BEFORE THE STATE CORPORATION COMMISSION OF THE STATE OF KANSAS

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In the Matter of the General Investigation of Atmos Energy Corporation Regarding its Operations Near Johnson City, Hamilton County, Kansas.

Docket No. 17-ATMG-137-GIP

NOTICE OF FILING OF STAFF'S REPORT AND RECOMMENDATION

COMES NOW, the Staff of the State Corporation Commission of the State of Kansas ("Staff" and "Commission," respectively), and files its Report and Recommendation (R&R) dated June 5, 2017, attached hereto and made a part hereof by reference. Staff recommends the Commission approve the additional actions of Atmos Energy Corporation (Atmos) as agreed to by Staff and Atmos as follows:

1) Atmos will lower the pressure alarm set point on the pipeline pressure monitoring system to 220 psig, with a normal operating pressure range of 240 to 250 psig;

2) Atmos will patrol the pipeline route for areas of potential "shallow pipeline depth", such as erosion cuts, and install pipeline markers in those areas to inform the public of the existence of a pipeline in area; and

3) Atmos will organize additional public awareness meetings with the agricultural community in this area of the state to increase awareness of the potential for shallow pipelines in farm fields. The meetings will encourage all those working with tillage equipment to call Kansas811 before beginning any tillage activity in fields with underground pipelines.

Staff will monitor Atmos' completion of the above tasks during the course of routine pipeline safety inspections.

WHEREFORE, Staff submits it's Report and Recommendation for Commission review

and consideration, and for such other relief as the Commission deems just and proper.

Respectfully submitted,

/s/ Jason K. Fisher Jason K. Fisher, S. Ct. #19908 Litigation Counsel Kansas Corporation Commission 1500 S.W. Arrowhead Road Topeka, Kansas 66604 Phone: (785) 271-3186 Fax: (785) 271-3167 E-Mail: j.fisher@kcc.ks.gov

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Pat Apple, Chairman Shari Feist Albrecht, Commissioner Jay Scott Emler, Commissioner Kansas Corporation Commission

Phone: 785-271-3220 Fax: 785-271-3357 http://kcc.ks.gov/

Sam Brownback, Governor

REPORT AND RECOMMENDATION UTILITIES DIVISION

- TO: Chairman Pat Apple Commissioner Shari Feist Albrecht Commissioner Jay Scott Emler
- **FROM:** Dennis Crupper, Natural Gas Pipeline Safety Engineer Leo M. Haynos, Chief of Gas Operations & Pipeline Safety Jeff McClanahan, Director of Utilities
- **DATE:** June 05, 2017
- SUBJECT: 17-ATMG-137-GIP In the Matter of the General Investigation of Atmos Energy Corporation Regarding its Operations Near Johnson City, Hamilton County, Kansas

EXECUTIVE SUMMARY:

On August 20, 2016, a farming related operation damaged a natural gas pipeline operated by Atmos Energy (Atmos) and caused an unintentional release of natural gas in an open farm field outside the city limits of Johnson City. There were no injuries or any property damage associated with the gas release. Because more than 3,000 MCF of gas escaped from the leak and the total of all costs exceeded \$50,000, the pipeline damage is considered to be an incident reportable to the Pipeline and Hazardous Materials Safety Administration (PHMSA). Atmos' 3/27/2017 amended report of the incident is included with this Report as Appendix A. The Commission, under the authority of K.S.A. 66-1,150, assumed jurisdiction of safety oversight for all intrastate natural gas pipelines and is annually certified by PHMSA in that role. As part of the certification, PHMSA requires the Commission to investigate natural gas incidents. A primary objective of the investigation is to minimize the possibility of recurrence and to initiate enforcement action where noncompliance with the safety standards has occurred.

Staff has completed its investigation into this matter and does not believe any violations of pipeline safety regulations occurred related to this incident. During the course of the investigation, however, Staff and Atmos have agreed that Atmos should take additional actions in order to minimize the recurrence of a similar incident on this pipeline.

The recommended additional actions are:

1) Atmos will lower the pressure alarm set point on the pipeline pressure monitoring system to 220 psig, with a normal operating pressure range of 240 to 250 psig;

2) Atmos will patrol the pipeline route for areas of potential "shallow pipeline depth", such as erosion cuts, and install pipeline markers in those areas to inform the public of the existence of a pipeline in area; and

3) Atmos will organize additional public awareness meetings with the agricultural community in this area of the state to increase awareness of the potential for shallow pipelines in farm fields. The meetings will encourage all those working with tillage equipment to call Kansas811 before beginning any tillage activity in fields with underground pipelines.

Therefore, Staff recommends the Commission order Atmos to implement the three above listed actions. Staff will monitor Atmos' completion of the above tasks during the course of routine pipeline safety inspections.

BACKGROUND:

PHMSA requires the Commission to investigate natural gas incidents that have resulted in personal injury requiring hospitalization, a fatality, property damage exceeding \$50,000, the release of more than 3,000 MCF of natural gas, and/or other incidents otherwise considered significant by the state agency. In the subject incident, a third party damage to a natural gas pipeline resulted in the release 45,400 MCF of gas at a total reported cost of \$142,260¹.

On 8/31/2016, Atmos was conducting routine maintenance on a distribution pipeline when personnel determined the operating pressure of the pipeline was abnormally low. After completing the maintenance work, Atmos personnel began to conduct a leak survey of the pipeline. A leak was discovered visually in an agricultural field approximately 8,000 feet from the nearest road. The pipeline damage appeared to have been caused by a third party working over the line. Exhibit 1 provides an aerial map indicating the approximate location of the leak.

The pipeline normal operating pressure is 257 psig, with a low pressure alarm set point of 160 psig. After the hit, the line pressure dropped to 218 psig, where it stabilized until the leak was found and repaired.² Atmos reviewed pressure recording data that indicated a pressure drop on the pipeline had occurred on 8/20/2016 at 12:30 PM, which is noted to be the date and time that the leak occurred.³ A copy of the pressure recording is attached as Exhibit 2. Based on the geometry of the hole size and the operating condition of the line, Atmos calculated 45,400 MCF of gas escaped from the pipeline between 8/20/2016 and 8/31/2016.⁴ Because the calculated amount of escaping gas exceeded the PHMSA reportable threshold limit of 3,000 MCF, Atmos notified Staff of the incident and filed an incident report with PHMSA. Atmos' amended incident report is attached as Appendix A. According to Atmos, a farmer was performing normal agricultural tilling when the farm equipment struck a natural gas pipeline operated by Atmos Energy in a rural area of Hamilton County near Johnson City, Kansas.⁵ Atmos' investigation

¹ Appendix A, page 1, Part A, line 10; and page 3, Part D, line 2f.

² Appendix A, page 3, Part E, Lines 1 & 2; and Response to Staff Data Requests No. 3 and 8.

³ Appendix A, page 1, Part A, Line 4; and Response to Staff Data Request No. 3.

⁴ Appendix A, page 1, Part A, Line 4; page 2, Part A, Line 17 a & b; and Response to Staff Data Request No. 2.

⁵ Appendix A, page 1, Part A, Lines 5a to 5f; and Response to Staff Data Request No. 3.

after the incident occurred determined the pipeline had a cover depth of three inches at the point where the farm equipment caught the top of the four-inch diameter steel line.⁶ A photo of the damaged line is attached as Exhibit 3.

ANALYSIS:

A primary objective of the investigation activities is to minimize the possibility of recurrence of an abnormal operating condition and to institute enforcement action where probable noncompliance with the safety standards has occurred. Information from 14 data requests has been analyzed to develop a reasonable reconstruction of the events to explain how the unintentional release of natural gas occurred.

Staff's investigation determined three abnormal operating conditions occurred that led to the excavator damage to the pipeline. These three factors include:

- Atmos was unable to recognize the loss of soil cover over the pipeline within the open field due to naturally occurring soil erosion⁷;
- The person that damaged the pipeline was performing normal agricultural tillage and was not aware of the existence of this pipeline buried in this field of operation. Consequently, the excavator was also unaware that his equipment had damaged the pipeline⁸; and
- Atmos was unable to respond to the leak in a timely manner because the low pressure set point on the pipeline monitoring system was not close enough to normal operating pressure to indicate an abnormal operating condition.⁹ This fact and the rural location of the line caused the leak to exist for 11 days¹⁰.

As the result of Staff's and Atmos' investigation into this matter, Atmos has stated they will take the following actions to avoid a similar recurrence of the events that led to these abnormal operating conditions. The proposed action items are:

1) Atmos will set the low pressure alarm set point on the pipeline pressure monitoring system to 220 psig, with a normal operating pressure of range of 240 to 250 psig¹¹.

2) Atmos will patrol the pipeline route for areas of potential "shallow pipeline depth" such as erosion cuts and install pipeline markers in those areas to inform the public of the existence of a pipeline in area 12 ; and

3) Atmos will organize additional public awareness meetings with the agricultural community in this area of the state to increase awareness of the potential for shallow pipelines in farm fields. The meetings will encourage all those working with tillage equipment to call Kansas811 before beginning any tillage activity in fields with underground pipelines.¹³

⁶Appendix A, page 6, Part G3, Lines 6, 7, 8 & 9; Page 2 Part B Line 3; Page 2, Part C, Line 3a; and May 22, 2017, Email from D. Shatas (Atmos) to D. Crupper (KCC).

⁷ Response to Staff Data Request No. 12.

⁸ Response to Staff Data Request No. 3; and May 22, 2017, email from D. Shatas (Atmos) to D. Crupper (KCC).

⁹ Response to Staff Data Requests No. 3 and 8.

¹⁰ Response to Staff Data Requests No. 3 and 13.

¹¹ Appendix A, page 3, Part E, Lines 1 & 2; and Response to Staff Data Request No. 8.

¹² Response to Staff Data Requests No. 12 and 14.

¹³ Response to Staff Data Requests No. 12 and 14.

RECOMMENDATION:

Staff believes the action proposed by Atmos will improve safe operation of natural gas distribution pipelines in farming communities. Therefore, Staff recommends the Commission order Atmos to implement the three above listed actions and close this Docket. Staff will monitor Atmos' completion of the above tasks during the course of routine pipeline safety inspections.

Exhibit 1



Aerial photo of rural Hamilton County south of Syracuse, Kansas. Photo indicates layout of 4 inch steel gas main, shut off valving and location of mechanical puncture.

Exhibit 2



Graph indicating 4 inch gas main operating pressure in psig verses time for the period of Aug. 21, 2016 thru August 31, 2016.

Exhibit 3



Photo taken by Atmos personnel showing orientation and size of mechanical puncture of 4 inch gas main.

KCC Docket 17-ATMG-137-GIP

Appendix A

PHMSA Incident Report 16519 dated 3/27/2017

9 pages

NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil per 100,000 for each violation for each day that such violation persists except that the maximum exceed \$1,000,000 as provided in 49 USC 60122.	enalty not to exceed civil penalty shall not	OMB NO: 2137-0522 EXPIRATION DATE: 10/31/2	017
0	Original Report Date:	09/26/201	6
U.S Department of Transportation	No.	20160096-1	6519
Pipeline and Hazardous Materials Safety Administration		(DOT Use On	ly)
INCIDENT REPORT - GAS SYSTEM	DISTRIBUTION		
A federal agency may not conduct or sponsor, and a person is not required to respond to, not collection of information subject to the requirements of the Paperwork Reduction Act unless. The OMB Control Number for this information collection is 2137-0522. All responses to this burden or any other aspect of this collection of information, including suggestions for reducin of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.	or shall a person be subj that collection of information collection of information ig the burden to: Informa	ect to a penalty for failure to con ation displays a current valid OM are mandatory. Send commen ation Collection Clearance Office	nply with a IB Control Number. ts regarding the er, PHMSA, Office
INSTRUCTIONS			
Important: Please read the separale instructions for completing this form before you begin, you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Sa http://www.phmsa.dot.gov/pipeline/library/forms.	They clarify the inform fety Community Web Pa	ation requested and provide spe age at	ecific examples. If
PART A - KEY REPORT INFORMATION			
Report Type: (select all that apply)	Original:	Supplemental:	Final:
Last Revision Date	03/27/2017	Yes	Yes
1. Operator's OPS-issued Operator Identification Number (OPID):	6720		
2. Name of Operator	ATMOS ENERGY	CORPORATION - COLOR/	DO/KANSAS
3. Address of Operator:	1		
3a. Street Address	5430 LBJ FREEW	AY SUITE 1800	
30. City 3c. State	DALLAS		
3d. Zip Code	75240		
4. Local time (24-hr clock) and date of the Incident:	08/20/2016 12:30)	
5. Location of Incident:	• • • • • • • • • • • • • • • • • • •		
5a. Street Address or location description	Approximate inters	ection of Road 30 and Road	11
<u>5b. City</u>	Not Within a Municipality		
5c. County or Parish	Hamilton		
	67879		
5f Latitude:	37 85146		
Longitude:	-101.8998325		
6. National Response Center Report Number:	1158594		
7. Local time (24-hr clock) and date of initial telephonic report to the National Response Center:	09/09/2016 14:51		
8. Incident resulted from:	Unintentional relea	se of gas	
9. Gas released:	Natural Gas		
- Uner Gas Released Name: 10. Estimated volume of gas released. Thousand Cubic East (MCE):	45 420 000		
11 Were there fatalities?	No		
- If Yes, specify the number in each category:			
11a. Operator employees			
11b. Contractor employees working for the Operator			
11c. Non-Operator emergency responders			
associated with this Operator			
11e. General public 11f. Total fatalitian (sum of abova)			
12. Were there injuries requiring inpatient hospitalization?	No	,	
- If Yes, specify the number in each category:			
12a. Operator employees			
12b. Contractor employees working for the Operator			
12c. Non-Operator emergency responders 12d. Workers working on the right-of-way, but NOT			
associated with this Operator	<u> </u>		
126, Ocherar public 127 Total iniuries (sum of above)	<u> </u>		
13. Was the pipeline/facility shut down due to the incident?	Yes		
- If No, Explain:			· · · · · · · · · · · · · · · · · · ·
- If Yes, complete Questions 13a and 13b: (use local time, 24-hr clock)			

Form PHMSA F 7100.1

13a Local time and date of chutdows:	08/21/2016 15:30
13b. Local time pipeline/tacility restarted:	08/31/2016 18:30
- Still shut down? (* Supplemental Report Required)	
14. Did the gas ignite?	No
15. Did the gas explode?	No
16. Number of general public evacuated:	0
17. Time sequence (use local time, 24-hour clock):	
17a. Local time operator identified Incident - effective 10-2014, "Incident"	08/31/2016 12:15
changed to "failure"	
17b. Local time operator resources arrived on site:	08/31/2016 12:15
PART B - ADDITIONAL LOCATION INFORMATION	
1. Was the Incident on Federal land?	No
2 Location of Incident	Utility Right-of-way / Fasement
2. Ecouldin of Incident:	
0. Alea of Incident.	
Specily.	
If Other, Describe:	
Depth of Cover:	3
4. Did Incident occur in a crossing?	No
- If Yes, specify type below:	
- If Bridge crossing -	
Cased/Uncased:	
- IT realifoad crossing -	
Cased/ Uncased/ Bored/drilled	
- If Road crossing	
Cased/ Uncased/ Bored/drilled	
- If Water crossing -	
Coped/Ungeood	
Manual Manual Manual Manual Manual Manual	· · · · · · · · · · · · · · · · · · ·
iname of body of water (if commonly known):	
Approx. water depth (ft):	
	2월 28일 2월 2월 2월 28일 2월 2일 2월 2일 2월 20일 2월 2일
1. Indicate the type of pipeline system:	Investor Owned
- If Other specify:	
2 Part of system involved in Incident:	Main
2. Part of system involved in Incident:	Main
2. Part of system involved in Incident:	Main
2. Part of system involved in Incident:	Main Unknown
2. Part of system involved in Incident:	Main Unknown nt" (from PART C, Question 2), provide the following:
2. Part of system involved in Incident:	Main Unknown nt" (from PART C, Question 2), provide the following: 4
2. Part of system involved in Incident:	Main Unknown nt" (from PART C, Question 2), provide the following: 4 Unknown
2. Part of system involved in Incident:	Main Unknown nt" (from PART C, Question 2), provide the following: 4 Unknown Unknown
2. Part of system involved in Incident:	Main Unknown nt" (from PART C, Question 2), provide the following: 4 Unknown Unknown Unknown
2. Part of system involved in Incident:	Main Unknown nt" (from PART C, Question 2), provide the following: 4 Unknown Unknown Unknown Steel
2. Part of system involved in Incident:	Main Unknown nt" (from PART C, Question 2), provide the following: 4 Unknown Unknown Unknown Steel
2. Part of system involved in Incident:	Main Unknown nt" (from PART C, Question 2), provide the following: 4 Unknown Unknown Unknown Steel Unknown
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2. Part of system involved in Incident:	Main Unknown nt" (from PART C, Question 2), provide the following: 4 Unknown Unknown Unknown Steel Unknown Unknown Unknown Unknown Unknown
2. Part of system involved in Incident: - If Other, specify: 2a. Year "Part of system involved in Incident" was Installed: 3. When "Main" or "Service" is selected as the "Part of system involved in Incide 3a. Nominal diameter of pipe (in): 3b. Pipe specification (e.g., API 5L, ASTM D2513): 3c. Pipe manufacturer: 3d. Year of manufacture: 4. Material involved in Incident: - If Other, specify: 4a. If Steel, Specify seam type: - None/Unknown? 4b. If Steel, Specify wall thickness (inches): 4c. If Plastic, Specify type: - If Other, describe: 4d. If Plastic, Specify Standard Dimension Ratio (SDR): Or wall thickness: 4e. If Polyethylene (PE) is selected as the type of plastic in Part C, Que - Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.)	Main Unknown nt" (from PART C, Question 2), provide the following: 4 Unknown Unknown Unknown Steel Unknown Unknown Unknown Unknown Unknown Steel Steel Steel Steel Steel Steel Unknown Unknown Steel
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2. Part of system involved in Incident: - If Other, specify: 2a. Year "Part of system involved in Incident" was installed: 3. When "Main" or "Service" is selected as the "Part of system involved in Incide 3a. Nominal diameter of pipe (in): 3b. Pipe specification (e.g., API 5L, ASTM D2513): 3c. Pipe manufacturer: 3d. Year of manufacturer: 4. Material involved in Incident: - If Other, specify: 4a. If Steel, Specify seam type: - If Other, specify: 4b. If Steel, Specify wall thickness (inches): 4c. If Plastic, Specify type: - If Other, describe: 4d. If Plastic, Specify Standard Dimension Ratio (SDR): - Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.) - Unknown?	Main Unknown nt" (from PART C, Question 2), provide the following: 4 Unknown Unknown Unknown Steel Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown
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2. Part of system involved in Incident: - If Other, specify: 2a. Year "Part of system involved in Incident" was installed: 3. When "Main" or "Service" is selected as the "Part of system involved in Incide 3a. Nominal diameter of pipe (in): 3b. Pipe specification (e.g., API 5L, ASTM D2513): 3c. Pipe manufacturer: 3d. Year of manufacture: 4. Material involved in Incident: - If Other, specify: 4a. If Steel, Specify seam type: - If Other, specify: 4b. If Steel, Specify wall thickness (inches): 4c. If Plastic, Specify Standard Dimension Ratio (SDR): - If Other, describe: 4d. If Plastic, Specify Standard Dimension Ratio (SDR): - Or wall thickness: 4e. If Polyethylene (PE) is selected as the type of plastic in Part C, Quu - Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.) 5. Type of release involved : - If Mechanical Puncture - Specify Approx size: - If Mechanical Puncture - Specify Approx size: - If Other, Describe: - If Other, Describe:	Main Unknown nt" (from PART C, Question 2), provide the following: 4 Unknown Unknown Unknown Steel Unknown Unknow
2. Part of system involved in Incident: - If Other, specify: 2a. Year "Part of system involved in Incident" was installed: 3. When "Main" or "Service" is selected as the "Part of system involved in Incide 3a. Nominal diameter of pipe (in): 3b. Pipe specification (e.g., API 5L, ASTM D2513): 3c. Pipe manufacturer: 3d. Year of manufacture: 4. Material involved in Incident: - If Other, specify: 4a. If Steel, Specify seam type: - If Other, specify: 4b. If Steel, Specify wall thickness (inches): 4c. If Plastic, Specify type: - If Other, describe: 4d. If Plastic, Specify Standard Dimension Ratio (SDR): - Or wall thickness: 4e. If Polyethylene (PE) is selected as the type of plastic in Part C, Que - Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.) - If Mechanical Puncture - Specify Approx size: - If Mechanical Puncture - Specify Approx size: - If Other, Describe: - If Other,	Main Unknown nt" (from PART C, Question 2), provide the following: 4 Unknown Steel Steel Mechanical Puncture .60 1.30
2. Part of system involved in Incident: - If Other, specify: 2a. Year "Part of system involved in Incident" was installed: 3. When "Main" or "Service" is selected as the "Part of system involved in Incide 3a. Nominal diameter of pipe (in): 3b. Pipe specification (e.g., API 5L, ASTM D2513): 3c. Pipe manufacturer: 3d. Year of manufacture: 4. Material involved in Incident: - If Other, specify: 4a. If Steel, Specify seam type: - If Other, specify: 4b. If Steel, Specify wall thickness (inches): 4c. If Plastic, Specify type: - If Other, describe: 4d. If Plastic, Specify Standard Dimension Ratio (SDR): - Or wall thickness: 4e. If Polyethylene (PE) is selected as the type of plastic in Part C, Quu - Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.) 5. Type of release involved : - If Mechanical Puncture - Specify Approx size: - If Mechanical Puncture - Specify Approx size: - If Other, Describe: - If Other, Describe:	Main Unknown nt" (from PART C, Question 2), provide the following: 4 Unknown Steel Steel Steel Mechanical Puncture .60 1.30
2. Part of system involved in Incident: - If Other, specify: 2a. Year "Part of system involved in Incident" was installed: 3. When "Main" or "Service" is selected as the "Part of system involved in Incide 3a. Nominal diameter of pipe (in): 3b. Pipe specification (e.g., API 5L, ASTM D2513): 3c. Pipe manufacturer: 3d. Year of manufacture: 4. Material involved in Incident: - If Other, specify: 4a. If Steel, Specify seam type: - If Other, specify: 4b. If Steel, Specify wall thickness (inches): 4c. If Plastic, Specify type: - If Other, describe: 4d. If Plastic, Specify Standard Dimension Ratio (SDR): - Or wall thickness: 4e. If Polyethylene (PE) is selected as the type of plastic in Part C, Que - Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.) 5. Type of release involved : - If Mechanical Puncture - Specify Approx size: - If Other, Describe: - If O	Main Unknown nt" (from PART C, Question 2), provide the following: 4 Unknown 0 60 1.30
2. Part of system involved in Incident: - If Other, specify: 2a. Year "Part of system involved in Incident" was installed: 3. When "Main" or "Service" is selected as the "Part of system involved in Incide 3a. Nominal diameter of pipe (in): 3b. Pipe specification (e.g., API 5L, ASTM D2513): 3c. Pipe manufacture: 4. Material involved in Incident: - If Other, specify: 4. If Steel, Specify seam type: - If Other, specify: 4a. If Steel, Specify seam type: - If Other, describe: 4c. If Plastic, Specify type: - If Other, describe: 4d. If Plastic, Specify Standard Dimension Ratio (SDR): - Or wall thickness: 4e. If Polyethylene (PE) is selected as the type of plastic in Part C, Que - Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.) - If Mechanical Puncture - Specify Approx size: - If Mechanical Puncture - Specify Approx size: - If Other, Describe: - Other, De	Main Unknown nt" (from PART C, Question 2), provide the following: 4 Unknown Unkn

PART D - ADDITIONAL CONSEQUENCE INFORMATION	
1. Class Location of Incident :	Class 1 Location
2. Estimated Property Damage :	
Estimated cost of public and non-Operator private	\$0
property damage paid/reimbursed by the Operator – effective 6-2011,	
"paid/reimbursed by the Operator" removed	
Estimated cost of gas released - effective 6-2011, moved to item 2f	
2b. Estimated cost of Operator's property damage & repairs	\$ 5,000
2c. Estimated cost of Operator's emergency response	\$ 1,000
2d. Estimated other costs	\$0
- Describe:	
2e. Property damage subtotal (sum of above)	\$ 6,000
Cost of Gas Released	
2f. Estimated cost of gas released	\$ 136 260
Total of all costs	\$ 142,260
3 Estimated number of customers out of service:	\$ 172,200
3a Commercial entities	<u>Λ</u>
3b Industrial entities	0
3c Residences	
PART E - ADDITIONAL OPERATING INFORMATION	
1. Estimated pressure at the point and time of the Incident (psig):	218.00
2. Normal operating pressure at the point and time of the Incident (psig):	257.00
3. Maximum Allowable Operating Pressure (MAOP) at the point and time of	285.00
the Incident (psia):	
4. Describe the pressure on the system relating to the Incident:	Pressure did not exceed MAOP
5. Was a Supervisory Control and Data Acquisition (SCADA) based system in	Yes
place on the pipeline or facility involved in the Incident?	
5a Was it operating at the time of the Incident?	Yas
5h Was it fully functional at the time of the Incident?	Yes
5c. Did SCADA-based information (such as alarm(s) alert(s)	Yee
event(s), and/or volume or pack calculations) assist with the detection of the Incident?	165
5d. Did SCADA-based information (such as alarm(s), alert(s),	Yes
event(s), and/or volume calculations) assist with the confirmation of the Incident?	
6. How was the Incident initially identified for the Operator?	Local Operating Personnel, including contractors
- If Other, Specify:	
6a. If "Controller", "Local Operating Personnel, including	Operator employee
contractors", "Air Patrol", or "Ground Patrol by Operator or its	
contractor" is selected in Question 6, specify.	And the second sec
7. Was an investigation initiated into whether or not the controller(s) or control	No, the Operator did not find that an investigation of the
room issues were the cause of or a contributing factor to the Incident?	controller(s) actions or control room issues was necessary due to: (provide an explanation for why the Operator did not investigate)
- If "No, the operator did not find that an investigation of the controller(s)	Pressure monitoring point did not reach the low alarm limit
actions or control room issues was necessary due to:"	
(provide an explanation for why the operator did not investigate)	
- If Yes, Specify investigation result(s) (select all that apply):	
 Investigation reviewed work schedule rotations, continuous hours 	
of service (while working for the Operator), and other factors	
associated with fatigue	
 Investigation did NOT review work schedule rotations, continuous 	
hours of service (while working for the Operator), and other factors	
associated with fatigue	1
- Provide an explanation for why not:	
Investigation identified no control room issues	
 Investigation identified no controller issues 	
 Investigation identified incorrect controller action or controller error 	
 Investigation identified that fatigue may have affected the 	
controller(s) involved or impacted the involved controller(s) response	
Investigation identified incorrect procedures	
 Investigation identified incorrect control room equipment operation 	
Investigation identified maintenance activities that affected control	
room operations, procedures, and/or controller response	
	L

- Investigation identified areas other than those above	
Describe:	
PART F - DRUG & ALCOHOL TESTING INFORMATION	
1. As a result of this Incident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- If Yes:	
1a. How many were tested:	
1b. How many failed:	
2. As a result of this Incident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
2a. How many were tested: 2b. How many failed:	
PART G - CAUSE INFORMATION	
Select only one box from PART G in shaded column on left representing the App right. Describe secondary, contributing, or root causes of the Incident in the narro	arent Cause of the Incident, and answer the questions on the ntive (PART H).
Apparent Cause:	G3 - Excavation Damage
G1 - Corrosion Failure - only one sub-cause can be picked from shaded le	ft-hand column
Corrosion Failure Sub-Cause:	
- If External Corrosion:	
1. Results of visual examination;	
- If Other, Specify:	
2. Type of corrosion:	·····
- Atmospheric	
Stray Current	
Selective Seem	
- If Other, Describet	
3 The type(s) of corrosion selected in Question 2 is based on the following:	
- Field examination	
Determined by metallurgical analysis	
- Other	
- If Other, Describe:	
4. Was the failed item buried under the ground?	
- If Yes:	
4a. Was failed item considered to be under cathodic protection at the time of the incident?	
- If Yes, Year protection started:	
40. Was shielding, tenting, or disbonding of coating evident at the point of the incident?	
the point of the incident?	
IF TES, CP Annual Survey – Most recent year conducted:	
If "Yes, Close Interval Survey" - Most recent year conducted:	
It "Yes, Other CP Survey" Most recent year conducted:	
 40. was the failed item externally coated or painted? 5. Was there observable damage to the coating or paint in the vicinity of the corrosion? 	
6. Pipeline coating type, if steel pipe is involved:	
- If Other, Describe:	
- If Internal Corrosion:	
7. Results of visual examination:	
- If Other, Describe:	
8. Cause of corrosion (select all that apply):	
- Corrosive Commodity	
- Water drop-out/Acid	
	I

Erosion	
- Elosion	
- IT Other, Specity:	
9. The cause(s) of corrosion selected in Question 8 is based on the following: (s	elect all that apply):
- Field examination	
- Determined by metallurgical analysis	
- Olher	
- If Other, Describe:	
10. Location of corrosion (select all that apply):	
- Low point in pipe	
- Elbow	
- Drop-out	
- Other	
- If Other, Describe:	
11. Was the gas/fluid treated with corrosion inhibitor or blocides?	
12. Were any liquids found in the distribution system where the Incident occurred?	
Complete the following if any Corrosion Failure sub-cause is selected AND the Question 2) is Main, Service, or Service Riser.	e "Part of system involved in incident" (from PART C,
13. Date of the most recent Leak Survey conducted	
14. Has one or more pressure test been conducted since original construction at the point of the incident?	
- If Yes:	
Most recent year tested:	
lest pressure:	
G2 – Natural Force Damage – only one sub-cause can be picked from sha	ded left-handed column
Natural Force Damage – Sub-Cause:	
- If Earth Movement, NOT due to Heavy Rains/Floods:	
1. Specify'	
If Other Specify:	
- If Heavy Rains/Floods:	······
2. Specify:	/
- If Other, Specify:	
- If Lightning:	
3. Specify:	
- If Temperature:	
A Specific	
4. Openny.	
- ii Other, Specity.	
If Other Natural Force Damage:	
5. Describe:	· · · · · · · · · · · · · · · · · · ·
Complete the following if any Natural Force Damage sub-cause is selected.	
6. Were the natural forces causing the Incident generated in conjunction with an extreme weather event?	
6.a If Yes, specify (select all that apply):	
- Hurricane	
- Tropical Storm	
- Tornado	
- Other	· · · · · · · · · · · · · · · · · · ·
- If Other, Specify:	
G3 – Excavation Damage – only one sub-cause can be picked from shade	I left-hand column
Excavation Damage – Sub-Cause:	Excavation Damage by Third Party
 If Previous Damage due to Excavation Activity: Complete the following O Question 2) is Main. Service, or Service Riser. 	NLY IF the "Part of system involved in Incident" (from Part C,
1. Date of the most recent Leak Survey conducted	
2. Has one or more pressure test been conducted since original construction	
at the point of the incident?	<u> </u>
All TOS:	
inost recent year tested:	
lest pressure:	
Complete the following if Excavation Damage by Third Party is selected.	
1.3 Ling the operator det blior bollication of the excavation activity?	

3a. If Yes, Notification received from: (select all that apply):	
- One-Call System	
- Excavator	
- Contractor	
- Landowner	
Complete the following mandatory CGA-DIRT Program questions if any Exca	vation Damage sub-cause is selected.
4. Do you want PHMSA to upload the following information to CGA-DIRT (<u>www.cga-dirt.com</u>)?	No
5. Right-of-Way where event occurred (select all that apply):	
- Public	
- If Public, Specify:	
- Private	
- If Private, Specify:	
- Fipeline Fropeny/Casement	
- Railroad	
- Dedicated Public Utility Easement	
- Federal Land	
- Data not collected	Yes
- Unknown/Other	
6. Type of excavator :	Farmer
7. Type of excavation equipment :	Farm Equipment
8. Type of work performed :	Agriculture
9. was the One-Gall Center hothled?	NO
9a. If Yes, specily ticket number: Ob. If this is a State where more than a single One Call Center evicts list	
the name of the One-Call Center notified:	
10. Type of Locator:	
11. Were facility locate marks visible in the area of excavation?	
12. Were facilities marked correctly?	
13. Did the damage cause an interruption in service?	No
13a. If Yes, specify duration of the interruption:	
14. Description of the CGA-DIRT Root Cause (select only the one predominant	first level CGA-DIRT Root Cause and then, where available as a
choice, the one predominant second level CGA-DIRT Root Cause as well):	T
- Root Cause Description:	Other
If One-Call Notification Practices Not Sufficient, specify:	
- If Locating Practices Not Sufficient, specify:	
- If Other/None of the Above, explain:	No One Call patification coupled with shallow main
	The one-cail notification coupled with shallow main
G4 - Other Outside Force Damage - only one sub-cause can be selected	from the shaded left-hand column
Other Outside Force Damage – Sub-Cause:	
If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation:	
- If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment of	or Vessels Set Adrift or Which Have Otherwise Lost Their
Mooring:	
2. Select one or more of the following IF an extreme weather event was a factor:	
- Hurricane	
- Tropical Storm	
- Tornado	
- Heavy Rains/Flood	
- Other	
- If Other, Specify:	
- If Previous Mechanical Damage NOT Related to Excavation: Complete the	following ONLY IF the "Part of system involved in Incident" (from
Part C, Question Z) is Main, Service, or Service Riser.	
4 Has one or more pressure test heep conducted since original construction	
at the point of the Incident?	
- If Yes:	
Most recent year tested:	
Test pressure (psig):	
- If Intentional Damage:	
5. Specify:	
- If Other, Specify:	
- If Other Outside Force Damage:	

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6. Describe:	
G5 - Pipe, Weld, or Joint Failure - only one sub-cause can be selected fro	m the shaded left-hand column
	r
Pipe, Weld or Joint Failure – Sub-Cause:	
. If Pady of Pinor	
1 Specify:	
- If Other, Describe:	
- If Butt Weld:	å
2. Specify:	
- If Other, Describe:	
- If Fillet Weld:	
3. Specify;	
- If Other, Describe:	
- If Pipe Seam:	
4. Specify:	
- If Mechanical Fitting:	· · · · · · · · · · · · · · · · · · ·
5. Specify the mechanical fitting involved:	
- If Other, Describe:	······
6. Specify the type of mechanical fitting:	
- If Other, Describe:	
7. Manulacturer:	
9. Year Installed:	
10. Other attributes:	
11. Specify the two materials being joined:	
11a. First material being joined:	
- If Other, Specify:	
11b. If Plastic, specify:	
- If Other Plastic, specify:	
11c. Second material being joined:	
- If Other, Specify:	
I Tu, Il Plastic, specify.	
12 If used on plastic pine, did the fitting – as designed by the manufacturer –	
include restraint?	
12a. If Yes, specify:	
- If Compression Fitting:	
13. Fitting type:	
14. Manufacturer:	
15. Year manufactured:	
16. Year installed:	
17. Other attributes:	
18. Specify the two materials being joined:	F
18a. First material being joined:	
- If Other, specify:	
- If Other Plastic, specify.	
18c. Second material being joined:	
If Other, specify:	
18d. If Plastic, specify:	
- Other Plastic, specify:	
- If Fusion Joint:	
19. Specify:	
- If Other, Specify:	
20. Year installed:	
21. Other attributes:	
22. Specify the two materials being joined:	
Zza, First material being joined:	
- II Other, Specify:	<u> </u>
- If Other Specify	<u></u>
- If Other Pine Weld, or Joint Failure:	I
23. Describe:	

Complete the following if any Pipe, Weld, or Joint Failure sub-cause is select	ed.
24. Additional Factors (select all that apply):	
- Dent	
- Gouge	
- Pipe Bend	
- Arc Burn	
- Crack	
- Lack of Fusion	
- Lamination	
- Buckle	
- Winkle	
- Misalighment	
- Other	
- If Other, Specify:	
25. Was the Incident a result of	
- Construction defect	
Specify:	
- Material defect	
Specify:	
- If Other, Specify:	
- Design defect	
- Previous damage	
26. Has one or more pressure test been conducted since original construction	
at the point of the Incident?	
- If Yes:	
Most recent year tested:	
i est pressure: j	
C6 Equipment Failure, only one cub equip can be related from the shed	od loë bond oolump
Go - Equipment Failure - only one sub-cause can be selected from the shad	
Equipment Failure – Sub-Cause:	
- If Malfunction of Control/Relief Equipment:	
1. Specify:	······································
- Control Valve	
- Instrumentation	
- SCADA	
- Communications	
- BIOCK Valve	
Poliof Volvo	
- Relief Valve	
- Stopple/Control Fitting	·······
- Pressure Regulator	
- Other	
- If Other, Specify:	
If Threaded Connection Failure:	
2 Specify	
- If Other, Specify:	
- If Non-threaded Connection Failure:	
3 Specify:	
- If Other Specify:	
- 11 Vaivo,	
4. Specity.	·····
- ii Other, Specify.	· · · · · · · · · · · · · · · · · · ·
4b. Manufactured by:	······
4c. Year manufactured:	
- If Other Equipment Failure:	
5 Describe	
G7 - Incorrect Operation - only one sub-cause can be selected from the sha	ded left-hand column
Incorrect Operation Sub-Cause:	
Incorrect Operation Sub-Cause:	

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Complete the following if any incorrect Operation sub-cause is select	cted.
2. Was this Incident related to: (select all that apply)	
- Inadequate procedure	
- No procedure established	
- Failure to follow procedure	
- Other	
- If Other, D	escribe:
3. What category type was the activity that caused the Incident:	
4. Was the task(s) that led to the Incident identified as a covered task in Operator Qualification Program?	n your
4a. If Yes, were the individuals performing the task(s) qualified for t task(s)?	ihe
G8 - Other Incident Cause - only one sub-cause can be selected f	rom the shaded left-hand column
Other Incident Cause – Sub-Cause:	
- If Miscellaneous:	
1. Describe:	
- If Unknown:	
2. Specify:	
PART H - NARRATIVE DESCRIPTION OF THE INCIDE	NT
Farmer damaged main with a root cutting implement in a remote farmer was not aware of the damage, therefore did not report to repairing a leak on the same line when the pressure was discov- the remote pressure monitors. The operator personnel then beg were utilized to shut down a short section of main being fed from	e area where water runoff caused main to become shallow. The the utility. Several days later, company crews were in process of ered to be lower than normal, but higher than the low alarm limit of gan investigating and found the location of the damage. Valves n 2 directions, which allowed the damage to be repaired.
PART I - PREPARER AND AUTHORIZED SIGNATURE	
Preparer's Name	Douglas Shatas
Preparer's Title	Compliance Manager
Preparer's Telephone Number	8168630951
Preparer's E-mail Address	doug.shatas@atmosenergy.com
Preparer's Facsimile Number	
Authorize Signature's Name	Douglas Shatas
Authorized Signature's Tille	I Manager of Compliance

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CERTIFICATE OF SERVICE

17-ATMG-137-GIP

I, the undersigned, certify that a true and correct copy of the above and foregoing Notice of Filing of Staff's Report and Recommendation was served via electronic service this 9th day of June, 2017, to the following:

JENNIFER G. RIES, VICE PRESIDENT, RATES AND **REGULATORY AFFAIRS-COLORADO/KANSAS** ATMOS ENERGY CORPORATION 1555 BLAKE ST STE 400 **DENVER, CO 80202** jennifer.ries@atmosenergy.com

JAKE FISHER, LITIGATION COUNSEL KANSAS CORPORATION COMMISSION 1500 SW ARROWHEAD RD TOPEKA, KS 66604-4027 Fax: 785-271-3354 j.fisher@kcc.ks.gov

<u>Ki Jacolus</u> acobsen