OPERATOR RESPONSE FORM

Informal Conference Requested: Yes ☐ No X

Operator Name: The City of Monticello

Docket Number: 37071

Responses required within **30 days of electronic mail.** Provide the following information for this report:

Response to Inspection Number: DC24-014

Type of Enforcement Action(s) cited in report:		Informal Conference Requested	
☐ Notice of Probable Violation (NOPV)	☐ New ☐Continuing	☐ Yes	☐ No
☐ Notice of Amendment (NOA)	☐ New ☐Continuing	☐ Yes	☐ No
☐ Warning Letter	☐ New ☐Continuing	☐ Yes	☐ No
☒ Letter of Concern	☒ New ☐Continuing	☐ Yes	☒ No
☐ Observed Issue	☐ New ☐Continuing	☐ Yes	☐ No
☐ Proposed Civil Penalty	$ _____ PCP $ Amount (Total for report)		

Indicate below (A-E) based on the type of Enforcement Actions in this report: (Check all that apply)
Complete a separate copy of Page 2, Operator Response to Enforcement Action, for each cited item.

A. Response for **Notice of Probable Violation** (with and without proposed civil penalty):
   1. ☐ Written statement indicating that corrective measures have achieved Compliance or
   2. ☐ Written plan of action outlining the corrective measures that will be taken to achieve compliance and when compliance is anticipated.

B. Response for **NOA**:
   1. ☐ Contested: Attach written explanation, information, or other material in answer to the allegations in the Notice of Amendment stating your reasons for objecting to the NOA, in whole or in part; or
   2. ☐ Not Contested: Explanation, information, or other material believed to warrant modification of the NOA in whole or in part; or
   3. ☐ Written request for clarification. (Attached)

C. Response for **Continuing** and/or **Existing** violations:
   Current status, updates, expected completion dates, proposed modifications, etc., of the continuing and/or existing violations, even if this information was previously provided. Referencing a previously filed response letter, as status, updates, etc. alone is not sufficient for this response. Failure to provide this information may result in formal interrogatories from the Director through data requests.

D. Response for ☒ **Letter of Concern** / ☐ **Warning Letter**
   I acknowledge receipt of the Letter of Concern/Warning Letter: Nathaysha S City Manager
   SIGNATURE / TITLE

   Additional Comments: See status below.

E. Response for **Observed Issue** and **No Violation**: (Optional Response)
   Staff requests that the Operator acknowledge receipt of the Observed Issue/No Violation in writing, or by submitting an email to the FPU Director

OPERATOR RESPONSE FORM

Informal Conference Requested: Yes ☐ No X

Operator Name: The City of Monticello

Docket Number: 37071

Enforcement Action for: §192.605 ☐ New Violation ☐ Continuing Violation

Enter Code / Commission Rule (Complete a separate attachment for each enforcement action)

Enforcement Action(s) cited in report:	Conference Requested:	
☐ Notice of Probable Violation (NOPV)	☐ Yes ☐ No	$ _____ Proposed Penalty for this violation
☐ Notice of Amendment (NOA)	☐ Yes ☐ No	
☐ Warning Letter	☐ Yes ☐ No	
☒ Letter of Concern	☐ Yes ☒ No	
☐ Observed Issue	☐ Yes ☐ No	
☐ Proposed Civil Penalty	☐ Yes ☐ No	

OPERATORS RESPONSE: The City of Monticello provides the following update to the Letter of Concern as cited in Inspection Report DC24-014. The attached work orders demonstrate that Supervisor Review has been performed.

Response Provided by: Nathaydia [signature] Date: 5/16/2025

Name / Title

Internal use only:

Lead Inspector: _____ Date Response Reviewed: _____

Actions Acceptable: ☐ Yes ☐No Re-inspection Needed: ☐ Yes ☐ No Clear Violation: ☐ Yes ☐ No

Supervisor Review by: _____ Date Reviewed: _____

Additional Enforcement Recommended: ☐ Yes ☐ No

Director Review

Approved: ☐ Yes ☐No Schedule Special Follow-up Inspection: ☐ Yes ☐ No

Cleared Violation: ☐ Yes ☐ No

Comments: _____

OPERATOR RESPONSE FORM

Informal Conference Requested: Yes ☐ No X

Operator Name: The City of Monticello

Docket Number: 37071

Enforcement Action for: §192.353 ☐ New Violation ☐ Continuing Violation

Enter Code / Commission Rule (Complete a separate attachment for each enforcement action)

Enforcement Action(s) cited in report:	Conference Requested:	
☐ Notice of Probable Violation (NOPV)	☐ Yes ☐ No	$ Proposed Penalty for this violation
☐ Notice of Amendment (NOA)	☐ Yes ☐ No	
☐ Warning Letter	☐ Yes ☐ No	
☒ Letter of Concern	☐ Yes ☒ No	
☐ Observed Issue	☐ Yes ☐ No	
☐ Proposed Civil Penalty	☐ Yes ☐ No	

OPERATORS RESPONSE: The City of Monticello provides the following update to the Letter of Concern cited in Inspection Number DC24-014. The attached work orders document that both meters in question have been raised and are no longer in contact with the ground.

Response Provided by: Nathaydia Sue
Name / Title

Date: 5/16/2025

Internal use only:

Lead Inspector: _____ Date Response Reviewed: _____

Actions Acceptable: ☐ Yes ☐No Re-inspection Needed: ☐ Yes ☐ No Clear Violation: ☐ Yes ☐ No

Supervisor Review by: _____ Date Reviewed: _____

Additional Enforcement Recommended: ☐ Yes ☐ No

Director Review

Approved: ☐ Yes ☐No Schedule Special Follow-up Inspection: ☐ Yes ☐ No

Cleared Violation: ☐ Yes ☐ No

Comments: _____

Address: 898 College St City: Monticello

Name & or Account #: Jasper Hospital Telephone #: Customer Home Yes / No Leak Field Case #: OR Leak Order #

Date Originated: 3-8-24 Date Wanted: Order Assigned To: Cash Received By:

Is Noise of Gas Escaping Present? Yes / No | Time & Date Leak First Noticed | Leak: Inside Outside | Meter # | ERT #

Located Between: And:

Time Received: A.M. P.M. | Main Size: | Material: | Main Location: Ft. C.L. Of

Time of Arrival: A.M. P.M. | Depth: Ft. In. | Ft. Curb Of

Time Departure: A.M. P.M. | Leak & Or Service Is Ft. C.L. Of | Ft. Curb Of

Line Pressure: | Test Pressure: Lbs. Min. | 7100 Reportable? YES / NO

Leak Information:

	Date Found	Grade Leak
B.G. Main		
B.G. Service		

Source: Police/Fire, Employee, Passerby, 5 Yr. Survey, Business Dist., Transmission, Cust / Other

Leak loc.

1. Pipe		8. Street	
2. Valve		9. B.W.	
3. Fitting		10. Sdwlk	
4. Drip		11. Reg.	
5. Intersection		12. Meter	
6. Tap Con.		13. Cust. F. L.	
7. Yard		14. Other / Explain:	

Residual Gas? Yes / No

Leak Recheck Information

Date Clear:

Name:

Customer Advised to Repair

Leak Cause

Corrosion, Natural Forces, Excavation, Outside Force, Mat. Or Welds, Equipment, Incorrect Op., Other

Service Insulated

Main? Yes / No | Riser? Yes / No

Anodes: Number | Size

Type: Riser, Anodeless, Other

Description	Size	Mat.	Footage
New Service			
New Main			
New Stub/Header			
Extended Stub/New			
Replace (Maint.)			
Cut-Stub (Maint.)			
Reroute Riser(Maint)			

Renewal Info.

Main to Meter			
Curb to Meter			
Retirement			

Corrosion Data

Service	Main

Type of Pipe: Pla | Steel | C. I. | Other

Condition of Pipe: Pitted | Good

Type of Corrosion: Localized | General

Pit Depth Information: Max. Pit Depth

Pipe Coating Info: Type of Coating

Internal Corrosion Info: Internal Corrosion Present? Yes No

System	CP Reading	Before	After
Rect.	Main		
Anode	Service		
	Test Wire		

Odorant Level: Undetectable Slight Moderate Heavy

Excess Flow Valve: Yes / No

Cust. Signature

Please make appropriate drawings on the back if Necessary

Work Order Instructions:

Raise meter
Soap under meter and removed soap tested
Pilots re-lite automatically

Description of Work Performed

Date Received: 3-1-24 Date Worked:

Raised meter 4 in nipple
Removed soil from
under meter put together
soap tested. No pilots re-lit
No leaks found

Meter Information

Existing Gas Meter		New Gas Meter	
Meter #	112689	Meter #	
Ert #		Ert #	
Manufacture		Manufacture	
Manufacture #		Manufacture #	
Meter Size		Meter Size	
# of Dials		# of Dials	
Meter Reading		Meter Reading	
Size Regulator		Size Regulator	

Cust. Signature. Job Complete? Yes No

Paving Cut Information

Cut Condition	Size of Cut	Type Pave
Temporary Patch	X	
Plated	X	
Open	X	

Worker Signature: RJS

Name of Contractor (If Applicable):

Supervisor Signature:

Address: 272 South St City: Montville

Name & or Account #: Jasper Lumber Telephone #: Customer Home Yes / No Leak Field Case #: OR Leak Order #

Date Originated: Date Wanted: 3-3-24 Order Assigned To: Received By: Cash

Is Noise of Gas Escaping Present? Yes / No	Time & Date Leak First Noticed	Leak: Inside / Outside	Meter #	ERT #

Located Between: And:

Time Received: A.M. P.M.	Main Size:	Material:	Main Location:	Ft. C.L. Of
Time of Arrival: A.M. P.M.	Depth: Ft. In.			Ft. Curb Of
Time Departure: A.M. P.M.	Leak & Or Service Is	Ft. C.L. Of / Ft. Curb Of		

Line Pressure: Test Pressure: Lbs. Min. 7100 Reportable? YES / NO

Leak Information:

	Date Found	Grade Leak
B.G. Main		
B.G. Service		

Source	
Police/Fire	
Employee	
Passerby	
5 Yr. Survey	
Business Dist.	
Transmission	
Cust / Other	

Leak loc.			
1. Pipe		8. Street	
2. Valve		9. B.W.	
3. Fitting		10. Sdwlk	
4. Drip		11. Reg.	
5. Intersection		12. Meter	
6. Tap Con.		13. Cust. F. L.	
7. Yard		14. Other / Explain:	

Residual Gas? Yes / No

Leak Recheck Information

Date Clear:

Name:

Customer Advised to Repair

Leak Cause		Service Insulated	
Corrosion		Main? Yes / No	Riser? Yes / No
Natural Forces		Anodes	Type Riser
Excavation		Number	Size
Outside Force			
Mat. Or Welds			
Equipment			
Incorrect Op.			
Other:			

Anodeless:

Other:

Description	Size	Mat.	Footage
New Service			
New Main			
New Stub/Header			
Extended Stub/New			
Replace (Maint.)			
Cut-Stub (Maint.)			
Reroute Riser(Maint)			
Renewal Info.			
Main to Meter			
Curb to Meter			
Retirement			

Corrosion Data

Service	Main

Type of Pipe: Pla / Steel / C. I. / Other

Condition of Pipe: Pitted / Good

Type of Corrosion: Localized / General

Pit Depth Information: Max. Pit Depth

Pipe Coating Info: Type of Coating

Internal Corrosion Info: Internal Corrosion Present? Yes / No

System	CP Reading	Before	After
Rect.	Main		
Anode	Service		
	Test Wire		

Odorant Level: Undetectable Slight Moderate Heavy

Excess Flow Valve: Yes / No Cust. Signature

Please make appropriate drawings on the back if Necessary

Work Order Instructions:

Raise meter off ground

Description of Work Performed

Date Received: 3-3-24 Date Worked: 3-3-24

Raised meter off ground with 4 inch Ripple

Soap tested no leaks found

Pilots Auto

Meter Information

Existing Gas Meter		New Gas Meter	
Meter #	10M848545	Meter #	
Ert #		Ert #	
Manufacture		Manufacture	
Manufacture #		Manufacture #	
Meter Size		Meter Size	
# of Dials		# of Dials	
Meter Reading		Meter Reading	
Size Regulator		Size Regulator	

Paving Cut Information

Cut Condition	Size of Cut	Type Pave
Temporary Patch	X	
Plated	X	
Open	X	

Cust. Signature. Job Complete? Yes / No

Worker Signature: RJS

Name of Contractor (if Applicable):

Supervisor Signature: