

COMMONWEALTH OF KENTUCKY  
BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

ELECTRONIC ALLEGED FAILURE OF NORTH	)	
MANCHESTER WATER ASSOCIATION, INC., ITS	)	
OFFICERS, STEVE DAVIS, BILL HURD, CARL	)	CASE NO.
GREGORY HOSKINS, BOBBY WOLFE, HENRY	)	2021-00339
SMITH, TED WOODS, CARL DAVID CRAWFORD,	)	
AND ITS MANAGER, JERRY RICE, TO COMPLY	)	
WITH KRS 278.140, KRS 278.230, 807 KAR 5:006, SEC.	)	
4, AND KRS 278.990	)	

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**North Manchester Water Association, Inc.  
Supplemental Responses to Commission Staff's  
Fourth Request for Information**

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Case No. 2021-00339  
North Manchester Water Association, Inc.  
Responses to Commission Staff's Fourth Request for Information

**PSC DR 4-1:**

Refer to North Manchester Water's response to Staff's Second Request for Information (Staff's Second Request), Item 5. The response states Tim Woods is the accountant for the utility. Provide a list of Mr. Woods' responsibilities. Provide the compensation Mr. Woods receives for accounting services.

**Response:** Mr. Woods provides accounting services for North Manchester Water Association, Inc. (NMWA) through the preparation of bi-weekly payroll for the company. He also prepares payroll, quarterly, and yearly taxes for NMWA. In addition to providing general accounting services, he maintains monthly and yearly budgets and manages the company's accounts receivable and accounts payable. As of the NMWA June 6, 2022, monthly board meeting, NMWA pays Mr. Woods \$1,200 per month for these services.

**Witness:** Ted Woods and Steve Davis

Case No. 2021-00339  
North Manchester Water Association, Inc.  
Responses to Commission Staff's Fourth Request for Information

**PSC DR 4-2:**

Refer to North Manchester Water's response to Staff's Second Request, Item 5. The response indicates there is no written contract for Mr. Woods' services. Explain how Mr. Woods was retained as the accountant. If there was a verbal contract, provide details about the parties and the terms. If there was a board vote, provide the minutes of the meeting.

**Response:** The NMWA board voted and approved Mr. Woods' retention at a \$600 per month compensation rate at its regularly scheduled board meeting on October 1, 2018. Recently, the board voted on June 6, 2022, at its monthly meeting and approved a compensation increase for Mr. Woods; he is now paid \$1,200 per month.

Please see attached Exhibits: PSC\_DR\_4\_Exhibit 1; PSC\_DR\_4\_Exhibit 2.

**Witness:** Steve Davis

# North Manchester Water Association, Inc.

7361 North Highway 421

Manchester, KY 40962

Phone: (606) 598-5403

Board Meeting Minutes October 1, 2018  
PSC\_DR\_4\_Exhibit 1

Minutes of NM NA Board of Directors

October 1, 2018

*Members:*

*Greg Hoskins*

*Bobby Wolfe*

*Steve Davis*

*Wesley Hibbard*

*Ted Woods*

*Bill Hurd*

*Josephine Gross*

*Non-Members:*

*Charles Burns*

*Jason Smith*

*Carla Neeley*

*Meeting called to order by Steve Davis.*

*Bookkeeping for NMWA was discussed and it was determinantal a Certified Public Accountant was needed to handle NMWA accounting.*

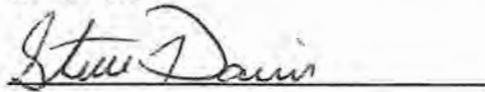
*Motion was made to hire Teddy Woods, CPA for \$600 per month effective November 1<sup>st</sup> by Greg Hoskins*

*Seconded by Wesley Hibbard*

*All in favor.*

*Motion carried.*

*Thanks, was given to Josephine Gross for her bookkeeping service and dedication to NMWA. With this motion Ted Woods will have access to all NMWA banking accounts and Josephine will be removed.*



*Steve Davis, President*

North Manchester Water Association Board Meeting

June 6th, 2022

Board Members in attendance: Steve Davis, Henry Smith, Bobby Wolfe, Carl David Crawford, Mike Combs, Ted Woods.

Employee Bill Gray and Engineer Mike Maggard also in attendance.

Henry called meeting to order, Steve second it.

Henry made motion to accept old minutes, Carl David second it.

Mike going over email from Joe Burns Rural Water, Steve made motion to register, Henry second it.

Discussed Harvey Himes quitting again, he is ineligible to be re hired at North Manchester Water.

AML said not to send in Jack's Branch project for another month. Will send it whenever they open up for projects.

Bill & Mike are going to check on providing water for the Grubb residence on Sandlin Branch Road.

Run add in paper for bids on pipe truck for 2 weeks.

The board voted to up CPA Ted Wood's pay to \$1200.00. All in favor.

Discussed PSC letter where the city applied for rate increase. Henry made motion to approve rate increase pending PSC approval. Ted second it.

Henry made motion to accept financial report, Bobby second it.

Henry made motion to accept claims list, Mike Combs second it.

Ted made motion to adjourn meeting, Henry second it.

Case No. 2021-00339  
North Manchester Water Association, Inc.  
Responses to Commission Staff's Fourth Request for Information

**PSC DR 4-3:**

Provide a list include the names and positions of all office personnel. Provide the responsibilities of each staff member.

**Response:**

Rose Lewis is NMWA's office manager. Her responsibilities include the preparation of water bills for customers and receiving payments. She also produces work orders for field operations staff as NMWA receives them.

Lexie Allen is NMWA's receptionist. She assists with receiving water bill payments, taking customer complaints, and answering the phones.

Bill Gray is the company's field operations manager. He conducts daily field operations that include obtaining water samples, operating the water system, fulfilling customer work orders, and identifying and repairing water leaks.

Dustin Thompson and Aaron Byrd are NMWA field staff. They assist Bill Gray in the satisfaction of work orders, reading of meters, and detection and repair of water leaks.

**Witness:** Rose Lewis

Case No. 2021-00339  
North Manchester Water Association, Inc.  
Responses to Commission Staff's Fourth Request for Information

**PSC DR 4-4:**

Refer to North Manchester Water's Annual Reports for 2017 and 2018 at page 3. The annual reports indicate the financial statements were not examined by a certified public accountant. Provide an explanation why the financial statements were not reviewed by a certified public accountant and why no audit or compilation was performed.

**Response:** On April 30, 2021, SK Lee CPAS, P.S.C. performed audits for NMWA's 2017 and 2018 Annual Reports. Those audits are attached hereto.

Please see PSC\_DR\_4\_Exhibit 3.

**Witness:** Ted Woods

**NORTH MANCHESTER WATER  
ASSOCIATION, INC.**

**AUDITED FINANCIAL STATEMENTS**

**FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017**



**NORTH MANCHESTER WATER ASSOCIATION, INC.  
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FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017**

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**NORTH MANCHESTER WATER ASSOCIATION, INC.  
BOARD OF DIRECTORS  
DECEMBER 31, 2018**

**PRESIDENT**

Mr. Steve Davis

**BOARD OF DIRECTORS**

Mr. Bill Hurd, Vice-President

Mr. Bobby Wolfe, Treasurer

Mr. Carl Hoskins, Member

Mr. Wesley Hubbard, Member

Mr. Ted Woods, Member

**SK LEE CPAS, P.S.C.**  
*Certified Public Accountants*

*208 Pauline Drive, Suite D  
Berea, KY 40403  
(855) 986-3756*

*Member of American Institute of CPA's*

*Member of Kentucky Society of CPA's*

**INDEPENDENT AUDITOR'S REPORT**

To the Chairman and Board of Directors  
North Manchester Water Association, Inc.  
Manchester, Kentucky 40962

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of North Manchester Water Association, Inc., (a non-profit organization) (hereinafter "the Association"), which comprise the statements of financial position as of December 31, 2018 and 2017, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

**Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

**Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

**Basis for Disclaimer of Opinion**

Certain accounting records have not been maintained and certain prior-year records and supporting data were not available for our audit. Therefore, we were not able to obtain sufficient appropriate audit evidence about the amounts at which receivables, customer deposit liabilities, and property and equipment, and related accumulated depreciation are recorded in the accompanying statements of financial position as of December 31, 2018 (stated at \$91,892, \$2,605,576, and \$2,372,430 respectively) and 2017 (stated at \$136,289, \$91,892, \$2,708,052, and \$2,269,954 respectively). The amount of revenues and depreciation expenses for December 31, 2018 (stated at \$102,476) and 2017 (stated at \$836,641 and \$102,136, respectively).

**Disclaimer of Opinion**

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the financial statements referred to in the first paragraph.

**Other Reporting Required by Government Auditing Standards**

In accordance with *Government Auditing Standards*, we have also issued our report dated April 30, 2021, on our consideration of Association's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Association's internal control over financial reporting and compliance.

**SK LEE CPAS, P.S.C.**

Berea, Kentucky  
April 30, 2021

**NORTH MANCHESTER WATER ASSOCIATION, INC.**  
**STATEMENTS OF FINANCIAL POSITION**  
**DECEMBER 31, 2018 AND 2017**

	<u>2018</u>	<u>2017</u>
<b>ASSETS</b>		
Current assets		
Cash and cash equivalents	\$ 157,685	\$ 5,232
Accounts receivable, net	116,424	136,289
Prepaid expenses	<u>5,053</u>	<u>8,992</u>
Total current assets	<u>279,162</u>	<u>150,513</u>
Capital assets		
Property, plant, and equipment	4,978,006	4,978,007
Less accumulated depreciation	<u>(2,372,430)</u>	<u>(2,269,954)</u>
Total capital assets	<u>2,605,576</u>	<u>2,708,053</u>
Other assets		
Restricted cash	<u>-</u>	<u>401</u>
<b>TOTAL ASSETS</b>	<b><u>\$ 2,884,738</u></b>	<b><u>\$ 2,858,967</u></b>
<b>LIABILITIES AND NET ASSETS</b>		
Current liabilities		
Checks written in excess of cash	\$ 6,346	\$ 4,866
Accounts payable	61,550	22,995
Accrued expenses	13,950	10,586
Accrued interest	11,445	2,787
Customer deposits	91,892	91,892
Notes payable	<u>122,697</u>	<u>119,341</u>
Total current liabilities	<u>307,880</u>	<u>252,467</u>
Long-term liabilities		
Notes payable	<u>1,001,375</u>	<u>1,014,525</u>
<b>TOTAL LIABILITIES</b>	<b><u>1,309,255</u></b>	<b><u>1,266,992</u></b>
<b>NET ASSETS</b>		
Net assets without donor restrictions		
Debt reserves	-	401
Unappropriated	<u>1,575,483</u>	<u>1,591,574</u>
<b>TOTAL NET ASSETS</b>	<b><u>1,575,483</u></b>	<b><u>1,591,975</u></b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b><u>\$ 2,884,738</u></b>	<b><u>\$ 2,858,967</u></b>

**NORTH MANCHESTER WATER ASSOCIATION, INC.**  
**STATEMENTS OF ACTIVITIES**  
**FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017**

	<u>2018</u>	<u>2017</u>
<b><u>OPERATING REVENUES</u></b>		
Water sales	\$ 904,707	\$ 836,641
<b>TOTAL OPERATING REVENUES</b>	<b><u>904,707</u></b>	<b><u>836,641</u></b>
<b><u>OPERATING EXPENSES</u></b>		
Water purchased	346,991	276,416
Personnel costs	182,577	191,813
Insurance	20,269	24,278
Transportation costs	12,310	46,099
Telephone and utilities	43,265	29,338
Materials and supplies	113,521	37,467
Contracted services	31,034	24,352
Miscellaneous	36,476	38,019
Depreciation	102,476	102,136
Advertising	433	2,928
<b>TOTAL OPERATING EXPENSES</b>	<b><u>889,352</u></b>	<b><u>772,846</u></b>
<b><u>NON-OPERATING EXPENSES</u></b>		
Interest expense	31,847	37,702
<b>TOTAL NON-OPERATING EXPENSES</b>	<b><u>31,847</u></b>	<b><u>37,702</u></b>
<b>CHANGE IN NET ASSETS</b>	<b>(16,492)</b>	<b>26,093</b>
<b>NET ASSETS, BEGINNING OF YEAR</b>	<b><u>1,591,975</u></b>	<b><u>1,565,882</u></b>
<b>NET ASSETS, END OF YEAR</b>	<b><u>\$ 1,575,483</u></b>	<b><u>\$ 1,591,975</u></b>

The accompanying notes are an integral part of these financial statements.

**NORTH MANCHESTER WATER ASSOCIATION, INC.**  
**STATEMENT OF CASH FLOWS**  
**FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017**

	<b>2018</b>	<b>2017</b>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Change in net assets	<b>\$ (16,492)</b>	<b>\$ 26,092</b>
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation expense	102,476	102,136
Changes in assets and liabilities:		
Accounts receivable	19,866	18,585
Accounts receivable - grants	-	54,246
Prepaid expenses	3,939	(5,067)
Checks written in excess of available cash	1,480	4,866
Accounts payable	38,555	(78,625)
Accrued expenses	3,364	(2,918)
Accrued interest	8,658	(284)
Customer deposits	-	(600)
<b>Net cash provided by operating activities</b>	<b>161,846</b>	<b>118,431</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Purchase of assets	-	(7,212)
<b>Net cash used in investing activities</b>	<b>-</b>	<b>(7,212)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Principal paid on notes	(9,794)	(115,676)
<b>Net cash used in financing activities</b>	<b>(9,794)</b>	<b>(115,676)</b>
Net increase (decrease) in cash and cash equivalents	152,052	(4,457)
Cash and cash equivalents at beginning of year	5,633	10,090
<b>CASH AND CASH EQUIVALENTS AT END OF YEAR</b>	<b>\$ 157,685</b>	<b>\$ 5,633</b>
 <b>SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION:</b>		
Cash paid for interest	\$ 31,847	\$ 37,702

**NORTH MANCHESTER WATER ASSOCIATION, INC.  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2018 AND 2017**

**NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Nature of Organization and Activities**

The Association was incorporated as a non-profit organization in the State of Kentucky. The Association is regulated by the Kentucky Public Service Commission pursuant to KR 3 278.040. The Association provides water to the rural sections of northern Manchester.

**Basis of Accounting**

The Association prepares its financial statements using the accrual basis. The accrual basis recognizes income when earned, regardless of when payment is received, and recognizes expenses when incurred regardless of when paid. This method of accounting is in accordance with Accounting Principles Generally Accepted in the United States of America.

**Financial Statement Presentation**

The accompanying financial statements have been prepared on accrual basis of accounting. Net assets are classified based upon the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Association are classified as follows:

- **Net Assets without Donor Restrictions** – Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Association. These net assets may be used at the discretion of the Association's management and the board of directors.
- **Net Assets with Donor Restrictions** – Net assets subject to stipulations imposed by donors, and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Association or by the passage of time.

Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statements of activities. The Association did not have net assets with donor restrictions at December 31, 2018 and 2017.

**Cash and Cash Equivalents**

Cash and cash equivalents consist of checking accounts. For purposes of the Statements of Cash Flows, the Association considers all highly liquid cash deposits and cash equivalents with a maturity of three months or less when purchased and non-negotiable certificates of deposit to be cash equivalents.

**Accounts Receivable**

Accounts receivable from water services represent charges for services rendered and which have been billed but not collected at year-end and reported at net of an allowance for doubtful accounts. Management considers an account past due when payments have not been collected by the due date.

There were no allowances for doubtful accounts recorded at December 31, 2018 and 2017.

**Prepaid Expenses**

Payments that will benefit periods beyond the fiscal year are recorded as prepaid items. A current asset for the prepaid amount is recorded at the time of the purchase, and an expenditure/expense is reported in the year in which services are consumed.



**NORTH MANCHESTER WATER ASSOCIATION, INC.  
NOTES TO THE FINANCIAL STATEMENTS – CONTINUED  
DECEMBER 31, 2018 AND 2017**

**NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED**

**Property and Equipment**

Property and equipment are recorded at cost or, if donated, at their estimated fair value at the time of contribution. The sale or disposal of property and equipment is recorded by removing the asset's cost and related accumulated depreciation from the accounts and charging the resulting gain or loss to income. Expenditures for maintenance, repairs, and minor renewals are expensed as incurred. Major expenditures for renewals and betterments are capitalized. Depreciation is provided for using the straight-line method over the estimated useful lives of the asset. The estimated useful lives are as follows:

Water and sewer system utility plants	20-50 years
Trucks and equipment	4-20 years
Office equipment	5-7 years

**Accounts Payable**

Accounts payable represent expenses incurred in the current year to be paid in the subsequent year. The majority of the Association's payables are to vendors for the purchase of water.

**Customer Deposits**

The obligation to refund customer deposits is shown as a liability in the Statements of Financial Position. When received, the cash should be deposited in a required, separate bank account in the name of the Association. The deposit is applied to the final water charges upon cancellations of water services and any remainder is refunded to the customer.

**Revenue Recognition**

Revenues are reported as unrestricted net assets unless the related assets are limited by donor-imposed restrictions. Water charges related to the sale of goods are reported as unrestricted net assets. Grant revenues are recognized in revenues when the conditions on which they depend are substantially met. Revenues from fees, miscellaneous, and other services are recognized in the period in which the association provides the service.

**Income Tax Status**

The Association is a non-profit corporation and exempt from federal income taxation under Section 501 (c) (12) of the Internal Revenue Code (IRC); therefore, no provisions for income taxes have been made in the financial statements, though it would be subject to tax on income unrelated to its exempt purposes (unless that income is otherwise excluded by the IRC). In accordance with the provision of ASC 740-10, *Accounting for Uncertainty in Income Taxes*, an organization must recognize the tax benefit associated with tax positions taken for tax return purposes when it is more likely than not that the position will be sustained. The Association's management believes there are no material uncertain tax positions and have not recognized any liability for unrecognized tax benefits. For the years ended December 31, 2018 and 2017, the Association did not recognize any interest or penalties.

**Advertisement Expense**

The Statements of Activities reported advertisement expenditures for the years ending December 31, 2018 and 2017 in the amount of \$433 and \$2,928 respectively.

**Functional Allocation of Expenses**

The costs of providing programs have been summarized on a functional basis in the Statements of Activities. Accordingly, all costs are program costs.

**Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent liabilities at the date of the financial statements and reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**NORTH MANCHESTER WATER ASSOCIATION, INC.  
NOTES TO THE FINANCIAL STATEMENTS – CONTINUED  
DECEMBER 31, 2018 AND 2017**

**NOTE 2 – CASH AND CASH EQUIVALENTS**

Cash and cash equivalents at December 31, consisted of the following:

<u>Description</u>	<u>2018</u>	<u>2017</u>
Operating account	(6,346)	(4,866)
Savings	-	880
Revenue	156,695	4,345
<b>Total</b>	<b>\$ 150,349</b>	<b>\$ 359</b>

Custodial Credit Risk is the risk that the Association's deposits may not be returned in the event of depository institution failure. The Association is required to maintain its deposits with a depository institution insured by Federal Deposit Insurance Corporation (FDIC) or by securities pledged at market. At December 31, 2018 and 2017, the carrying amount of the Association's accounts were \$150,349 and \$359 respectively. The bank balances were \$156,695 and \$30,855 respectively. Bank balances were fully covered by FDIC.

**NOTE 3 – RESTRICTED CASH**

The Association bond covenants requires certain funds be maintained in order to meet the debt service requirements and to provide for unusual repairs and maintenance to the present system.

<u>Description</u>	<u>2018</u>	<u>2017</u>
Reserve	\$ 990	\$ 8
Debt service	-	400
<b>Total</b>	<b>\$ 990</b>	<b>\$ 408</b>

Custodial Credit Risk is the risk that the Association's deposits may not be returned in the event of depository institution failure. The Association is required to maintain its deposits with a depository institution insured by Federal Deposit Insurance Corporation (FDIC) or by securities pledged at market. At December 31, 2018 and 2017, the carrying amount of the Association's restricted cash accounts were \$990 and 408 respectively. The bank balances were \$990 and \$408 respectively. The bank balance was covered insurance securities pledged at market in the Association's name.

**NOTE 4 – ACCOUNTS RECEIVABLE**

As of December 31, accounts receivable consisted of the following:

	<u>2018</u>	<u>2017</u>
Accounts receivable	\$ 73,391	\$ 11,254
Unbilled receivable	43,033	125,035
<b>Accounts Receivable</b>	<b>\$ 116,424</b>	<b>\$ 136,289</b>

**NORTH MANCHESTER WATER ASSOCIATION, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS – CONTINUED**  
**DECEMBER 31, 2018 AND 2017**

**NOTE 5 – PROPERTY, PLANT, AND EQUIPMENT**

Major classes of property and equipment and accumulated depreciation are as follows at December 31:

	<b>2018</b>	<b>2017</b>
Building and land	\$ 5,032	\$ 5,032
Equipment	144,702	144,702
Other water system assets	4,827,041	4,827,041
Office furniture & equipment	1,231	1,231
Less accumulated depreciation	<u>(2,372,430)</u>	<u>(2,269,953)</u>
<b>Total</b>	<b><u>\$ 2,605,576</u></b>	<b><u>\$ 2,708,053</u></b>

Depreciation expense for the year ended December 31, 2018 and 2017 was \$102,476 and \$102,136 respectively.

**NOTE 6 – LONG-TERM LIABILITIES**

In 1996, the Clay County Fiscal Court obtained a water resource loan from Kentucky Infrastructure Authority (KIA) on behalf of the Association. As part of the loan agreement, the Clay County Fiscal Court executed a lease agreement with the Association over the same 30-year term as the loan agreement. At the end of the lease, the county will convey title of the assets to the Association. The Association makes payments directly to KIA.

The following is a summary of debt transactions of the Association for the year ended December 31, 2018:

	<b>Balance December 31, 2017</b>	<b>Additions</b>	<b>Deletions</b>	<b>Balance December 31, 2018</b>	<b>Due Within One Year</b>
Notes payable	\$ 1,133,866	\$ -	\$ 9,794	\$ 1,124,072	\$ 122,697
<b>Total</b>	<b><u>\$ 1,133,866</u></b>	<b><u>\$ -</u></b>	<b><u>\$ 9,794</u></b>	<b><u>\$ 1,124,072</u></b>	<b><u>\$ 122,697</u></b>

The following is a summary of debt transactions of the Association for the year ended December 31, 2017:

	<b>Balance December 31, 2016</b>	<b>Additions</b>	<b>Deletions</b>	<b>Balance December 31, 2017</b>	<b>Due Within One Year</b>
Notes payable	\$ 1,249,542	\$ -	\$ 115,676	\$ 1,133,866	\$ 119,341
<b>Total</b>	<b><u>\$ 1,249,542</u></b>	<b><u>\$ -</u></b>	<b><u>\$ 115,676</u></b>	<b><u>\$ 1,133,866</u></b>	<b><u>\$ 119,341</u></b>

**NORTH MANCHESTER WATER ASSOCIATION, INC.  
NOTES TO THE FINANCIAL STATEMENTS – CONTINUED  
DECEMBER 31, 2018 AND 2017**

**NOTE 6 – LONG-TERM LIABILITIES - CONTINUED**

**Notes Payable**

Notes payable consists of notes payable to the Kentucky Infrastructure Authority. The interest rate is 2.95%. Principal and interest payments are made monthly. Assuming the notes are not called prior to maturity, the minimum obligations of the Association's funds at December 31, 2018 for the payment of principal are as follows:

Year Ending December 31,	Amount
2019	122,697
2020	126,366
2021	130,145
2022	134,037
2023	134,037
Thereafter	476,790
	<b>\$ 1,124,072</b>

**NOTE 7 - LIQUIDITY AND AVAILABILITY**

The Association monitors its liquidity so that it is able to meet its operating needs and other contractual commitments while maximizing the investment of its excess operating cash. The Association has the following financial assets that could readily be made available within one year of the balance sheet to fund expenses without limitations:

	2018	2017
Cash	\$ 157,685	\$ 5,232
Accounts receivable, net	116,424	136,289
Prepaid expenses	5,053	8,992
Less: restricted by donors with purpose and time restrictions	-	-
	<b>\$ 279,162</b>	<b>\$ 150,513</b>

**NOTE 8 – RISK MANAGEMENT**

The Association is exposed to a variety of accidental losses and has attempted to minimize its risk by carrying commercial insurance. There have been no significant reductions in coverage in the prior year. Therefore, the Association maintains adequate insurance coverage.

**NOTE 9 – RECENTLY ISSUED ACCOUNTING STANDARDS**

**Accounting Standards Update 2016-14, Not-for-Profit Entities (Topic 958)**

In August 2016, the FASB issued ASU No. 2016-14, Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities, that changes how a not-for-profit organization classifies its net assets, as well as the information it presents in the financial statements and notes about its liquidity, financial performance, and cash flows. The ASU includes a reduction in the number of net asset categories from three to two, conforming requirements on releases of capital restrictions, several new requirements related to expense presentation and disclosure (including investment expenses), and new required disclosures communicating information useful in assessing liquidity. The ASU will be effective for the Association for the year ending December 31, 2018. Early adoption is permitted. The Association is currently evaluating the effect that the new standard will have on its financial statements.

**NORTH MANCHESTER WATER ASSOCIATION, INC.  
NOTES TO THE FINANCIAL STATEMENTS – CONTINUED  
DECEMBER 31, 2018 AND 2017**

**NOTE 10 – COMMITMENTS AND CONTINGENCIES**

The Association receives funding from Federal, State, and Local government agencies. These funds are to be used for designated purposes only. For government program grants, if based on the grantor's review, the funds are considered not to have been used properly for the intended purpose, the grantors may request a refund of monies advanced, or refuse to reimburse the Association for its disbursements. The amount of such future refunds and unreimbursed disbursements, if any, is not expected to be significant. Continuation of the Association's grant programs is predicated upon the grantor's satisfaction that the funds provided are being spent as intended and the grantor's intent to continue their program.

In December of 2019, a novel strain of coronavirus (COVID-19) surfaced and has rapidly spread throughout the world. The World Health Organization (WHO) has classified COVID-19 as a pandemic. Due to its uncertainty, international and U.S. financial markets have experienced significant volatility. In addition, travel restrictions, business shutdowns, high levels unemployment, and inventory shortages are several other areas impacted by the pandemic. These impacts have caused multiple jurisdictions within the United States to declare state of emergencies. It is predicted that COVID-19 implications will continue for a long time. Although there has been no immediate impact to the Association's operations, certain operational functions such as service charges and late fees are susceptible to future concerns. Potential economic events are unknown at this time but may include events such as disruptions or restrictions in the District's employee's abilities to work.

**NOTE 11 – SUBSEQUENT EVENTS**

The Association did not make the required payments to Kentucky Infrastructure Authority beginning February 2018. The Association is working to receive a water rate increase to help with the debt obligations.

**NOTE 12 – DATE OF MANAGEMENT'S REVIEW**

Subsequent events were evaluated through April 30, 2020, which is the date the financial statements were available to be issued.

*SK LEE CPAS, P.S.C.*  
*Certified Public Accountants*

*208 Pauline Drive, Suite D  
Berea, Kentucky 40403  
(859) 986-3756*

*Member of American Institute of CPA's*

*Member of Kentucky Society of CPA's*

**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

To the Chairman and Board of Directors  
North Manchester Water Association, Inc.  
Manchester, Kentucky 40962

I was engaged to audit, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of North Manchester Water Association, Inc. (a non-profit organization) (hereinafter "the Association") as of and for the year ended December 31, 2018, and the related notes to the financial statements, which collectively comprise the Association's basic financial statements and have issued my report thereon dated April 30, 2021. My report disclaims an opinion on such financial statements because of the scope limitation matter described in the Basis for Disclaimer of Opinion paragraph of my report.

**Internal Control Over Financial Reporting**

In planning and performing my audit of the financial statements, I considered the Association's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing my opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Association's internal control. Accordingly, I do not express an opinion on the effectiveness of the Association's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the association's financial statements will not be prevented or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

My consideration of the internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. I did identify certain deficiencies in internal control, described in the accompanying schedule of findings and responses that I consider to be material weaknesses as items 2018-001, 2018-002, 2018-003, 2018-004, 2018-005, 2018-006, 2018-007, 2018-008, 2018-009, and 2018-010.

**Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the Association's financial statements are free from material misstatement, I performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, non-compliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of my audit, and accordingly, I do not express such an opinion. The results of my tests disclosed instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards* and which are described in the accompanying schedule of findings and responses as items 2018-003 and 2018-008.

### **North Manchester Water Association, Inc.'s Response to Findings**

The Association's response to the findings identified in my audit is described in the accompanying Schedule of Findings and Responses. The Association's response was not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, I express no opinion on it.

### **Purpose of this Report**

The purpose of this report is solely to describe the scope of my testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Association's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Association's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

**SK LEE CPAS, P.S.C.**

Berea, Kentucky  
April 30, 2021

**NORTH MANCHESTER WATER ASSOCIATION, INC.  
SCHEDULE OF FINDINGS AND RESPONSES  
FOR THE YEAR ENDED DECEMBER 31, 2018**

**2018-001 Internal Control**

**Condition:**

During my audit procedures, I noted management did not prepare financial statements including notes to the financial statements.

**Criteria:**

A key component of internal control is to ensure that personnel, management, or others within the Association can prepare financial statements, including the notes to the financial statements, in accordance with accounting principles generally accepted in the United States of America (GAAP).

**Cause:**

Management is responsible for establishing and maintaining internal controls for the fair presentation of the financial position, results of operations, cash flows, and disclosures in the financial statements, in conformity with accounting principles generally accepted in the United States of America. The ability to recognize and implement new authoritative guidance regarding financial reporting is outside the scope of management.

**Effect:**

The Association did not prepare a complete set of GAAP financial statements and related note disclosures.

**Recommendation:**

Management should continue to engage the audit firm to prepare a draft of the financial statements including the notes to the financial statements or hire an accountant to perform their services.

**Views of Responsible Officials:**

Management considers it impractical to correct the deficiency due to the limited resources available.

**2018-002 Internal Control**

**Condition:**

While conducting my audit procedures to gain an understanding of internal controls over financial reporting, I noted a lack of segregation of duties which enabled one individual access to authorize transactions, maintain custody of assets, and record and report the Association's transactions.

**Criteria:**

Segregation of duties is a control in which no person should be given the responsibility to perform more than one related function of an accounting process.

**Cause:**

Due to the small number of administrative and clerical employees at the Association, there is an inherent limitation in its ability to segregate custodial duties from recordkeeping duties.

**Effect:**

The lack of internal controls increases the risk that an error, either intentional or unintentional, will go undetected and the financial statements will contain material misstatements.

**Recommendation:**

Have the Association's Board of Commissioners and the President, review, initial, and date the cash collection reports, timecards, invoices, and bank reconciliation as a function of the accounting process and reference the review in the board minutes.

**Views of Responsible Officials:**

Management agrees with the recommendation.



**NORTH MANCHESTER WATER ASSOCIATION, INC.  
SCHEDULE OF FINDINGS AND RESPONSES-CONTINUED  
FOR THE YEAR ENDED DECEMBER 31, 2018**

**2018-003 Cash**

**Condition:**

During my audit procedures of cash, I noted a lack in controls.

**Instances noted included:**

- Checks were written in excess of available cash
- Reserve account and debt service account was underfunded

**Criteria:**

Internal controls should be maintained over cash to ensure all cash deposits and disbursements are recorded properly in the general ledger. In addition, all checks should be issued to vendors with sufficient bank balance. Reserve fund balances should be funded as agreed upon to debt agreements.

**Cause:**

There are no controls in place over cash.

**Effect:**

Bank accounts were overdrawn and reserve accounts were underfunded.

**Recommendation:**

Deposits should be made into the reserve funds as required by debt agreements.

**Views of Responsible Officials:**

Management agrees with the recommendation.

**2018-004 Cash Receipts**

**Condition:**

While conducting my audit procedures over cash receipts, I noted a lack of documentation that ensures all collections are deposited and substantiated by supporting documentation and properly recorded in the general ledger.

**Criteria:**

Internal controls should be maintained over cash collections to ensure all cash receipts are deposited timely and are substantiated with supporting documentation and recorded in the general ledger.

**Cause:**

There are no controls in place to ensure cash receipts to be supported by documentation.

**Effect:**

Could not distinguish cash receipts between customer deposits, late fees, tap on fees, or penalty charges.

**Recommendation:**

All cash receipts should be substantiated by supporting documentation.

**Views of Responsible Officials:**

Management agrees with the recommendation.

**NORTH MANCHESTER WATER ASSOCIATION, INC.  
SCHEDULE OF FINDINGS AND RESPONSES-CONTINUED  
FOR THE YEAR ENDED DECEMBER 31, 2018**

**2018-005 Cash Disbursements**

**Condition:**

During my audit procedures of disbursements, I noted a lack in controls over expenditures.

**Instances noted included:**

- Vendor payments lacked supporting documentation, invoices were missing
- Checks were written out of sequential order
- Vendor payments were paid late
- Payroll taxes were paid late

**Criteria:**

Management is responsible for establishing and maintaining internal controls, including monitoring. This responsibility includes obtaining approval prior to disbursements and maintaining proper documentation to support disbursements.

**Cause:**

There are no controls in place that require cash disbursements to be substantiated by supporting documentation or paid timely.

**Effect:**

- The Association incurred late fees and penalties.
- There was no written approval of vendor disbursements
- Could not determine if expenses were for the operations of the Association

**Recommendation:**

Management should implement controls over cash disbursements.

**Views of Responsible Officials:**

Management agrees with the recommendation.

**2018-006 Property and Equipment Records**

**Condition:**

While conducting my audit procedures to gain an understanding of controls over property and equipment, the Association was unable to provide a complete record of property and equipment owned. New additions were not capitalized.

**Criteria:**

Internal controls should be established over property and equipment process to ensure reliable recording of property and equipment owned by the Association.

**Cause:**

Management did not have controls in place to ensure reliable written records of items owned by the Association.

**Effect:**

Management could not provide a detailed listing of items owned by the Association.

**Recommendation:**

Management should regularly perform a physical inventory count of all items owned by the Association.

**Views of Responsible Officials:**

Management agrees with the recommendation.

**NORTH MANCHESTER WATER ASSOCIATION, INC.  
SCHEDULE OF FINDINGS AND RESPONSES-CONTINUED  
FOR THE YEAR ENDED DECEMBER 31, 2018**

**2018-007 Accounting Policy**

**Condition:**

During my audit procedures, I noted a lack of accounting policies over key areas.

**Instances noted included:**

- Purchase order
- Use of signature stamps
- Recording and tracking of inventory
- Capitalization policy over fixed assets
- Employee benefits
- Tracking accounts receivable
- No allowance for doubtful accounts
- Customer deposits maintained in a separate interest-bearing account
- Recording capital leases
- Separate bank accounts

**Criteria:**

Management is responsible for establishing and monitoring accounting policies.

**Effect:**

The Association was unable to ensure that transactions entered in the accounting system are accurately recorded, properly classified in the accounts, or recorded in the proper accounting period.

**Cause:**

Lack of accounting policies.

**Recommendation:**

Management should create and follow accounting policy manual.

**Views of Responsible Officials:**

Management agrees with the recommendation

**2018-008 PSC Report**

**Condition:**

During my review of compliance, I noted the Association did not prepare and submit the 2018 PSC report timely.

**Criteria:**

The Association should submit the PSC report three months following year-end.

**Cause:**

Management did not have controls or policies in place to ensure financial information was submitted to PSC within three months following fiscal year end.

**Effect:**

PSC did not receive the report three months following the year end.

**Recommendation:**

The Association should implement a process to ensure year end information is presented to PSC within three months of the year end.

**Views of Responsible Officials:**

Management agrees with the recommendation.

**NORTH MANCHESTER WATER ASSOCIATION, INC.  
SCHEDULE OF FINDINGS AND RESPONSES-CONTINUED  
FOR THE YEAR ENDED DECEMBER 31, 2018**

**2018-009 Accounting Revenue and Receivable Records**

**Condition:**

While conducting my audit procedures to gain an understanding of controls over revenue and receivables, I noted a lack of records to substantiate revenues and/or receivables.

**Instances noted included:**

- Missing billing registers
- Inability to recognize all potential customers
- No record of charges and receipts of tap-on fees, late charges, penalty charges
- No record of billing adjustments
- No record of sewer collections and payments for third party

**Criteria:**

Internal controls should be established over revenue process to track revenues and receivables.

**Cause:**

The Association did not reconcile billings and collections between the billings system and the general ledger.

**Effect:**

Revenue and receivables lacked supporting documentation. Revenue or accounts receivable could not be determined due to unreliable documentation.

**Recommendation:**

Management should create and maintain written records that detail amounts owed and paid by customers. In addition, the Association should perform a monthly reconciliation between the billings system and the general ledger and investigate discrepancies.

**Views of Responsible Officials:**

Management agrees with the recommendation.

**2018- 010 Gas Card and Bulk Fuel Usage**

**Condition:**

While conducting my audit procedures of fuel usage, I noted the Association did not reconcile mileage records to vendor fuel purchases. In addition, the Association did not track bulk fuel usage for equipment.

**Criteria:**

Management is responsible for establishing and maintaining internal controls, including monitoring of gas card and bulk fuel purchased.

**Cause:**

There were no policies in place over fuel usage.

**Effect:**

Could not determine if fuel purchased was for the operations of the Association.

**Recommendation:**

Management should implement and reconcile a mileage log to vendor fuel purchases.

**Views of Responsible Officials:**

Management agrees with the recommendation.

Case No. 2021-00339  
North Manchester Water Association, Inc.  
Responses to Commission Staff's Fourth Request for Information

**PSC DR 4-5:**

Refer to North Manchester Water's Annual Reports for 2019, 2020, and 2021. The reports indicate the financial statements were compiled by a certified public accountant. Provide an explanation of why an audit was not done.

**Response:** SK Lee CPAS, P.S.C. is performing audits of NMWA's Annual Reports. NMWA is in the process of reviewing bids of a different certified public accounting firm to complete the 2021 Annual Report audit. The NMWA board will review the bids at its board meeting on November 7, 2022.

**Witness:** Ted Woods

Case No. 2021-00339  
North Manchester Water Association, Inc.  
Responses to Commission Staff's Fourth Request for Information

**PSC DR 4-6:**

At the Informal Conference held on January 11, 2022, North Manchester Water stated the documents from the years 2017 through 2020 were given to a certified public accountant to perform an audit.

- a. Provide the name of the certified public accountant.
- b. Provide the status of the audits.
- c. Provide information on whether the certified public accountant in the response above will also perform an audit for 2021.
- d. If the audits have been completed, provide the documents.

**Response:** SK Lee CPAS, P.S.C. has performed audits of NMWA's 2017 and 2018 Annual Reports. That firm is in the process of completing audits of the 2019 and 2020 Annual Reports. Given the length of time it has taken SK Lee CPAS, P.S.C. to complete the audits, the company is in the process of retaining a different accounting firm to complete the 2021 Annual Report audit. The company will review bids for that contract at its board meeting on November 7, 2022. Please see PSC\_DR\_4\_Exhibit 3 for the completed 2018 and 2018 audits.

**Witness:** Ted Woods

Case No. 2021-00339  
North Manchester Water Association, Inc.  
Responses to Commission Staff's Fourth Request for Information

**PSC DR 4-7:**

Refer to North Manchester Water's 2019 Annual Report. The purchase water expense was \$415,586.20 and the operating revenue was \$948,358.01. Refer to North Manchester Water's 2020 Annual Report. The purchase water expense was \$348,562.60 and the operating revenue was \$936,258.24. Explain why there was a purchase water decrease.

**Response:** NMWA experienced a decrease in water lost from 2020 to 2019 that resulted in the above-described decreased purchase water expense.

**Witness:** Mike Maggard

Case No. 2021-00339  
North Manchester Water Association, Inc.  
Responses to Commission Staff's Fourth Request for Information

**PSC DR 4-8:**

Refer to Staff's First Request for Information (Staff's First Request), Item 2. Provide the water loss reports from October 2021 to the most recent water loss report.

**Response:** Please see attached Excel exhibit PSC\_DR\_4\_Exhibit 4\_Excel File\_Water Loss Reports.

**Witness:** Rose Lewis



Case No. 2021-00339  
North Manchester Water Association, Inc.  
Responses to Commission Staff's Fourth Request for Information

**PSC DR 4-9:**

Refer to North Manchester Water's response to Staff's Second Request, Item 7(1).

Provide an update to the status of the installation of zone meters.

**Response:** NMWA has identified locations for the installation of zone meters. This installation is part of a project funded with money from the Cleaner Water Grant Phase 1. After the company receives the grant funding, it will release project bids to complete the zone meter installation.

**Witness:** Mike Maggard and Bill Grey

Case No. 2021-00339  
North Manchester Water Association, Inc.  
Responses to Commission Staff's Fourth Request for Information

**PSC DR 4-10:**

Refer to North Manchester Water's response to Staff's Second Request, Item 7(2).

Provide an update on the installation of the isolation valves.

**Response:** NMWA has determined the locations for the installation of isolation valves. This installation is also funded through the Cleaner Water Grant Phase 1. NMWA will bid contracts for the installation work upon receipt of grant funds.

**Witness:** Mike Maggard and Bill Grey

Case No. 2021-00339  
North Manchester Water Association, Inc.  
Responses to Commission Staff's Fourth Request for Information

**PSC DR 4-11:**

Refer to North Manchester Water's response to Staff's Second Request, Item 7(3).

- a. Provide an update to whether additional employees have been hired whose job duties include finding leaks and the repair of leaks.
- b. Provide an update to the number of leaks discovered and repaired since November 2021.

**Response:** NMWA has hired Taylor Preston for additional staffing to find and repair leaks in the system. Attached are leak work orders for December 2021 and 2022.

Please see attached exhibit PSC\_DR\_4\_Exhibit 5.

**Witness:** Bill Grey and Rose Lewis

# Work Order

Date: 12-29-21 Time: \_\_\_\_\_

Customer Name / Location: Bray Creek

Account Number: \_\_\_\_\_ Location Number \_\_\_\_\_

Physical Address: 307 Bray Creek 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: Charged meter twice

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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 type="checkbox"/> Unit 4            | <input type="checkbox"/> Unit 8 |   |

### Work Completed BY


### Leak Repair Info

Failure Type  
meter

Duration  
3 weeks

GPM 5

Total - 151,200

### Parts Used

2x meters

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time Arrived at Location: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:

*[Signature]*

# Work Order

Date: 12-8-21 Time: \_\_\_\_\_

Customer Name / Location: Lee Sizemore 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: tightened setter nut

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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  
setter

Duration  
2 weeks

GPM 10

Total - 201,600

### Parts Used

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

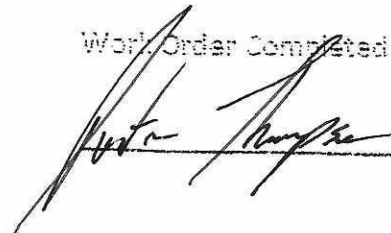
Time Arrived at Location: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:



# Work Order

Date: 12-29-21 Time: \_\_\_\_\_

Customer Name / Location: Joe Taylor / Robinson 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: changed nut on 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"/>                        |
| <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>DC</u>	<input type="checkbox"/>
<u>BG</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: setter

Duration: 2 months

SPM: 5

Total: ~~604,800~~  
604,800

### Parts Used

1x cts to setter nut

1x stiffner

\_\_\_\_\_

\_\_\_\_\_

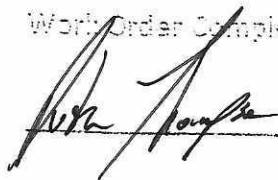
Time Arrived at Location: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:



# Work Order

Date: 12-9-21 Time: \_\_\_\_\_

Customer Name / Location: 421 Above Save-a-Lot

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: tightened up setter nut

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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"/> BG | <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  
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]

# Work Order

Date: 12-24-21 Time: \_\_\_\_\_

Customer Name / Location: Field beside Dirt Road / 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: pulled a new 1 inch cts  
line under the blacktop

### 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 checked="" type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | <input type="checkbox"/> Other _____            |

### Work Completed BY

<input checked="" type="checkbox"/> DT	<input type="checkbox"/>
<input checked="" type="checkbox"/> DC	<input type="checkbox"/>
<input checked="" type="checkbox"/> BG	<input type="checkbox"/>
<input checked="" type="checkbox"/> HH	<input type="checkbox"/>

### Leak Repair Info

Failure Type: Service  
Duration: 1 month  
GPM: 30

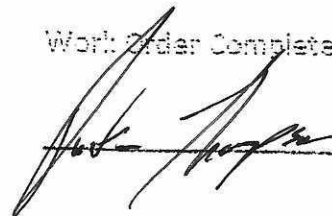
Total: 1,209,600

### Parts Used

2x 1" straight couplings  
100' roll of 1" cts  
2x 1" stiffners

Time Arrived at Location: \_\_\_\_\_  
Time Departed Location: \_\_\_\_\_  
Date Work Completed: \_\_\_\_\_  
Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:





# Work Order

Date: 12-22-01 Time: \_\_\_\_\_

Customer Name / Location: Valley Lane

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: wrapped a 1" cts line

### 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"/> 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"/> HH | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> DT | <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 month  
GPM: 5  
Total: 201,600

### Parts Used

1x 1" cts wrap

Time Arrived at Location: \_\_\_\_\_  
Time Departed Location: \_\_\_\_\_  
Date Work Completed: \_\_\_\_\_  
Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:

*[Signature]*

# Work Order

Date: 11/20/21 Time: \_\_\_\_\_

Customer Name / Location: Camper below Jerry Shepherd

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: wrapped 3/4" ~~blue~~ galvanized 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 | <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>DL</u>	<input type="checkbox"/>
<u>HH</u>	<input type="checkbox"/>
<u>DJ</u>	<input type="checkbox"/>
<u>BG</u>	<input type="checkbox"/>

### Leak Repair Info

Failure Type: service

Duration: 3 months

GPW: 8

Total-967,680

### Parts Used

1x 3/4" ~~blue~~ galvanized wrap

Time Arrived at Location: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle License: \_\_\_\_\_

Work Order Completed by:

[Signature]

# Work Order

Date: 11/20/01 Time: \_\_\_\_\_

Customer Name / Location: Pine 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: wrapped 1" plumbers

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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 checked="" type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | <input type="checkbox"/> Other _____            |

### Work Completed By

DT  
DC  
DS  
BG  
HLL

### Leak Repair Info

Failure Type: Main/Service  
Duration: 24 hrs  
GPM: 15  
Total - 21,600

### Parts Used

1x plumbers wrap

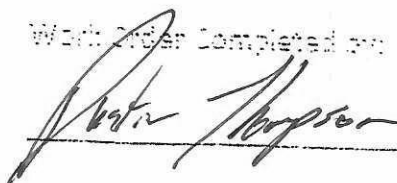
Time Arrived at Location: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:



# Work Order

Date: 11/20/21 Time: \_\_\_\_\_

Customer Name / Location: Morgan 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: broke setter

### Equipment Used

- |  |                                 |   |
|--|---------------------------------|---|
| <input checked="" type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 6 | <input type="checkbox"/> CAT Backhoe    |
| <input checked="" type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 8 |   |
| <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 9 | <input type="checkbox"/> Other _____    |

### Work Completed by

DT  
DC  
DJ  
HH  
BG

### Leak Repair Info

Failure Type: customer, broke setter  
Duration: 24 hours  
GPM: 15  
Total: 21,600

### Parts Used

hand valve

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: Holland 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: wrapped 3/4" cts 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

DT  
BG  
DC  
DJ  
HH

### Leak Repair Info

Failure Type  
service

Duration  
2 months

GPW 8  
Total 1-645/120

### Parts Used

1x 3/4" cts wrap

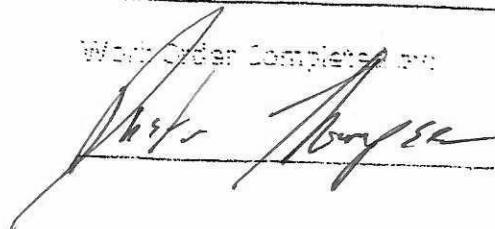
Time Arrived at Location: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_

Work Order Completed by



# Work Order

Date: 11/20/21 Time: \_\_\_\_\_

Customer Name / Location: Thompson 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: wrapped 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 | <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>BG</u>	<input type="checkbox"/>
<u>HH</u>	<input type="checkbox"/>
<u>DC</u>	<input type="checkbox"/>
<u>DJ</u>	<input type="checkbox"/>

### Leak Repair Info

Failure Type: service

Duration: 1 month

GPW: 3

Total: 120,960

### Parts Used

1x 3/4" cts wrap

Time Arrived at Location: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_

Work Order Completed by: [Signature]

# Work Order

Date: 11/2021 Time: \_\_\_\_\_

Customer Name / Location: KCEOC

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: wrapped 2 inch service to KCEOC Meter

### 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

BO  
DT  
HH  
DC  
DJ

### Leak Repair Info

Failure Type: SERVIC  
Duration: 3 years  
GPM: 85

Total - 7,756,600

Parts Used  
1x 2" wrap

Time Arrived at Location: \_\_\_\_\_  
Time Departed Location: \_\_\_\_\_  
Date Work Completed: \_\_\_\_\_  
Vehicle Mileage: \_\_\_\_\_

Work Order Completed by: [Signature]

# Work Order

Date: 11-1-21 Time: \_\_\_\_\_

Customer Name / Location: Crane 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: replaced 2 foot of 2" main

### 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>BG</u>	<input type="checkbox"/>
<u>DT</u>	<input type="checkbox"/>
<u>HH</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: 3 hours

GPM: 80

Total - 14,400

### Parts Used

2x 2" Hymax -

2' 2" PVC -

Smith Brothers Excavating  
12044 US 421, Manchester

Time Arrived at Location: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_

Work Order Completed By:



Backhoe = 4 hours / \$50 Per hour  
3 Men / Bill / Harvey / Dustin



# Work Order

Date: 11/2008 Time: \_\_\_\_\_

Customer Name / Location: NBC, 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: changed meter

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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"/> 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

DT  
DC  
DT  
HH  
BB

### Leak Repair Info

Failure Type: Meter

Duration: 2 years

GPW: 5

Total: 5,241,600

### Parts Used

1x Meter

Time Arrived at Location: \_\_\_\_\_  
Time Departed Location: \_\_\_\_\_  
Date Work Completed: \_\_\_\_\_  
Vehicle Mileage: \_\_\_\_\_

Work Order Completed by

[Signature]

# Work Order

Date: 11/20/01 Time: \_\_\_\_\_

Customer Name / Location: Lower Rader / Mae Henstay

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: changed meter

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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 type="checkbox"/> Unit 4            | <input type="checkbox"/> Unit 8 |   |

### Work Completed By

DJ

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Leak Repair Info

Failure Type  
Meter

Duration  
1 week

GPM 3

Total 39240

### Parts Used

1x Meter

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

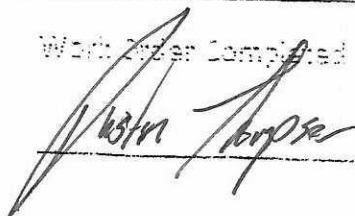
Time Arrived at Location: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:



# Work Order

Date: 11-1-21 Time: \_\_\_\_\_

Customer Name / Location: Overbrook Lane

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: replaces 3 foot of 3/4"  
cts line

### 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"/> 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"/> BG | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> HH | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> DT | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> DC | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> DJ | <input type="checkbox"/> |

### Leak Repair Info

Failure Type: service  
Duration: 30 mins  
GPM: 50  
Total - 1500

### Parts Used

2x 3/4" straight couplings  
4x stiffners  
3 foot cts line

Time Arrived at Location: \_\_\_\_\_  
Time Departed Location: \_\_\_\_\_  
Date Work Completed: \_\_\_\_\_  
Vehicle Mileage: \_\_\_\_\_

Work Order Completed by: [Signature]

# Work Order

Date: 10/20/21 Time: \_\_\_\_\_

Customer Name / Location: Anger Springs

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: Jackson Energy busted customer side of line, where old house burnt down, used around 7,500 gallons on meter, shut meter off, did not let us know until next day

### 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"/> 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 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

Cost

7,500 gallons

### Parts Used

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

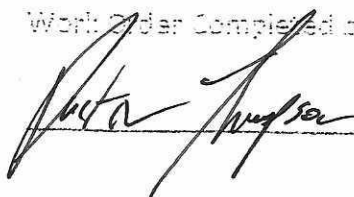
Time Arrived at Location: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:



# Work Order

Date: 10/20/01 Time: \_\_\_\_\_

Customer Name / Location: End of Jacks Branch / Bowling 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 type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | <input type="checkbox"/> Other _____    |

### 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"/>

### Leak Repair Info

Failure Type  
Service

Duration  
6 months

GPM 10

Total - 2,419,200

### Parts Used

1x wrap  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time Arrived at Location: \_\_\_\_\_  
Time Departed Location: \_\_\_\_\_  
Date Work Completed: \_\_\_\_\_  
Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:

[Signature]

# Work Order

Date: 10/20/21 Time: \_\_\_\_\_

Customer Name / Location: Jacks Branch / Dewey Grubb

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: wrapped service line  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Equipment Used

- |                                 |                                 |   |
|---------------------------------|---------------------------------|---|
| <input type="checkbox"/> Unit 2 | <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 type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | <input type="checkbox"/> Other _____    |

### Mark 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"/> |

### Leak Repair Info

Failure Type  
service  
Duration  
service / month  
GPM 10  
Total - 403,000

### Parts Used

2x Wraps  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time Arrived at Location: \_\_\_\_\_  
Time Departed Location: \_\_\_\_\_  
Date Work Completed: \_\_\_\_\_  
Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:  
[Signature]

# Work Order

Date: 10/20/01 Time: \_\_\_\_\_

Customer Name / Location:  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: Changed meter

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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 type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | <input type="checkbox"/> Other _____    |

### 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"/>

### Leak Repair Info

Failure Type  
Meter

Duration  
2 months

SPM 3

Total 241,920

### Parts Used

1 x meter

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time Arrived at Location: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:

[Signature]

# Work Order

Date: 10-28-21 Time: \_\_\_\_\_

Customer Name / Location: Ellis 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: changed meter

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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"/> 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 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: Meter

Duration: 1 week

GPM: 5

Total: 50,400

### Parts Used

1x meter

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time Arrived at Location: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_

Work Order Completed by: [Signature]



# Work Order

Date: 10/20/01 Time: \_\_\_\_\_

Customer Name / Location: 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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 type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | <input type="checkbox"/> Other _____    |

### 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"/> |

### Leak Repair Info

Failure Type  
sewer

Duration  
1 month

GPM 3

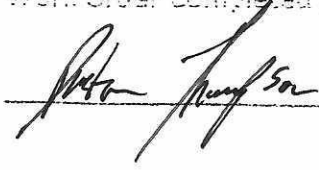
Total-120,960

### Parts Used

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time Arrived at Location: \_\_\_\_\_  
Time Departed Location: \_\_\_\_\_  
Date Work Completed: \_\_\_\_\_  
Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:



# Work Order

Date: 10/2001 Time: \_\_\_\_\_

Customer Name / Location: 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: wrapped 1.4

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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 type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | <input type="checkbox"/> Other _____    |

### 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"/>

### Leak Repair Info

Failure Type  
Service

Duration  
4 months

GPM 15

Total - 2,419,200

### Parts Used

1x trap

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time Arrived at Location: \_\_\_\_\_

Work Order Completed by: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_

# Work Order

Date: 10-12-21 Time: \_\_\_\_\_

Customer Name / Location: Charlie Sizemore

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: wrapped service line

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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"/> 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"/>	<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  
3 months

GPM 10

Total - 1,209,600

### Parts Used

1x wrap

Time Arrived at Location: \_\_\_\_\_  
Time Departed Location: \_\_\_\_\_  
Date Work Completed: \_\_\_\_\_  
Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:

Justin Ferguson

# Work Order

Date: 10-13-21 Time: \_\_\_\_\_

Customer Name / Location: Charlie Sizemore

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: wrapped service line

### 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"/>                        |
| <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

<u>DT</u>	<input type="checkbox"/>
<u>B6</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: service

Duration: 6 months

GPM: 20

Total: -4,838,400

### Parts Used

1x wrap

Time Arrived at Location: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_

Work Order Completed by: [Signature]

# Work Order

Date: 10-15-21 Time: \_\_\_\_\_

Customer Name / Location: Radar Main

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 10 feet of 8inch

### 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 checked="" 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 checked="" type="checkbox"/> B6 | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> HH | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> DJ | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> DT | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> DC | <input type="checkbox"/> |

### Leak Repair Info

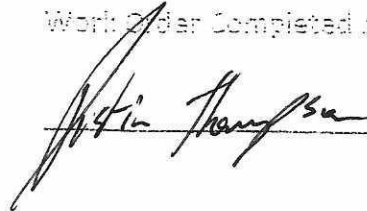
Failure Type: Main  
Duration: 1 year (52 weeks)  
GPM: 40  
Total: 20,966,400

### Parts Used

2x 8" Hyrax  
10 foot 8" PVC

Time Arrived at Location: \_\_\_\_\_  
Time Departed Location: \_\_\_\_\_  
Date Work Completed: \_\_\_\_\_  
Vehicle Mileage: \_\_\_\_\_

Work Order Completed by: \_\_\_\_\_



# Work Order

Date: 10-29-21 Time: \_\_\_\_\_

Customer Name / Location: Forest 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 a foot of line  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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 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"/> |

### Leak Repair Info

Failure Type Service  
Duration 1 month  
GPM 15

Total: 604,800

### Parts Used

1x 1" straight coupling  
1x compressor fitting  
1x 1" nipple  
2x clamps

Time Arrived at Location: \_\_\_\_\_  
Time Departed Location: \_\_\_\_\_  
Date Work Completed: \_\_\_\_\_  
Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:

[Signature]

# Work Order

Date: 10-29-21 Time: \_\_\_\_\_

Customer Name / Location: Sester Holler

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: wrapped line

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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 type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | <input type="checkbox"/> Other _____    |

### 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"/> |

### Leak Repair Info

Failure Type service

Duration 1 month

GPM 20

Total 806,400

### Parts Used

1x wrap

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time Arrived at Location: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_

Work Order Completed by: [Signature]

# Work Order

Date: 10-29-21 Time: \_\_\_\_\_

Customer Name / Location: Sester Holler

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: wrapped line

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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 type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | <input type="checkbox"/> Other _____    |

### 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"/> |

### Leak Repair Info

Failure Type  
service

Duration  
1 month

GPM 15

Total 604,800

### Parts Used

1x wrap

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time Arrived at Location: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:

Russ Thompson



# Work Order

Date: 10-29-21 Time: \_\_\_\_\_

Customer Name / Location: Sester Holler

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: tightened wrap

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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 checked="" type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | <input type="checkbox"/> Other _____            |

### Work Completed By

DT  
DC  
DJ  
HH  
BG

### Leak Repair Info

Failure Type  
Service

Duration  
3 month

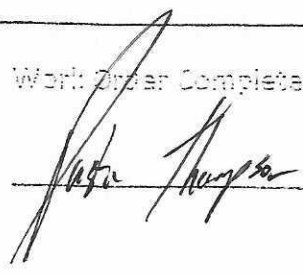
GPM 5

Total 604,800

### Parts Used

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time Arrived at Location: \_\_\_\_\_  
Time Departed Location: \_\_\_\_\_  
Date Work Completed: \_\_\_\_\_  
Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:  


# Work Order

Date: 10-6-21 Time: 9:00

Customer Name / Location: Forest 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: leak 1/2 inch 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"/> 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 type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
- BG  
HH  
DT  
AC

### Leak Repair Info

Failure Type \_\_\_\_\_

Duration \_\_\_\_\_

1 month

GPM 45

Total 1,395

### Parts Used

1/2 inch Plumber's Wrap

Time Arrived at Location: \_\_\_\_\_

Work Order Completed by: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_

August  
9th

39  
Leak

# Work Order

Date: 10-4-21 Time: 10:45

Customer Name / Location: Highway 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: 1/2 Wrap put on service line Spiked out

### 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"/>                |
| <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


### Leak Repair Info

Failure Type \_\_\_\_\_

Duration \_\_\_\_\_

3 months  
GPM 15  
Total 8,000

Parts Used: 1/2 Wrap

Time Arrived at Location: \_\_\_\_\_  
 Time Departed Location: \_\_\_\_\_  
 Date Work Completed: \_\_\_\_\_  
 Vehicle Mileage: \_\_\_\_\_

Work Order Completed by: BG DC

# Work Order

Date: 9-18-21 Time: \_\_\_\_\_

Customer Name / Location: Bray Creek / Calvin Bray

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: Changed meter, 5-loop, regulator

### 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"/> Unit 3            | <input type="checkbox"/> Unit 7 | Air Compressor                       |
| <input type="checkbox"/> Unit 4            | <input type="checkbox"/> Unit 8 | Other _____                          |

### Work Completed By

<u>DJ</u>	<input type="checkbox"/>
<u>DJ</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: meter

Duration: 3 months

GPM: 5

Total - 604,800

### Parts Used

1x meter

1x 5-loop

1x regulator

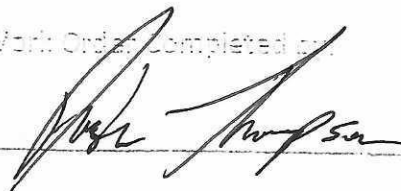
Time Arrived at Location: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:



# Work Order

Date: 9-18-21 Time: \_\_\_\_\_

Customer Name / Location: Bales Creek

Account Number: \_\_\_\_\_ Location Number: \_\_\_\_\_

Physical Address: 316 Bales Creek Rd 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: changed setter, Box, Meter

### 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"/> 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"/> BG | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> NH | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> DC | <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: setter  
Duration: 2 months  
GPM: 2

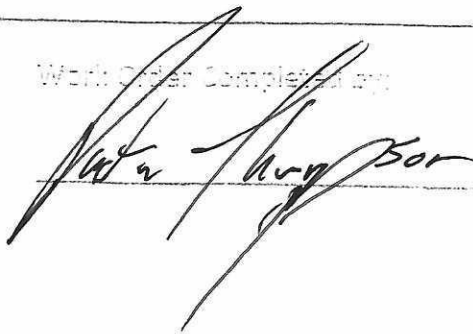
Total: 161,280

### Parts Used

- 1x new setter      1x meter box
- 1x new meter      1x lid
- 1x s-loop
- 1x regulator

Time Arrived at Location: \_\_\_\_\_  
Time Departed Location: \_\_\_\_\_  
Date Work Completed: \_\_\_\_\_  
Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:



# Work Order

Date: 9-18-21 Time: \_\_\_\_\_

Customer Name / Location: Cambridge Drive / Ernie Hobbs

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: wrapped a 3/4" service 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"/> Unit 3            | <input type="checkbox"/> Unit 7 | Air Compressor                       |
| <input checked="" type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | Other _____                          |

### Work Completed By

<u>DC</u>	<input type="checkbox"/>
<u>DJ</u>	<input type="checkbox"/>
<u>BG</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: SERVICE

Duration: 6 months

GPM: 3

### Parts Used

1x 3/4" cts wrap

Total - 13,063,680

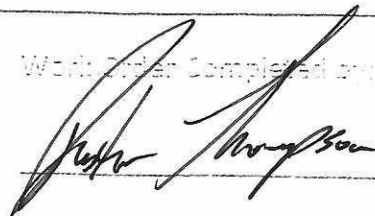
Time Arrived at Location: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:



# Work Order

Date: 9-18-21 Time: \_\_\_\_\_

Customer Name / Location: Bray Creek / Russell Brown

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 a section of

2 inch pvc

### 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 | Air Compressor                                  |
| <input checked="" type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | Other _____                                     |

### Work Completed By

DJ  
DT  
PC  
BG  
HH

### Leak Repair Info

Failure Type  
Main

Duration

10 mins

GPM 45

Total - 450

### Parts Used

2x 2" hymax  
5 foot 2 inch pipe

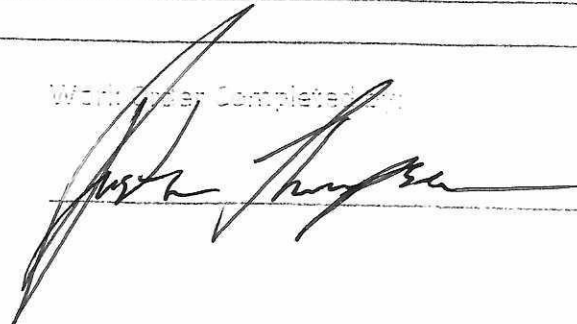
Time Arrived at Location: \_\_\_\_\_

Work Order Completed By: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_



# Work Order

Date: 9-19-21 Time: \_\_\_\_\_

Customer Name / Location: Mize 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: replaced 5 foot of 3 inch

pvc

### 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

<u>DT</u>	<input type="checkbox"/>
<u>DC</u>	<input type="checkbox"/>
<u>DJ</u>	<input type="checkbox"/>
<u>BG</u>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### Leak Repair Info

Failure Type: Main

Duration: 1 hour

BPM: 40

Total - 2400

### Parts Used

2x 3" hymax  
5 foot pvc

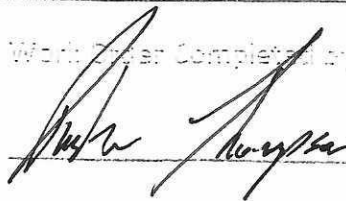
Time Arrived at Location: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:





# Work Order

Date: 9-18-21 Time: \_\_\_\_\_

Customer Name / Location: Aaron Asher / Lower Rader

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: changed meter

### 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

BG

### Leak Repair Info

Failure Type: Meter  
Duration: 1 week  
GPM: 5  
Total: 50,400

### Parts Used

1x New Meter

Time Arrived at Location: \_\_\_\_\_  
Time Departed Location: \_\_\_\_\_  
Date Work Completed: \_\_\_\_\_  
Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:  
[Signature]

# Work Order

Date: 9-13-21 Time: \_\_\_\_\_

Customer Name / Location: Mennonites, Bowling 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: Hymaxed a 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"/>                        |
| <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>DJ</u>	<input type="checkbox"/>
<u>BG</u>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### Leak Repair Info

Failure Type  
Main

Duration  
3 weeks

GPM 20

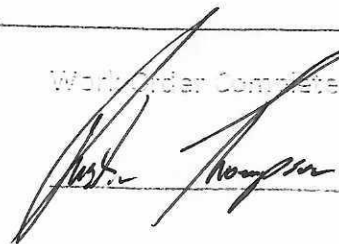
Total - 604,800

### Parts Used

2x 6" Hymax

Time Arrived at Location: \_\_\_\_\_  
Time Departed Location: \_\_\_\_\_  
Date Work Completed: \_\_\_\_\_  
Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:



# Work Order

Date: 9-10-21 Time: \_\_\_\_\_

Customer Name / Location: Middle 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: wrapped a service line

### Equipment Used

- Unit 1
- Unit 2
- Unit 3
- Unit 4
- Unit 5
- Unit 6
- Unit 7
- Unit 8
- CAT Backhoe
- Air Compressor
- Other \_\_\_\_\_

### Work Completed By

- JA
- DT
- DJ
- BG
- 
- 

### Leak Repair Info

Failure Type: service

Duration: ~~1 week~~ 3 weeks

CPM: 30

Total - 907,200

### Parts Used

1x 1" cts wrap

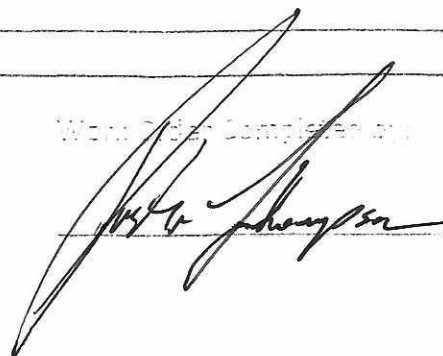
Time Arrived at Location: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_

Work Price Completed on: \_\_\_\_\_



# Work Order

Date: 9-10-21 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: wrapped a service line

### Equipment Used

- Unit 1
- Unit 2
- Unit 3
- Unit 4
- Unit 5
- Unit 6
- Unit 7
- Unit 8
- CAT Backhoe
- Air Compressor
- Other \_\_\_\_\_

### Work Completed By

JA  
DT  
DJ  
BG

### Leak Repair Info

Failure Type  
Service  
Duration  
1 week  
SP# 15  
Total - 151,200

### Parts Used

1x 1" wrap

Time Arrived at Location: \_\_\_\_\_  
Time Departed Location: \_\_\_\_\_  
Date Work Completed: \_\_\_\_\_  
Vehicle Mileage: \_\_\_\_\_

Work Order Completed by  


# Work Order

Date: 9-8-21 Time: \_\_\_\_\_

Customer Name / Location: Morgan Branch

Account Number: \_\_\_\_\_ Location Number: \_\_\_\_\_

Physical Address: 735 Morgan Branch 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 a leaking shut off valve

### Equipment Used

- Unit 1
- Unit 2
- Unit 3
- Unit 4
- Unit 5
- Unit 6
- Unit 7
- Unit 8
- CAT Backhoe
- Air Compressor
- Other \_\_\_\_\_

### Work Completed By

JA  
DT  
DJ  
BG

### Leak Repair Info

Failure Type: service  
Duration: 2 weeks  
SP# ~~10~~ 10  
T. # 1-201,600

### Parts Used

1x 3/4" galvanized shut off valve

Time Arrived at Location: \_\_\_\_\_  
Time Departed Location: \_\_\_\_\_  
Date Work Completed: \_\_\_\_\_  
Vehicle Mileage: \_\_\_\_\_

Work Order Completed by: [Signature]

# Work Order

Date: 9-8-21 Time: \_\_\_\_\_

Customer Name / Location: Basil Roberts / 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: wrapped a 3/4" service line

### Equipment Used

- Unit 1
- Unit 2
- Unit 3
- Unit 4
- Unit 5
- Unit 6
- Unit 7
- Unit 8
- D.T. Backhoe
- Air Compressor
- Other \_\_\_\_\_

### Work Completed By

DJ  
BG

### Leak Repair Info

Failure Type  
service  
Duration  
2 months  
SPM 20

Total -1,612,800

### Parts Used

1x 3/4" wrap

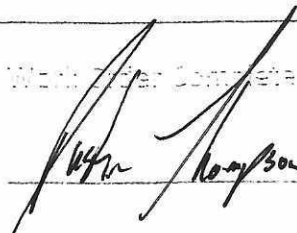
Time Arrived at Location: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:



# Work Order

Date: 9-6-21 Time: \_\_\_\_\_

Customer Name / Location: Applewood 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: wrapped 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"/>                |
| <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

JA

DJ

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Leak Repair Info

Failure Type service

Duration 2 weeks

CPM 20

Total - 403,200

### Parts Used

1x 3/4" cb wrap

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

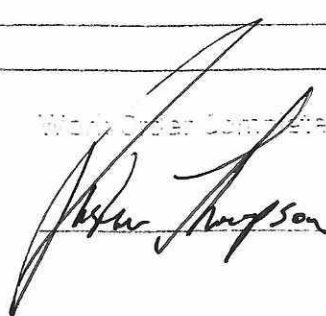
Time Arrived at Location: \_\_\_\_\_

Work Order Completion By: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_



# Work Order

Date: 9-7-21 Time: \_\_\_\_\_

Customer Name / Location: Doug Roark / Sucker

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 a meter that had been slowly leaking for over a year, customer says

### Equipment Used

- Unit 1
- Unit 2
- Unit 3
- Unit 4
- Unit 5
- Unit 6
- Unit 7
- Unit 8
- CAT Backhoe
- Air Compressor
- Other \_\_\_\_\_

### Water Completed By

DR  
DT

### Leak Repair Info

Failure Type: meter  
Duration: 1 year  
SP # 1  
Total - \$24,160

### Parts Used

1x new meter

Time Arrived at Location: \_\_\_\_\_  
Time Departed Location: \_\_\_\_\_  
Date Work Completed: \_\_\_\_\_  
Vehicle Mileage: \_\_\_\_\_

Work Order Completed By: [Signature]



# Work Order

Date: 9-7-21 Time: \_\_\_\_\_

Customer Name / Location: Tanner Bowling / Bray 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: wrapped service line  
going to meter

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 | Air Compressor                       |
| <input type="checkbox"/> Unit 4            | <input type="checkbox"/> Unit 8 | Other _____                          |

Work Completed By

DT  
DS  
DC

Leak Repair Info

Failure Type  
service  
Duration  
1 week  
SPM 20  
Total - 201,600

Parts Used

1x 3/4" plumbers wrap

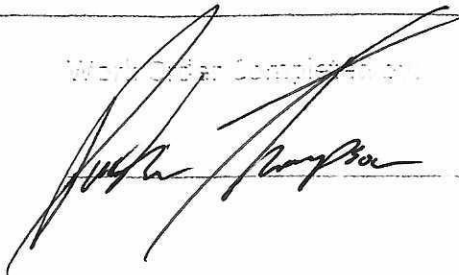
Time Arrived at Location: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_

Work Order Completed by



# Work Order

Date: 9-2-21 Time: \_\_\_\_\_

Customer Name / Location: Clay Carpet Barn

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: wrapped a 3/4" service line

Equipment Used

- |  |                                 |  |
|--|---------------------------------|--|
| <input checked="" 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"/> Unit 3            | <input type="checkbox"/> Unit 7 | Air Compressor                                   |
| <input checked="" type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | Other _____                                      |

Work Completed By

JA  
OT  
BG

Leak Repair Info

Failure Type  
Service  
Duration  
3 weeks  
CPW 35  
Total - 1,058,400

Parts Used

1x 3/4" cts wrap

Time Arrived at Location: \_\_\_\_\_  
Time Departed Location: \_\_\_\_\_  
Date Work Completed: \_\_\_\_\_  
Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:  


# Work Order

Date: 9-7-01 Time: \_\_\_\_\_

Customer Name / Location: Behind Landos

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: wrapped a service line

### Equipment Used

- |  |                                 |   |
|--|---------------------------------|---|
| <input type="checkbox"/> Unit 1            | <input type="checkbox"/> Unit 5 | <input type="checkbox"/> OAT 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>DT</u>	_____
<u>BC</u>	_____
_____	_____
_____	_____

### Leak Repair Info

Failure Type: SERVICE

Duration: 4 months

SPW: 15

Total - 2,419,200

### Parts Used

1x 3/4" sts line

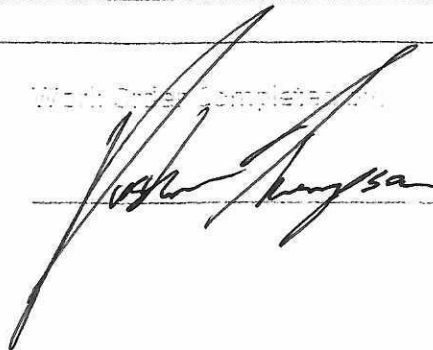
Time Arrived at Location: \_\_\_\_\_

Work Order Completed By: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_



# Work Order

Date: 8-9-21 Time: \_\_\_\_\_

Customer Name / Location: Bert Woods / Ponders 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: wrapped a service line crossing over a tile

### 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

JA  
DT  
DC  
DJ  
BG

### Leak Repair Info

Failure Type: Service  
Duration: 2 weeks  
SPW: 30  
Total: 604,800

### Parts Used

1x 3/4" cts wrap

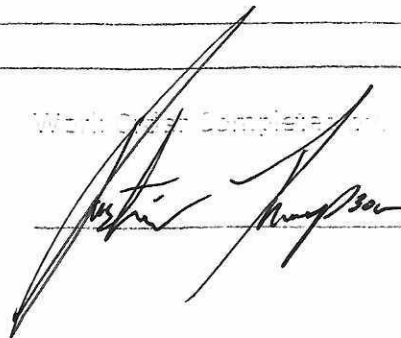
Time Arrived at Location: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle License #: \_\_\_\_\_

Work Order Completed by: \_\_\_\_\_



# Work Order

Date: 1/18/2022 Time: \_\_\_\_\_

Customer Name / Location: Maeread 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 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 checked="" 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


### Leak Repair Info

Failure Type  
1" line LTS  
Duration  
2 weeks  
GPM 15

### Parts Used

1" LTS wrap  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~~302400~~  
302400

Time Arrived at Location: \_\_\_\_\_  
Time Departed Location: \_\_\_\_\_  
Date Work Completed: \_\_\_\_\_  
Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:

Harvey [Signature]

# Work Order

Date: 1/16-22 Time: \_\_\_\_\_

Customer Name / Location: 7027 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: replaced 2 feet galvanized with 3/4" cts

### 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

DI  
DC  
MH  
BG

### Leak Repair Info

Failure Type: service  
Duration: 1 month  
GPM: 40

Total - 1,612,800

### Parts Used

1x galvanized to cts shut off  
3x shutoffs  
2 feet cts

Time Arrived at Location: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:

Ruben [Signature]

# Work Order

Date: 1/14/22 Time: \_\_\_\_\_

Customer Name / Location: Thomas Branch Valve

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 a 1" cts  
wrap on 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"/>	DT
<input type="checkbox"/>	DL
<input type="checkbox"/>	HH
<input type="checkbox"/>	BF
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

### Leak Repair Info

Failure Type: Service

Duration: 1 year

GPM: 15

Total: 7,257,600

### Parts Used

1" cts wrap

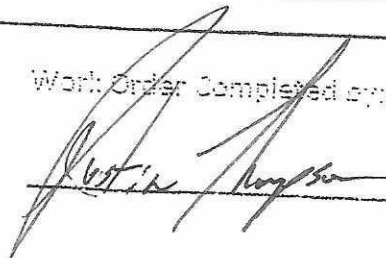
Time Arrived at Location: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:



# Work Order

Date: 1-14-22 Time: \_\_\_\_\_

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: wrapped 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 checked="" type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 |   |

### Work Completed By:

<input checked="" type="checkbox"/>	DT
<input checked="" type="checkbox"/>	DC
<input checked="" type="checkbox"/>	HW
<input checked="" type="checkbox"/>	BC
<input type="checkbox"/>	
<input type="checkbox"/>	

### Leak Repair Info

Failure Type: Service

Duration: 2 years

GPM: 30

Total: 29,030,400

### Parts Used

2x 3/4" cts wraps

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time Arrived at Location: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:

Justin Morgan



# Work Order

Date: 1-14-22 Time: \_\_\_\_\_

Customer Name / Location: Charlie Sizemore

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: put line back in setter  
added a piece of 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"/> 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"/>	DT
<input checked="" type="checkbox"/>	DC
<input checked="" type="checkbox"/>	HH
<input checked="" type="checkbox"/>	BG
<input type="checkbox"/>	
<input type="checkbox"/>	

### Leak Repair Info

Failure Type: service

Duration: 12 hours

GPM: 50

Total - 36,000

### Parts Used

1x 3/4" straight coupling  
3x stiffness

Time Arrived at Location: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:

Vestin Thompson

# Work Order

Date: 1-11-22 Time: \_\_\_\_\_

Customer Name / Location: Kevin Cleary / E115 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: changed meter

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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 type="checkbox"/> Unit 4            | <input type="checkbox"/> Unit 8 |   |

### Work Completed By

- |  |                          |
|--|--------------------------|
| <input checked="" type="checkbox"/> DT | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> DC | <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: Mchr

Duration: 1 month

GPM: 30

Total: 1,209,600

### Parts Used

1x New Meter

Time Arrived at Location: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:

*Kevin Thompson*

# Work Order

Date: 1-10-22 Time: \_\_\_\_\_

Customer Name / Location: 1672 N 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: wrapped a 3/4" galvanized

### 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 checked="" type="checkbox"/> Unit 4 | <input type="checkbox"/> Unit 8 | <input type="checkbox"/> Other _____            |

### Work Completed By

DT	<input type="checkbox"/>
DC	<input type="checkbox"/>
BG	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

### Leak Repair Info

Failure Type: service

Duration: 1 week

GPM: 30

Total - 302,400

### Parts Used

1x galvanized wrap

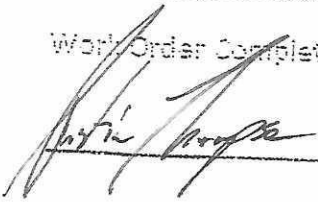
Time Arrived at Location: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:







# Work Order

Date: 2-8-22 Time: \_\_\_\_\_

Customer Name / Location: Robby Buttery / Long Bottom 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: changed meter

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Equipment Used

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

### Meter 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"/>

### Leak Repair Info

Failure Type: meter

Duration: 1 week

GPM: 25

Total: 250,000

### Parts Used

1x meter

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

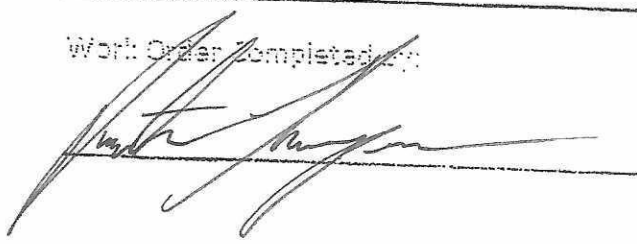
Time Arrived at Location: \_\_\_\_\_

Time Departed Location: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Vehicle Mileage: \_\_\_\_\_

Work Order Completed by:



### LINE BREAK LOGBOOK

\*Required by 401 KAR 8.150, Section 4.12

*DATE	<del>02</del> 3-3-22
*LOCATION OF BREAK	421
*TIME IT WAS DISCOVERED	9:30
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	30 min
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	← 900 gal loss
TURNED WATER OFF (yes or no)	No
BWA REQUIRED (yes or no)	No
OTHER COMMENTS	Service line 30gm

*DATE	3-21-22
*LOCATION OF BREAK	Blackstone Rd
*TIME IT WAS DISCOVERED	10:30
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	30 min
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	No
TURNED WATER OFF (yes or no)	
BWA REQUIRED (yes or no)	No
OTHER COMMENTS	Meter Bottom 15gm 15 days

### LINE BREAK LOGBOOK

\*Required by 401 KAR 8:150, Section 4(2)

*DATE	3-25-22
*LOCATION OF BREAK	209 Roy Cox Rd
*TIME IT WAS DISCOVERED	9:30
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	30 min
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	-12,000 gal base
TURNED WATER OFF (yes or no)	No
BWA REQUIRED (yes or no)	No
OTHER COMMENTS	Meter Bottom 10gpm 20 days

*DATE	<del>3-25-22</del> 3-26-22
*LOCATION OF BREAK	5433 Hwy 421
*TIME IT WAS DISCOVERED	10:30 AM
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	1 1/2 hour
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	No
TURNED WATER OFF (yes or no)	No
BWA REQUIRED (yes or no)	No
OTHER COMMENTS	15 gpm <del>10</del> 48 hrs 43,200 gal



### LINE BREAK LOGBOOK

\*Required by 401 KAR 8:150, Section 4(2)

*DATE	3-17-22
*LOCATION OF BREAK	Jarve Hollow
*TIME IT WAS DISCOVERED	10:30 AM
*POPULATION AFFECTED	10 houses
*LENGTH OF TIME TO REPAIR	3 hours
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	3-18-22 7:30 AM
TURNED WATER OFF (yes or no)	yes
BWA REQUIRED (yes or no)	yes
OTHER COMMENTS	270,000 gal

*DATE	3-18-22
*LOCATION OF BREAK	Maupin Hollow
*TIME IT WAS DISCOVERED	12:00 PM
*POPULATION AFFECTED	9 houses
*LENGTH OF TIME TO REPAIR	2 hours 30 minutes
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	3-19-22 7:35 AM
TURNED WATER OFF (yes or no)	yes
BWA REQUIRED (yes or no)	yes
OTHER COMMENTS	25gm 2yrs 1/16,000

### LINE BREAK LOGBOOK

\*Required by 401 KAR 8:150, Section 4(2)

*DATE	3-17-22
*LOCATION OF BREAK	638
*TIME IT WAS DISCOVERED	8:00 pm
*POPULATION AFFECTED	
*LENGTH OF TIME TO REPAIR	15 min
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	No
BWA REQUIRED (yes or no)	NO
OTHER COMMENTS	Meter Bottom 9,000 gal

*DATE	3-16-22
*LOCATION OF BREAK	Sester Hollow
*TIME IT WAS DISCOVERED	1:00 pm
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	1 hour
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	No
BWA REQUIRED (yes or no)	NO
OTHER COMMENTS	Service line 2,000 gal

### LINE BREAK LOGBOOK

\*Required by 401 KAR 8:150, Section 4(2)

*DATE	5-20-22
*LOCATION OF BREAK	577 East
*TIME IT WAS DISCOVERED	12:00 pm
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	5 mins
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	No
BWA REQUIRED (yes or no)	No
OTHER COMMENTS	5 gpm x 2 weeks = 100,800

*DATE	6-2-22
*LOCATION OF BREAK	577, Grassy Branch
*TIME IT WAS DISCOVERED	12:00
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	5 mins
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	No
BWA REQUIRED (yes or no)	No
OTHER COMMENTS	5 gpm x 30 days = 201,600

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### LINE BREAK LOGBOOK

\*Required by 401 KAR 8:150, Section 4(2)

*DATE	5-3-22
*LOCATION OF BREAK	326 Overlook Lane
*TIME IT WAS DISCOVERED	4-25-22
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	1 hour
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	no
BWA REQUIRED (yes or no)	no
OTHER COMMENTS	15 gpm x <del>2</del> 2 weeks = 302,400

H

*DATE	5-5-22
*LOCATION OF BREAK	Buck Stivers
*TIME IT WAS DISCOVERED	12:00
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	1 hr
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	no
BWA REQUIRED (yes or no)	no
OTHER COMMENTS	5 gpm x 24 hrs = 7200

K

### LINE BREAK LOGBOOK

\*Required by 401 KAR 8:150, Section 4(2)

*DATE	5-17-22
*LOCATION OF BREAK	241 Sester Hollow
*TIME IT WAS DISCOVERED	12:00
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	30 mins
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	NO
BWA REQUIRED (yes or no)	NO
OTHER COMMENTS	5 gpm x 1 month = 216,000

*DATE	5-11-22
*LOCATION OF BREAK	Willis Mcqueen
*TIME IT WAS DISCOVERED	
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	No
BWA REQUIRED (yes or no)	NO
OTHER COMMENTS	5 gpm x 1 month = 216,000

### LINE BREAK LOGBOOK

\*Required by 401 KAR 8:150, Section 4(2)

*DATE	5-3-22
*LOCATION OF BREAK	Overbrook Lane
*TIME IT WAS DISCOVERED	
*POPULATION AFFECTED	2
*LENGTH OF TIME TO REPAIR	
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	No
BWA REQUIRED (yes or no)	No
OTHER COMMENTS	20 gpm x 1 week = 201,600

*DATE	5-3-22
*LOCATION OF BREAK	Bock Stivers
*TIME IT WAS DISCOVERED	
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	No
BWA REQUIRED (yes or no)	No
OTHER COMMENTS	15 gpm x 6 months = 3,024,000

### LINE BREAK LOGBOOK

\*Required by 401 KAR 8:150, Section 4(2)

*DATE	5-4-22
*LOCATION OF BREAK	State Highway
*TIME IT WAS DISCOVERED	
*POPULATION AFFECTED	2
*LENGTH OF TIME TO REPAIR	
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	No
BWA REQUIRED (yes or no)	No
OTHER COMMENTS	

*DATE	5-4-22
*LOCATION OF BREAK	Across from Gabbards Fork //
*TIME IT WAS DISCOVERED	
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	No
BWA REQUIRED (yes or no)	No
OTHER COMMENTS	15 gpm X 3 months = 1,944,000

LINE BREAK LOGBOOK

\*Required by 401 KAR 8:150, Section 4(2)

*DATE	5-17-22
*LOCATION OF BREAK	Tanglewood
*TIME IT WAS DISCOVERED	9:00 am
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	10 mins
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	No
BWA REQUIRED (yes or no)	No
OTHER COMMENTS	5 gpm x 24 hrs = 7200 gallons
*DATE	<del>5-17-22</del>
*LOCATION OF BREAK	<del>Tanglewood</del>
*TIME IT WAS DISCOVERED	<del>9:00 am</del>
*POPULATION AFFECTED	<del>1</del>
*LENGTH OF TIME TO REPAIR	<del>10 mins</del>
*DATE & TIME CL2 RESIDUALS DETECTED	<del></del>
*DATE & TIME BACT SAMPLES TAKEN	<del></del>
TURNED WATER OFF (yes or no)	<del>No</del>
BWA REQUIRED (yes or no)	<del>No</del>
OTHER COMMENTS	<del>5 gpm x 24 hrs = 7200 gallons</del>



### LINE BREAK LOGBOOK

\*Required by 401 KAR 8:150, Section 4(2)

*DATE	6-31-22
*LOCATION OF BREAK	Eli Drive
*TIME IT WAS DISCOVERED	
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	5 min
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	no
BWA REQUIRED (yes or no)	no
OTHER COMMENTS	2 gpm x 1 month = 80,640

*DATE	
*LOCATION OF BREAK	
*TIME IT WAS DISCOVERED	
*POPULATION AFFECTED	
*LENGTH OF TIME TO REPAIR	
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	
BWA REQUIRED (yes or no)	
OTHER COMMENTS	

### LINE BREAK LOGBOOK

\*Required by 401 KAR 8:150, Section 4(2)

*DATE	6-20-22
*LOCATION OF BREAK	11' Across from Gabbards Fork
*TIME IT WAS DISCOVERED	12:00 pm
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	1 hour
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	no
BWA REQUIRED (yes or no)	no
OTHER COMMENTS	15 gpm x 1 week = 151,200

*DATE	6-21-22
*LOCATION OF BREAK	1680 Hwy 638
*TIME IT WAS DISCOVERED	12:00 pm
*POPULATION AFFECTED	46
*LENGTH OF TIME TO REPAIR	5 hours
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	no
BWA REQUIRED (yes or no)	no
OTHER COMMENTS	30 gpm x 2 months = 2,592,000

### LINE BREAK LOGBOOK

\*Required by 401 KAR 8:150, Section 4(2)

*DATE	6-14-22
*LOCATION OF BREAK	John Woods
*TIME IT WAS DISCOVERED	4:00 pm
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	2 hours
*DATE & TIME CL2 RESIDUALS DETECTED	X
*DATE & TIME BACT SAMPLES TAKEN	X
TURNED WATER OFF (yes or no)	Yes
BWA REQUIRED (yes or no)	no
OTHER COMMENTS	30 gpm x 6 hours = 10,800

*DATE	6-14-22
*LOCATION OF BREAK	Manchester Elementary
*TIME IT WAS DISCOVERED	12:00 pm
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	5 mins
*DATE & TIME CL2 RESIDUALS DETECTED	X
*DATE & TIME BACT SAMPLES TAKEN	X
TURNED WATER OFF (yes or no)	no
BWA REQUIRED (yes or no)	no
OTHER COMMENTS	10 gpm x 3 months = 1,296,000

### LINE BREAK LOGBOOK

\*Required by 401 KAR 8:150, Section 4(2)

*DATE	6-10-22
*LOCATION OF BREAK	Ridges Lane
*TIME IT WAS DISCOVERED	2:00 pm
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	30 mins
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	yes
BWA REQUIRED (yes or no)	no
OTHER COMMENTS	60 gpm x 1 month = 2,419,200

*DATE	6-13-22
*LOCATION OF BREAK	Bales Creek
*TIME IT WAS DISCOVERED	10:00 am
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	1 hour
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	no
BWA REQUIRED (yes or no)	no
OTHER COMMENTS	25 gpm x 1 month = 1,008,000

### LINE BREAK LOGBOOK

\*Required by 401 KAR 8:150, Section 4(2)

*DATE	July 28 2022
*LOCATION OF BREAK	Ells Branch Rd
*TIME IT WAS DISCOVERED	
*POPULATION AFFECTED	
*LENGTH OF TIME TO REPAIR	
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	
BWA REQUIRED (yes or no)	
OTHER COMMENTS	60 gpm x 24 hr = 86,400 g

*DATE	July 28 2022
*LOCATION OF BREAK	Sacker,
*TIME IT WAS DISCOVERED	
*POPULATION AFFECTED	
*LENGTH OF TIME TO REPAIR	
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	
BWA REQUIRED (yes or no)	
OTHER COMMENTS	80 gpm x 4 hours = 19,200 g

### LINE BREAK LOGBOOK

\*Required by 401 KAR 8:150, Section 4(2)

*DATE	July 30 2022
*LOCATION OF BREAK	Chicken Branch
*TIME IT WAS DISCOVERED	
*POPULATION AFFECTED	
*LENGTH OF TIME TO REPAIR	
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	
BWA REQUIRED (yes or no)	
OTHER COMMENTS	80 gpm x 16 hours = 76,800 g

*DATE	July 30 2022
*LOCATION OF BREAK	Crane Creek
*TIME IT WAS DISCOVERED	
*POPULATION AFFECTED	
*LENGTH OF TIME TO REPAIR	
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	
BWA REQUIRED (yes or no)	
OTHER COMMENTS	40 gpm x 24 hours = 57,600 g

### LINE BREAK LOGBOOK

\*Required by 401 KAR 8:150, Section 4(2)

*DATE	July 30 2022
*LOCATION OF BREAK	BSFD
*TIME IT WAS DISCOVERED	
*POPULATION AFFECTED	
*LENGTH OF TIME TO REPAIR	
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	
BWA REQUIRED (yes or no)	
OTHER COMMENTS	40 gpm x 4 hours = 9600 g

*DATE	July 30 2022
*LOCATION OF BREAK	Moe Reid Road
*TIME IT WAS DISCOVERED	
*POPULATION AFFECTED	
*LENGTH OF TIME TO REPAIR	
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	
BWA REQUIRED (yes or no)	
OTHER COMMENTS	30 gpm x 2 hours = 3600 g

### LINE BREAK LOGBOOK

\*Required by 401 KAR 8:150, Section 4(2)

*DATE	8-11-22
*LOCATION OF BREAK	Pee Wee Mays
*TIME IT WAS DISCOVERED	
*POPULATION AFFECTED	
*LENGTH OF TIME TO REPAIR	
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	
BWA REQUIRED (yes or no)	
OTHER COMMENTS	15 gpm x 3 weeks = 453,600g

*DATE	8-8-22
*LOCATION OF BREAK	Route 11
*TIME IT WAS DISCOVERED	
*POPULATION AFFECTED	
*LENGTH OF TIME TO REPAIR	
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	
BWA REQUIRED (yes or no)	
OTHER COMMENTS	25 gpm x 3 weeks = 756,000g



### LINE BREAK LOGBOOK

\*Required by 401 KAR 8:150, Section 4(2)

*DATE	8-6-22
*LOCATION OF BREAK	Route 11
*TIME IT WAS DISCOVERED	
*POPULATION AFFECTED	
*LENGTH OF TIME TO REPAIR	
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	
BWA REQUIRED (yes or no)	
OTHER COMMENTS	30 gpm x 4 hours = 7200 g

*DATE	8-18-22
*LOCATION OF BREAK	Valley Lane
*TIME IT WAS DISCOVERED	
*POPULATION AFFECTED	
*LENGTH OF TIME TO REPAIR	
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	
BWA REQUIRED (yes or no)	
OTHER COMMENTS	30 gpm x 2 hours = 3600 g

### LINE BREAK LOGBOOK

\*Required by 401 KAR 8:150, Section 4(2)

*DATE	8-11-22
*LOCATION OF BREAK	Don Harris
*TIME IT WAS DISCOVERED	
*POPULATION AFFECTED	
*LENGTH OF TIME TO REPAIR	
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	no
BWA REQUIRED (yes or no)	no
OTHER COMMENTS	15 gpm x 1 week = 151,000g

*DATE	8-19-22
*LOCATION OF BREAK	Valley Lane
*TIME IT WAS DISCOVERED	
*POPULATION AFFECTED	
*LENGTH OF TIME TO REPAIR	
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	no
BWA REQUIRED (yes or no)	no
OTHER COMMENTS	40 gpm x 2 hours = 4800g

### LINE BREAK LOGBOOK

\*Required by 401 KAR 8:150, Section 4(2)

*DATE	8-19-22
*LOCATION OF BREAK	Terry Holland
*TIME IT WAS DISCOVERED	
*POPULATION AFFECTED	
*LENGTH OF TIME TO REPAIR	
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	no
BWA REQUIRED (yes or no)	no
OTHER COMMENTS	25 gpm x 2 weeks = 504,000 g

*DATE	8-22-22
*LOCATION OF BREAK	Valley Lane
*TIME IT WAS DISCOVERED	
*POPULATION AFFECTED	
*LENGTH OF TIME TO REPAIR	
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	no
BWA REQUIRED (yes or no)	no
OTHER COMMENTS	40 gpm x 2 hours = 4800 g

## LINE BREAK LOGBOOK

\*Required by 401 KAR 8:150, Section 4(2)

*DATE	8-22-22
*LOCATION OF BREAK	Beside Paul Collins
*TIME IT WAS DISCOVERED	
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	30 mins
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	no
BWA REQUIRED (yes or no)	no
OTHER COMMENTS	30 gpm x 1 hour = 1800 g

*DATE	8-18-22
*LOCATION OF BREAK	Valley Lane
*TIME IT WAS DISCOVERED	
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	30 mins
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	no
BWA REQUIRED (yes or no)	no
OTHER COMMENTS	15 gpm x 2 hrs = 1800 g

### LINE BREAK LOGBOOK

\*Required by 401 KAR 8:150, Section 4(2)

*DATE	Aug -2-22
*LOCATION OF BREAK	Burning Spring Fire Dept
*TIME IT WAS DISCOVERED	9:30 AM
*POPULATION AFFECTED	
*LENGTH OF TIME TO REPAIR	2 hrs
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	4,800 loss of water
TURNED WATER OFF (yes or no)	<del>no</del>
BWA REQUIRED (yes or no)	NO
OTHER COMMENTS	Repair 2 inch

*DATE	Aug-3-22
*LOCATION OF BREAK	Sacker
*TIME IT WAS DISCOVERED	10:30 AM
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	3 hrs
*DATE & TIME CL2 RESIDUALS DETECTED	2:00 PM
*DATE & TIME BACT SAMPLES TAKEN	<del>no</del> loss of water
TURNED WATER OFF (yes or no)	NO
BWA REQUIRED (yes or no)	NO
OTHER COMMENTS	Service line

### LINE BREAK LOGBOOK

\*Required by 401 KAR 8:150, Section 4(2)

*DATE	Aug-4-22
*LOCATION OF BREAK	Ellis Branch
*TIME IT WAS DISCOVERED	11:30
*POPULATION AFFECTED	30
*LENGTH OF TIME TO REPAIR	8 hrs
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	19,200
TURNED WATER OFF (yes or no)	YES
BWA REQUIRED (yes or no)	YES
OTHER COMMENTS	4 inch Pvc repair

*DATE	Aug-5-22
*LOCATION OF BREAK	121
*TIME IT WAS DISCOVERED	11:00
*POPULATION AFFECTED	45
*LENGTH OF TIME TO REPAIR	4 hrs
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	43,200 loss of water
TURNED WATER OFF (yes or no)	YES
BWA REQUIRED (yes or no)	YES
OTHER COMMENTS	8 inch Transite

### LINE BREAK LOGBOOK

\*Required by 401 KAR 8:150, Section 4(2)

*DATE	Aug-5-22
*LOCATION OF BREAK	121
*TIME IT WAS DISCOVERED	11:30
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	2hrs
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	16,800 Water loss
TURNED WATER OFF (yes or no)	No
BWA REQUIRED (yes or no)	No
OTHER COMMENTS	3/4 service line

*DATE	Aug-6-22
*LOCATION OF BREAK	RT 17
*TIME IT WAS DISCOVERED	12:30
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	3hrs
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	5,400
TURNED WATER OFF (yes or no)	No
BWA REQUIRED (yes or no)	No
OTHER COMMENTS	3/4 service

### LINE BREAK LOGBOOK

\*Required by 401 KAR 8:150, Section 4(2)

*DATE	AUG-8-22
*LOCATION OF BREAK	421
*TIME IT WAS DISCOVERED	10:30
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	4 hrs
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	9,600 Water loss
TURNED WATER OFF (yes or no)	NO
BWA REQUIRED (yes or no)	NO
OTHER COMMENTS	34 service line

*DATE	AUG-8-22
*LOCATION OF BREAK	421
*TIME IT WAS DISCOVERED	12:45
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	3 hrs
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	4,500 Water loss
TURNED WATER OFF (yes or no)	NO
BWA REQUIRED (yes or no)	NO
OTHER COMMENTS	34 service line



### LINE BREAK LOGBOOK

\*Required by 401 KAR 8:150, Section 4(2)

*DATE	<del>RT-11</del> Aug-11-22
*LOCATION OF BREAK	RT-11
*TIME IT WAS DISCOVERED	1:20
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	36 hrs
*DATE & TIME CL2 RESIDUALS DETECTED	43,200
*DATE & TIME BACT SAMPLES TAKEN	<del>RT-11</del> water loss
TURNED WATER OFF (yes or no)	No
BWA REQUIRED (yes or no)	No
OTHER COMMENTS	3/4 service repaired

*DATE	Aug-11-22
*LOCATION OF BREAK	Morgan Branch
*TIME IT WAS DISCOVERED	2:00
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	218 hrs
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	57,400 water loss
TURNED WATER OFF (yes or no)	No
BWA REQUIRED (yes or no)	No
OTHER COMMENTS	3/4 service line

### LINE BREAK LOGBOOK

\*Required by 401 KAR 8:150, Section 4(2)

*DATE	Aug - 11 - 22
*LOCATION OF BREAK	Thomas Hollow
*TIME IT WAS DISCOVERED	9:30
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	2 weeks
*DATE & TIME CL2 RESIDUALS DETECTED	504,000
*DATE & TIME BACT SAMPLES TAKEN	<del>20,000</del> Water loss
TURNED WATER OFF (yes or no)	NO
BWA REQUIRED (yes or no)	NO
OTHER COMMENTS	3/1 SERVICE

*DATE	Aug - 19 - 22
*LOCATION OF BREAK	421
*TIME IT WAS DISCOVERED	8:00
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	48 hrs
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	86,000 Water loss
TURNED WATER OFF (yes or no)	NO
BWA REQUIRED (yes or no)	NO
OTHER COMMENTS	3/1 SERVICE

### LINE BREAK LOGBOOK

\*Required by 401 KAR 8:150, Section 4(2)

*DATE	Aug-29	Aug-29
*LOCATION OF BREAK		421 access from BP.
*TIME IT WAS DISCOVERED		
*POPULATION AFFECTED		30
*LENGTH OF TIME TO REPAIR		6 Hours
*DATE & TIME CL2 RESIDUALS DETECTED		
*DATE & TIME BACT SAMPLES TAKEN		
TURNED WATER OFF (yes or no)		yes
BWA REQUIRED (yes or no)		yes
OTHER COMMENTS		2000 GPM x 3 hrs = 3,600,000 G

*DATE		Aug-31
*LOCATION OF BREAK		Collins, fack
*TIME IT WAS DISCOVERED		
*POPULATION AFFECTED		1
*LENGTH OF TIME TO REPAIR		30 mins
*DATE & TIME CL2 RESIDUALS DETECTED		<del>NO</del>
*DATE & TIME BACT SAMPLES TAKEN		
TURNED WATER OFF (yes or no)		NO
BWA REQUIRED (yes or no)		NO
OTHER COMMENTS		20 GPM x 2 weeks = 907,200 G

### LINE BREAK LOGBOOK

\*Required by 401 KAR 8:150, Section 4(2)

*DATE	Aug-31
*LOCATION OF BREAK	421 Pass Valley Lane
*TIME IT WAS DISCOVERED	
*POPULATION AFFECTED	1
*LENGTH OF TIME TO REPAIR	
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	NO
BWA REQUIRED (yes or no)	NO
OTHER COMMENTS	15 GPA X 2 weeks = 302,400 G

*DATE	Sep-1
*LOCATION OF BREAK	Bobby Hizer 4inch B.O. Valve
*TIME IT WAS DISCOVERED	
*POPULATION AFFECTED	6
*LENGTH OF TIME TO REPAIR	
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	yes
BWA REQUIRED (yes or no)	yes
OTHER COMMENTS	60 GPM. 4 Hrs. x 14,400 G

### LINE BREAK LOGBOOK

\*Required by 401 KAR 8:150, Section 4(2)

*DATE	SEP-2
*LOCATION OF BREAK	421 10 inch main Across from BP #2
*TIME IT WAS DISCOVERED	
*POPULATION AFFECTED	30
*LENGTH OF TIME TO REPAIR	
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	yes
BWA REQUIRED (yes or no)	yes
OTHER COMMENTS	3000 GPM 2 Hrs X 360,000 G

*DATE	SEP-8
*LOCATION OF BREAK	Bowling Branch 4 in main
*TIME IT WAS DISCOVERED	
*POPULATION AFFECTED	
*LENGTH OF TIME TO REPAIR	
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	yes
BWA REQUIRED (yes or no)	yes
OTHER COMMENTS	60 GPM-4 Hrs = 14,400 G

### LINE BREAK LOGBOOK

\*Required by 401 KAR 8:150, Section 4(2)

*DATE	SEP-8
*LOCATION OF BREAK	Mae Reed Rd. in service
*TIME IT WAS DISCOVERED	
*POPULATION AFFECTED	10
*LENGTH OF TIME TO REPAIR	
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	<del>NO</del> NO
BWA REQUIRED (yes or no)	NO
OTHER COMMENTS	40 gpm x 5 hrs = 12,000 G

*DATE	SEP-14
*LOCATION OF BREAK	Applewood linch service
*TIME IT WAS DISCOVERED	
*POPULATION AFFECTED	<del>3</del> 3
*LENGTH OF TIME TO REPAIR	
*DATE & TIME CL2 RESIDUALS DETECTED	
*DATE & TIME BACT SAMPLES TAKEN	
TURNED WATER OFF (yes or no)	NO
BWA REQUIRED (yes or no)	NO
OTHER COMMENTS	<del>35</del> 35 Gpm x 3 weeks = 1,058,400 G

Case No. 2021-00339  
North Manchester Water Association, Inc.  
Responses to Commission Staff's Fourth Request for Information

**PSC DR 4-12:**

Refer to North Manchester Water's response Staff's Second Request, Item 7(5) and Item 8.

- a. Provide the most recent rate sufficiency review that has been completed.
- b. Provide any Excel spreadsheets that were used to evaluate the need for a rate increase. Provide the Excel spreadsheets with all formulas, columns, and rows unprotected and fully accessible.
- c. If it was determined that a rate increase is needed, explain the actions that have been taken toward filing a rate case.
- d. Provide any written policy regarding the review of the financial information to determine whether North Manchester Water needs a rate increase. If there is not a written policy, explain how North Manchester Water will determine if there needs to be a rate increase.

**Response:**

- a. Please see attached exhibit PSC\_DR\_4\_Exhibit 6.
- b. Please see attached Excel file exhibit PSC\_DR\_4\_Exhibit 7\_Excel Files for Rate Increase.
- c. NMWA is waiting for when the PSC will be amenable to a proposed increase.
- d. NMWA reviews financial statements monthly to monitor the company's financial health. After reviewing financial information, NMWA leadership considers the urgency with which it should seek a proposed rate increase.

**Witness:** Ted Woods and Steve Davis

PSC Case No. 2021-00339 North Manchester Water Association 10/7/2022 Proposed rate increase 2022																																												
Number of customers		1974																																										
KIA annual amount	Year	Monthly Amount	Amount/customer/mo																																									
\$134,037	2022	\$11,169.75	\$5.66																																									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="5" style="text-align: center;">Existing Rates</td> </tr> <tr> <td style="width: 20%;">Current Rates</td> <td style="width: 15%;">Gallons</td> <td style="width: 15%;">Amount</td> <td colspan="2"></td> </tr> <tr> <td>Ist</td> <td style="text-align: center;">2000</td> <td style="text-align: right;">\$21.60</td> <td colspan="2"></td> </tr> <tr> <td>over</td> <td style="text-align: center;">2000</td> <td style="text-align: right;">\$6.22</td> <td colspan="2"></td> </tr> <tr> <td colspan="5" style="text-align: center;">Proposed Rates 26%</td> </tr> <tr> <td>Current Rates</td> <td>Gallons</td> <td>Amount</td> <td colspan="2"></td> </tr> <tr> <td>Ist</td> <td style="text-align: center;">2000</td> <td style="text-align: right;">\$27.21</td> <td colspan="2"></td> </tr> <tr> <td>over</td> <td style="text-align: center;">2000</td> <td style="text-align: right;">\$7.84</td> <td colspan="2"></td> </tr> </table>					Existing Rates					Current Rates	Gallons	Amount			Ist	2000	\$21.60			over	2000	\$6.22			Proposed Rates 26%					Current Rates	Gallons	Amount			Ist	2000	\$27.21			over	2000	\$7.84		
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Case No. 2021-00339  
North Manchester Water Association, Inc.  
Responses to Commission Staff's Fourth Request for Information

**PSC DR 4-13:**

Refer to North Manchester Water's response to Staff's Second Request, Item 9. Provide the written plan to improve the operations and financial health that was to be approved at the December 2021 Board Meeting. If the improvement plan has not been approved, explain why.

**Response:** The plan to improve the operations and health of the NMWA is attached. Please see PSC\_DR\_4\_Exhibit 8.

**Witness:** Ted Woods and Steve Davis

PSC Response

Case No. 2021-00339

October 7, 2022

### Exhibit 8

#### Plan to Improve field operations and financial

The NMWA conducts monthly meetings to discuss the operations and maintenance of the existing NMWA service area.

The board reviews monthly financial statements and monitors for rate increases and financial health of the system.

It reviews monthly water loss reports and monthly leak reports to determine the condition of the systems.

The board makes sure that the employees implement the plans set forth by the commission.

Addresses immediate needs of the system each month.

Case No. 2021-00339  
North Manchester Water Association, Inc.  
Responses to Commission Staff's Fourth Request for Information

**PSC DR 4-14:**

Refer to North Manchester Water's response to Staff's Second Request, Item 10.

- a. Provide an update to the replacement of aged water meters.
- b. Provide an update to the large meter calibrations and replacement of the older aged large meters.
- c. Provide an update to the local fire departments' reporting and record keeping of the water used by the local fire departments.
- d. Provide an update to the steps taken to better track the system flushing administered by North Manchester Water.

**Response:**

- a. NMWA is replacing ten aging water meters each month.
- b. NMWA has hired CITCO to calibrate the master meters each year.
- c. See attached exhibit for an update to the local fire department reporting and record keeping of water usage. PSC\_DR\_4\_Exhibit 9.
- d. Bill Gray maintains a flushing log to track NMWA's system flushing. Please see attached exhibit PSC\_DR\_4\_Exhibit 10.

**Witness:** Mike Maggard and Bill Grey

## North Manchester Water Association

Fire Station Burning Springs Fire Department

Station Location Burning Spring

Month Jan 22

Date		Estimate Gallons Used	Comments
Jan 22	1	500	
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		
	11		
	12		
	13		
	14		
	15		
	16		
	17		
	18		
	19		
	20		
	21		
	22		
	23		
	24		
	25		
	26		
	27		
	28		
	29		
	30		

Total Est. Gallons

## North Manchester Water Association

Fire Station      Burning Springs Fire Department  
Station Location      Burning Spring  
Month      Feb 2022

Date	Estimate Gallons Used	Comments
1	800	
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		

Total Est. Gallons

## North Manchester Water Association

Fire Station Burning Springs Fire Department

Station Location Burning Spring

Month *March 22*

Date	Estimate Gallons Used	Comments
1	<i>900</i>	
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		

Total Est. Gallons

## North Manchester Water Association

Fire Station Burning Springs Fire Department

Station Location Burning Spring

Month April 22

Date		Estimate Gallons Used	Comments
	1	700	
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		
	11		
	12		
	13		
	14		
	15		
	16		
	17		
	18		
	19		
	20		
	21		
	22		
	23		
	24		
	25		
	26		
	27		
	28		
	29		
	30		

Total Est. Gallons

## North Manchester Water Association

Fire Station Burning Springs Fire Department

Station Location Burning Spring

Month *May 22*

Date		Estimate Gallons Used	Comments
	1	<i>2000</i>	
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		
	11		
	12		
	13		
	14		
	15		
	16		
	17		
	18		
	19		
	20		
	21		
	22		
	23		
	24		
	25		
	26		
	27		
	28		
	29		
	30		

Total Est. Gallons



## North Manchester Water Association

Fire Station      Burning Springs Fire Department  
Station Location      Burning Spring  
Month      June 22

Date		Estimate Gallons Used	Comments
	1	1000	
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		
	11		
	12		
	13		
	14		
	15		
	16		
	17		
	18		
	19		
	20		
	21		
	22		
	23		
	24		
	25		
	26		
	27		
	28		
	29		
	30		

Total Est. Gallons

## North Manchester Water Association

Fire Station Manchester City Fire Department

Station Location Manchester

Month July 22

Date	Estimate Gallons Used	Comments
1	500	
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		

Total Est. Gallons

Fire Station Burning Springs Fire Department  
 Station Location Burning Spring  
 Month July 22

Date	Estimate Gallons Used	Comments
1	5000	
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		

Total Est. Gallons

## North Manchester Water Association

Fire Station      Manchester City Fire Department

Station Location      Manchester

Month      *Aug 22*

Date		Estimate Gallons Used	Comments
	1	<i>1000</i>	
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		
	11		
	12		
	13		
	14		
	15		
	16		
	17		
	18		
	19		
	20		
	21		
	22		
	23		
	24		
	25		
	26		
	27		
	28		
	29		
	30		

Total Est. Gallons

Fire Station      Burning Springs Fire Department  
 Station Location    Burning Spring  
 Month      **Aug 22**

Date	Estimate Gallons Used	Comments
1	5500	
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		

Total Est. Gallons

Fire Station Burning Springs Fire Department  
Station Location Burning Spring  
Month Sept 22

Date	Estimate Gallons Used	Comments
1	2500	
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
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24		
25		
26		
27		
28		
29		
30		

Total Est. Gallons

Month		NORTH MANCHESTER WATER ASSOCIATION				Year	
Jan						2022	
Date	Location	Reason For Flushing	GPM	Total Usage	Route	BY:	
	Robinson	RT	1,800	30 X 1hr			
	Liberty Hill	RT	1,800	✓ ✓ ✓			
	Fox Trail	RT	1,800	✓ ✓ ✓			
	✓ ✓ ✓	RT	1,800	✓ ✓ ✓			
	✓ ✓ ✓	RT	2,400	40 X 1hr			
	Bowling Branch	RT	2,400	✓ ✓ ✓			
	30.4cy	RT	2,400	✓ ✓ ✓			
	Lark X March	RT	2,400	✓ ✓ ✓			
	559 E	RT	4,800	40 X 2hr			
	559 W	RT	4,800	✓ ✓ ✓			
	1122	RT	4,800	✓ ✓ ✓			
	638 End of Line	RT	4,800	✓ ✓ ✓			
	Radder	RT	4,800	✓ ✓ ✓			
	Lower Radder	RT	4,800	✓ ✓ ✓			
Total						44,800	





Month <u>March</u>		NORTH MANCHESTER WATER ASSOCIATION			Year <u>2022</u>	
Date	Location	Reason For Flushing	GPM	Total Usage	Route	BY:
	Jarve Hollow	Break	30 x 8 hrs	14,400		
	Jarve Hollow	Air	30 x 2 hrs	3,600		
	Marvin Hollow	<del>Break</del> Break	25 x 6 hrs	9,000		
	West 577	Routine	30 x 20 mins	600		
	1709	Routine	20 x 10 mins	200		
	East 577	Routine	10 x 10 mins	100		
	Larry Marcum	Routine	30 x 30 mins	600		
	Donnie Smith	Routine	30 x 30 mins	<del>600</del> 600		
	Fox Trail	Routine	30 x 12 hrs	27,000		
	Robinson Creek	Routine	15 x 30 mins	1,200		
	Bobby Hizer	Routine	40 x 30 mins	<del>600</del> 1,200		
	Hogskin/Radar	Routine	20 x 10 mins	200		
	Hogskin/421	Routine	20 x 10 mins	900		
	Mize Branch	Routine	15 x 1 hr	<del>4,200</del> <del>1,800</del> 900		
	W Fox Trail	Routine	35 x 2 hrs	4,200 <del>1,800</del> <del>1,800</del> <del>1,800</del>		
	Dantley Drive	Routine	15 x 2 hrs	<del>900</del> 1,800		
	577	Routine	15 x 1 hr	900		
	Hogskin/Radar	Routine	15 x 1 hr	900		
	Hogskin/421	Routine	15 x 1 hr	900		
	Bobby Hizer	Routine	5 x 24 hr	7,200		
	1709	Routine	15 x 15 mins	225		
	Bowling Branch	Line Connect	15 x 2 hrs	1,800		
	Goose Hollow	Routine	50 x 1 hour	3,000		
	472	Routine		50		
Total				<del>77,700</del>		

NORTH MANCHESTER WATER ASSOCIATION

Month

Apr. 1

Year

2022

Date	Location	Reason For Flushing	GPM	Total Usage	Route	BY:
	Robinson 900 BO	RT	30x2hr	3600		
	575 E	RT	30x1hr	1800		
	575 W	RT	30x1hr	1800		
	Spivey	RT	30x2hr	2400		
	Lourey Marchan	RT	20x2hr	2400		
	Dull Rd	RT	30x2hr	3600		
	Robinson Creek BO	RT	20x2hr	2400		
	492 End of line	RT	30x2hr	3600		
	Bowling Branch	RT	20x1hr	1200		
	Fox Trail	RT	20x1hr	1200		
	Fox Trail W	RT	20x1hr	1200		
	Fox Trail E	RT	20x1hr	1200		
	Liberty H	RT	20x1hr	1200		
				<b>Total</b>	<u>27,600</u>	







NORTH MANCHESTER WATER ASSOCIATION

Month July

Year 2022

Date	Location	Reason For Flushing	GPM	Total Usage	Route	BY:
7-22	Robinson grocy	RT Hydrant	30gpm 3hrs			
7-22	557 West	RT B.O.	25gpm 4hrs			
7-22	557 East	RT B.O.	30gpm 3hrs			
7-22	Sp. Vex	RT B.O.	30gpm 2hrs			
7-22	Larry Malcolm	RT B.O.	30gpm 2hrs			
7-22	Robinson creek	RT B.O.	30gpm 3hrs			
7-22	Ball, Rt	RT Hydrant	25gpm 2hrs			
7-22	Bobby Hiser	RT B.O.	20gpm 4hrs			
7-22	472 End of line	RT B.O.	35gpm 2hrs			
7-22	472 Upper Radder	RT Hydrant	20gpm 2hrs			
7-23	Clay Co High School	RT Hydrant	40gpm 2hrs			
7-23	Bowling Branch	RT B.O.	30gpm 3hrs			
7-23	Fox Hollow Hydrant	RT	25gpm 2hrs			
7-23	638 Hydrant	RT	20gpm 1hr			
7-23	Liberty Hills Bo	RT	30gpm 2hrs			
7-23	Charley Sizemore Rd	RT Hydrant	35gpm 3hrs			
7-23	Upper Radder #128	RT Hydrant	40gpm 2hrs			
7-23	Lower Radder #30	RT	35gpm 3hrs			
7-23	Priest Hollow	Hydrant RT	30gpm 2hrs			
7-23	Reuten Hollow Rt	Hydrant RT	20gpm 1hr			
7-23	Ponders Rt	RT B.O.	15gpm 2hr			
7-23	Bethany Church	RT Hydrant	35gpm 3hrs			
7-23	Fox Hollow West	RT B.O.	15gpm 2hrs			
7-23	Fox Hollow East	RT B.O.	15gpm 2hrs			
7-23	Morgan Branch	RT B.O.	20gpm 3hrs			
7-28	Crane Creek	SP Line Break	30gpm 2hrs			
7-28	Crane Branch	SP Line Break	20gpm 6hrs			
7-30	Crane Creek 7-30	SP Line B	30gpm 4hrs			
7-30	Orcutt Branch 7-30	SP Line B	20gpm 6hrs			

Total \_\_\_\_\_

NORTH MANCHESTER WATER ASSOCIATION

Month July

Year 2022

Date	Location	Reason For Flushing	GPM	Total Usage	Route	BY:
7-22	Robinson grocy	RT Hydrant	30gpm x 3hrs			
7-22	577 WEST	RT B.O.	25gpm 4 hrs			
7-22	577 EAST	RT B.O.	50gpm 3 hrs			
7-22	Spivey	RT B.O.	30gpm 2 hrs			
7-22	Larry maicham	RT B.O.	30gpm 2 hrs			
7-22	Robinson creek	RT B.O.	30gpm 3 hrs			
7-22	Ball Rt	RT Hydrant	25gpm 2 hrs			
7-22	Cobby Hiser	RT B.O.	20gpm 4 hrs			
7-22	472 End of line	RT B.O.	35gpm 2 hrs			
7-22	472 Upper Rader	RT Hydrant	20gpm 2 hrs			
7-23	Clay Co High School	RT Hydrant	40gpm 2 hrs			
7-23	Bowling Branch	RT B.O.	30gpm 3 hrs			
7-23	Fox Hollow Hydrant	RT	25gpm 2 hrs			
7-23	638 Hydrant	RT	20gpm 1 hr			
7-23	Liberty Hills BO	RT	30gpm 2 hrs			
7-23	Charley Sizemore Rt	RT Hydrant	35gpm 3 hrs			
7-23	Upper Rader + 638	RT Hydrant	40gpm 2 hrs			
7-23	Lower Rader BO	RT	35gpm 3 hrs			
7-23	Price Hollow	Hydrant RT	30gpm 2 hrs			
7-23	Keeten Hollow Rt	Hydrant RT	20gpm 1 hr			
7-23	Pondets Rt	RT B.O.	15gpm 2 hr			
7-23	Bethany Church	RT Hydrant	35gpm 3 hrs			
7-23	Fox Hollow WEST	RT B.O.	15gpm 2 hrs			
7-23	Fox Hollow East	RT B.O.	15gpm 2 hrs			
7-23	Morgan Branch	RT B.O.	20gpm 3 hrs			
7-28	Crane Creek	Sp Line Break	30gpm 8 hrs			
7-28	Crach Branch	Sp Line Break	20gpm 6 hrs			
7-30	Crane Creek 7-30	Sp Line B	30gpm 4 hrs			
7-30	Orcutt Branch 7-30	Sp Line B	20gpm 6 hrs			

Total \_\_\_\_\_

### North Manchester Water Association

Date	Name	Location of Break	Time of Break	Time Repaired	Gallons	Line Size
7-7-22	3,240,000 gallons	Jacks Branch			25 gpm x 3 months	3/4"
7-7-22	43,200 gallons	638 (The Store)			60 gpm x 12 hrs	6"
7-14-22	648,000 gallons	Century Road			15 gpm x 1 month	3/4"
6-30-22	604,800 gallons	Charlie Sizemore			20 gpm x 3 weeks	3/4"
7-12-22	1,728,000 gallons	638 (The Store)			20 gpm x 2 months	3/4"
<del>7-23-22</del>	<del>30,000 gallons</del>	<del>Morgan Branch</del>			<del>10 gpm x 4 day</del>	<del>3/4"</del>
7-28	60,000	Eli's Branch	Boil		50 gpm x 12 hrs	4 inch
7-28	15,000	Chicken Branch	Boil		60 gpm x 4 hrs	4 inch
7-28	15,000	Sacker	Boil		60 gpm x 4 hrs	4 inch
7-28	8,000	B.S Fire Dept	Boil		30 gpm x 1 hr	2 inch
7-29		Eli's Branch	Boil		40 gpm 2 hrs	4 inch
7-30		Crane Creek	Boil	72 hrs	25 gpm 2 hrs	2 inch
7-31		Mac Reed Rd	Boil		40 gpm 8 hrs	2 inch
<del>8-28</del>		421 Laurel Hight	Gas CO	Boil	100 gpm 4 hrs	8-inch
<del>8-28</del>		421	Gas CO	<del>Boil</del>	80 gpm 4 hrs	8-inch
<del>8-28</del>		421	Gas CO	<del>Boil</del>	40 gpm 2 hrs	1-inch
<del>8-28</del>		421	Gas CO	<del>Boil</del>	40 gpm 2 hrs	3/4 inch
<del>8-28</del>		BT 11				

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NORTH MANCHESTER WATER ASSOCIATION

Month July

Year 2022

Date	Location	Reason For Flushing	GPM	Total Usage	Route	BY:
7-30	Cran Creek	5p Line Break	30gpm x 6hrs			
7-30	Chicken Branch	5p Line Break	25gpm 6hrs			
7-31	Map Reef Rd	5p Line Break	20gpm 6hrs			
AUGUST						
8-2	BS Park	5p Line Break	30gpm 4hrs			
8-4	El's Branch	5p Line Break	20gpm 4hrs			
8-4	Collins Fork	5p Line Break	20gpm 4hrs			
8-5	491 RT 11	5p Line Break	30gpm 5hrs			
8-5	Kogsk'n	5p Line Break	20gpm 8hrs			
8-5	Mize Branch	5p Line	20gpm 4hrs			
8-6	Liberty Hills	5p Line	15gpm 3hrs			
8-6	Lower Radder	5p Line	20gpm 8hrs			
8-6	Upper Radder	5p Line	30gpm 6hrs			
8-6	638 End of Line	5p Line	15gpm 8hrs			
8-6	Panders Rt	5p Line	15gpm 8hrs			
8-6	Mopping Hollow	5p Line	20gpm 6hrs			
8-6	Collins Gibson Rd	5p Line	15gpm 6hrs			
				Total		



Month		NORTH MANCHESTER WATER ASSOCIATION			Year		
Date		Location	Reason For Flushing	GPM	Total Usage	Route	BY:
		B.S Fire	Bo. 1	4,800	40gpm x 2hr		
		Eli's Branch		3,600	30gpm x 2hrs		
		William Ball Hx		900	15gpm x 1hr		
		Bobby Hizer		1,800	15gpm x 2hrs		
		Robinson grocer y	<del>Bo. 1</del> RT	7,200	30gpm x 1hr		
A		Hebb B.O Collins Fk	Bo. 1	12,600	30gpm x 3hr		
A		Crane creek	Bo. 1	10,800	30gpm x 6hr		
		Robinson creek	RT	900	15gpm x 2hr		
		472 B.O	RT	1,200	20gpm x 1hr		
		575 West B.O	RT	1,200	20gpm x 1hr		
		577 East B.O	RT	900	15gpm x 1hr		
		Larry Malcolm B.O	RT	1,500	25gpm x 1hr		
		Sp. Vey B.O	RT	1,200	20gpm x 1hr		
		472 Upper Rafter Hxd	RT	1,200	40gpm x 30min		
		Bawling Branch B.O	RT	2,100	35gpm x 1hr		
		Fox Hollow B.O	RT	1,200	20gpm x 1hr		
		Fox Trail E Est	RT	1,200	20gpm x 1hr		
		Fox Trail W	RT	600	20gpm x 30min		
		Ponder Rd B.O	RT	900	15gpm x 1hr		
		Liberty Hill B.O	RT	1,200	20gpm x 1hr		
		Lower Raddle B.O	RT	1,200	20gpm x 1hr		
		Tangle Wood B.O	RT	1,800	30gpm x 1hr		
		Rucky Branch B.O	RT	3,600	30gpm x 2hr		
		Hackly Barry B.O	RT	1,800	20gpm x 1hr		
		Morgan Branch B.O	RT	3,600	30gpm x 2hr		
		Bruchy Branch	RT	2,400	20gpm x 2hr		
		638 End of line	RT	1,200	20gpm x 1hr		
		421	Bo. 1	3,600	30gpm x 2hr		
		421	Bo. 1	14,000	60gpm x 1hr		
		421	Bo. 1	19,000	80gpm x 1hr		
				Total	109,800		

NORTH MANCHESTER WATER ASSOCIATION							
Month	Sep 2022					Year	
Date	Location	Reason For Flushing	GPM	Total Usage	Route	BY:	
	421 3-lane Hyd	Boil	80gpm x 2hr	9,600			
	421 3-lane Hyd	Boil	80gpm x 2hrs	9,600			
	421 B.O	Boil	40gpm x 4hrs	9,600			
	421 B.O	Boil	40gpm x 4hrs	9,600			
	421 B.O	Boil	40gpm x 4hrs	9,600			
	High School Hyd	Boil	60gpm x 4hr	14,000			
	grade School Hyd	Boil	25gpm x 4hr	6,000			
	Fox Holler	RT	30gpm x 1hr	1,800			
	Charl P S. 2nd	RT	30gpm x 1hr	1,800			
	Fox Trail E	RT	30gpm x 1hr	1,800			
	Fox Trail W	RT	30gpm x 1hr	1,800			
	Fox Trail	RT	20gpm x 1hr	1,200			
	RT 11 Hyd	RT	40gpm x 4hrs	9,600			
	472 End of line	RT	40gpm x 3hrs	7,200			
	421 End of line	RT	40gpm x 4hrs	9,600			
	577 E	RT	30gpm x 2hrs	3,600			
	577 W	RT	30gpm x 2hrs	3,600			
	638 End of line	RT	30gpm x 4hrs	7,200			
	Lower Radder B.O	RT	30gpm x 2hrs	3,600			
	upper Rd + 638 Hyd	RT	30gpm x 1hr	1,800			
	upper Rd + 472 Hyd	RT	30gpm x 1hr	1,800			
	Price Holler	RT	30gpm x 2hr	3,600			
	638 + Price H Hyd	RT	30gpm x 2hrs	3,600			
	Liber TX Hills	RT	20gpm x 2hrs	2,400			
	moulin Hollow	RT	30gpm x 1hr	1,800			
	Chicken Branch	RT	20gpm x 2hr	2,400			
	Hobbs Bo Collis	RT	30gpm x 4hr	7,200			
	Sivay	RT	30gpm x 2hr	3,600			
	Larrey Inmanum	RT	25gpm x 4hrs	6,000			
				Total	150,800	150,800	

COMMONWEALTH OF KENTUCKY  
BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

ELECTRONIC ALLEGED FAILURE OF NORTH	)	
MANCHESTER WATER ASSOCIATION, INC., ITS	)	
OFFICERS, STEVE DAVIS, BILL HURD, CARL	)	CASE NO.
GREGORY HOSKINS, BOBBY WOLFE, HENRY	)	2021-00339
SMITH, TED WOODS, CARL DAVID CRAWFORD,	)	
AND ITS MANAGER, JERRY RICE, TO COMPLY	)	
WITH KRS 278.140, KRS 278.230, 807 KAR 5:006, SEC.	)	
4, AND KRS 278.990	)	

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**CERTIFICATION OF  
RESPONSE TO COMMISSION STAFF'S FOURTH REQUEST FOR INFORMATION**

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

Date: 10/10/2022

/s/ Rose Lewis, with permission

Rose Lewis, NMWA Office Manager