

High Bill Investigation Missouri Public
Service Commission

Resp. Exh. B

N4 119

Date Wanted 5/01/07 (AM/PM/AL) Account Number 948932-002 Grid 2576.1

Name HORTON HARRISON (Owner/Tenant) Phone# Home (314) 517-0743 Daytime#

Service Address 40 GARDEN CT Occupied As: (Residence/Commercial)

City O'FALLON State MO Zip

Mailing Address (City)

Special Instructions: POV DOORbell

Resp. Exhibit No. B
Date 4/23/08 State MO Case No. GC-2008-0041
Reporter WV

Ordered By MS HARRISON Date Orig. 4/25/07 Orig. By J. DUEWALKER

Complaint Received Via: Phone Mail Bus. Office Community Services Retake Read

Appliances	(v)	How Many
Range		
Water Heater	1	
Space Heater		
Central HH	2	1 DISC USED
Dryer		
Air Conditioner		
Gas Light		
Grill		
Gas Logs	2	SMS DOESN'T USE
Pool Heater		
Other		
Other		
Other		

* Amount of Bill 3700 SQ FT 11/17
Total # Rooms BILL STU 11/17/06
Total # Floors 2 STORY
Total # People 2

Reminders for Originator to discuss with Customer:

- ☐ Explained/Compared USEH
- ☐ Explained/Compared DDAY
- ☐ Explained/Compared Avg. Cost Per Therm
- ☐ Temp to Remove Late Fees
- ☐ Held Collection

Description of Complaint: CUST DEMANDING HIGH BILL INVEST. CUST
Acknowledges THAT HOME IS 3700 SQ FT AND MS KEPT
T-STAT AT 74°

Date of Last Actual Read: 4/21/07 Index: 9196 9202

Comments From High Bill Desk after Inspection SP 6/2/07
Advised MS bills correct per prem inv.
& offered M/C for spec test - MS declined &
wanted phone # for MISC comparing neighbors

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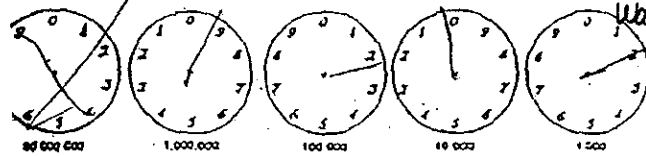
Field Inspection Report

Impl # 6819 Date 5/1/73 TEST DEAL SIZE: 1/4 ft 1/2 ft 1 ft X 2 ft 5 ft

Time Arrived 0820 Departed 0935

Meter # 174014 Index 9202

Location 0 Size 175



Thermostat

Current Room Temp. 76

Current Setting OFF Heat (Off) Cool On / Auto

Programmable Yes (No)

Day Setting OFF Night Setting OFF

Need Calibration? Yes (No)

Condition of HH: Make: Bryant Model: 35.56

Efficiency %: 80+

Dirty Filter? Yes (No) Burners in need of Cleaning? Yes (No) Short Cycling? Yes (No)

Faulty Belts \ Blowers (Dirty etc.) Yes (No) Carbonization Buildup? Yes (No) Low Water (Boiler) Yes (No)

Space Heater Setting NA F627 issued Explain? NA

Hot Water Usage

Water Heater Setting NORMAL Condition of WH Tank \ Release Valve Brand new

Water Heater Cycles On \ Off Ok? Yes (No) Leaking Faucets and \ or Water Lines Throughout Home: Yes (No)

Water Heater Setting NA

General Condition of House

Windows: Broken: Yes (No) Missing: Yes (No) Single Pane: Yes (No) Storm Windows: Yes (No)

Doors: Broken: Yes (No) Missing: Yes (No) Are Cold Air Returns \ Heat Vents Blocked? Yes (No)

Basement Finished? Yes (No) Basement Heated? Yes (No) Insulation: (Ask Customer) Rfactor new home

Additional areas of the home that are drafty or poorly insulated? Explain NA

Other

Is it Difficult to Read? Yes (No) Bushes in the Way? Yes (No) On an Angle? Yes (No)

Accused fuel runs: All Ok / Or Explain Yes

Overall Additional Comments:

REVIEW ORDER REASON

(F)eld (B)outed (D)ispatched: Grid No. <u>25461</u> Date Scheduled AM PM AL	Office Located Order No. Account No. Meter No. Meter Size	Dist. Area Loc.
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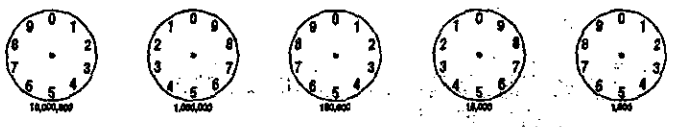
SERVICE INFORMATION: Tee Main Cub Box Riser Service Material Branch Service	Leak Information Leak # Class Location Detected Gas: Source of Gas:
REQUIRED INSPECTIONS:	

Name Service Address <u>40 Gateview Ct</u> Township Special Inst: Special Inst:	Soc. Sec. No. Cust Phone Owner/Tenant
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JOB DESCR. <u>Gas 6344</u> <u>High Bill</u>	Ordered By _____
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OFFICE USE ONLY: Date Taken _____ Time Taken _____ Operator _____ Mailing Address _____ City _____ ST _____ ZIP _____ Meter Sets: Town Code _____ Route _____ ZIP _____ Rate _____ Revenue Class _____ Norm _____ Add _____ Tax Code _____ SVC Press _____ Geographic Location _____ MTR Press _____ DEL Press _____ Demand _____ Branch Service _____

() CHECK IF EXTRA FIELD WORK DONE. SEE REVERSE FOR COMPLETED INFORMATION.

Main Meter		COMPLETION INFORMATION	
Old Meter No. <u>00174014</u> Device Number _____ No. of Dials: <u>4</u> Location: <u>2</u> Size: <u>175</u>	New Meter No. _____ Device Number _____ No. of Dials: _____ Location: _____ Size: _____		
D.R. METER REPORT CURRENT METER READING:		Meter Found DR _____ Not DR _____ Device Found DR _____ Not DR _____ NEW METER READING:	
			
INDEX READING _____ Mult _____ Top/Front/Meter _____ Bot/Rear/Device _____ Vendor _____		INDEX READING _____ Mult _____ _____ _____ _____	
HIGH/LOW READINGS FROM SYSTEM: Low _____ High _____ Verified _____			

ORDER STATUS <u>C</u> Service Person Signature <u>[Signature]</u> Comment _____	EMPLOYEE NUMBER <u>6819</u> DATE COMPLETED <u>5/1/7</u>	TIME START <u>0820</u> TIME COMPLETE <u>0935</u> <u>0935-0950</u>
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GAS METER INSPECTION

APPLIANCES	LIT	OK	VENT
RANGE			
WATER HTR			
TEMP. SETTING	LOW <input type="checkbox"/>	NORMAL <input checked="" type="checkbox"/>	HOT <input type="checkbox"/>
SPACE HTR			
CENTRAL HE			
DRYER			
AIR COND			
GAS LIGHT			
GRILL			
OTHER			

METER FOUND: On ☒ Off ☐
Locked _____ Off At Curb _____
No Access _____

METER LEFT: On Same Customer ☒
On New Customer _____ Off _____
Locked _____ Off At Curb _____
Removed _____ No Access _____

SPOTTED METER ☒ No Access _____

Service Entrance Inspection:

Inside _____ %
Outside 0 _____ % Control No. _____
Exbh _____ %

Inside Set Inspection (Circle One):
Inspected Accessible Gas Piping-OK:
Or Explain _____

Not Required _____
Or Reason Not Taken NR
Or Reason Not Taken _____
Or Reason Not Taken NR
A B C D E No Access denied
Yes X No Access _____

JOB/ING CHARGED CODE: SEE BELOW _____
 ADDRESS _____
 SERVICE WORK START END DATE
 CHARGE CODE TIME TIME COMP.
 1ST TRIP _____
 CUST. SIGNATURE _____
 2ND TRIP _____
 CUST. SIGNATURE _____

HOUSE SALE INSPECTION REPORT Y/NO _____
MARK APPLIANCES YES=Y NO=NO

02 CENTRAL HH
04 WATER HEATER
03 RANGE
08 DRYER
02 ROOM HEATER
07 GRILL
06 GAS LIGHT
05 AIR COND.
09 FUEL RUNS O.K.
09 CONNECT
01 HSI
11 MISC.

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.

UNITS USED	STOCK NO.	DESCRIPTION OF MATERIAL	COST AMT
ADDITIONAL MATERIAL Y/N		TOTAL COST OF MATERIAL	
LABOR MEN ____ HRS ____ MIN ____			
DATE _____ TOTAL			

SERVICEMAN'S REMARKS AND HSI OTHER COMMENTS

Conf OK

CHG MTL ONLY CHG PER MIN SPEC CHG FOREMAN APPROVAL

☐ (FOR TURN-ONS ONLY): The undersigned applies for gas to be served to this address and agrees to use same in accordance with authorized rate schedules, rules and regulations. This contract to remain in force until the customer revokes it by written or verbal notice, given three days in advance of date to be discontinued.

☐ (FOR TURN-OFFS ONLY): I hereby request the gas company not to discontinue the supply of gas in my name at the premises mentioned on the reverse side of this order. I also certify that I am or represent the same person who previously applied for service, and whose name appears on the face of this order.

Customer Signature _____ Date _____ SS #. _____