

Laclede Exhibit No. 5

Date 11-07-07 Case No. LC-2007-0445

FILED
December 20, 2007
Data Center
Missouri Public
Service Commission

REVIEW ORDER REASON

Reporter KS

574751-011	Office Located LACLEDE
(F)ield (R)outed R (D)ispatched:	Order No. 061216910 Dist. C Area 02
Grid No. H12483D	Account No. 574751-011
Date Scheduled 12/18/06	Meter No. 001252645
AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> AL	Meter Size 250AM Loc. INSIDE

SERVICE INFORMATION: Tee 13 SNBL Main 03 WECL	Leak Information NO MATCH FOUND
Curb Box 01 WWCL Riser 00 Service 13 SNBL	Leak # _____ Class _____
Material PLASTIC Branch Service N	Location DID DETECTOR
REQUIRED INSPECTIONS:	Detected Gas: ALARM?
	Source of Gas: YES / NO

Name ALBA, CESAR	Cust Phone 314-771-2155
Service Address 3931 MINNESOTA AVE 2FL	Owner/Tenant OWNER
Township ST LOUIS, MO 63118	
Special Inst: METER READ HERE; 12/18; AM; TO ADJUST CURRENT BILL/EST BILL	
Special Inst: KNK FRONT DOOR/RING BELL FOR ACCESS	Y
JOB DESCR. MTRS 16 *** METER SERVICE ORDER ***	MTR STAT ACTIVE
TAKEN 04/18/91 BASEMENT	
LAST COMPLETED ORDER TURN ON	10/12/06 00088 TENANT=011
COMMENT () X5846	
Ordered By CESAR ALBA	

OFFICE USE ONLY: Date Taken 12/12/06 Time Taken 11.03.11 Operator 00565 DAVIS, BRADLEY
Mailing Address _____ City _____ ST _____ Zip _____
Meter Sets: Town Code 001-ST LOUIS Route 2583
Rate 2RL Revenue Class 001 Norm .8333 Add .4413 Tax Code T
SVC Press LOW Geographic Location _____

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

Main Meter 001252645	COMPLETION INFORMATION
Old Meter No. 001252645	New Meter No. _____
Device Number _____	Device Number _____
No. of Dials: 4	No. of Dials: _____ MTR-TEE: _____
Location: INSIDE Size: 250AM	Location: _____ Size: _____
D.R. METER REPORT	Meter Found DR _____ Not DR _____
	Device Found DR _____ Not DR _____
CURRENT METER READING:	NEW METER READING:
READINGS ==> 6234	LAST READ DATE 11/29/06
INDEX READING 6185	Mult _____ INDEX READING 8955
Top/Front/Meter _____	Bot/Rear/Device _____
Veeder _____	_____
HIGH/LOW READINGS FROM SYSTEM: Low 6333 High 6400 Verified _____	
ORDER STATUS EMPLOYEE 5286 DATE COMPLETED 12-18-06 TIME START 10:32 TIME COMPLETE 10:10	
Service Person Signature _____	
Comment _____	

GAS METER INSPECTION

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: Y / N
 Inside _____ %
 Outside _____ % Control No. _____
 Exbh _____ %
 Inside Set Inspection (Circle One):
 Inspected Accessible Gas Piping-OK:
 Or Explain _____

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

☐ (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 Moved In _____
Date _____ SS # _____

9/5/2007 11:34:12 AM

DISPATCH TIME 12/19/2006 8:50:44		Office Located LACLEDE	
Grid H12483D	Dispatcher 08697	Order No. 061229888	Dist. C Area 2
Date Scheduled 12/19/2006	Initials DW	Account No. 574751-011	
Time Pref AM		Meter No. 001252645	
		Meter Size 250AM	Dev/Loc. I

SERVICE INFORMATION: Tee 13 SNBL Main 03 WECL		Leak Information	
Curb Box 01 WWCL	Riser 00	Leak # NO PRIOR	Class
Material PLASTIC	LB FR	Location	
Branch Service N		Detected	
		Source	

REQUIRED INSPECTIONS

Name ALBA,CESAR	Cust Phone 314-771-2155
Service Address 3931 MINNESOTA AVE 2FL	Owner / Tenant OWNER
Township ST LOUIS,MO 63118	Review
Special Inst: SLIGHT ODOR OF GAS IN BASEMENT	
Special Inst: NO SERVICE WORK MAKE GAS ONLY	
Follow Up	

JOB DESCR.	TBLG 42	MTR STAT ACTIVE
Order Description 3	Location -- BASEMENT	
ODOR CLASS-- 3	LOCATION-- BASEMENT	
Special	Leak Control Number	Ordered By CESAR
Remarks / ORDH	04/18/91 BASEMENT	
	//	
	//	
	//	

OFFICE USE ONLY: Date Taken 12/19/2006	Time Taken 08:42:11	Operator 00102 WOOTEN, LISA
Town Code 001		
Rate 2RL		
SVC Press LOW		

ORDER STATUS C	EMPLOYEE 6993	COMPLETED	TIME START
NUMBER BASCH J.		12/19/2006 10:34:04	12/19/2006 9:05:00
Comment meter is off and locked 627 on fuel runs			
Cleared By 08697	Initials DW		

REVIEW ORDER REASON _____

415

(F)ield (R)outed (D)ispatched: <i>OW</i> Grid No. <i>12483</i> Date Scheduled _____ AM PM AL	Office Located _____ Order No. <i>061229888</i> Dist. _____ Area _____ Account No. <i>574751-011</i> Meter No. <i>1252645</i> Meter Size <i>250 Am</i> Loc. _____
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SERVICE INFORMATION: Tee <i>135 NBL</i> Main <i>3W ECL</i> Curb Box <i>1W WCL</i> Riser _____ Service <i>135 NBL</i> Material <i>PL</i> Branch Service _____	Leak Information Leak # _____ Class _____ Location _____ Detected Gas: _____ Source of Gas: _____
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REQUIRED INSPECTIONS: *SET*

Name <i>Cesar Alba</i> Service Address <i>3931 Minnesota Ave 2A</i> Township _____ Special Inst: _____ Special Inst: <i>old house no service work make safe only</i>	Soc. Sec. No. _____ Cust Phone <i>885</i> Owner/Tenant _____
--	--

JOB DESCR. *TBLE 4246*

Ordered By _____

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. <i>001252645</i>	New Meter No. <i>000811039</i>		
Device Number _____	Device Number _____		
No. of Dials: <i>4</i>	No. of Dials: <i>4</i>		
Location: <i>1</i> Size: <i>250 Am</i>	Location: <i>1</i> Size: <i>200 RW</i>		
D.R. METER REPORT		Meter Found DR _____ Not DR _____	
Device Found DR _____		Not DR _____	
CURRENT METER READING:		NEW METER READING:	
INDEX READING Top/Front/Meter <i>6190</i> / _____ Mult _____ Bot/Rear/Device _____ / _____ Veeder _____ / _____		INDEX READING <i>3222</i> / _____ Mult _____ _____ / _____ _____ / _____	
HIGH/LOW READINGS FROM SYSTEM: Low _____ High _____ Verified _____			

KP-21

DEC 21 2008

ORDER STATUS <i>C</i>	EMPLOYEE NUMBER <i>6993</i>	DATE COMPLETED <i>12-19-08</i>	TIME START <i>0905</i>	TIME COMPLETE <i>1000</i>
Service Person Signature <i>[Signature]</i>				
Comment <i>Completed check of service set - rangers and liquid leak detector</i>				
<i>utube was held unable to CLO at curb F686 & F627</i>				

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

SPOTTED METER Utube down hole No Access _____

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

Customer Signature _____

9/5/2007 11:34:36 AM

DISPATCH TIME 12/19/2006 8:51:58		Office Located LACLEDE	
Grid H12483D	Dispatcher 08697	Order No. 061229889	Dist C Area 2
Date Scheduled 12/19/2006	Initials DW	Account No. 574751-011	
Time Pref AM		Meter No. 001252645	
		Meter Size 250AM	Dev/Loc. I

SERVICE INFORMATION: Tee 13 SNBL Main 03 WECL		Leak Information Leak # NO PRIOR Class Location Detected Source
Curb Box 01 WWCL	Riser 00 Service 13 SNBL	
Material PLASTIC	LB FR Branch Service N	
REQUIRED INSPECTIONS		

Name ALBA,CESAR	Cust Phone --
Service Address 3931 MINNESOTA AVE 2FL	Owner / Tenant OWNER
Township ST LOUIS,MO 63118	Review
Special Inst:	
Special Inst: INSTALL AMR METER	
Follow Up	

JOB DESCR.	MTRS 04	MTR STAT ACTIVE
Order Description METER CHANGE	Location --	
METER CHANGE		
Special	Leak Control Number	Ordered By SYSTEMATIC
Remarks / ORDH	04/18/91 BASEMENT // // //	

OFFICE USE ONLY: Date Taken 12/19/2006	Time Taken 08:42:11	Operator 88888
Town Code 001		
Rate 2RL		
SVC Press LOW		

ORDER	EMPLOYEE 6993	COMPLETED	TIME START
STATUS C	NUMBER BASCH J.	12/19/2006 10:34:03	12/19/2006 9:15:00
Comment new meter installed			
Cleared By 08697	Initials DW		

REVIEW ORDER REASON

(F)ield (R)outed (D)ispatched: Grid No. 12483 Date Scheduled AM PM AL	Office Located Order No. 661225889 Dist. Area Account No. 674751-011 Meter No. 1252645 Meter Size 250 Am Loc. 1
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SERVICE INFORMATION: Tee Main Curb Box Riser Service Material PL Branch Service	Leak Information Leak # Class Location Detected Gas: Source of Gas:
REQUIRED INSPECTIONS: SCI	

Name Alca Service Address 3931 Minnesota AVE Township Special Inst: Special Inst:	Soc. Sec. No. Cust Phone Owner/Tenant
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JOB DESCR. MTRS 0407

Ordered By _____

OFFICE USE ONLY: Date Taken _____ Time Taken _____ Operator _____

Mailing Address _____ City _____ ST _____ ZIP _____

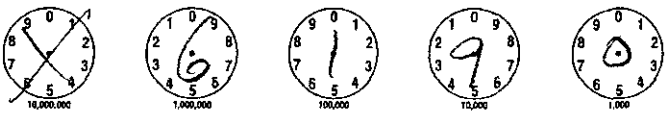

Meter Sets: Town Code _____ Route _____ ZIP _____

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. 001252645 Device Number _____ No. of Dials: 4 Location: 1 Size: 250 Am	New Meter No. 000811039 Device Number _____ No. of Dials: 4 Location: 1 Size: 200 Am
D.R. METER REPORT Meter Found DR _____ Not DR _____ Device Found DR _____ Not DR _____	
CURRENT METER READING: 	NEW METER READING: 
Top/Front/Meter INDEX READING 6190 / Mult _____	Top/Front/Meter INDEX READING 3222 / Mult _____
Bot/Rear/Device _____ / _____	Bot/Rear/Device _____ / _____
Veeder _____ / _____	Veeder _____ / _____
HIGH/LOW READINGS FROM SYSTEM: Low _____ High _____ Verified _____	

ORDER STATUS C	EMPLOYEE NUMBER 693	DATE COMPLETED 12.19.06	TIME START 1000	TIME COMPLETE 1015
Service Person Signature [Signature]				
Comment Completed				

9/5/2007 11:34:47 AM

DISPATCH TIME 12/21/2006 9:59:19		Office Located LACLEDE	
Grid H12483D	Dispatcher 05164	Order No. 061234813	Dist. C Area 2
Date Scheduled 12/21/2006	Initials MM	Account No. 574751-011	
Time Pref AM		Meter No. 001252645	
		Meter Size 250AM	Dev/Loc. 1

SERVICE INFORMATION: Tee 13 SNBL Main 03 WECL		Leak Information	
Curb Box 01 WWCL	Riser 00	Leak # NO PRIOR	Class
Material PLASTIC	LB FR Branch Service N	Location	
		Detected	
		Source	

REQUIRED INSPECTIONS

Name ALBA,CESAR	Cust Phone 314-771-2155
Service Address 3931 MINNESOTA AVE 2FL	Owner / Tenant OWNER
Township ST LOUIS,MO 63118	Review
Special Inst: LAC OUT 12-19-06 FOR #3 LEAK-ISSD 627 ON FL/RNS;MR ST8S RPR	
Special Inst: CMPLTD-NDS GAS ON;4XESS KNK ON FRNT DR-HERE TILL 12PM ONLY; <i>in review</i>	
Follow Up	

JOB DESCR.		TBLG 45	MTR STAT ACTIVE
Order Description NO GAS	Location -- ALL APPLIANCES		
ORDER DESCRIPTION-- NO GAS		LOCATION-- ALL APPLIANCES	
Special L	Leak Control Number	Ordered By CESAR	
Remarks / ORDH	04/18/91 BASEMENT		
	//		
	//		
	//		

OFFICE USE ONLY: Date Taken 12/21/2006	Time Taken 08:58:24	Operator 00063 FENNESSEY,S
Town Code 001		
Rate 2RL		
SVC Press LOW		

ORDER STATUS C	EMPLOYEE NUMBER 7655 FRIGERIO D.	COMPLETED 12/21/2006 11:10:57	TIME START 12/21/2006 10:15:00
Comment Gas is on			
Cleared By 08901	Initials MW		

REVIEW ORDER REASON _____

(F)ield (R)outed (X)ispatched: Grid No. <u>12483</u> Date Scheduled _____ AM PM AL	Office Located _____ Order No. <u>061234813</u> Dist. _____ Area _____ Account No. <u>574751-001</u> Meter No. <u>1252645</u> Meter Size <u>25044</u> Loc. <u>I</u>
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SERVICE INFORMATION: Tee <u>35NBL</u> Main <u>8WELL</u> Curb Box <u>1WELL</u> Riser <u>N</u> Service <u>135NBL</u> Material <u>PLASTIC</u> Branch Service _____	Leak Information Leak # _____ Class _____ Location _____ Detected Gas: _____ Source of Gas: _____
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REQUIRED INSPECTIONS: None

Name <u>CESAR ALBA</u> Service Address _____ Township <u>3931 MINNESOTA 2E</u> Special Inst: _____ Special Inst: _____	Soc. Sec. No. _____ Cust Phone _____ Owner/Tenant _____
--	---

JOB DESCR. TB Cuts / 40

Ordered By Cust

OFFICE USE ONLY: Date Taken _____ Time Taken _____ Operator _____

Mailing Address _____ City _____ ST _____ ZIP _____


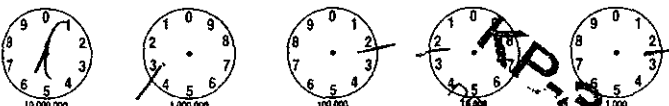
Meter Sets: _____ Town Code _____ Route _____ ZIP _____

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 Old Meter No. _____ Device Number _____ No. of Dials: _____ Location: _____ Size: _____	COMPLETION INFORMATION New Meter No. <u>811039</u> Device Number <u>4</u> No. of Dials: _____ Location: <u>I-MR</u> Size: <u>2604W</u>
D.R. METER REPORT Meter Found DR _____ Not DR _____ Device Found DR _____ Not DR _____	
CURRENT METER READING: 	NEW METER READING: 
INDEX READING Top/Front/Meter _____ / _____ Bot/Rear/Device _____ / _____ Veeder _____ / _____	INDEX READING <u>3222</u> / _____ _____ / _____ _____ / _____
HIGH/LOW READINGS FROM SYSTEM: Low _____ High _____ Verified _____	

ORDER STATUS <u>C</u>	EMPLOYEE NUMBER <u>2655</u>	DATE COMPLETED <u>12-21-06</u>	TIME START <u>1015</u>	TIME COMPLETE <u>1105</u>
Service Person Signature <u>[Signature]</u>				
Comment _____				

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

GAS METER INSPECTION

METER FOUND: On _____ Off X _____
Locked A _____ Off At Curb _____
No Access _____

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

SPOTTED METER U-GAGE No Access _____

Yes ☒ No Access

☐ (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 Moved In _____

_____ Date _____ SS # _____