"/>	Subdivision	<input type="checkbox"/>

Valve	<u>Sketch</u>	Mark		Operating Nut Size	<u>2 1/2</u>
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Characteristics	<input type="checkbox"/> Metallic	<input checked="" type="checkbox"/> Plastic	<input type="checkbox"/> Plug	<input type="checkbox"/> Gate
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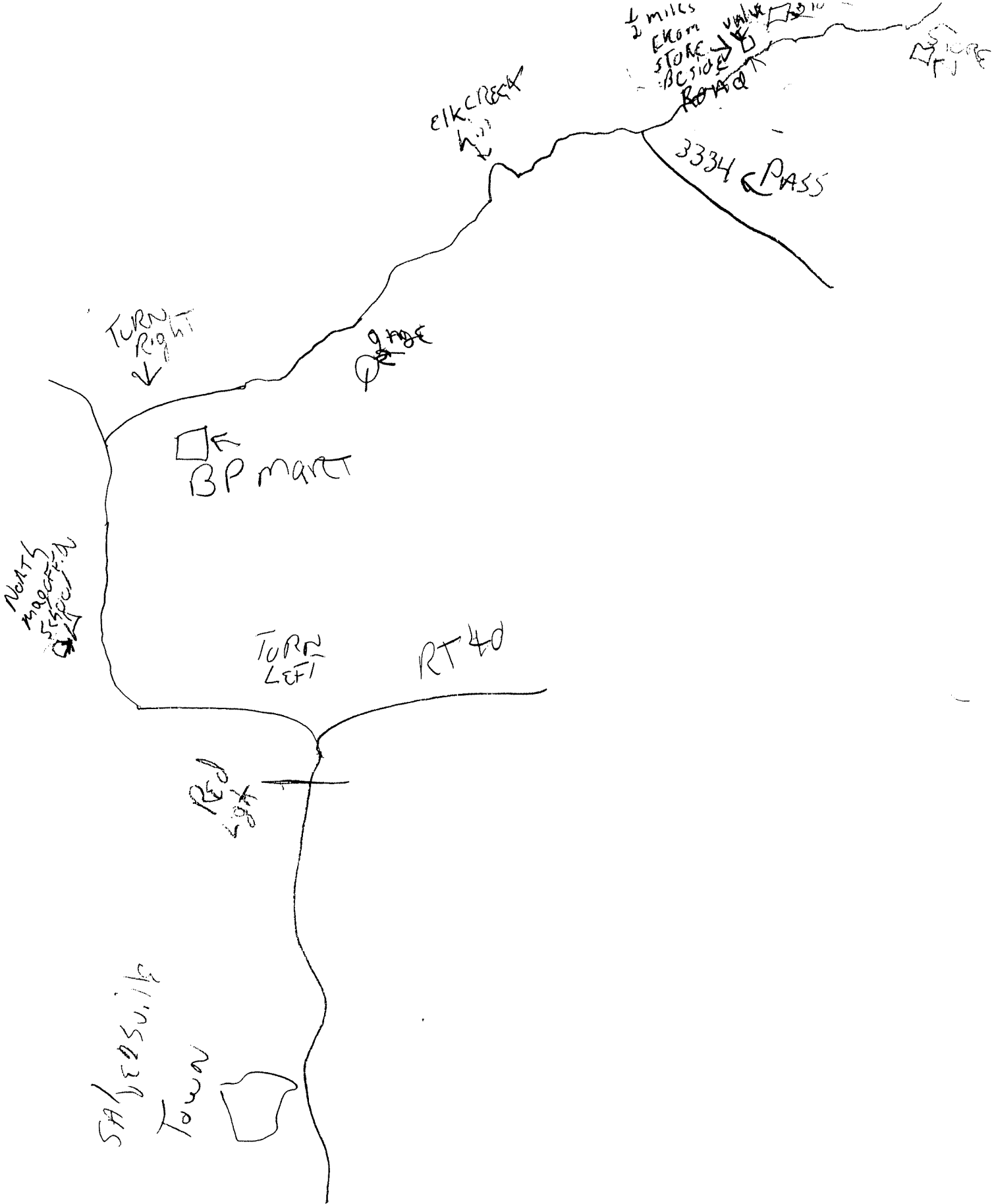
Surface	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Gate
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Type	<input type="checkbox"/> Street	<input type="checkbox"/> Other (List):	<u>under ground P/B VALVE</u>
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Valve Location: See sketch on reverse side.

Safety Valve Inspection History (for Inspector Use Only)

Inspection Date	Name of Inspector	Valve Operable	
		Yes	No
<u>12-11-10</u>	<u>LP</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Valve Location and Inspection Record

Location Identification	Company: <u>BT</u>	Valve Number: <u>15</u>
	Location: <u>Bull BR on RT</u>	

If Above Ground perform an Atmospheric Condition Check

Is valve located Above Ground	<input type="checkbox"/>	Coating Good	<input type="checkbox"/>	Needs Maintenance	<input type="checkbox"/>	Below Ground	<input checked="" type="checkbox"/>
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Business District	<input type="checkbox"/>	Within limits	<input checked="" type="checkbox"/>	Rural Area	<input checked="" type="checkbox"/>	Within A Subdivision	<input checked="" type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Valve Size	<u>2"</u>	Material	<u>Cast Iron</u>	Operating Nut Size	<u>2 1/2"</u>
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Characteristics	<input type="checkbox"/> Metallic	<input type="checkbox"/> Plastic	<input type="checkbox"/> Plug	<input type="checkbox"/> Gate
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Surface Type	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Gate
	<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Other (List) <u>underground Bull</u>		

Valve Location: See sketch on reverse side.

Safety Valve Inspection History

(For Inspector Use Only)

Inspection Date	Name of Inspector	Valve Operable	
		Yes	No
<u>12-15-10</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>



Valve Location and Inspection Record

Project

Location Identification	Company: <u>BTU</u>	Valve Number: <u>10</u>
	Location: <u>NORTH McOFFEE School on Highway 460</u>	

If Above Ground perform an Atmospheric Corrosion Check

Is valve located Above Ground <input type="checkbox"/>	Coating Good <input type="checkbox"/>	Needs Maintenance <input type="checkbox"/>	Below Ground <input checked="" type="checkbox"/>
--	---------------------------------------	--	--

Business <input type="checkbox"/>	With <input type="checkbox"/>	Rural <input type="checkbox"/>	Within <input type="checkbox"/>
District <input type="checkbox"/>	City <input type="checkbox"/>	Area <input type="checkbox"/>	Subdivision <input type="checkbox"/>

Valve Size <u>2"</u>	Make <u>Polly Valve</u>	Operating Nut Size <u>2 1/2"</u>
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Characteristics

<input type="checkbox"/> Metallic	<input checked="" type="checkbox"/> Plastic	<input type="checkbox"/> Plug	<input type="checkbox"/> Gate
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Surface

<input type="checkbox"/> Asphalt	<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Gate
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Type

<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Other (List) <u>Under Ground Polly Valve</u>
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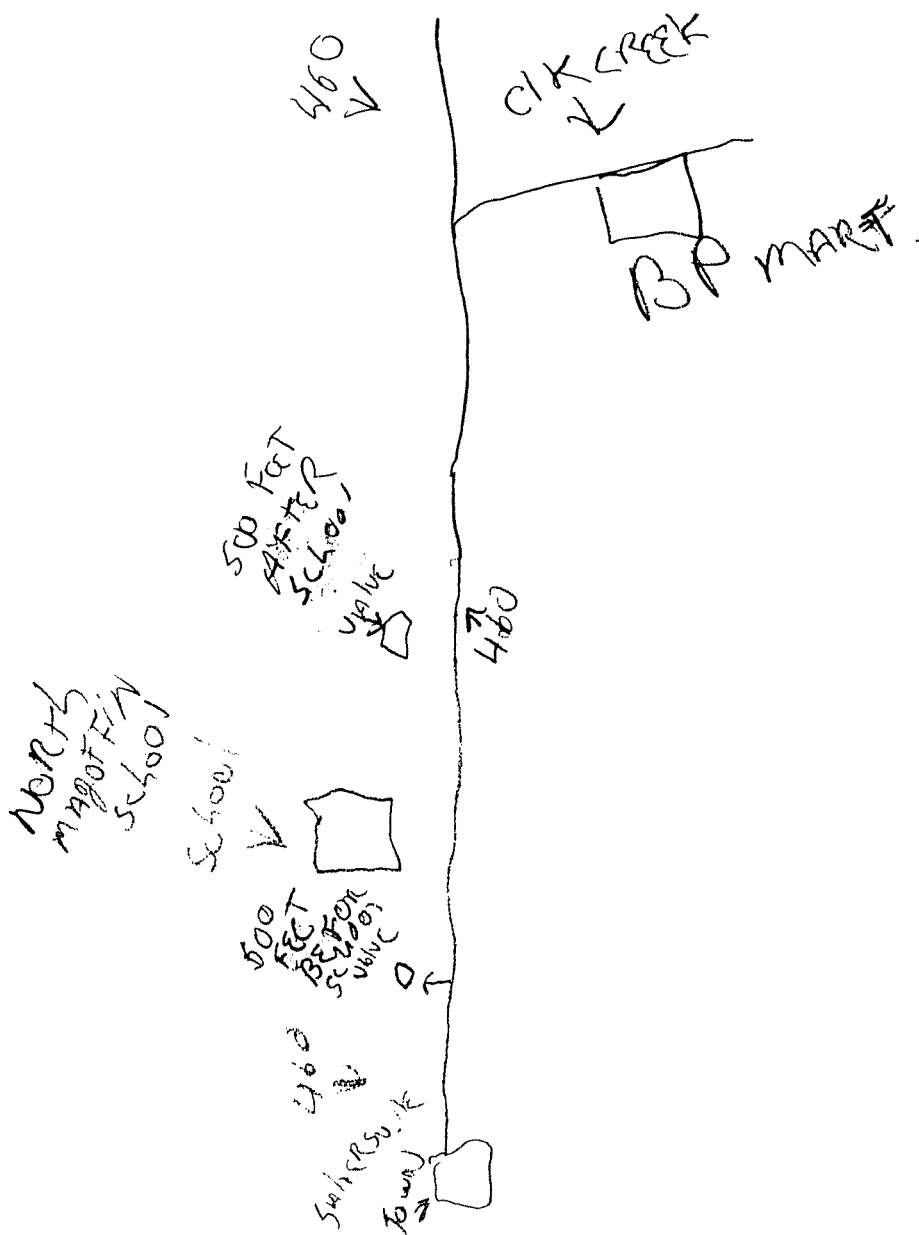
Valve Location: See sketch on reverse side.

Safety Valve Inspection History

(For Inspector Use Only)

Inspection Date	Name of Inspector	Valve Operable	
		Yes	No
<u>12-11-10</u>	<u>L.P.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PART
OF PAGE 2



Valve Location and Inspection Record

Location Identification	Company: <u>BIU</u>	Valve Number: <u>17</u>
	Location: <u>NORTH MAGOFF FLEMING SCHOOL ON HIGHWAY 460</u>	

If Above Ground perform an Atmospheric Corrosion Check

Is valve located Above Ground	<input type="checkbox"/>	Coating Good	<input type="checkbox"/>	Needs Maintenance	<input type="checkbox"/>	Below Ground	<input checked="" type="checkbox"/>
-------------------------------	--------------------------	--------------	--------------------------	-------------------	--------------------------	--------------	-------------------------------------

Business	<input type="checkbox"/>	Within	<input checked="" type="checkbox"/>	Rural	<input checked="" type="checkbox"/>	Within	<input checked="" type="checkbox"/>
District	<input type="checkbox"/>	CN	<input type="checkbox"/>	Area	<input type="checkbox"/>	A	<input type="checkbox"/>
	<input type="checkbox"/>	limits	<input type="checkbox"/>		<input type="checkbox"/>	Subdivision	<input type="checkbox"/>

Valve Size	<u>2"</u>	Make	<u>Ball Valve</u>	Operating Nut Size	<u>2 7/8"</u>
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Characteristics

<input type="checkbox"/> Metallic	<input checked="" type="checkbox"/> Plastic	<input type="checkbox"/> Plug	<input type="checkbox"/> Gate
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Surface

<input type="checkbox"/> Asphalt	<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Gate
----------------------------------	-----------------------------------	---------------------------------	-------------------------------

Type

<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Other (List) <u>UNDERGROUND BALL VALVE</u>
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Valve Location. See sketch on reverse side.

Safety Valve Inspection History

(for Inspector Use Only)

Inspection Date	Name of Inspector	Valve Operable	
		Yes	No
<u>12-11-10</u>	<u>LP</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

RECEIVED

DEC 20 2010

PUBLIC SERVICE
COMMISSION

PHMSA

(ANNUAL REPORT)

Office of Pipeline Safety

Pipeline and Hazardous Materials Safety Administration

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Confirmation Page
<p>This report was successfully submitted to the OPS Database.</p> <p>Please do not mail or fax this report to the Office of Pipeline Safety.</p> <p>If you have any questions, please contact Donald Taylor at 202-366-8075.</p>
<p>Type of Report : Annual Report - Gas Distribution System</p> <p>Report ID: 20091421 -- 15860</p> <p>Company Name: BTU GAS COMPANY, INC.</p> <p>Operator ID: 32518</p> <p>Date of Entry: 10/25/2010 08:52:47</p> <p>Prepare's Name: PAM WILLIAMS</p> <p>Prepare's Telephone Number: (606)884-2000</p> <p>Prepare's Email Address: PAMWILLIAMS@FOOTHILLS.NET</p>
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ANNUAL REPORT FOR GAS DISTRIBUTION SYSTEM	
Report No: 20091421	
INSTRUCTIONS	
<p><i>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 Office Of Pipeline Safety Web Page at http://ops dot gov.</i></p> <p><i>Indicates Required Fields</i></p>	
Calendar Year : 2009	Type of Report: Initial Supplemental
PART A - OPERATOR INFORMATION	
1. Name of operator	
Operator: BTU GAS COMPANY, INC.	If this is the wrong name, please click here.
2. Location of office where additional information may be obtained	
Select an address:	 or enter a new one
Number and Street: HC 60 LAKEVILLE ROAD	
City: SALYERSVILLE	County: MAGOFFIN
State: KY	Zip: 41465
3. Operator's 5 digit identification number	
Operator ID:	
4. Headquarters name and address, if different	
Select an address:	 or enter a new one
Number and Street: P.O. BOX 707	
City: SALYERSVILLE	County: MAGOFFIN
State: KY	Zip: 41465
5. State in which system operates	
State: KY (provide a separate report for each state in which system operates)	
PART B - SYSTEM DESCRIPTION (report miles of main and number of services in system at end of year)	
1. General	

	STEEL										Total
	Unprotected		Cathodically Protected		Plastic	Cast/Wrought Iron	Ductile Iron	Copper	Other	Other	
	Bare	Coated	Bare	Coated							
Miles of Main	0	0	0	0	87	0	0	0	0	0	87
No. of Services	0	0	0	0	440	0	0	0	0	0	440

2. Miles of mains in system at end of year

	Unknown	2" or less	Over 2" Thru 4"	Over 4" Thru 8"	Over 8" Thru 12"	Over 12"	Total
Steel	0	0	0	0	0	0	0
Ductile Iron	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0
Cast/Wrought Iron	0	0	0	0	0	0	0
Plastic							
1. PVC	0	0	0	0	0	0	0
2. PE	0	0	0	0	0	0	0
3. ABS	0	0	0	0	0	0	0
Other	0	0	87	0	0	0	87
Other	0	0	0	0	0	0	0
System Totals	0	0	87	0	0	0	87

3. Number of services in system at end of year

Average service length feet

	Unknown	1" or less	Over 1" Thru 2"	Over 2" Thru 4"	Over 4" Thru 8"	Over 8"	Total
Steel	0	0	0	0	0	0	0
Ductile Iron	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0
Cast/Wrought Iron	0	0	0	0	0	0	0
Plastic							
1. PVC	0	0	0	0	0	0	0
2. PE	0	0	0	0	0	0	0
3. ABS	0	0	0	0	0	0	0
Other	0	0	440	0	0	0	440
Other	0	0	0	0	0	0	0
System Totals	0	0	440	0	0	0	440

4. Miles of main and number of services by decade of installation

	Unknown	pre 1940	1940-1949	1950-1959	1960-1969	1970-1979	1980-1989	1990-1999	2000-2009	Total
Miles of main	0	0	0	0	0	0	60	27	0	87
No. of services	0	0	0	0	0	0	300	140	0	440

PART C - TOTAL LEAKS ELIMINATED/REPAIRED DURING YEAR

	Mains	Services
Corrosion	0	0
Natural Forces	0	0
Excavation	0	0
Other Outside Force Damage	0	0
Materials and Welds	0	0
Equipment	0	0
Operations	0	0
Other	0	0

Number of known system leaks at end of year scheduled for repair: 0

PART D - TOTAL NUM. OF LEAKS ON FEDERAL LAND REPAIRED OR SCHEDULED FOR REPAIR

Total number of leaks on federal land repaired or scheduled for repair: 0

PART E - PERCENT OF UNACCOUNTED FOR GAS

Unaccounted for gas as a percent of total input for the 12 months ending June 30 of the reporting year.

[(purchased gas + produced gas) minus (customer use + company use + appropriate adjustments)]
divided by (purchased gas + produced gas) equals percent unaccounted for

Input for year ending 6/30: 5%

PART F - ADDITIONAL INFORMATION

PART G - PREPARER AND AUTHORIZED SIGNATURE

Preparer's Name: PAM WILLIAMS Telephone Number: 6068842000
E-mail Address: PAMWILLIAMS@FOOTHILL Facsimile Number: 6068842010

Name and Title of Person Signing: PAM WILLIAMS	Telephone Number: 6068842000
<input type="button" value="Submit Form"/>	

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PUBLIC SERVICE
COMMISSION

ALCOHOL & DRUG PLAN

Drug and Alcohol Plan

On page three (3) of the Drug and Alcohol Plan under the heading “Newly Hired Employees” the wording has been changed to state that the Company **will test any newly hired employees for illegal drugs.** (pg. 3)

The wording has also been changed under the heading “Accidents” to state the following **“The Company will test all employees and or contractors involved in any accident occurring on Company premises for illegal drugs.”** (pg. 4)

Pam Williams