

**COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION**

In the Matter of:

**ELECTRONIC APPLICATION OF KENERGY CORP.)
FOR AN ADJUSTMENT OF RATES) CASE NO. 2023-00276**

SUPPLEMENT TO PETITION FOR CONFIDENTIALITY

AS TO ATTORNEY GENERAL’S DATA REQUESTS

Petitioner **KENERGY CORP** supplements its petition for confidential treatment filed on November 14, 2023, with the following list of documents for which confidential protection is sought along with documents filed herewith where confidential protection is not sought.

Attorney General Data Request – Documents for which confidential protection is sought:

Attorney General
Item No.

- | | |
|-------|--|
| 24 | Big Rivers Shared Cost Vegetation Management Study |
| 25(f) | Cost per mile summary |
| 25(i) | <u>Bidding information:</u>

Integrity Team Safety Manual

Integrity Workmen’s Comp. Information (3-29-2021) – <u>filed herewith with confidential portion redacted</u>

Integrity Bid Information

Integrity Bid Information

Integrity Equipment Rates |

Integrity Labor Rates
Nelson Organizational Chart
Nelson LCST Training Process
Nelson Time and Labor Rates
Nelson Circuit Pricing Information
Halter Pricing for circuits
Halter Labor 2022-23-24
Halter 2022 Pricing for circuits
Halter Pricing Letter
Asplundh Proposal 10-14-2021

25(k) US Applicators Contract
Amended US Applicators
Halter Agreement
Asplundh Agreement

25(l) Halter Invoice (3-22 to 5-22)
Halter Invoice (6-22 to 7-22)
Halter Invoice (8-22-02 to 9-22-02)
Halter Invoice (10-22 to 11-22)
Halter Invoice (12-22 to 2-23)
Asplundh Invoices

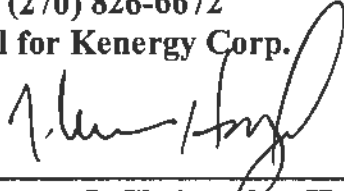
- 25(n) RFP 2022 (1 or more contractors)
- RFP 2022-2024 (1 contractor)
- 25(o) Bid comparison summary 2022
- 59(a) Kenergy Salaried Employees (2013-23) Excel file
- 59(b-j) Kenergy employee raise, incentive & benefit information Pages 3-8

The following items that were part of the bid packages but do not merit confidential protection are attached:

- 25(i) Integrity Safety Information
- 25(i) Nelson OSHA Information
- 25(i) Nelson cover letter for proposal (10-15-2021)

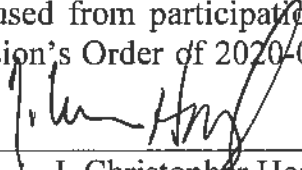
DORSEY, GRAY, NORMENT & HOPGOOD
318 Second Street
Henderson, KY 42420
Telephone (270) 826-3965
Telefax (270) 826-6672
Counsel for Kenergy Corp.

By _____


J. Christopher Hopgood
chopgood@dkgnlaw.com

CERTIFICATE OF SERVICE

I hereby certify that the foregoing electronic filing was transmitted to the Kentucky Public Service Commission for filing on November 20, 2023; that same was electronically sent to Michael West, MICHAEL.WEST@KY.GOV; that there are currently no parties that the Commission has excused from participation by electronic means in this proceeding by virtue of the Commission's Order of 2020-00085, no paper copies of this filing will be made.



J. Christopher Hopgood
Counsel for Kenergy Corp.

**COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION**

In the Matter of:

**ELECTRONIC APPLICATION OF KENERGY CORP.)
FOR AN ADJUSTMENT OF RATES) CASE NO. 2023-00276**

ATTORNEY GENERAL DATA REQUEST 25(i) documents

March 29, 2021

Integrity Tree Services, LLC
2300 Sanford SW
Grandville, MI 49418

RE: Workers' Compensation Experience Mod Factors

To Whom It May Concern:

As requested, below is the Experience Modification Factor for your Workers' Compensation coverage:

4/1/21 – 4/1/22



Please advise if you need anything else.

Sincerely,



Terri Majeski, cissr
Servicing Agent
Ottawa Kent Insurance Agency
616-797-3465

Summary of Work-Related Injuries and Illnesses

Year 2021



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>1</u> (H)	<u>2</u> (I)	<u>0</u> (J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>77</u> (K)	<u>64</u> (L)

Injury and Illness Types

Total number of ... (M)	
(1) Injuries	<u>3</u>
(2) Skin disorders	<u>0</u>
(3) Respiratory conditions	<u>0</u>
(4) Poisonings	<u>0</u>
(5) Hearing loss	<u>0</u>
(6) All other illnesses	<u>0</u>

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name Nelson Tree Service, LLC - 480

Street 5033 N US HWY 68

City Urbana State OH ZIP

Industry description (e.g., *Manufacture of motor truck trailers*)

Tree Trimming Services

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

OR

North American Industrial Classification (NAICS) if known (e.g., 336212)
561730

Employment information

(If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees 498

Total hours worked by all employees last year 716,585

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive _____ Title _____

Phone _____ Date _____

Summary of Work-Related Injuries and Illnesses

Year 2020



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>1</u> (H)	<u>2</u> (I)	<u>1</u> (J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>94</u> (K)	<u>26</u> (L)

Injury and Illness Types

Total number of ... (M)			
(1) Injuries	<u>4</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing loss	<u>0</u>
(3) Respiratory conditions	<u>0</u>	(6) All other illnesses	<u>0</u>

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search existing data sources, gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact US Department of Labor, OSHA Office of Statistics, Room N-1034, 201 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment name Nelson Tree Service, LLC - 480
Street 5033 N US HWY 68

City Urbana State OH ZIP

Industry description (e.g., *Manufacture of motor truck trailers*)

Tree Trimming Services

Standard Industrial Classification (SIC), if known (e.g., 3715)

OR

North American Industrial Classification (NAICS) if known (e.g., 336212)
681730

Employment Information

(If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees 590

Total hours worked by all employees last year 1,182,554

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

[Signature] Vice President

Company executive Title
937-294-1313 1/29/2021
Phone Date



3300 Office Park Drive
Dayton, Ohio 45439
Phone 937 294-1313
Fax 937 294-8673
www.nelsontree.com

October 15, 2021

Kenergy
Attn: Steve Thompson – Vice President of Finance

REF: VEGETATION MANAGEMENT PROPOSAL

Dear Mr. Thompson:

Nelson Tree Service appreciates the opportunity to submit our proposal for the above referenced project.

We have included a lump sum pricing schedule for all of the circuits in the 1-year proposal under the two trimming specifications. We have also included a pricing sheet for hourly work.

Our proposal is submitted with the following clarifications/exceptions:

- Section II, Article 3 – Nelson will provide a work schedule to Kenergy within 30 days after an award. Currently, there are significant supply chain delays associated with equipment that we would need an opportunity to evaluate and plan for an award scenario. In addition, we would need to evaluate local personnel resource availability/qualification or the need to bring in outside resources. This may preclude mobilization by January 11, 2022.
- Section II, Article 9 – Nelson Tree Service commits to not remove any on-system resources from Kenergy property without prior permission. While we will make best efforts, we cannot guarantee a one hour response time. We cannot control where employees live and the time it might take for them to reach a work assignment area.
- Section II, Article 13 – We have included a simplified organization structure. This chart shows responsibility level down to the Vice President/Regional Manager position. This person has responsibility for approximately 500 FTE's. Positions below this would be wholly dependent on award value. This organization chart also includes senior management and key administrative type positions.
- Section II, Article 14 – Nelson will provide a mobilization plan within 30 days of award.
- Section III, Article 3 – Overtime rates would apply to any work performed outside of normal working hours, hours in excess of 40 per week and Saturday. Double time rates would apply to work on holidays and Sundays.

Please contact us if you have any questions or need additional information.

Sincerely

Jeffrey D Jones /mm

Jeffrey D. Jones
President



SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES

Year 20 20

Michigan Department of Labor and Economic Opportunity
Michigan Occupational Safety and Health Administration (MIOSHA)

Form Approved OMB No. 1218-0176

All establishments covered by Public Law of 1970 (P.L. 91-596) and Michigan Occupational Safety and Health Act 154, P.A. 1974, Part 11, Michigan Administrative Rule for Recording and Reporting of Injuries and Illnesses, must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. You may be fined for failure to comply. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the MIOSHA Form 300 in its entirety. They also have limited access to the MIOSHA Form 301 or its equivalent. See Part 11, R406.22135 Rule 1135, in MIOSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
86	25
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injury	3	(4) Poisonings	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Conditions	0	(6) All Other Illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: Michigan Department of Labor and Economic Opportunity, MIOSHA, TBD, 530 West Allegan Street, P.O. Box 30643, Lansing MI 48909-8143, (617) 254-7788. Do not send the completed forms to this office.

MIOSHA-300A (Rev. 03/20) Effective 01/01/2004

Establishment Information

Your establishment name Integrity Tree Services LLC

Street 2300 Sanford Ave SW

City Grandville State Michigan Zip 49418

Industry description (e.g., Manufacture of motor truck trailers)
Vegetation Management

Standard Industrial Classification (SIC), if known (e.g., SIC 3716)

OR North American Industrial Classification (NAICS), if known (e.g., 336212)
5 6 1 7 3 0

Employment information

Annual average number of employees 150

Total hours worked by all employees last year 296451

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

[Signature] CEO
Company Executive

Title

616-301-1300 Phone

1/22/2021
Date