

**RECEIVED**

JUL 01 2013

PUBLIC SERVICE  
COMMISSION

RussMar Logistics, LLC.

MARVIN ANDERSON

*2012-00362*

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	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

Card Holder is qualified to join plastic pipe using the joining methods marked below:

<input checked="" type="checkbox"/>	1-1/4" through 4" Butt Fusion	pe 2406
<input checked="" type="checkbox"/>	6" & 8" Butt Fusion	pe 2406
<input checked="" type="checkbox"/>	Socket Fusion	pe 2406
<input checked="" type="checkbox"/>	Electrofusion	
<input checked="" type="checkbox"/>	Mechanical - bolted compression	
<input checked="" type="checkbox"/>	Mechanical - boltless compression	
<input checked="" type="checkbox"/>	Mechanical - stab	

**PLASTIC FUSION/MECH. JOINT QUALIFICATION RECORD**

Name: MARVIN ANDERSON

ID#: 2554

Company/Contractor Name: MARTIN CONT.

Qualified Date: 3/29/13 Expires on 3/29/14

Qualified By: Chris High Agency: Bluegrass Inst. Svcs.

This card certifies that this individual has been tested and qualified according to the requirements of D.O.T. 49 CFR Part 192.285 and applicable Columbia Gas Plastic Fusion/Mech. Joint Procedures.

This card certifies 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:

Written Exam       Observation

3/29/13      3/29/14  
QUALIFIED      EXPIRES      *Chris Sligh*  
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)



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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 MARVIN HARRISON  
Last 4 Digits of Social Security Number 2554  
Company Name MARTIN CONSTRUCTING INC  
Company Mailing Address 2371 IRVING RD  
City Richmond State KY Zip 40475

### 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 [Signature] Date 29 MAR 13

Evaluator Information (Please Print):

Name CHRIS SLIGH  
Organization/Employer BLUEGRASS 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 [Signature] Date 3/29/13



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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 Kevin Hudson  
Last 4 Digits of Social Security Number or Employee # 2554  
Company Name MARTIN INDUSTRIES INC  
Company Mailing Address 5575 ...  
City Albuquerque State NM Zip 87105

## 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 [Signature] Date 3/29/13

Evaluator Information (Please Print):

Name CHRIS SLIGH  
Organization/Employer BLUEGRASS 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.

Evaluator's Signature [Signature] Date 3/29/13



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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:**

QQ 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 Michael Anderson

Last 4 Digits of Social Security Number 2556

Company Name Michael Anderson LLC

Company Mailing Address 2371 Zovier Rd

City Richwood State OH Zip 42475

### *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 [Signature] Date 3-29-13

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS 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 [Signature] Date 3/29/13



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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**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
95.31	93.75	4	4

**IV. Employer Record**

**Group # 5017**

**OQ Task UG-1**

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

**Employee Information (Please Print):**

Name MARVIN ANDERSON

Last 4 Digits of Social Security Number 7554

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 Marvin Anderson Date 16 FEB 12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS 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 Chris Sligh Date 2/16/12



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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**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
97.50	100.00	4	4

**IV. Employer Record**

**Group # 5017**

**OQS Task UH-1**

**Install Domestic Gas Meter and Regulator Sets**

**Employee Information (Please Print):**

Name MARVIN ANDERSON

Last 4 Digits of Social Security Number 2554

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 *Marvin Anderson* Date 17 FEB 12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS 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 *Chris Sligh* Date 2/17/12



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**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
100.00	100.00	4	4

**IV. Employer Record**

**Group # 5017**

**OQ Task UH-2**

**Install Domestic Gas Service Lines**

**Employee Information (Please Print):**

Name MARVIN ANDERSON

Last 4 Digits of Social Security Number 2554

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 Marvin Anderson Date 17 FEB 12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS 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 Chris Sligh Date 2/17/12



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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**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
96.67	97.78	4	4

**IV. Employer Record**

**Group # 5017**

**OQ Task UI-1**

**Monitor Corrosion Control Methods Used on Buried Metal Pipelines**

**Employee Information (Please Print):**

Name MARVIN Anderson

Last 4 Digits of Social Security Number 2554

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 *Marvin Anderson* Date 16 FEB 12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS 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 *Chris Sligh* Date 2/16/12



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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**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
91.92	91.18	4	4

**IV. Employer Record**

**Group # 5017**

**OQS Task UL-1**

**Tap Pipelines Under Pressure**

**Employee Information (Please Print):**

Name MARVIN ANDERSON

Last 4 Digits of Social Security Number 2554

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 Marvin Anderson Date 17 FEB 12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS 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 Chris Sligh Date 2/12/12



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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**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
100.00	100.00	4	4

**IV. Employer Record**

**Group # 5017**

**OQ Task UL-2**

**Purge Gas Lines**

**Employee Information (Please Print):**

Name MARVIN ANDERSON

Last 4 Digits of Social Security Number 2554

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 Marvin Anderson Date 17 FEB 12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS 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 Chris Sligh Date 2/17/12



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---

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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

Group # 5791

OQ Task UM-1

Performing Patrol and Leakage Surveys on Gas Pipeline Facilities

Employee Information (Please Print):

Name MARVIN ANDERSON  
 Last 4 Digits of Social Security Number 2554  
 Company Name MARTIN CONTRACTING / RUSSMAR  
 Company Mailing Address 2371 IRVINE RD.  
 City RICHMOND State KY 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 [Signature] Date 28 March

Evaluator Information (Please Print):

Name CHRIS SLIGH  
 Organization/Employer BLUEGRASS 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 [Signature] Date 5/28/13

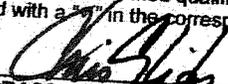
This certifies that Marvin Anderson

of Martin Contracting

has been evaluated per the conditions and guidelines as set forth by DOT 49 CFR, Part 192 & the KY Public Service Commission using materials and procedures provided by Industrial Training Services & the KY Gas Association, and determined qualified to perform the tasks as indicated with a "Y" in the corresponding box.

5/28/13

DATE

  
BLUEGRASS INSTRUCTIONAL SERVICES  
3438 McClure Rd., Winchester, KY 40391  
859-494-3173 [Lshigh.c@gmail.com](mailto:Lshigh.c@gmail.com)

EXPIRES

TASK

- |                |                                     |  |
|----------------|-------------------------------------|--|
| _____          | <input type="checkbox"/>            | OQ UG-1 : Excavating/Backfilling               |
| _____          | <input type="checkbox"/>            | OQ UH-1 : Install/Repair/Replace M & R Sets    |
| _____          | <input type="checkbox"/>            | OQ UH-2 : Install/Repair/Replace Service Lines |
| _____          | <input type="checkbox"/>            | OQ UI-1 : Apply/Monitor Corrosion Control      |
| _____          | <input type="checkbox"/>            | OQ UL-1 : Tap Pipelines (Self-Tapping Only)    |
| _____          | <input type="checkbox"/>            | OQ UL-2 : Purge Pipelines                      |
| <u>5/28/16</u> | <input checked="" type="checkbox"/> | OQ UM-1 : Patrol & Leakage Surveys             |
| _____          | <input type="checkbox"/>            | OQ UM-3 : Pressure Test Pipelines              |
| _____          | <input type="checkbox"/>            | OQ UM-7 : Prevent Accidental Ignition/AOC's    |
| _____          | <input type="checkbox"/>            | OQ UM-8 : Install/Repair/Replace Main Lines    |
| _____          | <input type="checkbox"/>            | OQ UM-10 : Abandon/Deactivate Pipelines        |

# Training Roster

Conducted By : Bluegrass Instructional Services

Instructor : Chris Sligh

Date : 5/28/13

Course No. : ITS UM-1

Location : RICHMOND, KY

NO.	NAME	SIGNATURE	COMPANY	ID #
1	MARVIN Anderson	<i>Mar Anderson</i>	RUSSMAR Martin Contracting	2554
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
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**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
100.00	100.00	4	4

**IV. Employer Record**

**Group # 5017**

**OQ Task UM-3**

**Testing Domestic Gas Service Lines**

**Employee Information (Please Print):**

Name MARVIN ANDERSON

Last 4 Digits of Social Security Number 2554

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 Marvin Anderson Date 17 FEB 12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS 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 Chris Sligh Date 2/17/12



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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**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
94.45	96.30	4	4



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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**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
93.27	92.31	4	4

**IV. Employer Record**

**Group # 5017**

**OQ Task UM-8**

**Make Field Repairs on Natural Gas Pipelines**

**Employee Information (Please Print):**

Name MARVIN ANDERSON

Last 4 Digits of Social Security Number 2554

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 Marvin Anderson Date 16 FEB 12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS INSTR. SVC

Telephone Number 859-434-3173

*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 Chris Sligh Date 2/16/12



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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**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
95.46	95.46	4	4

**IV. Employer Record**

**Group # 5017**

**OQ Task UM-10**

**Abandon or Deactivate Gas Pipeline Facilities**

**Employee Information (Please Print):**

Name MARVIN ANDERSON

Last 4 Digits of Social Security Number 2554

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 [Signature] Date 16 FEB 12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS 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 [Signature] Date 2/16/12

**RECEIVED**

JUL 01 2013

PUBLIC SERVICE  
COMMISSION

RussMar Logistics, LLC.

EDDIE BENNETT

*2012-00362*

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

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**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 **Jesse W. Emberton, 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

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Last Name	First Name	M/I	Company Name	Test Date	P/F	Instructor #	Test Name	Skill
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/13/2012 P			OO CM-8 Make Field Repairs on Gas Pipelines	OO CM-8 1-4, 7 SIM OO CM-5a BALL PLUG GATE ALL SIM
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/13/2012 P			OO CM-1 Performing Patrol and Leakage Surveys on Gas Pipeline Facilities	OO CM-1 1-2, 5 SIM
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/12/2012 P			NGT 1603 OO H-1 Install Domestic Gas Meter and Regulator Sets	OO H-1, H-2, M-3 ALL SIM
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/12/2012 P			NGT 1603 OO H-2 Install Domestic Gas Service Lines	OO H-1, H-2, M-3 ALL SIM
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/12/2012 P			NGT 1603 OO M-3 Test Gas Service Lines	OO H-1, H-2, M-3 ALL SIM
BROWN	ROBERT	A	MARTIN CONTRACTING	11/12/2012 P			NGT 1603 OO H-1 Install Domestic Gas Meter and Regulator Sets	OO H-1, H-2, M-3 ALL SIM
BROWN	ROBERT	A	MARTIN CONTRACTING	11/12/2012 P			NGT 1603 OO H-2 Install Domestic Gas Service Lines	OO H-1, H-2, M-3 ALL SIM
BROWN	ROBERT	A	MARTIN CONTRACTING	11/12/2012 P			NGT 1603 OO M-3 Test Gas Service Lines	OO H-1, H-2, M-3 ALL SIM
EMBERTON	JESSE	W	CITY OF TOMPKINSVILLE	11/13/2012 P			OO CM-8 Make Field Repairs on Gas Pipelines	OO CM-8 1-4, 7 SIM OO CM-5a BALL PLUG GATE ALL SIM
EMBERTON	JESSE	W	CITY OF TOMPKINSVILLE	11/13/2012 P			OO CM-5a Inspect Emergency Valves	
EMBERTON	JESSE	W	CITY OF TOMPKINSVILLE	11/13/2012 P			OO CM-1 Performing Patrol and Leakage Surveys on Gas Pipeline Facilities	OO CM-1 1-2, 5 SIM
EMBERTON	JESSE	W	CITY OF TOMPKINSVILLE	11/12/2012 P			NGT 1803 OO H-1 Install Domestic Gas Meter and Regulator Sets	OO H-1, H-2, M-3 ALL SIM
EMBERTON	JESSE	W	CITY OF TOMPKINSVILLE	11/12/2012 P			NGT 1803 OO H-2 Install Domestic Gas Service Lines	OO H-1, H-2, M-3 ALL SIM
EMBERTON	JESSE	W	CITY OF TOMPKINSVILLE	11/12/2012 P			NGT 1603 OO M-3 Test Gas Service Lines	OO H-1, H-2, M-3 ALL SIM
WARREN	JASON	O	MARTIN CONTRACTING	11/13/2012 P			OO CM-8 Make Field Repairs on Gas Pipelines	OO CM-8 1-4, 7 SIM OO CM-5a BALL PLUG GATE ALL SIM
WARREN	JASON	O	MARTIN CONTRACTING	11/13/2012 P			OO CM-5a Inspect Emergency Valves	
WARREN	JASON	O	MARTIN CONTRACTING	11/13/2012 P			OO CM-1 Performing Patrol and Leakage Surveys on Gas Pipeline Facilities	OO CM-1 1-2, 5 SIM
WARREN	JASON	O	MARTIN CONTRACTING	11/12/2012 P			NGT 1603 OO H-1 Install Domestic Gas Meter and Regulator Sets	OO H-1, H-2, M-3 ALL SIM
WARREN	JASON	O	MARTIN CONTRACTING	11/12/2012 P			NGT 1603 OO H-2 Install Domestic Gas Service Lines	OO H-1, H-2, M-3 ALL SIM

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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

**CONFIDENTIAL**

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

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COMMISSION

RussMar Logistics, LLC.

MICHAEL CASEY CHELF

2012-00362

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

Card Holder is qualified to join plastic pipe using the joining methods marked below:

1-1/4" through 4" Butt Fusion pe 2406  
 6" & 8" Butt Fusion pe 2406  
 Socket Fusion pe 2406  
 Electrofusion  
 Mechanical - bolted compression  
 Mechanical - boltless compression  
 Mechanical - slab

**PLASTIC FUSION/MECH. JOINT QUALIFICATION RECORD**

Name: CASEY CHELF

ID#: 7308

Company/Contractor Name: MARTIN CONT.

Qualified Date: 3/29/13 Expires on 3/29/14

Qualified By: [Signature] Agency: Bluegrass Inst. Svcs.

This card certifies that this individual has been tested and qualified according to the requirements of D.O.T. 49 CFR Part 192.285 and applicable Columbia Gas Plastic Fusion/Mech. Joint Procedures.

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:

- Written Exam       Observation

3/29/13  
QUALIFIED

3/29/14  
EXPIRES

*Chris Sligh*  
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)



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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 Fusion

Employee Information (Please Print):

Name Casey Chalf

Last 4 Digits of Social Security Number 7308

Company Name Machin Contractors

Company Mailing Address 2371 Ervin RD

City Richmond State KY Zip 40475

### 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 Casey Chalf Date 3-29-13

Evaluator Information (Please Print):

Name CHRIS SLIGH

Organization/Employer BLUEGRASS 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 Chris Sligh 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

---

# 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 Cary SELF  
Last 4 Digits of Social Security Number or Employee # 7358  
Company Name Bluegrass Instrumental  
Company Mailing Address 237 Pine St  
City Richmond State KY Zip 40475

### 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 Cary SELF Date 3-29-13

### Evaluator Information (Please Print):

Name CHRIS SLIGH  
Organization/Employer BLUEGRASS INSTR. SVC  
Telephone Number 858-484-3173

### 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.

Evaluator's Signature Chris Sligh 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:**

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 Mechanical Fittings

### Employee Information (Please Print):

Name Cossey, Jeff  
Last 4 Digits of Social Security Number 7308  
Company Name Martin Contracting  
Company Mailing Address 2371 N. W. Rd  
City Blount State VA Zip 22075

### 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 Jeff Cossey Date 3-29-13

### Evaluator Information (Please Print):

Name CHRIS SLIGH  
Organization/Employer BLUEGRASS 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 Chris Sligh 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**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
95.31	93.75	4	4

**IV. Employer Record**

**Group # 5017**

**OQ Task UG-1**

**Verifying Excavating and Backfilling Operations That Minimize Excavation Damage to 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

*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 Michael Chelf Date 2-16-12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS 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 Chris Sligh Date 2/16/12



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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**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
97.50	100.00	4	4

**IV. Employer Record**

**Group # 5017**

**OQS Task UH-1**

**Install Domestic Gas Meter and Regulator Sets**

**Employee Information (Please Print):**

Name Michael Chelf

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 guides used in this evaluation checklist.

Employee's Signature Michael Chelf Date 2-17-12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS 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 Chris Sligh Date 2/17/12



**Managed Training and Qualification Solutions for the Gas Industry**

310 CC Lowry Drive • Murray, KY 42071 • 1-800-333-1566 • [www.ITS-training.com](http://www.ITS-training.com)

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**

---

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
100.00	100.00	4	4

---

**IV. Employer Record**

**Group # 5017**

**OQ Task UH-2**

**Install Domestic Gas Service Lines**

**Employee Information (Please Print):**

Name Michael Chelf

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 guides used in this evaluation checklist.

Employee's Signature Michael Chelf Date 2-17-12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS 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 Chris Sligh Date 2/17/12



**Managed Training and Qualification Solutions for the Gas Industry**

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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**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
96.67	97.78	4	4

**IV. Employer Record**

**Group # 5017**

**OQ Task UI-1**

**Monitor Corrosion Control Methods Used on Buried Metal Pipelines**

**Employee Information (Please Print):**

Name Michael Chelf

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 guides used in this evaluation checklist.

Employee's Signature Michael Chelf Date 2-16-12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS 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 Chris Sligh Date 2/16/12



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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**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
91.92	91.18	4	4

**IV. Employer Record**

**Group # 5017**

**OQS Task UL-1**

**Tap Pipelines Under Pressure**

**Employee Information (Please Print):**

Name Michael Chelf

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 guides used in this evaluation checklist.

Employee's Signature Michael Chelf Date 2-17-12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS 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 Chris Sligh 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**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
100.00	100.00	4	4

**IV. Employer Record**

**Group # 5017**

**OQ Task UL-2**

**Purge Gas Lines**

**Employee Information (Please Print):**

Name Michael Chelf

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 guides used in this evaluation checklist.

Employee's Signature Michael Chelf Date 2-17-12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS 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 Chris Sligh Date 2/17/12



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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**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
100.00	100.00	4	4

**IV. Employer Record**

**Group # 5017**

**OQ Task UM-3**

**Testing Domestic Gas Service Lines**

**Employee Information (Please Print):**

Name Michael Chelf

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 guides used in this evaluation checklist.

Employee's Signature Michael Chelf Date 2-17-12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS 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 Chris Sligh Date 2/17/12



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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**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
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**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
93.27	92.31	4	4

**IV. Employer Record**

**Group # 5017**

**OQ Task UM-8**

**Make Field Repairs on Natural Gas Pipelines**

**Employee Information (Please Print):**

Name Michael Casey Chief

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 guides used in this evaluation checklist.

Employee's Signature Michael Casey Date 7-16-12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS 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 Chris Sligh Date 7/16/12



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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**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
95.46	95.46	4	4

**IV. Employer Record**

**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

*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 Michael Chelf Date 2-16-17

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS 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 Chris Sligh Date 2/16/17

RussMar Logistics, LLC.

**RECEIVED**

JUL 01 2013

JESSE EMBERTON

PUBLIC SERVICE  
COMMISSION

2012-00302

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 **Jesse W. Emberton, 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

**CONFIDENTIAL**

Last Name	First Name	M/I	Company Name	Test Date	P/F	Instructor #	Test Name	Skill
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/13/2012 P			OO CM-8 Make Field Repairs on Gas Pipelines	OO CM-8 1-4, 7 SIM OO CM-5a BALL PLUG GATE ALL SIM
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/13/2012 P			OO CM-1 Performing Patrol and Leakage Surveys on Gas Pipeline Facilities	OO CM-1 1-2, 5 SIM
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/12/2012 P			NGT 1603 OO H-1 Install Domestic Gas Meter and Regulator Sets	OO H-1, H-2, M-3 ALL SIM
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/12/2012 P			NGT 1603 OO H-2 Install Domestic Gas Service Lines	OO H-1, H-2, M-3 ALL SIM
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/12/2012 P			NGT 1603 OO M-3 Test Gas Service Lines	OO H-1, H-2, M-3 ALL SIM
BROWN	ROBERT	A	MARTIN CONTRACTING	11/12/2012 P			NGT 1603 OO H-1 Install Domestic Gas Meter and Regulator Sets	OO H-1, H-2, M-3 ALL SIM
BROWN	ROBERT	A	MARTIN CONTRACTING	11/12/2012 P			NGT 1603 OO H-2 Install Domestic Gas Service Lines	OO H-1, H-2, M-3 ALL SIM
BROWN	ROBERT	A	MARTIN CONTRACTING	11/12/2012 P			NGT 1603 OO M-3 Test Gas Service Lines	OO H-1, H-2, M-3 ALL SIM
EMBERTON	JESSE	W	CITY OF TOMPKINSVILLE	11/13/2012 P			OO CM-8 Make Field Repairs on Gas Pipelines	OO CM-8 1-4, 7 SIM OO CM-5a BALL PLUG GATE ALL SIM
EMBERTON	JESSE	W	CITY OF TOMPKINSVILLE	11/13/2012 P			OO CM-1 Performing Patrol and Leakage Surveys on Gas Pipeline Facilities	OO CM-1 1-2, 5 SIM
EMBERTON	JESSE	W	CITY OF TOMPKINSVILLE	11/12/2012 P			NGT 1603 OO H-1 Install Domestic Gas Meter and Regulator Sets	OO H-1, H-2, M-3 ALL SIM
EMBERTON	JESSE	W	CITY OF TOMPKINSVILLE	11/12/2012 P			NGT 1603 OO H-2 Install Domestic Gas Service Lines	OO H-1, H-2, M-3 ALL SIM
EMBERTON	JESSE	W	CITY OF TOMPKINSVILLE	11/12/2012 P			NGT 1603 OO M-3 Test Gas Service Lines	OO H-1, H-2, M-3 ALL SIM
WARREN	JASON	O	MARTIN CONTRACTING	11/13/2012 P			OO CM-8 Make Field Repairs on Gas Pipelines	OO CM-8 1-4, 7 SIM OO CM-5a BALL PLUG GATE ALL SIM
WARREN	JASON	O	MARTIN CONTRACTING	11/13/2012 P			OO CM-1 Performing Patrol and Leakage Surveys on Gas Pipeline Facilities	OO CM-1 1-2, 5 SIM
WARREN	JASON	O	MARTIN CONTRACTING	11/12/2012 P			NGT 1603 OO H-1 Install Domestic Gas Meter and Regulator Sets	OO H-1, H-2, M-3 ALL SIM
WARREN	JASON	O	MARTIN CONTRACTING	11/12/2012 P			NGT 1603 OO H-2 Install Domestic Gas Service Lines	OO H-1, H-2, M-3 ALL SIM

Industrial Training Services  
Official Transcript Request  
**CONFIDENTIAL**

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

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

RussMar Logistics, LLC.

JASON WARREN

RECEIVED

JUL 01 2013

PUBLIC SERVICE  
COMMISSION

*2012-10362*

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		
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 BURIED PIPELINES	3 YEAR	11/12/2012	11/12/2015
L-1a	TAP PIPELINES UNDER PRESSURE	3 YEAR		
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	11/12/2015
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	11/12/2012	11/12/2015
M-7	PREVENT ACCIDENTAL IGNITION/AOC'S	3 YEAR		
M-8	MAKE FIELD REPAIRS ON DISTRIBUTION LINES	3 YEAR	11/12/2012	11/12/2015
M-9	REPAIR/PROTECT CAST IRON PIPE	3 YEAR		
M-10	ABANDON/DEACTIVATE GAS PIPING	3 YEAR		
1401	MAINTAIN SAFE WORKING ENVR.WHILE EXC. (COMPETENT PERSON)	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:

Written Exam       Observation

3/29/13  
QUALIFIED

3/29/14  
EXPIRES

*Chris Sligh*  
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)

Card Holder is qualified to join plastic pipe using the joining methods marked below:

pe 2406	1-1/4" through 4" Butt Fusion	<input checked="" type="checkbox"/>
pe 2406	6" & 8" Butt Fusion	<input checked="" type="checkbox"/>
pe 2406	Socket Fusion	<input checked="" type="checkbox"/>
	Electrofusion	<input checked="" type="checkbox"/>
	Mechanical - bolted compression	<input checked="" type="checkbox"/>
	Mechanical - boltless compression	<input checked="" type="checkbox"/>
	Mechanical - stab	<input checked="" type="checkbox"/>

**PLASTIC FUSION/MECH. JOINT QUALIFICATION RECORD**

Name: JASON WARREN

ID#: 5626

Company/Contractor Name: MARTIN CONT.

Qualified Date: 3/29/13 Expires on 3/29/14

Qualified By: Chris Gish Agency: Bluegrass

This card certifies that this individual has been tested and qualified according to the requirements of D.O.T. 49 CFR Part 192.285 and applicable Columbia Gas Plastic Fusion/Mech. Joint Procedures.



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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 Jason Taylor

Last 4 Digits of Social Security Number 7666

Company Name Bluegrass Instrumental Service

Company Mailing Address 3775 S. 10th St.

City London State OH Zip 43055

### 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 Jason Taylor Date 3/29/13

Evaluator Information (Please Print):

Name CHRIS SLIGH

Organization/Employer BLUEGRASS 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 Chris Sligh Date 3/29/13



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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





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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

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## IV. Employer Record

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OQ Task CF-2

Join Plastic Pipe with Mechanical Fittings

### Employee Information (Please Print):

Name Jason Williams

Last 4 Digits of Social Security Number 5012

Company Name Bluegrass Instrumental Service

Company Mailing Address 1000 S. Main St. Murray, KY 40443

City Murray State KY Zip 40443

### *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 Jason Williams Date 3/29/13

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### Evaluator Information (Please Print):

Name CHRIS SLIGH

Organization/Employer BLUEGRASS INSTR. SVC

Telephone Number 859-434-3173

### *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 Chris Sligh Date 3/29/13

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

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**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

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**Overall Result for This Group**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
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.**