

Office of
City Auditor

"The Friendly City"
City of Granville

OFFICERS
Mayor and
City Council

INCORPORATED 1907
GRANVILLE, NORTH DAKOTA 58741

RECEIVED

DEC 30 2011

12-27-2011

PUBLIC SERVICE COMMISSION

Public Service Commissioners:

Enclosed are the most recent propane training expenses for the City of Granville. We have recently hired on a part time helper that will also be attending training, as schedules permit. He will train in the basic areas, and will start the online courses through, EnergyU, after the first of the year.

We will keep you updated, as new costs occur throughout the start of 2012.


Thank you,



Karlain Drader
City of Granville
Maintenance Superintendent

Also Enclosed is Cathodic Protection Survey of Entire system. As you will notice, several wires were found in need of repair and scheduled to repair first thing in the spring. (as ground thaws)

Thank you.



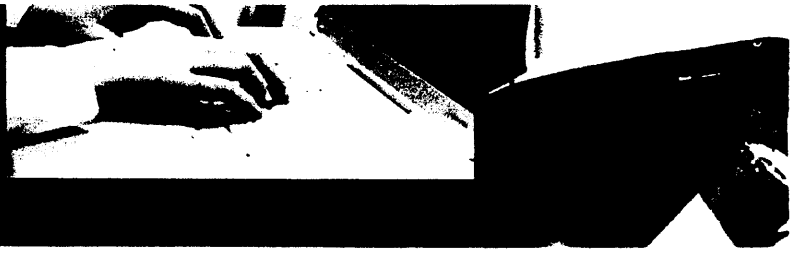
16 GS-10-602 Filed: 12/30/2011 Pages: 9
Most recent propane training expenses

City of Granville

Karlain Drader

"This Institution is an equal opportunity provider, and employer."

EnergyU Enrollment Form



Date: October 12, 2011

Company: City of Granville

Billing Contact

Name: Nancy A. Mueller Title: City Auditor
 Address: PO Box 39
 City: Granville State: ND Postal Code: 58741-0039
 Tel: 701-728-6369 Fax: 701-728-6333 Email Address: granville@srt.com

Primary Administrator

Name: Karlain Drader Title: Propane Systems Operator
 Address: PO Box 39
 City: Granville State: ND Postal Code: 58741-0039
 Tel: 701-728-6864 Fax: 701-728-6333 Email Address: granville@srt.com

Select the desired EnergyU Library(s) and the number of licenses:

Each individual user, including the Administrator(s), will require an individual license in order to access EnergyU. Electric and OSHA/Safety Library licenses are good for one year from date of payment.

Enrollment in EnergyU requires a three-year commitment by your company to cover these individual licenses.

Library	Number of Licenses (Logins)	Price per License	Total Cost
Electric		\$150.00 each	\$
OSHA/Safety or UGE		\$75.00 each	\$
ASME, Gas, or Liquids	<u>2</u>	\$150.00 each	\$ <u>300⁰⁰</u>

For OSHA/Safety or UGE select OSHA/Safety UGE

For ASME, Gas, or Liquids select ASME-B31Q 192 Natural Gas 195 Liquids Propane

Ask for an Utility Leadership Academy application.

Total Yearly Commitment: \$ 300⁰⁰

Payment Method: Please DO NOT email credit card information. Address checks to Midwest ENERGY Association.

Check Is Enclosed PO# _____

10929

For Office Use Only: Code #: 332005
 Rec. _____ Ck# _____
 Amt _____ Initial _____

Credit Card VISA MasterCard Discover American Express

Required to process card.

Name on card _____ Signature _____
 Card number _____ Exp. Date _____ Security code _____
 Billing address of card _____ City, State, Zip: _____
 Email address _____

To enroll in EnergyU return this form to Midwest ENERGY Association | attn: Tom Jackson
 2119 Cliff Drive | Eagan, MN 55122-3327
 Tel (651) 289-9600 x112 | Fax (651) 289-9601



*This you should
have w/ packet
sent June 7, 2011*

City of Granville

Costs Incurred for Qualification of Individuals Performing Covered Tasks

Date	Check #	Name	Comments	Amount
8-3-10	10436	NDPGA	Books	\$ 78.12
8-16-10	10444	NDPGA	NDPGA	\$ 150.00
9-9-10	10478	Karlain Drader (Sponsor: Whiting Oil)	gas/locator school reimbursement	\$ 117.41
9-9-10	10484	NDPGA	Hazmat Training	\$ 50.00
10-4-10	10508	Karlain Drader (Sponsor: NDPGA)	Back to Basics training (Bismarck) reimbursement	\$ 389.89
11-10-10	10559	Karlain Drader (Sponsor: Mitchell Tech)	Plant operations / walk through (Hettinger) training reimbursement	\$ 387.98
2-16-11	10667	ND Fireman's Assoc (NDFFA)	Propane Fire Training	\$ 40.00
2-16-11	10670	NDPGA	Plant operations Minot	\$ 125.00
3-7-11	10688	Northern Testing	Drug Test Annual Fee	\$ 20.00
3-7-11	10690	Karlain Drader (Sponsor: NDFFA)	Propane Fire School expense reimbursement	\$ 119.13
3-7-11	10690	Karlain Drader (Sponsor: NACE)	cathodic protection (CP1) training airfare (PA) reimbursement	\$ 687.19
3-7-11	10691	Nancy Mueller (Sponsor: NACE)	Cathodic protection (CP1) registration fee reimbursement	\$1670.00
3-11-11	10692	Karlain Drader	Compliance & Safety Training (Sioux Falls, SD) motel reimbursement	\$ 523.14
3-11-11	10693	Rent A Wreck	Compliance & Safety Training (Sioux Falls, SD) car rental	\$ 364.55
4-5-11	10713	Karlain Drader	Compliance & Safety Training (Sioux Falls, SD) fuel expense reimbursement	\$ 133.79
4-8-11	10722	NDPGA	Books	\$ 42.70
5-3-11	10743	Karlain Drader	Cathodic protection (CP1) (PA) meals and lodging reimbursement	\$ 650.41
Total:				\$5549.31

North Dakota Propane Gas Association
PO Box 1956 - Bismarck ND 58502
701-223-3370



Attendees **MUST** be certified in Basic Principles & Practices to attend.

Basic & Delivery Refresher Training

Names Karlain Drader

Company City of Granville

Co. Address PO Box 39 Phone# 701-728-6369

City, St., Zip Granville ND 58741 Fax# 701-728-6333

Location: **November 21, 2011 2:00 – 6:00 pm Mountain Time**
Ramada Grand Dakota Lodge
532 15th Street W
Dickinson, ND 701-483-5600

Refresher Registration Fee:

- Members \$150 x 1 = \$ 150

National Fire Protection Association Code Book required for class

NFPA 58 – 2011 edition \$ 50 x 1 = \$ 50

Total Registration \$ 200

PERC Rebate Fee Reduction – ND Marketers Only 1 x **-\$75.00** = (\$ ~~125~~)

Total Registration Fee less PERC Rebate \$ 125⁰⁰

National Fire Protection Association NFPA-58 2011 Edition

4.4 Qualification of Personnel

Persons who transfer liquid LP-Gas, who are employed to transport LP-Gas, or whose primary duties fall within the scope of this code shall be trained in proper handling procedures. Refresher training shall be provided at least every 3 years. The training shall be documented.

Please return registration form with your check made payable to NDPGA by **November 10** to insure the availability of materials. Class size is limited – first to sign up -first accommodated.

Classes begin at 2:00 pm with registration at 1:30 pm Mountain.

Signed Karlain Drader

Date 10-25-11

Total \$125⁰⁰

10938

CITY OF GRANVILLE

BOX 39
GRANVILLE, ND 58741-0039


DATE 10/25/11

77714
913 2

PAY
TO THE
ORDER OF NOPGA

\$ 125 ⁰⁰

One hundred twenty-five and no/100

DOLLARS  Security Features
Visible Only on Back

THIS CHECK IS DELIVERED FOR PAYMENT ON THE ACCOUNTS LISTED

Nancy A Mueller MP

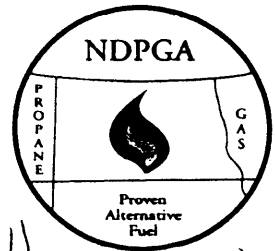
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Western
Bank • Invest • Insure
PO Box 178 - Towhee, ND 58788

ND Propane Gas Association

61st Annual Meeting and Convention
October 26 & 27, 2011

Canad Inn / Alerus Center
1000 S 42nd Street – Grand Forks, ND
701-772-8404 Group #206433
Call before September 24 to receive your discounted rate of \$89.00.



9-1-11
ck # 10862

Registration Form

Attendee Karlain Drader

Spouse N/A

Company City of Granville Telephone 701-728-6369

Address PO Box 39

City – State – Zip Granville ND 58741

REGISTRATION FEES:

	Fee	Attendees	Total
Single	\$140.00	<u>1</u>	\$ <u>140⁰⁰</u>
Couple	\$190.00		\$
Registration includes: Trade Show Oct 26 Seminars Oct 26 & 27 Social Oct 26 Breakfast & Lunch Oct 27			
Trade Show Pass October 26 No meals or seminars	\$25.00		\$
DOT Hazardous Material Training		<input type="checkbox"/>	Certificates will be issued
Refresher Training – NFPA 58		<input checked="" type="checkbox"/>	Certificates will be issued
<i>*You must be registered for the convention to attend HazMat and Refresher training – please check box if you plan to attend training</i>			
TOTAL			\$ <u>140⁰⁰</u>

Call Mary or Mike if you have questions at 701-223-3370. Please register before October 14.

Mail your completed form with your check to:

ND Propane Gas Association
PO Box 1956
Bismarck, ND 58502

Total
504.81



Your Destination Centers

Canad Inns Destination Center Grand Forks

1000 South 42nd Street
Grand Forks, ND 58201 NOW
USA

Phone: (701) 772-8404
Fax: (701) 772-1320
Toll Free: 1 (888) 33-CANAD (2-2623)

Name:	Drader, Karlain
Address:	PO Box 39
City/Province:	Granville, ND
Postal/Zip Code:	58741, US

Arrival Date:	10/26/2011
Departure Date:	10/27/2011
Invoice No.:	246914
Room No.:	305
PO Number:	

Date	Charge Description	Charges	Payments
10/26/2011	Guest Room Charge - Room # 305	\$89.00	
10/26/2011	Guest Room Lodging Tax - Room # 305	\$2.89	
10/26/2011	Guest Room State Tax - Room # 305	\$6.01	
Totals:		\$97.90	\$0.00

Balance Due: \$97.90

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. Interest of 2% per month (24% per annum) will be charged on any overdue balance after 30 days.

X Signature: 

**CITY OF GRANVILLE
REQUEST FOR REIMBURSEMENT**

Effective August 3, 2009

Employee: Karlain Drader

Reason/Event: Propane training - Grand Forks

Mileage: # 467 x \$0.50/mile = \$ 233.50

Reimbursement will be for actual expenses when receipts are provided.
Otherwis. per diem rates will apply as follows:

Breakfasts: # _____ x \$ 5.00/meal = \$ _____

Lunches: # _____ x \$ 7.50/meal = \$ _____


Suppers: # _____ x \$12.50/meal = \$ 33.41

Lodging: # _____ x \$55.00/night = \$ 97.90

Other: _____ = \$ _____

TOTAL REQUESTED: \$ 364.81

I do hereby certify that the within bill, claim, or demand is just and true: that the money therein charged was actually paid for the purpose therein stated: that the services therein charged were actually rendered and that no part of such bill, claim, account or demand has been paid: that the goods therein charged were actually delivered and were of the value charged.

Signature:  Date: 10-28-11

Reimbursed Check #: 10955 Date: 11-8-11

a purchase of \$25 or more
LL 1-800-242-4487 or visit
www.spacealiensfeedback.com

- 2) Enter Store Number: 1007
- 3) Take a Brief Survey
- 4) Write Redemption Code: _____

Space Aliens Grill & Bar
3250 32nd Ave. South
Grand Forks, ND 58201

Date: Oct 27 '11 12:28PM
Card Type: Mastercard
Acct #: XXXXXXXXXXXX2002
Trans Entry: SWIPED
Trans Key: PURCHASE
Auth Code: C1C005163840712
Check: 027448
Table: 8338
Server: 303/1
235 Erik L

Subtotal: _____

Tip: _____

Total: _____

Signature _____

I agree to pay above total
according to my card issuer
agreement.
*** Customer Copy ***

27.84
5.57
33.41