

COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

ELECTRONIC INVESTIGATION INTO EXCESSIVE)	
WATER LOSS BY KENTUCKY'S)	CASE NO.
JURISDICTIONAL WATER UTILITIES)	2021-00339

RESPONSE TO COMMISSION STAFF'S SECOND REQUEST FOR INFORMATION

North Manchester Water Association ("NMWA") provides the following response to the Commission Staff's Second Request for Information, attached hereto as Appendix A. The witness responsible for each response is NMWA Manager Rose Lewis.

Respectfully submitted,



Sturgill, Turner, Barker & Moloney, PLLC
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APPENDIX A

1. Refer to North Manchester Water's Responses to Appendix H of the November 22, 2019 Order, filed September 23, 2020 (North Manchester Water's Response), Item 1.a. Provide an update on the number of thefts that have been discovered and the number that have been prosecuted.

Response: Three thefts had been discovered in 2020. None were prosecuted. Four thefts have been discovered in 2021 through September. None have been prosecuted as of this date. All meters in question have been removed from the ground. We have noticed significant rises of water usage on five Fridays in a row with usage being normal on Friday and Sunday but NMWA has not been able to identify where the water was going.

2. Refer to North Manchester Water's Response, Exhibit E, Water Audit. Exhibit E includes monthly water loss forms.

a. The first sentence in the response states that the average water loss for 2019 is 4399 percent. Explain whether this figure should read 43.99 percent.

Response: The figure should read 49.31 percent.

b. The January 2019 form states that the water loss was 49.31 percent, however, February 2019 the water loss was 9.04 percent, and the March 2019 the loss was 52.06 percent. A review of each month in 2019 and 2020 illustrates the water loss percentage appears to fluctuate from the low of 9.04 percent (March 2019) to the high of 61.07 percent (January 2020). Explain how the information that was entered into the monthly water loss forms that North Manchester Water relied upon to develop the water line loss percentage in each water loss form.

Response: February 2019 water loss of 9.04 percent is believed to be correct based on NMWA daily master meter readings. The City of Manchester disputed their own readings and requested calibration of the master which NMWA paid for and all master meters are within acceptable range as tested by the CI Thornburg co. Please see attached letter to the City of Manchester.

c. Provide the job title and name of the individual whose job is responsible for the information provided in these water loss forms.

Response: Bill Gray, field supervisor and Rose Lewis, Manager

d. Explain the procedures that are in place to ensure all the information in these water loss forms are correct and accurate.

Response: Master meters are read daily, flushing reports and fire department water usage is turned to Rose Lewis for final reporting.

e. In North Manchester Water’s Response, Exhibit E, North Manchester Water stated, “the water loss is trending to our goal of 20 percent.”

(1) Explain this statement due to the wide range of fluctuations of the water line loss percentages in these water loss forms.

Response: We have noticed large water use on five Fridays in a row by the master meter readings but have yet to locate where the water is being used. Thursday and Saturday readings are normal.

(2) Provide the September 2020 water loss form.

Response: Please see attached.

f. Explain why there are only three months (April–June 2020) out of a 20-month series of water loss reports with Excavation Damages water loss and no Line Break water loss.

Response: Amounts inadvertently placed in wrong column. Therefore, there should not be any excavation damages by contractors.

(1) Explain if the contractors or individuals that cause the damage to the water mains are being billed for the lost water.

Response: Contractors are billed off the tariff.

(2) Provide the rate at which the lost water is billed if the contractors or individuals that cause the damage to the water mains are being billed.

Response: Contractors are billed off the tariff for water.

(3) Explain if the contractors or individuals that cause the damage to the water mains are not being billed.

Response: Contractors are billed.

g. Explain how the water loss amounts for Line Breaks, Line Leaks, and Excavation Damages are determined each month.

Response: Work orders for each leak and found line breaks are estimated based on the size of the pipe and duration of the leak.

h. Explain how Line Breaks, Line Leaks, and Excavation Damages to the older asbestos cement mains are repaired.

Response: Asbestos cement line breaks are repaired using couplings specific to asbestos cement pipe

i. Provide the Board of Director’s meeting minutes showing that the utility has determined that, “The benefits to replace to be more beneficial compared to continuing making repairs once they have occurred.” Also, provide an update on the current status of this project.

Response: The NMWA has requested funds from the cares act to fund this project.

3. Refer to North Manchester Water's Response, Exhibit E.

a. Provide the numerical data that has been used to calculate the totals in the category of Line Break Loss for each month that is listed on the water loss form provided in this exhibit.

Response: Please see attached work orders.

b. Provide the numerical data that has been used to calculate the totals in the category of Line Leak Loss for each month that is listed on the water loss form provided in this exhibit.

Response: Please see attached work orders.

c. Provide the numerical data that has been used to calculate the totals in the category of Excavation Damages Loss for each month that is listed on the water loss form provided in this exhibit.

Response: Not applicable. There was an error in which column submitted.

4. Refer to North Manchester Water's Response, Exhibit F. Explain whether and when North Manchester Water intends to amend its tariff regarding fire department usage reporting.

Response: NMWA intends to file additional penalty with the fire departments during the next rate increase.

5. Refer to North Manchester Water's response, Exhibit G.

a. Explain the response "Accounts Payable are taken care of by an outside accountant."

Response: Accounts payables are now received by the office personal and daily receipts and deposits are made by the office personnel

(1) Provide the name and business address of the outside accountant.

Response: Ted Woods , CPA, 305 Main Street , Manchester, KY 40962

(2) Explain whether the outside accountant has any additional relationship with North Manchester Water.

Response: Mr. Woods is a current board member. It

(3) Explain whether this accountant acts as North Manchester Water's collection agent.

Response: No.

b. Provide any contract or documentation that explains duties of this outside accountant and how this outside accountant takes care of the accounts payable.

Response: There is no written contract detailing the scope of services.

6. Refer to North Manchester Water's response, Exhibit I.

a. Provide the date when this Emergency Response Information was compiled.

Response: January 2020

b. Provide the date when this Emergency Response Information was updated.

Response: January 2021

7. Refer to North Manchester Water's Response. Provide an update for the recommendations and Orders given to all parties of Case No. 2019-00041 in the Commission's Order entered November 22, 2019, specifically those on pages 6, 7, and 8.

Response:

1. NMWA has identified areas to install zone meters and included in proposed projects for which NMWA is soliciting funding.

2. We have identified areas in the distribution system that needs more isolation valves and are installing them as we can afford.

3. NMWA is aware of the need to have specific employees that work directly on leak detection and have hired a new employee whose duty is specifically to look for leaks. Since his employment he has aided the repair of approximately 42 leaks. He has been employed since August 9, 2021.

4. NMWA has tested and replaced the required amount of 100 meters for the year.

5. NMWA has evaluated the need for a rate increase each year and determined the amount necessary.

6. NMWA has designated its office manager as responsible party for water loss and leak detection.

8. Refer to North Manchester Water's Response, Exhibit E. Explain whether North Manchester Water has evaluated its need for a base rate increase in reference to the findings in Exhibit E and its statement that it plans to solicit funding to replace aging infrastructure.

Response: NMWA has evaluated its rates and needs a base rate increase. The nmwa has identified specific projects of need and is currently soliciting funding for those projects. It has requested funding for the following projects: WX21051020, WX21051202, WX21051010.

9. Explain whether North Manchester Water has developed a written plan to improve the operations and financial health of the utility, and if so, provide the plan. Provide the Board minutes for the Board approval of the written plan to improve North Manchester Water's operations and financial health.

Response: NMWA has developed a written plan to improve the operations and financial health. The plan is currently being reviewed by the commissioners and should be approved at the December board meeting since the November meeting did not have a quorum. We will provide the plan after the board's approval.

10. Explain whether North Manchester Water has developed a written water loss detection plan, and if so, provide the plan.

Response: NMWA has developed a written water loss plan.

NMWA plans to continue to replace aged water meters. Make sure all large meters are calibrated and replace the old and ageing ones. The NMWA is evaluating its water loss tracking record keeping. We are working with our local fire departments to improve theirs and our record keeping. We are also trying to improve the way that we are keeping track of our system flushing. We are planning on installing zone meters throughout the system to help evaluate water loss. Therefore, we will be able to calculate water loss on a zoned basis. We have hired a new employee to help with leak detection and budget monies to help repair know problems areas. We have created a new program of leak repair. Once the leak has been identified, we enter a work order and our crews usually make repairs within 3 to 5 days of discovery. We are continuing to improve our water loss accounting and reporting.

11. Explain whether the written water loss detection plan, if one has been developed, accounts for sufficient personnel to staff the needs of the plan.

Response: The water loss plan includes the need and accounts for sufficient personnel needed to address the needs of the plan.

Exhibit 2b

North Manchester Water Assn

7361 North Hwy 421

Manchester KY

6065985403

City of Manchester Water and Sewer

207 Church Street

Manchester, KY 40962

Attention: James Ed Garrison, Mayor

Please be advised that we have reviewed our October Water bill and it appears that based on the present and previous usage for the US 421 master meter calculations are not correct. The bill usage amount is **13,966,000** gallons but if you subtract the present meter reading of 94990500 from the previous meter reading of 94495400 it totals **495,100** gallons. Please review and advise.

Please note that we have reviewed the SR 638 master meter and SR 11 master meter gallons and billed amount and they are correct.

Thanks

Steve Davis

President

Exhibit 2(e)(2)

PUBLIC SERVICE COMMISSION

Monthly Water Loss Report

Water Utility: North Manchester Water Assn.

For the Month of: September Year: 2020

LINE #	ITEM	GALLONS (Omit 000's)
1	WATER PRODUCED AND PURCHASED	
2	Water Produced	
3	Water Purchased	13,619
4	TOTAL PRODUCED AND PURCHASED	13,619
5		
6	WATER SALES	
7	Residential	9,227
8	Commercial	
9	Industrial	
10	Bulk Loading Stations	
11	Wholesale	
12	Public Authorities	
13	Other Sales (explain)	
14	TOTAL WATER SALES	9,227
15		
16	OTHER WATER USED	
17	Utility and/or Water Treatment Plant	
18	Wastewater Plant	
19	System Flushing	45
20	Fire Department	
21	Other Usage (explain)	
22	TOTAL OTHER WATER USED	45
23		
24	WATER LOSS	
25	Tank Overflows	
26	Line Breaks	17
27	Line Leaks	4,330
28	Excavation Damages	
29	Theft	
30	Other Loss (explain)	
31	TOTAL WATER LOSS	4,347
32		
33	Note: Line 14 + Line 22 + Line 31 MUST Equal Line 4	
34		
35	WATER LOSS PERCENTAGE	
36	(Line 31 divided by Line 4)	31.92%

Exhibit 3

Work Order

Date: _____ Time: _____

Customer Name / Location: Wayne Byrd / Reed Branch

Account Number: _____ Location Number: _____

Physical Address: _____ Route Number: _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: _____

Equipment Used

- | | | |
|--|---------------------------------|---|
| <input type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input type="checkbox"/> CAT Backhoe |
| <input type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | <input type="checkbox"/> |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | <input type="checkbox"/> Air Compressor |
| <input checked="" type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | <input type="checkbox"/> Other _____ |

Work Completed BY

<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"/>

Leak Repair Info

Failure Type: Main
Duration: 25 hours
GPM: 35
Total - 5,250

Parts Used

1x 2" Hymax
4 foot piece of 2 inch

Time Arrived at Location: _____

Time Departed Location: _____

Date Work Completed: _____

Vehicle Mileage: _____

Work Order Completed by:

Justin Ferguson

Work Order

Date: _____ Time: _____

Customer Name / Location: Danny Garrett neighbor / 421

Account Number: _____ Location Number _____

Physical Address _____ Route Number _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: _____

Equipment Used

- | | | |
|--|---------------------------------|---|
| <input checked="" type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input type="checkbox"/> CAT Backhoe |
| <input checked="" type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | <input type="checkbox"/> Air Compressor |
| <input type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | <input type="checkbox"/> Other _____ |

Work Completed BY

<input checked="" type="checkbox"/> JA	<input type="checkbox"/>
<input checked="" type="checkbox"/> DT	<input type="checkbox"/>
<input checked="" type="checkbox"/> DC	<input type="checkbox"/>
<input checked="" type="checkbox"/> DS	<input type="checkbox"/>
<input checked="" type="checkbox"/> WA	<input type="checkbox"/>

Leak Repair Info

Failure Type Service
Duration 1 week
GPM 30
Total - 302,400

Parts Used

1x 3/4" wrap

Time Arrived at Location: _____

Time Departed Location: _____

Date Work Completed: _____

Vehicle Mileage: _____

Work Order Completed by:

Justin Thompson

Work Order

Date: _____ Time: _____

Customer Name / Location: Huckleberry

Account Number: _____ Location Number _____

Physical Address _____ Route Number _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: _____

Equipment Used

- | | | |
|--|---------------------------------|---|
| <input type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input type="checkbox"/> CAT Backhoes |
| <input type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | <input type="checkbox"/> |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | <input type="checkbox"/> Air Compressor |
| <input checked="" type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | <input type="checkbox"/> Other _____ |

Work Completed BY

<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"/>

Leak Repair Info

Failure Type
service

Duration
1 hour

GPM 25

Total - 1500

Parts Used

2x 3/4" straight couplings

5 foot piece of 3/4" line

Time Arrived at Location: _____

Time Departed Location: _____

Date Work Completed: _____

Vehicle Mileage: _____

Work Order Completed by:

Justin Thompson

Work Order

Date: _____ Time: _____

Customer Name / Location: Ells Branch

Account Number: _____ Location Number _____

Physical Address _____ Route Number _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: _____

Equipment Used

- | | | |
|--|---------------------------------|---|
| <input checked="" type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input checked="" type="checkbox"/> CAT Backhoe |
| <input checked="" type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | <input type="checkbox"/> |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | <input type="checkbox"/> Air Compressor |
| <input checked="" type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | <input type="checkbox"/> Other _____ |

Work Completed BY

<u>JA</u>	<input type="checkbox"/>
<u>DC</u>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Leak Repair Info

Failure Type
Main

Duration
8 hours

GPM 50

Total - \$24,000

Parts Used

2 foot 6" clamp

20 foot piece of 6" PVC

Time Arrived at Location: _____

Time Departed Location: _____

Date Work Completed: _____

Vehicle Mileage: _____

Work Order Completed by

[Signature]

Work Order

Date: _____ Time: _____

Customer Name / Location: Charlie Sizemore / Stevens Rd

Account Number: _____ Location Number: _____

Physical Address: _____ Route Number: _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: _____

Equipment Used

- | | | |
|--|---------------------------------|---|
| <input checked="" type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input checked="" type="checkbox"/> CAT Backhoe |
| <input type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | <input type="checkbox"/> Air Compressor |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | |

Work Completed BY

- | | |
|--|--------------------------|
| <input checked="" type="checkbox"/> DT | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> DS | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Leak Repair Info

Failure Type: Service
Duration: 2 hours
GPM: 30
Total: 3600

Parts Used

2x straight couplings
1 foot 3/4" line

Time Arrived at Location: _____
Time Departed Location: _____
Date Work Completed: _____
Vehicle Mileage: _____

Work Order Completed by:

[Signature]

Work Order

Date: _____ Time: _____

Customer Name / Location: ~~Denia~~ End of Charlie Sizemore/638

Account Number: _____ Location Number _____

Physical Address _____ Route Number _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: _____

Equipment Used

- | | | |
|--|---------------------------------|---|
| <input checked="" type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input checked="" type="checkbox"/> CAT Backhoe |
| <input checked="" type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | <input type="checkbox"/> Air Compressor |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | |

Work Completed BY

<input checked="" type="checkbox"/> JA	<input type="checkbox"/>
<input checked="" type="checkbox"/> DJ	<input type="checkbox"/>
<input checked="" type="checkbox"/> RK	<input type="checkbox"/>
<input checked="" type="checkbox"/> SD	<input type="checkbox"/>

Leak Repair Info

Failure Type: Service
Duration: 3 weeks
GPM: 15
Total: 453,600

Parts Used

50 foot 3/4" line
2 x 3/4" straight couplings

Time Arrived at Location: _____
Time Departed Location: _____
Date Work Completed: _____
Vehicle Mileage: _____

Work Order Completed by:

[Signature]
[Signature]

Work Order

Date: _____ Time: _____

Customer Name / Location: Past ~~Green~~ Greenhill Rd

Account Number: _____ Location Number _____

Physical Address _____ Route Number _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: _____

Equipment Used

- | | | |
|--|---------------------------------|--|
| <input checked="" type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input checked="" type="checkbox"/> CAT Backhoes |
| <input checked="" type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | <input type="checkbox"/> Air Compressor |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | |

Work Completed BY

<input checked="" type="checkbox"/> JA	<input type="checkbox"/>
<input checked="" type="checkbox"/> DT	<input type="checkbox"/>
<input checked="" type="checkbox"/> DK	<input type="checkbox"/>
<input checked="" type="checkbox"/> DJ	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Leak Repair Info

Failure Type Service
Duration 3 weeks
GPM 15
Total - 453,600

Parts Used

Time Arrived at Location: _____
Time Departed Location: _____
Date Work Completed: _____
Vehicle Mileage: _____

Work Order Completed by:

[Signature]
[Signature]

Work Order

Date: _____ Time: _____

Customer Name / Location: 11 / Gabbards fork

Account Number: _____ Location Number _____

Physical Address _____ Route Number _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: _____

Equipment Used

- | | | |
|--|---------------------------------|---|
| <input checked="" type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input checked="" type="checkbox"/> CAT Backhoe |
| <input checked="" type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | <input type="checkbox"/> Air Compressor |
| <input type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | <input type="checkbox"/> Other _____ |

Work Completed BY

<input checked="" type="checkbox"/> JA	<input type="checkbox"/>
<input checked="" type="checkbox"/> DT	<input type="checkbox"/>
<input checked="" type="checkbox"/> DL	<input type="checkbox"/>
<input checked="" type="checkbox"/> DS	<input type="checkbox"/>
<input checked="" type="checkbox"/> SD	<input type="checkbox"/>

Leak Repair Info

Failure Type Service
Duration 3 weeks
GPM 15
Total 453,600

Parts Used

Time Arrived at Location: _____
Time Departed Location: _____
Date Work Completed: _____
Vehicle Mileage: _____

Work Order Completed by: *Josh Thompson*

Work Order

Date: 6-25-21 Time: _____

Customer Name / Location: Deer Creek / 472

Account Number: _____ Location Number _____

Physical Address _____ Route Number _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: boxed meter bottom,
changed meter

Equipment Used

- | | | |
|--|---------------------------------|---|
| <input checked="" type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input type="checkbox"/> CAT Backhoes |
| <input type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | <input type="checkbox"/> |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | <input type="checkbox"/> Air Compressor |
| <input type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | <input type="checkbox"/> Other _____ |

Work Completed BY

- | | |
|--|--------------------------|
| <input checked="" type="checkbox"/> DJ | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> DJ | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> DC | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Leak Repair Info

Failure Type Meter

Duration 2 weeks

GPM 10

Total - 201,600

Parts Used

1x meter

Time Arrived at Location: _____

Time Departed Location: _____

Date Work Completed: _____

Vehicle Mileage: _____

Work Order Completed by:

[Handwritten signatures in red ink]

Work Order

Date: 6-16-21 Time: _____

Customer Name / Location: Kenneth Lunsford

Account Number: _____ Location Number _____

Physical Address _____ Route Number _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: repaired 3/4" service line

Equipment Used

- | | | |
|--|---------------------------------|--|
| <input checked="" type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input checked="" type="checkbox"/> CAT Backhoes |
| <input checked="" type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | Air Compressor |
| <input type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | Other _____ |

Work Completed BY

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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"/>

Leak Repair Info

Failure Type

Service

Duration

1 day

GPM

10'

Total - 14,400

Parts Used

1x 3/4" cts wrap

Time Arrived at Location: _____

Time Departed Location: _____

Date Work Completed: _____

Vehicle Mileage: _____

Work Order Completed by:

Justin Callahan, Jonathan Abner
Justin Callahan

Work Order

Date: 6-12-21 Time: _____

Customer Name / Location: Ben Burkhardt, Hwy 11

Account Number: _____ Location Number _____

Physical Address _____ Route Number _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: cork stop came out of main line

Equipment Used

- | | | |
|--|---------------------------------|---|
| <input checked="" type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input checked="" type="checkbox"/> CAT Backhoe |
| <input checked="" type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | <input type="checkbox"/> |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | <input type="checkbox"/> Air Compressor |
| <input checked="" type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | <input type="checkbox"/> Other _____ |

Work Completed BY

<u>JA</u>	<input type="checkbox"/>
<u>DT</u>	<input type="checkbox"/>
<u>DC</u>	<input type="checkbox"/>
<u>HH</u>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Leak Repair Info

Failure Type: Main
Duration: 4 hours
GPM: 100
Total: 24,000

Parts Used

6" saddle
1x cork stop
3 foot cts line

Time Arrived at Location: _____

Time Departed Location: _____

Date Work Completed: _____

Vehicle Mileage: _____

Work Order Completed by:

Justin Nguyen, Jonathan Brown, Justin Colahan

Work Order

Date: 6-12-21 Time: _____

Customer Name / Location: Chicken Branch

Account Number: _____ Location Number: _____

Physical Address: _____ Route Number: _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: repaired 4 inch main crossing the creek

Equipment Used

- | | | |
|--|---------------------------------|--|
| <input checked="" type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input checked="" type="checkbox"/> CAT Backhoes |
| <input checked="" type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | <input type="checkbox"/> Air Compressor |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | |

Work Completed BY

<input type="checkbox"/> DT	<input checked="" type="checkbox"/> KN
<input type="checkbox"/> JA	<input type="checkbox"/>
<input type="checkbox"/> DS	<input type="checkbox"/>
<input type="checkbox"/> DC	<input type="checkbox"/>
<input type="checkbox"/> HH	<input type="checkbox"/>

Leak Repair Info

Failure Type: Main
Duration: 6 hours
GPM: 100
Total - 36,000

Parts Used

35 foot 8" c900 line
30 foot 4" pvc
6x Hymax

Time Arrived at Location: _____
Time Departed Location: _____
Date Work Completed: _____
Vehicle Mileage: _____

Work Order Completed by:

Justin Thompson, Jordan Jones, Simon Jordan, Justin Callahan

Work Order

Date: 6-2-21 Time: _____

Customer Name / Location: Ells Branch, 1st house

Account Number: _____ Location Number _____

Physical Address _____ Route Number _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: Meter bottom busted

Equipment Used

- | | | |
|--|---------------------------------|---|
| <input checked="" type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input type="checkbox"/> CAT Backhoe |
| <input checked="" type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | <input type="checkbox"/> Air Compressor |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | |

Work Completed BY

<u>JA</u>	<input type="checkbox"/>
<u>DT</u>	<input type="checkbox"/>
<u>DJ</u>	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Leak Repair Info

Failure Type: Meter

Duration: 3 days

GPM: 25

108,000 gallons

Parts Used

1X New Meter

Time Arrived at Location: _____

Time Departed Location: _____

Date Work Completed: _____

Vehicle Mileage: _____

Work Order Completed by:

Justin Thompson

Work Order

Date: 5-27-21 Time: _____

Customer Name / Location: Overlook Rd

Account Number: _____ Location Number _____

Physical Address _____ Route Number _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: 1" service line, section replaced

Equipment Used

- | | | |
|--|---------------------------------|--|
| <input type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input checked="" type="checkbox"/> CAT Backhoes |
| <input type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | <input type="checkbox"/> |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | <input type="checkbox"/> Air Compressor |
| <input checked="" type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | <input type="checkbox"/> Other _____ |

Work Completed BY

<u>DT</u>	<input type="checkbox"/>
<u>LD</u>	<input type="checkbox"/>
<u>JA</u>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Leak Repair Info

Failure Type

Service

Duration

1 week

GPM

20

201,600 gallons

Parts Used

2x 1" ~~coupling~~ straight coupling
2 foot cts line

Time Arrived at Location: _____

Time Departed Location: _____

Date Work Completed: _____

Vehicle Mileage: _____

Work Order Completed by:

Dustin Thompson

Work Order

Date: 5-26-21 Time: _____

Customer Name / Location: ~~end of~~ end of brushy

Account Number: _____ Location Number _____

Physical Address _____ Route Number _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: 3/4" service line
got wrapped

Equipment Used

- | | | |
|--|---------------------------------|---|
| <input type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input type="checkbox"/> CAT Backhoe |
| <input type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | <input type="checkbox"/> Air Compressor |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | |

Work Completed BY

- | | |
|--------------------------|--------------------------|
| <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"/> |

Leak Repair Info

Failure Type: service

Duration: 1 day

GPM: 5

~~7200~~ 7200 gallons

Parts Used

1X 3/4" wrap

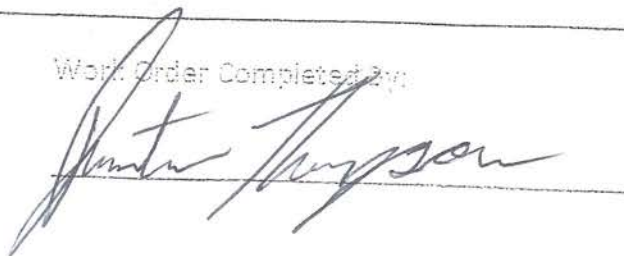
Time Arrived at Location: _____

Time Departed Location: _____

Date Work Completed: _____

Vehicle Mileage: _____

Work Order Completed by:



Work Order

Date: 2-7-21 Time: 12:00 pm

Customer Name / Location: Bottom Burning Springs Hill

Account Number: _____ Location Number: _____

Physical Address: _____ Route Number: _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: replaced faulty setter

Equipment Used

- | | | |
|--|---------------------------------|---|
| <input checked="" type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input checked="" type="checkbox"/> CAT Backhoe |
| <input checked="" type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | <input type="checkbox"/> Air Compressor |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | |

Work Completed BY

- | | |
|--|--------------------------|
| <input checked="" type="checkbox"/> JA | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> DT | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> LO | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Leak Repair Info

Failure Type: setter

Duration: 12 hours

GPM: 60

Total - 43,200 gallons

Parts Used

- 1x new setter 1x regulator
- 1x Meter Box
- 1x 5-loop
- 1x meter

Time Arrived at Location: 12:00 am

Time Departed Location: 2:00 pm

Date Work Completed: 2-7-21

Vehicle Mileage: _____

Work Order Completed by:

Justin Thompson Jonathan Allen
Vern Lewis

Work Order

Date: 2-8-21

Time: 9:00 am

Customer Name / Location: Route 11

Account Number: _____ Location Number: _____

Physical Address: _____ Route Number: _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: repaired a 3/4" service line with straight couplings

Equipment Used

- | | | |
|--|---------------------------------|--|
| <input checked="" type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input checked="" type="checkbox"/> CAT Backhoes |
| <input checked="" type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | <input type="checkbox"/> Air Compressor |
| <input type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | <input type="checkbox"/> Other _____ |

Work Completed BY

<input checked="" type="checkbox"/> JA	<input type="checkbox"/>
<input checked="" type="checkbox"/> DT	<input type="checkbox"/>
<input checked="" type="checkbox"/> LD	<input type="checkbox"/>
<input checked="" type="checkbox"/> DJ	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Leak Repair Info

Failure Type: service

Duration: 1 week

GPM: 30

Total - 302,400 gallons

Parts Used

2x 3/4" straight couplings
1x 3/4" cts wrap

Time Arrived at Location: 9:00 am

Time Departed Location: 11:30 am

Date Work Completed: 2-8-21

Vehicle Mileage: _____

Work Order Completed by:

Justin Thompson, Jonathan Abner, Logan Davidson, Damon Jordan

Work Order

Date: 2-8-21 Time: 10:00 am

Customer Name / Location: 638/Henrietta Bailey

Account Number: _____ Location Number: _____

Physical Address: _____ Route Number: _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: repaired 3/4" galvanized line

Equipment Used

- | | | |
|--|---------------------------------|---|
| <input checked="" type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input checked="" type="checkbox"/> CAT Backhoe |
| <input checked="" type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | <input type="checkbox"/> |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | <input type="checkbox"/> Air Compressor |
| <input type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | <input type="checkbox"/> Other _____ |

Work Completed BY

<input checked="" type="checkbox"/> JA	<input type="checkbox"/>
<input checked="" type="checkbox"/> DT	<input type="checkbox"/>
<input checked="" type="checkbox"/> LD	<input type="checkbox"/>
<input checked="" type="checkbox"/> DJ	<input type="checkbox"/>

Leak Repair Info

Failure Type: Service

Duration: 1 hour

GPM: 5

Total - 300 gallons

Parts Used

1x galvanized shut off
5 feet 3/4" cts line

Time Arrived at Location: _____
Time Departed Location: _____
Date Work Completed: _____
Vehicle Mileage: _____

Work Order Completed by:

Vustin Thompson, Jonathan Almer
Logan Davidson, Vamon Jordan

Work Order

Date: 5-7-01 Time: _____

Customer Name / Location: In front of FCI

Account Number: _____ Location Number _____

Physical Address _____ Route Number _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: repaired 3/4" galvanized service line

Equipment Used

- | | | |
|--|---------------------------------|---|
| <input checked="" type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input checked="" type="checkbox"/> CAT Backhoe |
| <input checked="" type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | <input type="checkbox"/> Air Compressor |
| <input type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | <input type="checkbox"/> Other _____ |

Work Completed By:

<input checked="" type="checkbox"/> JA	<input type="checkbox"/>
<input type="checkbox"/> DT	<input type="checkbox"/>
<input type="checkbox"/> LD	<input type="checkbox"/>
<input type="checkbox"/> DS	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Leak Repair Info

Failure Type: service

Duration: 2 months

GPM: 15

Total - 1,296,000

Parts Used

1x galvanized wrap

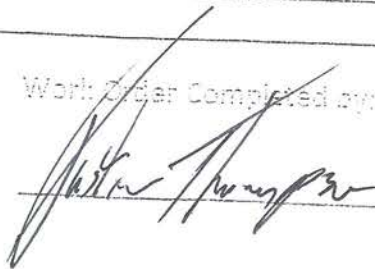
Time Arrived at Location: _____

Time Departed Location: _____

Date Work Completed: _____

Vehicle Mileage: _____

Work Order Completed by:



Work Order

Date: 5-7-21 Time: _____

Customer Name / Location: In front of FCI

Account Number: _____ Location Number: _____

Physical Address: _____ Route Number: _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: repaired a 3/4" tap on 6 inch main

Equipment Used

- | | | |
|--|---------------------------------|---|
| <input checked="" type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input checked="" type="checkbox"/> CAT Backhoe |
| <input checked="" type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | <input type="checkbox"/> Air Compressor |
| <input type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | <input type="checkbox"/> Other _____ |

Work Completed By

<input checked="" type="checkbox"/> JA	<input type="checkbox"/>
<input checked="" type="checkbox"/> DT	<input type="checkbox"/>
<input checked="" type="checkbox"/> LD	<input type="checkbox"/>
<input checked="" type="checkbox"/> DJ	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Leak Repair Info

Failure Type: Main

Duration: 30 mins

GPM: 60

Total - 1800 gallons

Parts Used

1x 6" saddle
3 foot piece cts line
1x 3/4" galvanized to cts

Time Arrived at Location: _____

Time Departed Location: _____

Date Work Completed: _____

Vehicle Mileage: _____

Work Order Completed by:

[Signature]

Work Order

Date: 5-11-21 Time: _____

Customer Name / Location: Jacksons/Price Hollow

Account Number: _____ Location Number: _____

Physical Address: _____ Route Number: _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: repaired 6 inch main

Equipment Used

- | | | |
|--|---------------------------------|---|
| <input checked="" type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input type="checkbox"/> CAT Backhoe |
| <input type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | <input type="checkbox"/> Air Compressor |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | |

Work Completed BY

<input checked="" type="checkbox"/> JA	<input type="checkbox"/>
<input checked="" type="checkbox"/> DT	<input type="checkbox"/>
<input checked="" type="checkbox"/> LD	<input type="checkbox"/>
<input checked="" type="checkbox"/> PJ	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Leak Repair Info

Failure Type: Main
Duration: 2 hours (120 mins)
GPM: 100
12,000

Parts Used

2x 6 inch Hymax
1 piece 6 foot 6" pipe

Time Arrived at Location: _____
Time Departed Location: _____
Date Work Completed: _____
Vehicle Mileage: _____

Work Order Completed by: [Signature]

Work Order

Date: 4-15-21 Time: _____

Customer Name / Location: Stevens Road

Account Number: _____ Location Number _____

Physical Address _____ Route Number _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: repaired 1" line

Equipment Used

- | | | |
|--|---------------------------------|---|
| <input checked="" type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input type="checkbox"/> CAT Backhoe |
| <input checked="" type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | <input type="checkbox"/> Air Compressor |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | |

Work Completed By

JA
DT

Leak Repair Info

Failure Type: Service
Duration: 6 hours
GPM: 50
Total: 18,000

Parts Used

2x 1" cts straight coupling
6 foot 1" cts line

Time Arrived at Location: _____

Time Departed Location: _____

Date Work Completed: _____

Vehicle Mileage: _____

Work Order Completed by:

[Handwritten signatures]

Work Order

Date: 4-15-21 Time: _____

Customer Name / Location: Sester Hollow

Account Number: _____ Location Number: _____

Physical Address: _____ Route Number: _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: repaired 3/4" service line

Equipment Used

- | | | |
|--|---------------------------------|---|
| <input type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input checked="" type="checkbox"/> CAT Backhoe |
| <input checked="" type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | <input type="checkbox"/> Air Compressor |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | |

Work Completed BY

- | | |
|--|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> DJ | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> JA | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> DJ | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> LP | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Leak Repair Info

Failure Type: service

Duration: 3 days

GPM: 45

Total - 194,400

Parts Used

1x 3/4" cts wrap

Time Arrived at Location: _____

Time Departed Location: _____

Date Work Completed: _____

Vehicle Mileage: _____

Work Order Completed by:

[Handwritten signatures]
Aman, Jordan, Logan, Davidson

Work Order

Date: 4-30-21 Time: _____

Customer Name / Location: Lot Beside Dirt Road

Account Number: _____ Location Number: _____

Physical Address: _____ Route Number: _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: repaired 1" cts

Equipment Used

- | | | |
|--|---------------------------------|---|
| <input checked="" type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input checked="" type="checkbox"/> CAT Backhoe |
| <input checked="" type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | <input type="checkbox"/> Air Compressor |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | |

Work Completed By

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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"/>

Leak Repair Info

Failure Type: Service

Duration: 2 months

GPM: 5

Total: 432,000

Parts Used

1x 1" wrap

Time Arrived at Location: _____

Time Departed Location: _____

Date Work Completed: _____

Vehicle Mileage: _____

Work Order Completed by:

Justin Thompson, Jonathan Abner, Logan Davidson
Damon Jordan

Work Order

Date: 4-30-21 Time: _____

Customer Name / Location: Pine Hill Rd

Account Number: _____ Location Number: _____

Physical Address: _____ Route Number: _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: repaired 1" cts

Equipment Used

- | | | |
|--|---------------------------------|---|
| <input checked="" type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input checked="" type="checkbox"/> CRT Backhoe |
| <input checked="" type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | <input type="checkbox"/> |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | <input type="checkbox"/> Air Compressor |
| <input type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | <input type="checkbox"/> Other _____ |

Work Completed BY

<input checked="" type="checkbox"/> JA	<input type="checkbox"/>
<input checked="" type="checkbox"/> DT	<input type="checkbox"/>
<input checked="" type="checkbox"/> DJ	<input type="checkbox"/>
<input checked="" type="checkbox"/> ID	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Leak Repair Info

Failure Type: Service

Duration: 1 month

GPM: 15

Total: 648,000

Parts Used

- 1x straight coupling
- 1x wrap
- 2x 3/4" nipples
- 2x pigtails

Time Arrived at Location: _____

Time Departed Location: _____

Date Work Completed: _____

Vehicle Mileage: _____

Work Order Completed by:

[Handwritten signatures]

Work Order

Date: 3-1-21

Time: 8:00 pm

Customer Name / Location: Jack's Branch / Creek Crossing

Account Number: _____ Location Number: _____

Physical Address: _____ Route Number: _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: repaired a 3/4" service line

Equipment Used

- | | | |
|--|---------------------------------|---|
| <input type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input type="checkbox"/> CAT Backhoe |
| <input checked="" type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | <input type="checkbox"/> Air Compressor |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | |

Work Completed By

DT
DJ

Leak Repair Info

Failure Type
Service

Duration
24 hours

GPW
40

Total - 57,600 gallons

Parts Used

- 1X 3/4" cts wrap
- 1X 3/4" straight coupling

Time Arrived at Location: 7:30 pm

Time Departed Location: 8:00 pm

Date Work Completed: 3-1-21

Vehicle Mileage: _____

Work Order Completed by:

[Signature]
[Signature]

Work Order

Date: 3-2-21 Time: 3:00 pm

Customer Name / Location: Thomas Branch

Account Number: _____ Location Number _____

Physical Address _____ Route Number _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: repaired both 1" lines
Feeding Thomas Branch

Equipment Used

- | | | |
|--|---------------------------------|---|
| <input checked="" type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input type="checkbox"/> CAT Backhoes |
| <input checked="" type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | <input type="checkbox"/> Air Compressor |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | |

Meters Completed BY

- | | |
|--|--------------------------|
| <input checked="" type="checkbox"/> DT | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> JA | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> DJ | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> LD | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Leak Repair Info

Failure Type: Main
Duration: 1 day
GPM: 75

Parts Used

4x 1" cts wraps

Total - 108,000 gallons

Time Arrived at Location: _____
Time Departed Location: _____
Date Work Completed: _____
Vehicle Mileage: _____

Work Order Completed by:

Justin Kopp Logan Jordan
Logan Davidson Samon Jordan

Work Order

Date: 3-2-21

Time: 89:30 am

Customer Name / Location: Brushy Branch

Account Number: _____ Location Number _____

Physical Address _____ Route Number _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: rerouted a creek crossing with Leaking service line.

Equipment Used

- | | | |
|--|---------------------------------|--|
| <input checked="" type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 6 | <input type="checkbox"/> CAT Backhoe |
| <input type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 5 | <input checked="" type="checkbox"/> Air Compressor |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | |

Work Completed By

DT

Leak Repair Info

Failure Type
Service

Duration

2 days

GPM 60

Total - 172,800 gallons

Parts Used

50 foot roll of 3/4" cts line
1x 3/4" Tee
1x 3/4" straight coupling
1x 3/4" cts wrap

Time Arrived at Location: _____

Time Departed Location: _____

Date Work Completed: _____

Vehicle Mileage: _____

Work Order Completed By

John Thompson

Work Order

Date: 3-6-21 Time: _____

Customer Name / Location: Gabbard's Fork

Account Number: _____ Location Number: _____

Physical Address: _____ Route Number: _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: Re-laid 4" main
around slip in roadway.

Equipment Used

- | | | |
|---------------------------------|---------------------------------|---|
| <input type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input checked="" type="checkbox"/> CAT Backhoe |
| <input type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | <input type="checkbox"/> Air Compressor |
| <input type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | <input checked="" type="checkbox"/> Other <u>Mini Excavator</u> |

Work Completed By

Leak Repair Info

Parts Used

400 + feet 4" PVC, 1-4" repair coupling, pipe compound.

Time Arrived at Location: _____

Time Departed Location: _____

Date Work Completed: 3-6-21

Vehicle Mileage: _____

Work Order Completed by: _____



Work Order

Date: 3-23-21 Time: 2:15 pm

Customer Name / Location: Bales Creek

Account Number: _____ Location Number: _____

Physical Address: _____ Route Number: _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: 3/4 inch service line leaking right off the cork stop

Equipment Used

- | | | |
|--|---------------------------------|---|
| <input type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input checked="" type="checkbox"/> CAT Backhoe |
| <input type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | <input type="checkbox"/> Air Compressor |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | |

Work Completed BY

DT
JA

Leak Repair Info

Failure Type: Service
Duration: 2 weeks
GPM: 60
Total: 1,209,600 gallons

Parts Used

2x stiffners
2 foot piece 3/4 inch cts line
1x 3/4 straight coupling

Time Arrived at Location: 1:00 pm
Time Departed Location: 2:15 pm
Date Work Completed: 3-23-21
Vehicle Mileage: _____

Work Order Completed by:

Justin Thompson, Jonathan Amer

Work Order

Date: 1-27-21 Time: _____

Customer Name / Location: 3235 N Hwy 421

Account Number: _____ Location Number _____

Physical Address _____ Route Number _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: _____

Equipment Used

- | | | |
|--|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input type="checkbox"/> CAT Backhoes |
| <input checked="" type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | Air Compressor |
| <input checked="" type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | Other _____ |

Work Completed By

<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> DT	<input type="checkbox"/>
<input checked="" type="checkbox"/> JA	<input type="checkbox"/>
<input checked="" type="checkbox"/> LD	<input type="checkbox"/>
<input checked="" type="checkbox"/> DJ	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Leak Repair Info

Failure Type Service
Duration 2 days
GPM 3

Total - 8,640

Parts Used

1 x galvanized to cts coupling
2 foot cts line
Meter Box, Meter Lid
setter

Time Arrived at Location: 11:00 am

Time Departed Location: 3:00 pm

Date Work Completed: 1-27-21

Vehicle Mileage: _____

Work Order Completed by:

Justin Thompson, Jonathan Alamo

Work Order

Date: 1-29-21 Time: 8:00 am

Customer Name / Location: Bill Warren

Account Number: _____ Location Number _____

Physical Address _____ Route Number _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: replaced leaking setter

Equipment Used

- | | | |
|--|---------------------------------|---|
| <input type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input checked="" type="checkbox"/> CAT Backhoe |
| <input checked="" type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | <input type="checkbox"/> Air Compressor |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | |

Work Completed BY

<u>SA</u>	<input type="checkbox"/>
<u>DT</u>	<input type="checkbox"/>
<u>LD</u>	<input type="checkbox"/>
<u>DS</u>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Leak Repair Info

Failure Type setter

Duration 1 month

GPM 10

Total - 432,000 gallons

Parts Used

1 X new setter
3 foot 1" cts line
1 X 1" cts wrap

Time Arrived at Location: 8:00 am

Time Departed Location: 12:00 pm

Date Work Completed: _____

Vehicle Mileage: _____

Work Order Completed by:

Justin Thompson Jonathan Palmer

Work Order

Date: 1-26-21 Time: 7:30 am

Customer Name / Location: Fox Hollow Main / 6 inch

Account Number: _____ Location Number _____

Physical Address _____ Route Number _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: repaired 6 inch main
with 2 foot band clamp

Equipment Used

- | | | |
|--|---------------------------------|---|
| <input type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input checked="" type="checkbox"/> CAT Backhoe |
| <input checked="" type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | <input type="checkbox"/> |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | <input type="checkbox"/> Air Compressor |
| <input checked="" type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | <input type="checkbox"/> Other _____ |

Work Completed BY

<u>JA</u>	<input type="checkbox"/>
<u>DT</u>	<input type="checkbox"/>
<u>LD</u>	<input type="checkbox"/>
<u>DJ</u>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Leak Repair Info

Failure Type Main
Duration 12 hours
GPM 60

Parts Used

2 foot band clamp

Total - 43,200

Time Arrived at Location: 8:00 am
Time Departed Location: 2:30 pm
Date Work Completed: 1-26-21
Vehicle Mileage: _____

Work Order Completed by:

Justin Thompson, Jonathan Almer

Work Order

Date: 1-26-21 Time: 4:00 pm

Customer Name / Location: Terri Sams

Account Number: 165521 Location Number _____

Physical Address: 12855 N Hwy 421 Route Number _____

Description of Work Needed

- Meter Relocation
- Meter Box Replacement
- Meter Lid Replacement
- Meter Reading Re-Check
- Leak Repair
- Customer Assistance
- Other

Special Instructions: repaired a split in 3/4" service line

Equipment Used

- | | | |
|--|---------------------------------|--|
| <input type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 5 | <input checked="" type="checkbox"/> CAT Backhoes |
| <input checked="" type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 6 | |
| <input type="checkbox"/> Unit 3 | <input type="checkbox"/> Unit 7 | Air Compressor |
| <input type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | Other _____ |

Work Completed BY

JA
DT
LD
DJ

Leak Repair Info

Failure Type: service

Duration: customer's 3 days

Said GPM: 10

Total - 43,200

Parts Used

2x 3/4" straight coupling
3 foot 3/4" cts line

Time Arrived at Location: 4:00 pm

Time Departed Location: 5:00 pm

Date Work Completed: 1-26-21

Vehicle Mileage: _____

Work Order Completed by:

Justin Thompson, Jonathan Abner

Exhibit 6a

Exhibit 6(a)

NORTH MANCHESTER WATER ASSOCIATION

7361 North Highway 421

Manchester, KY 40962

Phone: (606) 598-5403

EMERGENCY RESPONSE INFORMATION REVISED 11/11/2021

POSITION	NAME	PHONE NUMBER
OFFICE		(606) 598-5403
FIELD	Bill Gray	(606) 681-6153
OFFICE	Rose Lewis	(606) 594-8671

LOCAL EMERGENCY NUMBERS		
AMBULANCE		911
FIRE DEPT		911
POLICE DEPT		911
RECUE SQUARD		911
STATE POLICE		911
SHERIFF		911
MAYOR	James Garrison	(606) 598-6403
CITY MANAGER	Mike White	(606) 813-8480
WATER PLANT	Josh Murphy	(606) 813-7050
EMERGENCY MANG DIR	David Watson	(606) 598-5104
RADIO STATION	WTBK	(606) 598-7588
TV STATION	WYMT (Hazard)	(606) 439-5757
	WKTY (Lexington)	(859) 299-2727

STATE GOVERNMENT EMERGENCY NUMBERS		
*EMERGENCY RESPONSE TEAM		(502) 564-3350
24 HOUR RESPONSE		(502) 564-2380
DIVISION OF EMERGENCY SERVICES		
24 HR RESPONSE		(502) 564-7815
*DIVISION OF WATER		(502) 564-3410
REGIONAL OFFICE	Beth Trent	(606) 330-2080
BOIL WATER ADV-WEEK	REGIONAL OFFICE	(606) 330-2080
BOIL WATER ADV-WEEKENDS	(LOG Incident Number)	(800) 928-2380
CERTIFIED LABORATORY	Applachian States	(606) 437-5616
FEDERAL GOVERNMENT NUMBERS		
*EPA-HAZARDOUS EMERGENCY		
	BRANCH	(404) 881-3931
	24 HR RESPONSE	(404) 881-4062
*NATIONAL RESPNSE CTR.		(800) 424-8802
*COAST GUARD		(502) 582-5194

*Agencies concerned with chemical spills.

COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

ELECTRONIC INVESTIGATION INTO EXCESSIVE)
WATER LOSS BY KENTUCKY'S) CASE NO.
JURISDICTIONAL WATER UTILITIES) 2019-00041

**CERTIFICATION OF
RESPONSES TO COMMISSION STAFF'S SECOND REQUEST FOR INFORMATION**

This is to certify that I have supervised the preparation of North Manchester Water Association's ("NMWA"), responses to the Commission Staff's Second Request for Information and that the responses are true and accurate to the best of my knowledge, information, and belief after reasonable inquiry.

Date: 11/12/21

Rose Lewis
Rose Lewis, NMWA Manager
DR