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**BEFORE THE PUBLIC SERVICE COMMISSION
OF THE STATE OF MISSOURI**

Lucille Johnson,)	
)	
Complainant,)	
)	
vs.)	<u>Case No. GC-98-284</u>
)	
Laclede Gas Company,)	
)	
Respondent.)	

NOTICE OF COMPLAINT

Laclede Gas Company
720 Olive Street
St. Louis, Missouri 63101
CERTIFIED MAIL

Be advised that on January 12, 1998, Lucille Johnson filed a complaint with the Missouri Public Service Commission against Laclede Gas Company, a copy of which is enclosed. Pursuant to 4 CSR 240-2.070, the Respondent has 30 days after notification to either file an answer or satisfy the complaint. The Respondent shall file an answer or an explanation of the satisfaction of the complaint on or before February 17, 1998, with the Secretary of the Missouri Public Service Commission, P.O. Box 360, Jefferson City, Missouri 65102, and send a copy to the Complainant. A copy of this Notice was mailed to the Complainant.

BY THE COMMISSION



Dale Hardy Roberts
Secretary/Chief Regulatory Law Judge

(S E A L)

G. George, Regulatory Law Judge

Dated at Jefferson City, Missouri,
on this 16th day of January, 1998.

Copy to: Lucille Johnson
4129 North Taylor
St. Louis, Missouri 63115

BEFORE THE PUBLIC SERVICE COMMISSION OF THE
STATE OF MISSOURI

FILED

JAN 12 1998

MISSOURI
PUBLIC SERVICE COMMISSION

Lucille Johnson)
(your name))
Complainant)

vs.

) Case No.

GC-98-284

Laclede Gas)
(company name))
Respondent.)

COMPLAINT

Complainant resides at 4129 N. Taylor

1. Respondent, Laclede Gas

(company name)

of St. Louis, MO, is a public utility under the jurisdiction of

the Public Service Commission of the State of Missouri.

2. As the basis of this complaint, complainant states the following facts:

See Attached

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JAN 12 1998

3. The complainant has taken the following steps to present this complaint to the respondent:

On November 15, 1997 Laclede Gas was called because of an odor of gas. When they arrived they stated it was a gas leak and the gas had to be turned

off. On that day it was very cold and I asked them if they could fix the furnace that day. He (Gas Tech) stated it couldn't be fixed because it was on the weekend and it had to be an emergency so it would be Monday before they (Laclede Gas) could fix it. By me being sick and it was so cold I asked how much of an emergency did it have to be. On November 17, 1997 Laclede gas came back between 2:00 and 3:00p.m. and fixed the furnace but, didn't turn it on because he said it didn't have a Flue Liner. I called the Missouri Public Service Commission and spoke to Mr. Leonberger. On November 18, 1997 I got a call from Mr. Feldmann who works for Laclede Gas and he stated they had made a mistake about my furnace that it didn't need a Flue Liner. I was very upset because, at that point I didn't know who to believe. I asked Mr. Feldmann to put it in writing that they made a mistake at first he said no but, later a letter was sent. The gas is on but, I'm still not satisfied because of the way I was treated. On November 22, 1997 Mr. Feldmann sent two technicians out that morning they said it was alright to turn the gas on. Just for clarification can a specific time be given due to these circumstances. Also, what do you consider to be an emergency in this particular situation that I've experienced.

WHEREFORE, Complainant now requests the following relief:

Since the gas was off and off longer than what it should have been. I would like to have restitution on my gas bill.

01 - 06 - 98
Date

Lucille Johnson
Signature of Complainant

LACLEDE GAS COMPANY
HAZARDOUS APPLIANCE REPORT

Date 11-17-97

Address 4129 TAYLOR

Floor RES

Grid 12643

Customer's name L JOHNSON

Party notified L JOHNSON

Manufacturer and type of appliance

This appliance was determined to be hazardous because NO FLUE LINE

**THIS APPLIANCE MUST NOT BE USED UNTIL THE HAZARD HAS BEEN ELIMINATED!
CONTINUED USE OF THIS APPLIANCE MAY RESULT IN SERIOUS PERSONAL HEALTH PROBLEMS!**

Customer advised that Laclede could make repairs YES ☐ NO ☐ N/A ☒

APPLIANCE LEFT:

REPAIR DISPOSITION:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Shut off, valve sealed, and tagged | <input type="checkbox"/> Scheduled for |
| <input type="checkbox"/> Disconnected, tagged, and fuel run capped | <input checked="" type="checkbox"/> Not within Laclede's Service Policy |
| <input type="checkbox"/> Tagged and meter locked | <input type="checkbox"/> Not advisable |
| <input type="checkbox"/> Other (Please specify) | <input type="checkbox"/> Other (Please specify) |

Meter No. 916219

Index 3710

Please excuse the temporary inconvenience caused by the loss of use of your gas appliance. Gas companies have certain duties under the Missouri Public Service Commission Pipeline Safety Regulations. These duties must be carried out even though it results in inconvenience to its customers.

Laclede is required to discontinue service to any customer whose fuel lines or gas utilization equipment are determined to be unsafe. Laclede, however, may continue providing service to the customer if the unsafe conditions are removed or effectively eliminated. The mere fact that a particular improper installation has existed for a long time without harm resulting to anyone does not change the duty of the gas company.

The Missouri Public Service Commission and your gas company are interested only in your safety!

We are confident that you will remedy this condition promptly so that you can again enjoy your natural gas appliance in the near future.

Your signature on this form releases Laclede Gas Company of any and all responsibilities if the appliance is put back in service without necessary corrections or repairs being made. Laclede Gas Company is not responsible for damages that may result from an appliance that has not been properly repaired.

Customer's or Notified Party's Signature

Lucille Johnson

Technician

4216

Foreman

Dist. Supt.

LACLEDE GAS COMPANY
HAZARDOUS APPLIANCE REPORT

Date 11-15-97

Address 4129 N. Tipton Floor Res Grid 12643

Customer's name J. J. J. J. Party notified 12643 SAME

Manufacturer and type of appliance _____

This appliance was determined to be hazardous because LEAK IN FUEL RUNS

**THIS APPLIANCE MUST NOT BE USED UNTIL THE HAZARD HAS BEEN ELIMINATED!
CONTINUED USE OF THIS APPLIANCE MAY RESULT IN SERIOUS PERSONAL HEALTH PROBLEMS!**

Customer advised that Laclede could make repairs YES ☐ NO ☐ N/A ☐

APPLIANCE LEFT:

REPAIR DISPOSITION:

- | | |
|--|--|
| <input type="checkbox"/> Shut off, valve sealed, and tagged | <input type="checkbox"/> Scheduled for _____ |
| <input type="checkbox"/> Disconnected, tagged, and fuel run capped | <input type="checkbox"/> Not within Laclede's Service Policy |
| <input type="checkbox"/> Tagged and meter locked | <input type="checkbox"/> Not advisable |
| <input type="checkbox"/> Other (Please specify) _____ | <input type="checkbox"/> Other (Please specify) _____ |

Meter No. 916219 Index 3710

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Customer's or Notified Party's Signature _____

Technician _____ Foreman _____ Dist. Supt. _____

LACLEDE GAS COMPANY

3950 FOREST PARK AVENUE
ST. LOUIS, MISSOURI 63108-3212

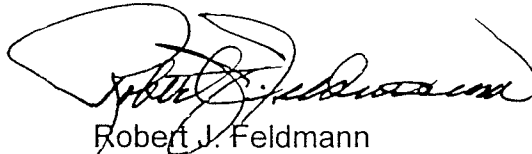
November 24, 1997

Ms. Lucille Johnson
4129 N. Taylor
St. Louis, MO 63115

Dear Ms. Johnson:

On November 22, 1997, an inspection of the Installation and Safety Operation of your furnace was performed. The service technician reports the furnace was installed properly and the operation was normal. A copy of the service technicians report is attached for your reference.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert J. Feldmann", is written over a large, loopy, handwritten "R" that serves as a stylized initial or flourish.

Robert J. Feldmann
Superintendent
Service and Installation Department

RJF:jc

LACLEDE GAS COMPANY
HAZARDOUS APPLIANCE REPORT

Date 11-15-77

Address 4129 N. Taylor Floor 2nd Grid 12643

Customer's name L. Johnson Party notified ~~12643~~ SAME

Manufacturer and type of appliance _____

This appliance was determined to be hazardous because LEAK IN FUEL RUNS

THIS APPLIANCE MUST NOT BE USED UNTIL THE HAZARD HAS BEEN ELIMINATED!
CONTINUED USE OF THIS APPLIANCE MAY RESULT IN SERIOUS PERSONAL HEALTH PROBLEMS!

Customer advised that Laclede could make repairs YES ☐ NO ☐ N/A ☐

APPLIANCE LEFT:

REPAIR DISPOSITION:

☐ Shut off, valve sealed, and tagged

☐ Scheduled for _____

☐ Disconnected, tagged, and fuel run capped

☐ Not within Laclede's Service Policy

☐ Tagged and meter locked

☐ Not advisable

☐ Other (Please specify) _____

☐ Other (Please specify) _____

Meter No. 916219 Index 3410

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Customer's or Notified Party's Signature Phillip Johnson

Technician _____ Foreman _____ Dist. Supt. _____

CUSTOMER COPY

LACLEDE GAS COMPANY
HAZARDOUS APPLIANCE REPORT

Date 11-17-97

Address 4129 N TAYLOR Floor RES Grid 12643

Customer's name L. JOHNSON Party notified L. JOHNSON

Manufacturer and type of appliance _____

This appliance was determined to be hazardous because NO FLUE LNER

THIS APPLIANCE MUST NOT BE USED UNTIL THE HAZARD HAS BEEN ELIMINATED!
CONTINUED USE OF THIS APPLIANCE MAY RESULT IN SERIOUS PERSONAL HEALTH PROBLEMS!

Customer advised that Laclede could make repairs YES ☐ NO ☐ N/A ☐

APPLIANCE LEFT:

REPAIR DISPOSITION:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Shut off, valve sealed, and tagged | <input type="checkbox"/> Scheduled for _____ |
| <input type="checkbox"/> Disconnected, tagged, and fuel run capped | <input checked="" type="checkbox"/> Not within Laclede's Service Policy |
| <input type="checkbox"/> Tagged and meter locked | <input type="checkbox"/> Not advisable |
| <input type="checkbox"/> Other (Please specify) _____ | <input type="checkbox"/> Other (Please specify) _____ |

Meter No. 916219 Index 3410

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The Missouri Public Service Commission and your gas company are interested only in your safety!

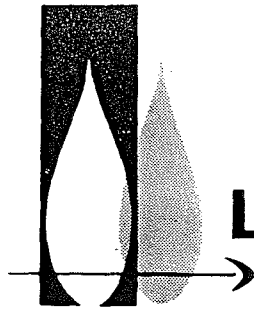
We are confident that you will remedy this condition promptly so that you can again enjoy your natural gas appliance in the near future.

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Customer's or Notified Party's Signature L. Johnson

Technician 4216 Foreman _____ Dist. Supt. _____

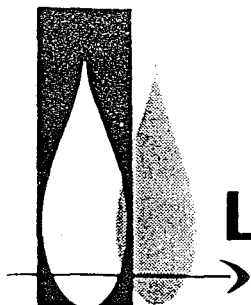
CUSTOMER COPY



Laclede Gas

JOBING CHARGED CODE: SEE BELOW					UNITS USED	STOCK NO.	DESCRIPTION OF MATERIAL	COST AMT
ADDRESS <u>4129 TAYLOR</u>					1	383103/4	level cook	
SERVICE CHARGE	WORK CODE	START TIME	END TIME	DATE COMP				
1ST TRIP	<u>20</u>	<u>1430</u>	<u>1530</u>	<u>11/17/97</u>				
CUST. SIGNATURE <u>Quicelle Johnson</u>								
() TRIP								
CUST. SIGNATURE								
HOUSE SALE INSPECTION REPORT Y/NO								
MARK APPLIANCES YES=Y NO=NO								
02 CENTRAL HH	<input type="checkbox"/>	The Liability, if any, of Laclede Gas Company for any and all property damages in connection with the performance of the inspection referred to herein (including, but not limited to, any assertion that anyone is required to pay for any new appliances because of Laclede Gas Company's alleged improper or negligent performance of such inspection) shall in every case be limited to an amount equal to the charges made by Laclede Gas Company for such inspection.						
04 WATER HEATER	<input type="checkbox"/>							
03 RANGE	<input type="checkbox"/>							
08 DRYER	<input type="checkbox"/>							
02 ROOM HEATER	<input type="checkbox"/>							
07 GRILL	<input type="checkbox"/>							
06 GAS LIGHT	<input type="checkbox"/>							
05 AIR COND.	<input type="checkbox"/>							
09 FUEL RUNS O.K.	<input type="checkbox"/>							
09 CONNECT	<input type="checkbox"/>							
01 HSI	<input type="checkbox"/>							
11 MISC.	<input type="checkbox"/>							
INSPECTED BY					ADDITIONAL MATERIAL Y/N		TOTAL COST OF MATERIAL	
DATE					LABOR MEN		HRS MIN	
TOTAL								
SERVICEMAN'S REMARKS AND HSI OTHER COMMENTS <u>42/6: REPAIRED LEAK AT 1/4 TEE IN FILL RUN. REPLACED LEVER COCK ON FILL RUN TO FURNANCE. FOUND NO OTHER LEAKS</u>								

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Laclede Gas

JAN 16 1998

COMMISSION COUNSEL
PUBLIC SERVICE COMMISSION

JOBING CHARGED CODE: SEE BELOW _____					UNITS USED	STOCK NO.	DESCRIPTION OF MATERIAL	COST AMT
ADDRESS <u>4129 N TAYLOR</u>								
SERVICE CHARGE	WORK CODE	START TIME	END TIME	DATE COMP.				
1ST TRIP	<u>NO</u>	<u>CHARGE</u>		<u>11-22-97</u>				
CUST. SIGNATURE _____								
2ND TRIP _____								
CUST. SIGNATURE _____								
HOUSE SALE INSPECTION REPORT Y/NO _____								
MARK APPLIANCES YES=Y NO=NO								
02 CENTRAL HH	<input type="checkbox"/>	The Liability, if any, of Laclede Gas Company for any and all property damages in connection with the performance of the inspection referred to herein (including, but not limited to, any assertion that anyone is required to pay for any new appliances because of Laclede Gas Company's alleged improper or negligent performance of such inspection) shall in every case be limited to an amount equal to the charges made by Laclede Gas Company for such inspection.						
04 WATER HEATER	<input type="checkbox"/>							
03 RANGE	<input type="checkbox"/>							
08 DRYER	<input type="checkbox"/>							
02 ROOM HEATER	<input type="checkbox"/>							
07 GRILL	<input type="checkbox"/>							
06 GAS LIGHT	<input type="checkbox"/>							
05 AIR COND.	<input type="checkbox"/>							
09 FUEL RUNS O.K.	<input type="checkbox"/>							
09 CONNECT	<input type="checkbox"/>							
01 HSI	<input type="checkbox"/>							
11 MISC.	<input type="checkbox"/>							
INSPECTED BY _____					DATE _____		TOTAL _____	
SERVICEMAN'S REMARKS AND HSI OTHER COMMENTS <u>CJ 6023 - CHECKED</u>								
<u>FURNACE FOR PROPER INSTALLATION. FURNACE IS</u>								
<u>INSTALLED PROPERLY. FLUE IS LINED, WITH CLAY LINED</u>								
<u>STAINLESS LINER NOT NEEDED IN THIS APPLICATION.</u>								