BEFORE THE GEORGIA PUBLIC SERVICE COMMISSION

IN RE: NATURAL GAS INCIDENT AT
710 GORDON AVE, BAINBRIDGE GA 39819
ON APRIL 28-29, 2025}

DOCKET NO. 56377

FILED
AUG 14 2025
EXECUTIVE SECRETARY
GPSC

DOCKET# 56377
DOCUMENT# 223671

STAFF'S FIRST SET OF DATA REQUESTS TO:
City of Bainbridge
ATTN: Mr. Roy Oliver
P. O. Box 158
Bainbridge, GA 39818

COMES NOW the Georgia Public Service Commission Staff ("Staff") and, pursuant to the authority vested in it by the Georgia Public Service Commission ("Commission") pursuant to O.C.G.A. § 46-2-57, herein propounds the following interrogatories and requests for production of documents (collectively, "data requests"), to be answered under oath by the City of Bainbridge or its designated representatives. Pursuant to Commission Utility Rule 515-2-1-.04, Staff requests that an original and five (5) copies be filed with the Executive Secretary of the Commission. If there are any **Trade Secret responses**, please provide an original and five (5) copies in accordance with the procedures under Commission Utility Rule 515-3-1-.11. **Accompanied therewith shall be an electronic version of the filing, which shall be made on a CD ROM containing an electronic version of its filing in Microsoft Word® for text documents or Excel® for spreadsheets.**

Please provide responses on or before 4:00 p.m. on September 15th, 2025.

INSTRUCTIONS

a) These requests shall be deemed to be continuing. The data related to the Positive Response Information System responses shall be provided no later than the 7th day of each month for the previous calendar month.

b) All information is to be divulged that is within the knowledge, possession, control, or custody of the Respondent or may be reasonably ascertained thereby.

c) As used herein the "document" included, but is not limited to, the original and all copies (regardless of origin and whether or not including additional writing thereon or attached thereto) of memoranda, reports, books, manuals, instructions, directives, records, forms, notes, letters, notices, confirmations, telephone calls, meetings or other communications, bulletins, transcripts, diaries, analyses, summaries, correspondence and enclosures, circulars, opinions, studies, investigations, questionnaires and surveys, work sheets, and all drafts, preliminary versions, alterations, modifications, revisions, changes, amendments and written comments concerning the foregoing, in whatever form, stored or contained in or on whatever medium including computerized memory or magnetic media.

Information Request

Docket No. 56377

Staff's First Set of Data Requests for the Natural Gas Incident at 710 Gordon Ave, Bainbridge, GA 39819, on April 28-29, 2025.

STF 1-1	Please provide a detailed timeline of events for the City of Bainbridge's response to the gas leak at 710 Gordon Ave, Bainbridge, GA 39819, on April 28-29, 2025.
STF 1-2	Please provide a copy of the Failure Investigation required by 49CFR §192.617 for the City of Bainbridge's response to the gas leak at 710 Gordon Ave, Bainbridge, GA 39819, on April 28-29, 2025.
STF 1-3	Please provide a listing of the City of Bainbridge personnel who responded to the gas leak at 710 Gordon Ave, Bainbridge, GA 39819, April 28-29, 2025.
STF 1-4	Please provide a description of the property damage that was observed by the personnel who responded to the gas leak at 710 Gordon Ave, Bainbridge, GA 39819, on April 28-29, 2025.
STF 1-5	Bainbridge advised Staff that on April 29, 2025, "After gas was detected at the rear of the property, the maintenance technician of Landmark Apartments informed John and Jaheen there was an accident involving burns to a tenant who lived at H30 the previous day. The maintenance technician also indicated they were unsure of what caused the burns." Based on documentation provided by Bainbridge, this would have occurred sometime between 8:29 a.m. and 10:50 a.m. Based on the information available to Bainbridge at that time, why was this event not reported as an incident in accordance with 49CFR §191.5?
STF 1-6	Did Bainbridge contact any other entity for guidance as to whether this incident needed to be reported to either the Commission or the National Response Center? If yes, please identify who was contacted.
STF 1-7	Bainbridge provided Staff with records for odorizing stations. Please explain the meaning of the following fields for STATION #1 and STATION #2: COR.; UN.; MAN.; INJ. COUNT; IBS.; and TANK.
STF 1-8	Please provide a copy of Bainbridge's records for the periodic sampling of odorant required in accordance with 49CFR §192.625(f) for the last 12 months.

STF 1-9	Did Bainbridge perform any odorant sampling at 710 Gordon Ave, Bainbridge, GA 39819, following this event? If not, please explain why.
STF 1-10	Please provide the operator qualification records for the personnel who performed the periodic sampling of odorant required in accordance with 49CFR §192.625(f) for the last 12 months.
STF 1-11	Has Bainbridge experienced any operational or maintenance issues with the equipment used to introduce odorant as required by 49CFR §192.625(e)? If yes, please explain.
STF 1-12	Please provide documentation for the customer notification required by 49CFR §192.16 for the resident at 710 Gordon Ave, Apartment H-30, Bainbridge, GA 39819.
STF 1-13	Please provide documentation for the public education material required by 49CFR §192.616 for the resident at 710 Gordon Ave, Apartment H-30, Bainbridge, GA 39819.
STF 1-14	Please provide a copy of the operator qualification records demonstrating the assigned covered tasks and qualification status for each of these tasks for the gas department personnel who responded to the leak call at 710 Gordon Ave, Apartment H-30, Bainbridge, GA 39819, on April 28-29, 2025.

BEFORE THE GEORGIA PUBLIC SERVICE COMMISSION
STATE OF GEORGIA

IN RE: **City of Bainbridge**	)	**DOCKET NO. 56377**

CERTIFICATE OF SERVICE

I hereby certify that the *Staff's First Set of Data Requests* in Docket No. 56377 were filed with the Commission's Executive Secretary and a copy of the same was served upon all parties and persons listed below via electronic mail as indicated by an asterisk. I further certify that the *City of Bainbridge* was served a hard copy of the above-stated document by United States Mail.

*Sallie Tanner, Executive Secretary
Georgia Public Service Commission
244 Washington Street, SW
Atlanta, GA 30334
stanner@psc.ga.gov
via electronic mail

* Roy Oliver, City Manager
City of Bainbridge
P.O. Box 158
Bainbridge, GA 39818

*Michelle Thebert, Facilities Protection Unit Director
Georgia Public Service Commission
244 Washington Street, SW
Atlanta, GA 30334
mthebert@psc.ga.gov
via electronic mail

*Keimani Harvey, Staff Attorney
Georgia Public Service Commission
244 Washington Street, SW
Atlanta, GA 30334
kharvey@psc.ga.gov
via electronic mail

Respectfully Submitted this 14th day of August 2025:

Cathy Nesbitt, Administrative Assistant
Georgia Public Service Commission
Facilities Protection Unit
244 Washington Street, SW
Atlanta, GA 30334

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™

7011 2970 0003 0172 3737

7011 2970 0003 0172 3737

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Pos	

Postmark Here

Sent To * Roy Oliver, City Manager
Street, Apt or PO Box City of Bainbridge
P.O. Box 158
City, State, Bainbridge, GA 39818
1st set of DRS DN56377

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

* Roy Oliver, City Manager
City of Bainbridge
P.O. Box 158
Bainbridge, GA 39818
1st set of DRS DN56377

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7011 2970 0003 0172 3737

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540