



## Pipeline Safety Division Investigation Report

### Investigation regarding: Leepers Lawn Service

UPPAC Database Record ID: 4415

Report Date: 3/28/2013

Investigator: Howard Friend

Damage Date: 12/12/2012

Damage Address: 1117 Oakdale Ave, Fort Wayne, Allen

### The Parties

Excavator: **Leepers Lawn Service**

Address: 5406 Winchester Rd, Fort Wayne, In 46819

Facility Owner: **NIPSCO**

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Hand Tools

Type of Work Performed: Landscaping

### Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: False

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

### Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1212061261

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

**Synopsis:** A natural gas service was damaged during excavation to plant a tree.

**Findings:** Reported by Oscar Rios (NIPSCO); excavator's response to initial notice was received on 2/24/2013. The excavator had a valid locate request and the operator provided accurate locate markings. The excavator employee was carelessly using a pick axe to prepare a hole to plant a tree in the road right of way.

**Conclusion:** There was a failure to plan excavation to avoid damage.

**Violation: 8-1-26-20(a)(1) Failure to plan excavation to avoid damage or interference with underground facilities.**



150 West Market Street, Suite 600  
Indianapolis, IN 46204

March 13, 2013

*Via Electronic Transmission – [PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)*

Pipeline Safety Division – Case No. 4415  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4415

To Whom It May Concern:

Attached please find Northern Indiana Public Service Company's ("NIPSCO") written information, and supporting documentation, relating to the following event:

Date of Event: 12/12/2012

Event Location: 1117 Oakdale Ave

City: Fort Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: Leepers Lawn Service

Other Party: N/A

Pipeline Division Case No. 4415

NIPSCO has reviewed its recovery and damage prevention files for this matter and has provided answers, when known, to the list of questions set forth in the Information Request. To the extent available, NIPSCO is also providing a copy of the Damage Information Report – Pipeline Safety Division previously submitted by NIPSCO to IURC Pipeline Safety as well as additional documentation relating to this Event Location.

Upon completion of the investigation, NIPSCO requests that it be provided with a copy of the Pipeline Division's Investigation Report with findings that will be forwarded to the Underground Plant Protection Advisory Committee. If there are any additional questions, please contact the undersigned.

Very truly yours,

Christopher C. (Kit) Earle  
NiSource Corporate Services - Legal  
Phone: 317-684-4904  
Fax: 317-684-4918  
Email: [cearle@nisource.com](mailto:cearle@nisource.com)

<b>IURC INFORMATION REQUEST</b>	
<b>Pipeline Safety Division Case No. 4415</b>	
Date of Event	12/12/2012
Event Location	1117 Oakdale Ave
Event City	Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	Leepers Lawn Service
Date of IURC Information Request	2/13/2013
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Leepers Lawn Service, Inc.
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	5406 Winchester Road
CITY/ STATE/ZIP	Fort Wayne / IN / 46819
PREFERRED TELEPHONE	(260) 747-1105
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<b>FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:</b>	
BUSINESS NAME	NORTHERN INDIANA PUBLIC SERVICE COMPANY
RESPONSIBLE PARTY PERSONAL NAME	LUKE SELKING
TITLE	
ADDRESS	1501 HALE AVENUE
CITY/STATE/ZIP	FORT WAYNE, IN 46802
PREFERRED TELEPHONE	260/439-1290
SECONDARY TELEPHONE	
EMAIL ADDRESS	LSELKING@NISOURCE.COM
<b>LOCATOR SERVICE INFORMATION</b>	
BUSINESS NAME	USIC
RESPONSIBLE PARTY PERSONAL NAME	Morgan Thompson
TITLE (IF ANY)	Claims Coordinator
ADDRESS	9045 N. River Rd. Suite 300
CITY/ STATE/ZIP	Indianapolis, IN 46240
PREFERRED TELEPHONE	1-317-538-7301
CELL PHONE TELEPHONE	Same
EMAIL ADDRESS	morganthompson@usicinc.com
<b>OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION</b>	
PERSONAL CONTACT	
BUSINESS/ORGANIZATION NAME	

TITLE (IF ANY)	
ADDRESS	
CITY/ STATE/ZIP	
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<b>UTILITY LINE IMPACT</b>	
<b>LOCATION OF DAMAGE</b>	
ADDRESS	1117 W Oakdale Drive
CITY/STATE/ZIP	Fort Wayne / IN / 46819
NEAREST INTERSECTION	Beaver Avenue
<b>PRODUCT TYPE (Select One)</b>	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
<b>FACILITY TYPE (Select One)</b>	
DISTRIBUTION	
GATHERING	
SERVICE/DROP	X
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	5/8"
PRESSURE (PSIG/INCHES)	
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	N
IF YES, HOW MANY EVACUATED	
REPAIR COST (IF KNOWN) (\$)	
<b>CAUSE OF DAMAGE INFORMATION:</b>	
<b>TYPE OF EQUIPMENT (Select One)</b>	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	X
Milling Equipment	

Probing Device	
Trencher	
Vacuum Equipment	
Unknown/Other	
<b>TYPE OF WORK PERFORMED (Select One)</b>	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	
Bldg. Demolition	
Drainage	
Driveway	
Electric	
Engineering/Surveying	
Fencing	
Grading	
Irrigation	
Landscaping	X
Liquid Pipeline	
Milling	
Natural Gas	
Pole	
Public Transit Authority	
Railroad Maintenance	
Road Work	
Sewer (Sanitary/Storm)	
Site Development	
Steam	
Storm Drain/Culvert	
Street Light	
Telecommunications	
Traffic Signal	
Traffic Sign	
Water	
Waterway Improvement	
Unknown/Other	
RELEASE OF PRODUCT (YES/NO)	Y
IGNITION AND/OR FIRE (YES/NO)	Y
EXCAVATOR NOTIFY 811 (YES/NO)	N
<b>LOCATE INFORMATION:</b>	

EXCAVATOR REQUEST LOCATE (YES/NO)	Y
INDIANA 811 LOCATE TICKET NUMBER	1212061261
LOCATE MARKS VISIBLE (YES/NO)	Y
LOCATE MARKS CORRECT (YES/NO)	Y
EXCAVATOR "WHITE LINED" (YES/NO)	N
MAPS USED TO MARK FACILITIES (YES/NO)	Y
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	N
<b>INCIDENT IMPACT INFORMATION</b>	
NUMBER OF OUTPATIENT TREATED	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FATALITIES	0
FIRE DEPARTMENT RESPONSE (YES/NO)	Y
POLICE DEPARTMENT RESPONSE (YES/NO)	Y
AMBULANCE RESPONSE (YES/NO)	N/A
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
Excavator hit accurately marked facility with hand tool.	
Emergency ticket# 1212121559.	

Facility: Transmission Lines; Folder: N/A; Assigned To: N/A

NIPSCO 00367 IUPPSa 12/06/2012 11:13:01 1212061261-00A NORM NEW STRT

NORMAL NOTICE

Ticket : 1212061261 Date: 12/06/2012 Time: 11:12 Oper: FAITH.HOEHN.IN Chan:000

State: IN Cnty: ALLEN Twp: WAYNE  
Cityname: FORT WAYNE Inside: Y Near: N  
Subdivision:

Address : 1117  
Street : W OAKDALE DR  
Cross 1 : BEAVER AVE Within 1/4 mile: Y  
Location: LOCATE ENTIRE PARK STRIP AREA IN FRONT OF THE ABOVE ADDRESS LOOK  
FOR PAINTED V MARK ON CURB  
:  
Grids : 4103D8509C 4103D8509D  
Boundary: n 41.052584 s 41.051459 w -85.157478 e -85.151181

Work type : PLANT TREES  
Done for : CITY OF FORT WAYNE  
Start date: 12/10/2012 Time: 11:30 Hours notice: 96/048 Priority: NORM  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N  
Duration : 3 DAYS Depth: 3 FEET

Company : LEEPERS LAWN SERVICE INC Type: CONT  
Co addr : 5406 WINCHESTER ROAD  
City : FORT WAYNE State: IN Zip: 46819  
Caller : FAITH HOEHN Phone: (260)747-1105  
Contact : CHRIS LEEPER Phone:  
BestTime:  
Mobile : (260)403-7600  
Fax : (260)747-9894

Remarks : All tickets are taken and processed on Eastern Daylight Time  
Will you be white-lining the dig site area? NO  
:

Submitted date: 12/06/2012 Time: 11:12  
Members: AEPIN CC FW ID8000 NIPSCO SM

Facility: Transmission Lines; Folder: N/A; Assigned To: N/A

NIPSCO 00467 IUPPSa 12/12/2012 13:32:26 1212121559-00A EMER NEW STRT

EMERGENCY SEE REMARKS

Ticket : 1212121559 Date: 12/12/2012 Time: 13:29 Oper: KLEWIS Chan:032

State: IN Cnty: ALLEN Twp: WAYNE  
Cityname: FORT WAYNE Inside: Y Near: N  
Subdivision:

Address : 1117  
Street : W OAKDALE DR  
Cross 1 : BEAVER AVE Within 1/4 mile: Y  
Location: LOCATE THE ENTIRE PROPERTY  
:  
Grids : 4103D8509C 4103D8509D  
Boundary: n 41.052584 s 41.051459 w -85.157478 e -85.151181

Work type : REPAIR GAS LINE  
Done for : NIPSCO  
Start date: 12/12/2012 Time: 13:31 Hours notice: 0/000 Priority: EMER  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
Duration : 1 DAY Depth: 6 FEET

Company : NIPSCO Type: MEMB  
Co addr : 801 EAST 86TH AVENUE  
City : MERRILLVILLE State: IN Zip: 46410  
Caller : JAMILA MARTIN Phone: (800)762-0592  
Contact : JASON OTIS--CELL Phone:  
BestTime:  
Mobile : (260)241-3246

Remarks : All tickets are taken and processed on Eastern Daylight Time  
CREW IS IN ROUTE  
Will you be white-lining the dig site area? NO  
:

Submitted date: 12/12/2012 Time: 13:29  
Members: AEPIN CC FW ID8000 NIPSCO SM

# NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

\*\* COMPLETE FORM FOR ALL DAMAGES TO NIPSCO FACILITIES \*\*

REPORTING OPERATING AREA FORT WAYNE MAXIMO WO # \_\_\_\_\_  
OPERATING AREA CONTACT JASON OTIS JOB ORDER # 564465  
TRACKING NUMBER 01820121212005 LOCATE REF # 1212061261  
Locate Performed By: \_\_\_\_\_

DATE AND TIME OF ACCIDENT 12-12-12 20 14:19 M DATE OF REPORT 12-12-12  
PLACE OF DAMAGE (INCLUDE CITY) 1117 W. DAKOTA - FT WAYNE

**DAMAGE WAS TO:**  
**ELECTRIC** - POLE / TRANSFORMER: # \_\_\_\_\_ SIZE \_\_\_\_\_ YEAR INSTALLED \_\_\_\_\_ BROKEN YES ( ) NO ( )

OTHER (DESCRIBE) \_\_\_\_\_  
**GAS:** SERVICE  MAIN ( ) SIZE 5/8 MATERIAL: PLASTIC  STEEL ( ) METER ( ) REG STATION ( ) STUB ( )  
OTHER (DESCRIBE) \_\_\_\_\_

DEPTH OF FACILITY (inches) 16 PRESSURE (PSI) 50 Lbs.

RELEASE OF GAS: YES  NO ( ) IGNITION OF GAS: YES ( ) NO  EVACUATION REQUIRED: YES ( ) # \_\_\_\_\_ NO

INTERRUPTION OF SERVICE: YES  NO ( ) NUMBER OF CUSTOMERS LOST: 1

DURATION OF INTERRUPTION: TIME REPORTED 12:58 TIME SHUT OFF 14:00 TIME RESTORED 14:06

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/2 inch

LOCATE MARKS ON SITE: YES  DISTANCE BETWEEN FACILITY AND LOCATE MARKS \_\_\_\_\_ NO ( )  
HOW LOCATED: PAINT  FLAGS  BOTH  WHITE LINED ( )

PARTY THAT CAUSED DAMAGES (NAME) LEPPER LAWN SERVICE

ADDRESS OF PARTY (INCLUDE CITY) 5406 WINCHESTER RD - FT WAYNE 744-1105

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE TRAVIS DARDLE

WITNESS NAME AND ADDRESS John Hoagland - P. Taylor - N. Bauer - D. Robinson

WITNESS REMARKS CARELESS DIGGING - USING PROXAX IN SANDY SOIL?

AGENCIES NOTIFIED / ONSITE: POLICE  AGENCY FT WAYNE REPORT # \_\_\_\_\_

FIRE  AGENCY FT WAYNE REPORT # \_\_\_\_\_

OTHER ( ) \_\_\_\_\_ Any Injuries? ( ) YES # \_\_\_\_\_ ( ) NO

PHOTOS TAKEN: YES ( ) NO ( ) TAKEN BY: \_\_\_\_\_ (ATTACH PHOTOS TO REPORT)  
MEDIA ON SITE YES ( ) NO

- WORK IN PROGRESS WHEN FACILITY DAMAGED** - CHECK APPROPRIATE CHOICE BELOW
- |   |                                     |  |   |
|---|-------------------------------------|--|---|
| <input type="checkbox"/> AGRICULTURE/FARMING    | <input type="checkbox"/> CABLE TV   | <input type="checkbox"/> CURB/SIDEWALK | <input type="checkbox"/> TELECOMMUNICATIONS |
| <input type="checkbox"/> BLDG CONSTRUCTION      | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> DRAINAGE      | <input type="checkbox"/> WATER              |
| <input type="checkbox"/> DRIVEWAY               | <input type="checkbox"/> ELECTRIC   | <input type="checkbox"/> SURVEYING     | <input type="checkbox"/> DRAINS/CULVERTS    |
| <input type="checkbox"/> FENCING                | <input type="checkbox"/> GRADING    | <input type="checkbox"/> IRRIGATION    | <input type="checkbox"/> MOWING             |
| <input checked="" type="checkbox"/> LANDSCAPING | <input type="checkbox"/> PIPELINE   | <input type="checkbox"/> MILLING       | <input type="checkbox"/> OTHER _____        |
| <input type="checkbox"/> POLE/SIGN POST         | <input type="checkbox"/> ROAD WORK  | <input type="checkbox"/> SEWER         |   |

- TYPE OF EQUIPMENT USED** - CHECK APPROPRIATE CHOICE BELOW
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> AUGER             | <input checked="" type="checkbox"/> HAND TOOLS | <input type="checkbox"/> BACKHOE/TRACKHOE  |
| <input type="checkbox"/> MILLING EQUIPMENT | <input type="checkbox"/> PROBING DEVICE        | <input type="checkbox"/> BORING / DRILLING |
| <input type="checkbox"/> EXPLOSIVES        | <input type="checkbox"/> TRENCHER              | <input type="checkbox"/> FARM EQUIPMENT    |
| <input type="checkbox"/> VACCUUM EQUIPMENT | <input type="checkbox"/> GRADER                | <input type="checkbox"/> OTHER _____       |

- REASON DAMAGE OCCURRED** - CHECK APPROPRIATE CHOICE BELOW
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> AUTOMOTIVE ACCIDENT | <input type="checkbox"/> EXCAVATING BEFORE LOCATES DUE | <input checked="" type="checkbox"/> CARELESS MACHINE OPERATOR |
| <input type="checkbox"/> NO NOTIFICATION     | <input type="checkbox"/> MARKS DISTURBED               | <input type="checkbox"/> STUB                                 |
|  |  | <input type="checkbox"/> OTHER _____                          |

COMMENTS: CARELESS hand digging - using PICK AX  
in SANDY SOIL

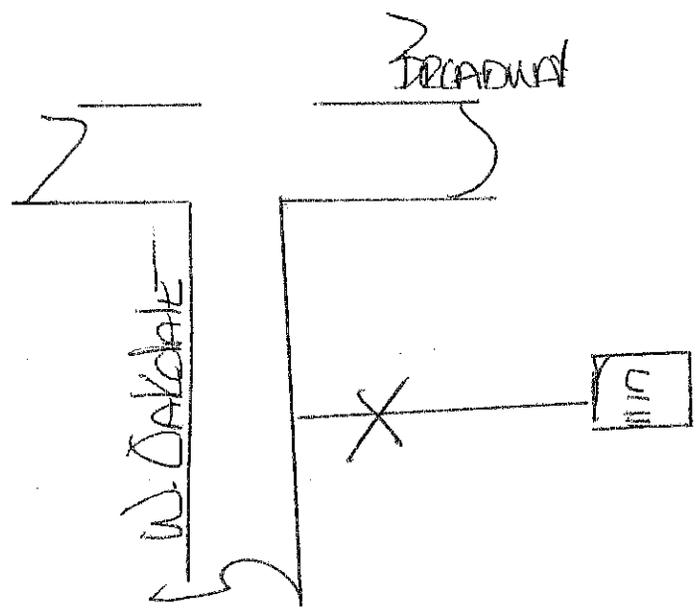
PERSON PREPARING REPORT P. TAYLOR

FIELD SUPERVISOR [Signature] #700707

FIELD MANAGER \_\_\_\_\_

- ORIGINAL REPORT AND SUPPORTING INFORMATION IS TO BE SENT TO FACILITY DAMAGE RECOVERY
- COPY OF REPORT IS TO BE SENT TO DAMAGE PREVENTION

SKETCH: - Show position of all pertinent information



FOR OFFICE USE ONLY:

- |   |     |    |
|---|-----|----|
| • DID EXCAVATION OCCUR BEFORE LOCATES WERE DUE  | YES | NO |
| • NO IN 811 LOCATE CALLED IN                    | YES | NO |
| • DAMAGE CAUSED FROM EXCAVATION WITHIN 24" ZONE | YES | NO |
| • EXPIRED LOCATE                                | YES | NO |
| • WAS WHITE LINING INDICATED ON LOCATE REQUEST  | YES | NO |

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_



# DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)  
INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jan 21, 2013

## Who is submitting this information?

Name of person providing this information: Oscar Rios

Business address (*number and street*): 3511 E 15th Avenue

City, State, and ZIP code: Gary, IN 46403

Telephone number (*area code*): 219-962-0422

Fax number (*area code*): 219-962-0404

E-mail address: CLUDWIG@NISOURCE.COM

## Excavator Information, if known

Full name: Leepers Lawn Service

Business address (*number and street*): 5406 Winchester Rd

City, State, and ZIP code: Fort Wayne, IN 46819

Telephone number (*area code*): 260-747-1105

Fax number (*area code*): 260-747-9894

E-mail address: N/A

## Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Hand Tools

Type of work performed: Landscaping

**Date and Location of Damage**

Date of damage (*month, day, year*): Dec 12, 2012

County: Allen

City: Fort Wayne

Street address (*number and street, city, state, and ZIP code*):  
1117 Oakdale Ave Fort Wayne, IN, 46819

Nearest intersection: Beaver St.

Right of way where damage occurred: Private - Land Owner

Was there a release of product? Yes

If yes, was there an ignition of product? No

Were evacuations necessary as a result of release? No

If yes, how many evacuated? 0

Was there a customer service interruption? Yes

If yes, how many affected? 1

Time to restore service (*in hours*): 1

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$

**Affected Facility Information**

What type of pipeline was damaged? Natural Gas

What was the affected facility? Service/Drop

What was the depth of the facility, in inches? 16

**Notification, Locating, Marking**

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1212061261

Was the locate request completed within two working days? Yes

If locates were performed, were they done so by a contractor or pipeline employee? Contract Locator

If a contractor locator, enter the company name, if known: USIC

Were facility marks visible in the area of excavation? Yes

Were facilities marked correctly? Yes

Type of markings used: Paint and Flags

If other, please specify: \_\_\_\_\_

Was site marked by "White Lining"? No

Were special instructions part of the locate request? No

Were maps used to complete the locate request? Yes

Were pipeline company representatives on site during excavation? No

Did the excavator notify the operator in the event of this damage? Yes

Did the excavator notify Indiana 811 in the event of this damage? No

Did the excavator notify 911 in the event of a release of product? Yes

### **Description of Cause**

Select from the list the most accurate cause for the damage: Other

### **Additional Comments**

Hit accurately marked facility with hand tool  
NIPSCO Emergency ticket, 1212121559

■ Fact Based Investigation Report

**Notification ID** 01820121212005  
**Damage Date** 12/12/2012 12:00  
**Notified By** JAMILA MARTIN (Other)  
**Damage Address** 1117 W OAKDALE DR BEAVER AVE (ALLEN CTY)  
FORT WAYNE (WAYNE TWP), IN  
**District** Northern Indiana  
**Notification Date** 12/12/2012 13:39

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**Damaged Customer** NIPSCO

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**Investigation Date From** 12/12/2012 14:00:00 **To** 12/12/2012 14:30:00

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**Excavator Involved** LEEPERS TREE SERVICE

**Type of Excavation** planting trees

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**Orig. Locate Request** 1212061261 **Start Date**  
**Type of Ticket** Routine **Locate Req. Info** N/A

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**Damage Request #** 1212121559 **Start Date**

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**Pictures Taken By** Kevin C Thomas **Date** 12/12/2012 14:00

**Photography Type** Digital **Frame #**

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**Investigator Emp. #** 131988 **Investigator Name** Kevin C Thomas

**Based on your investigation, is further investigation needed?** No

---

■ Fact Based Investigation Customer Information

**Facility Description** Low Profile **Facility ID** Gas Service

**Locator Name & EMP #** Gillespie Ross - 113185 **Locator Not Known**

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**Investigation Findings**

Facility Marked Accurately

**Other Notes**

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**Investigation Methods**

Investigation Results Verified By Utility Representative

Investigator Verified Existing Marks By Hooking Up

Visual, Facility Exposed At Time Of Investigation

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**Investigator Statement/Causal Factors**

attempted to plant a tree directly on top of service to house. Cut the service line 10" away from main. Markes were good.

**Names of Utility Representatives Contacted or on Site and Statement**

na

**Names of Excavator's Representatives Contacted or on Site and Statement**

na

**Other individuals on site**

na

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**Were any markings visible on the damage site upon arrival?** Yes

<b>Were any other indicators of facility present in the area?</b>	Yes
<b>Was the excavation within the tolerance zone of marks?</b>	Yes
<b>Extent of facility damage</b>	cut
<b>Replacement Footage</b>	splice
<b>Was contractor assistance required? If yes, who?</b>	No
<b>What contractor equipment was used?</b>	shovel
<b>Is the facility shown on the utility records?</b>	No
<b>If yes, list record numbers</b>	



Property of United States Infrastructure Corporation  
Photo taken on 12/12/2012 2:18:52 PM



Property of United States Infrastructure Corporation  
Photo taken on 12/12/2012 1:53:02 PM



February 20, 2013

Indiana Utility Regulatory Commission  
William Boyd, Director of Pipeline Safety Division  
101 West Washington Street, Suite 1500 E  
Indianapolis, IN 46204

RECEIVED

FEB 24 2013

INDIANA UTILITY  
REGULATORY COMMISSION

RE: Pipeline Safety Division Case No. 4415

William,

We are in receipt of your letter concerning the above referenced case number which involves the gas line that we accidentally damaged at 1117 Oakdale Avenue, Fort Wayne, Indiana on December 12, 2012.

Our company has been in business for almost 30 years now and take pride in our professionalism that we have displayed over those years. We also take very seriously, the safety and protection of our employees as well as any citizen and public/private structure that we may come in contact with during the course of our business. This professionalism and concern for safety is evident in our history that shows we have had much less worker injury, accidents and damages than most would deem average. A statistic that proves that is our Experience Modification Factor rating that determines our Workers Compensation rate. Our rating is .8 or a 20% better rating than the average company. A statistic we are proud of and strive to improve each and every day. As a matter of fact, since we taken over the contract to plant the trees for the City of Fort Wayne some 8 years ago or so, we have planted approximately 15,000 trees and have only damaged a gas line about 6 times and never done so intentionally! Those figures calculate out to less than a .0004% chance of causing damage. If that is an unacceptable track record, then I am not sure what else we can do.

I appreciate your concern about the safety of all who are involved in any type of utility damage as we are just as concerned. We make a concerted effort each and every day to be as safety conscious as humanly possible.



Specifically in regards to the occurrence that happened at the above mentioned address, the City of Fort Wayne has been informed that no matter what from that date forward, no tree will be planted within the restriction area that has a gas line located there. Our employees have been made aware of this policy as well.

I understand you must do your job and investigate this incident but I think our track record and concern for safety over the history of our company makes this a simple case to determine.

If you have any specific questions or concerns you would like to convey, please do so at your convenience as we are always willing to discuss those.

Best Regards,

A handwritten signature in black ink, appearing to read "Chris Leeper", is written over a light blue horizontal line.

Chris Leeper, President



150 West Market Street, Suite 600  
Indianapolis, IN 46204

March 13, 2013

*Via Electronic Transmission – [PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)*

Pipeline Safety Division – Case No. 4415  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4415

To Whom It May Concern:

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Date of Event: 12/12/2012

Event Location: 1117 Oakdale Ave

City: Fort Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: Leepers Lawn Service

Other Party: N/A

Pipeline Division Case No. 4415

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Upon completion of the investigation, NIPSCO requests that it be provided with a copy of the Pipeline Division's Investigation Report with findings that will be forwarded to the Underground Plant Protection Advisory Committee. If there are any additional questions, please contact the undersigned.

Very truly yours,

Christopher C. (Kit) Earle  
NiSource Corporate Services - Legal  
Phone: 317-684-4904  
Fax: 317-684-4918  
Email: [cearle@nisource.com](mailto:cearle@nisource.com)

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<b>Pipeline Safety Division Case No. 4415</b>	
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Event City	Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	Leepers Lawn Service
Date of IURC Information Request	2/13/2013
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Leepers Lawn Service, Inc.
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	5406 Winchester Road
CITY/ STATE/ZIP	Fort Wayne / IN / 46819
PREFERRED TELEPHONE	(260) 747-1105
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<b>FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:</b>	
BUSINESS NAME	NORTHERN INDIANA PUBLIC SERVICE COMPANY
RESPONSIBLE PARTY PERSONAL NAME	LUKE SELKING
TITLE	
ADDRESS	1501 HALE AVENUE
CITY/STATE/ZIP	FORT WAYNE, IN 46802
PREFERRED TELEPHONE	260/439-1290
SECONDARY TELEPHONE	
EMAIL ADDRESS	LSELKING@NISOURCE.COM
<b>LOCATOR SERVICE INFORMATION</b>	
BUSINESS NAME	USIC
RESPONSIBLE PARTY PERSONAL NAME	Morgan Thompson
TITLE (IF ANY)	Claims Coordinator
ADDRESS	9045 N. River Rd. Suite 300
CITY/ STATE/ZIP	Indianapolis, IN 46240
PREFERRED TELEPHONE	1-317-538-7301
CELL PHONE TELEPHONE	Same
EMAIL ADDRESS	morganthompson@usicinc.com
<b>OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION</b>	
PERSONAL CONTACT	
BUSINESS/ORGANIZATION NAME	

TITLE (IF ANY)	
ADDRESS	
CITY/ STATE/ZIP	
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<b>UTILITY LINE IMPACT</b>	
<b>LOCATION OF DAMAGE</b>	
ADDRESS	1117 W Oakdale Drive
CITY/STATE/ZIP	Fort Wayne / IN / 46819
NEAREST INTERSECTION	Beaver Avenue
<b>PRODUCT TYPE (Select One)</b>	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
<b>FACILITY TYPE (Select One)</b>	
DISTRIBUTION	
GATHERING	
SERVICE/DROP	X
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	5/8"
PRESSURE (PSIG/INCHES)	
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	N
IF YES, HOW MANY EVACUATED	
REPAIR COST (IF KNOWN) (\$)	
<b>CAUSE OF DAMAGE INFORMATION:</b>	
<b>TYPE OF EQUIPMENT (Select One)</b>	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	X
Milling Equipment	

Probing Device	
Trencher	
Vacuum Equipment	
Unknown/Other	
<b>TYPE OF WORK PERFORMED (Select One)</b>	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	
Bldg. Demolition	
Drainage	
Driveway	
Electric	
Engineering/Surveying	
Fencing	
Grading	
Irrigation	
Landscaping	X
Liquid Pipeline	
Milling	
Natural Gas	
Pole	
Public Transit Authority	
Railroad Maintenance	
Road Work	
Sewer (Sanitary/Storm)	
Site Development	
Steam	
Storm Drain/Culvert	
Street Light	
Telecommunications	
Traffic Signal	
Traffic Sign	
Water	
Waterway Improvement	
Unknown/Other	
RELEASE OF PRODUCT (YES/NO)	Y
IGNITION AND/OR FIRE (YES/NO)	Y
EXCAVATOR NOTIFY 811 (YES/NO)	N
<b>LOCATE INFORMATION:</b>	

EXCAVATOR REQUEST LOCATE (YES/NO)	Y
INDIANA 811 LOCATE TICKET NUMBER	1212061261
LOCATE MARKS VISIBLE (YES/NO)	Y
LOCATE MARKS CORRECT (YES/NO)	Y
EXCAVATOR "WHITE LINED" (YES/NO)	N
MAPS USED TO MARK FACILITIES (YES/NO)	Y
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	N
<b>INCIDENT IMPACT INFORMATION</b>	
NUMBER OF OUTPATIENT TREATED	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FATALITIES	0
FIRE DEPARTMENT RESPONSE (YES/NO)	Y
POLICE DEPARTMENT RESPONSE (YES/NO)	Y
AMBULANCE RESPONSE (YES/NO)	N/A
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
<p>Excavator hit accurately marked facility with hand tool.</p> <p>Emergency ticket# 1212121559.</p>	

Facility: Transmission Lines; Folder: N/A; Assigned To: N/A

NIPSCO 00367 IUPPSa 12/06/2012 11:13:01 1212061261-00A NORM NEW STRT

NORMAL NOTICE

Ticket : 1212061261 Date: 12/06/2012 Time: 11:12 Oper: FAITH.HOEHN.IN Chan:000

State: IN Cnty: ALLEN Twp: WAYNE  
Cityname: FORT WAYNE Inside: Y Near: N  
Subdivision:

Address : 1117  
Street : W OAKDALE DR  
Cross 1 : BEAVER AVE Within 1/4 mile: Y  
Location: LOCATE ENTIRE PARK STRIP AREA IN FRONT OF THE ABOVE ADDRESS LOOK  
FOR PAINTED V MARK ON CURB  
:  
Grids : 4103D8509C 4103D8509D  
Boundary: n 41.052584 s 41.051459 w -85.157478 e -85.151181

Work type : PLANT TREES  
Done for : CITY OF FORT WAYNE  
Start date: 12/10/2012 Time: 11:30 Hours notice: 96/048 Priority: NORM  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N  
Duration : 3 DAYS Depth: 3 FEET

Company : LEEPERS LAWN SERVICE INC Type: CONT  
Co addr : 5406 WINCHESTER ROAD  
City : FORT WAYNE State: IN Zip: 46819  
Caller : FAITH HOEHN Phone: (260)747-1105  
Contact : CHRIS LEEPER Phone:  
BestTime:  
Mobile : (260)403-7600  
Fax : (260)747-9894

Remarks : All tickets are taken and processed on Eastern Daylight Time  
Will you be white-lining the dig site area? NO  
:

Submitted date: 12/06/2012 Time: 11:12  
Members: AEPIN CC FW ID8000 NIPSCO SM

Facility: Transmission Lines; Folder: N/A; Assigned To: N/A

NIPSCO 00467 IUPPSa 12/12/2012 13:32:26 1212121559-00A EMER NEW STRT

EMERGENCY SEE REMARKS

Ticket : 1212121559 Date: 12/12/2012 Time: 13:29 Oper: KLEWIS Chan:032

State: IN Cnty: ALLEN Twp: WAYNE  
Cityname: FORT WAYNE Inside: Y Near: N  
Subdivision:

Address : 1117  
Street : W OAKDALE DR  
Cross 1 : BEAVER AVE Within 1/4 mile: Y  
Location: LOCATE THE ENTIRE PROPERTY  
:  
Grids : 4103D8509C 4103D8509D  
Boundary: n 41.052584 s 41.051459 w -85.157478 e -85.151181

Work type : REPAIR GAS LINE  
Done for : NIPSCO  
Start date: 12/12/2012 Time: 13:31 Hours notice: 0/000 Priority: EMER  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
Duration : 1 DAY Depth: 6 FEET

Company : NIPSCO Type: MEMB  
Co addr : 801 EAST 86TH AVENUE  
City : MERRILLVILLE State: IN Zip: 46410  
Caller : JAMILA MARTIN Phone: (800)762-0592  
Contact : JASON OTIS--CELL Phone:  
BestTime:  
Mobile : (260)241-3246

Remarks : All tickets are taken and processed on Eastern Daylight Time  
CREW IS IN ROUTE  
Will you be white-lining the dig site area? NO  
:

Submitted date: 12/12/2012 Time: 13:29  
Members: AEPIN CC FW ID8000 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

\*\* COMPLETE FORM FOR ALL DAMAGES TO NIPSCO FACILITIES \*\*

REPORTING OPERATING AREA FORT WAYNE MAXIMO WO #
OPERATING AREA CONTACT Jason Otis JOB ORDER # 564465
TRACKING NUMBER 01820121212005 LOCATE REF # 1212061261
Locate Performed By:

DATE AND TIME OF ACCIDENT 12-12-12 20 14:19 M DATE OF REPORT 12-12-12
PLACE OF DAMAGE (INCLUDE CITY) 1117 W. DAKOTA - FT WAYNE

DAMAGE WAS TO:
ELECTRIC - POLE / TRANSFORMER: # SIZE YEAR INSTALLED BROKEN YES ( ) NO ( )

OTHER (DESCRIBE)
GAS: SERVICE MAIN ( ) SIZE 5/8 MATERIAL: PLASTIC ( ) STEEL ( ) METER ( ) REG STATION ( ) STUB ( )
OTHER (DESCRIBE)

DEPTH OF FACILITY (inches) 16 PRESSURE (PSI) 50 Lbs.
RELEASE OF GAS: YES ( ) NO ( ) IGNITION OF GAS: YES ( ) NO ( ) EVACUATION REQUIRED: YES ( ) # NO ( )
INTERRUPTION OF SERVICE: YES ( ) NO ( ) NUMBER OF CUSTOMERS LOST: 1
DURATION OF INTERRUPTION: TIME REPORTED 12:58 TIME SHUT OFF 14:00 TIME RESTORED 14:06
DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/2 inch

LOCATE MARKS ON SITE: YES ( ) DISTANCE BETWEEN FACILITY AND LOCATE MARKS NO ( )
HOW LOCATED: PAINT ( ) FLAGS ( ) BOTH ( ) WHITE LINED ( )

PARTY THAT CAUSED DAMAGES (NAME) LEPPER LAWN SERVICE
ADDRESS OF PARTY (INCLUDE CITY) 5406 WINCHESTER RD - FT WAYNE 749-1105

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE TRAVIS DORRLE
WITNESS NAME AND ADDRESS John Hoagland P. Taylor - N. Bauer - D. Robinson

WITNESS REMARKS CARELESS DIGGING - USING PROXAX IN SANDY SOIL?

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY FT WAYNE REPORT #
FIRE ( ) AGENCY FT WAYNE REPORT #
OTHER ( ) Any Injuries? ( ) YES # ( ) NO

PHOTOS TAKEN: YES ( ) NO ( ) TAKEN BY: (ATTACH PHOTOS TO REPORT)
MEDIA ON SITE YES ( ) NO ( )

- WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW
( ) AGRICULTURE/FARMING ( ) CABLE TV ( ) CURB/SIDEWALK ( ) TELECOMMUNICATIONS
( ) BLDG CONSTRUCTION ( ) DEMOLITION ( ) DRAINAGE ( ) WATER
( ) DRIVEWAY ( ) ELECTRIC ( ) SURVEYING ( ) DRAINS/CULVERTS
( ) FENCING ( ) GRADING ( ) IRRIGATION ( ) MOWING
( ) LANDSCAPING ( ) PIPELINE ( ) MILLING ( ) OTHER
( ) POLE/SIGN POST ( ) ROAD WORK ( ) SEWER

- TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW
( ) AUGER ( ) HAND TOOLS ( ) BACKHOE/TRACKHOE
( ) MILLING EQUIPMENT ( ) PROBING DEVICE ( ) BORING / DRILLING
( ) EXPLOSIVES ( ) TRENCHER ( ) FARM EQUIPMENT
( ) VACCUUM EQUIPMENT ( ) GRADER ( ) OTHER

- REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW
( ) AUTOMOTIVE ACCIDENT ( ) EXCAVATING BEFORE LOCATES DUE ( ) CARELESS MACHINE OPERATOR
( ) NO NOTIFICATION ( ) MARKS DISTURBED ( ) STUB ( ) OTHER

COMMENTS: CARELESS hand digging - using PICK AX  
in SANDY SOIL

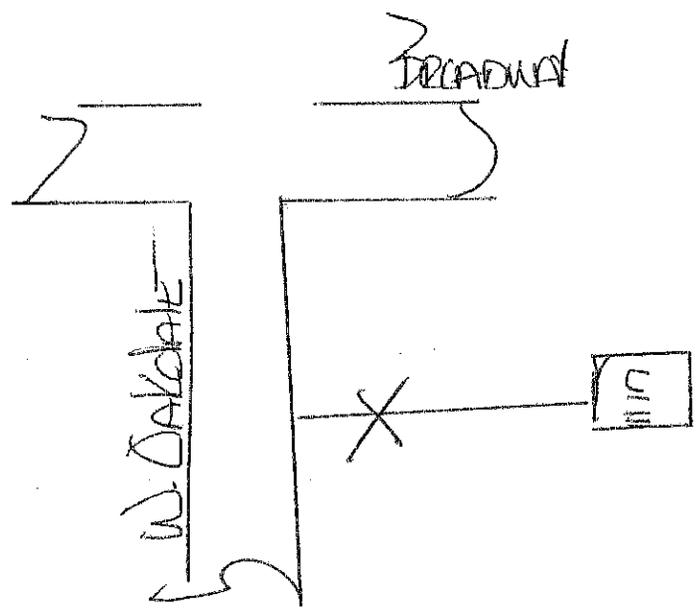
PERSON PREPARING REPORT P. TAYLOR

FIELD SUPERVISOR [Signature] #700707

FIELD MANAGER \_\_\_\_\_

- ORIGINAL REPORT AND SUPPORTING INFORMATION IS TO BE SENT TO FACILITY DAMAGE RECOVERY
- COPY OF REPORT IS TO BE SENT TO DAMAGE PREVENTION

SKETCH: - Show position of all pertinent information



FOR OFFICE USE ONLY:

- |   |     |    |
|---|-----|----|
| • DID EXCAVATION OCCUR BEFORE LOCATES WERE DUE  | YES | NO |
| • NO IN 811 LOCATE CALLED IN                    | YES | NO |
| • DAMAGE CAUSED FROM EXCAVATION WITHIN 24" ZONE | YES | NO |
| • EXPIRED LOCATE                                | YES | NO |
| • WAS WHITE LINING INDICATED ON LOCATE REQUEST  | YES | NO |

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_



# DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)  
INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jan 21, 2013

## Who is submitting this information?

Name of person providing this information: Oscar Rios

Business address (*number and street*): 3511 E 15th Avenue

City, State, and ZIP code: Gary, IN 46403

Telephone number (*area code*): 219-962-0422

Fax number (*area code*): 219-962-0404

E-mail address: CLUDWIG@NISOURCE.COM

## Excavator Information, if known

Full name: Leepers Lawn Service

Business address (*number and street*): 5406 Winchester Rd

City, State, and ZIP code: Fort Wayne, IN 46819

Telephone number (*area code*): 260-747-1105

Fax number (*area code*): 260-747-9894

E-mail address: N/A

## Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Hand Tools

Type of work performed: Landscaping

**Date and Location of Damage**

Date of damage (month, day, year): Dec 12, 2012

County: Allen

City: Fort Wayne

Street address (number and street, city, state, and ZIP code):  
1117 Oakdale Ave Fort Wayne, IN, 46819

Nearest intersection: Beaver St.

Right of way where damage occurred: Private - Land Owner

Was there a release of product? Yes

If yes, was there an ignition of product? No

Were evacuations necessary as a result of release? No

If yes, how many evacuated? 0

Was there a customer service interruption? Yes

If yes, how many affected? 1

Time to restore service (in hours): 1

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$

**Affected Facility Information**

What type of pipeline was damaged? Natural Gas

What was the affected facility? Service/Drop

What was the depth of the facility, in inches? 16

**Notification, Locating, Marking**

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1212061261

Was the locate request completed within two working days? Yes

If locates were performed, were they done so by a contractor or pipeline employee? Contract Locator

If a contractor locator, enter the company name, if known: USIC

Were facility marks visible in the area of excavation? Yes

Were facilities marked correctly? Yes

Type of markings used: Paint and Flags

If other, please specify: \_\_\_\_\_

Was site marked by "White Lining"? No

Were special instructions part of the locate request? No

Were maps used to complete the locate request? Yes

Were pipeline company representatives on site during excavation? No

Did the excavator notify the operator in the event of this damage? Yes

Did the excavator notify Indiana 811 in the event of this damage? No

Did the excavator notify 911 in the event of a release of product? Yes

### **Description of Cause**

Select from the list the most accurate cause for the damage: Other

### **Additional Comments**

Hit accurately marked facility with hand tool  
NIPSCO Emergency ticket, 1212121559

Fact Based Investigation Report

**Notification ID** 01820121212005  
**Damage Date** 12/12/2012 12:00  
**Notified By** JAMILA MARTIN (Other)  
**Damage Address** 1117 W OAKDALE DR BEAVER AVE (ALLEN CTY)  
FORT WAYNE (WAYNE TWP), IN  
**District** Northern Indiana  
**Notification Date** 12/12/2012 13:39

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**Damaged Customer** NIPSCO

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**Investigation Date From** 12/12/2012 14:00:00 **To** 12/12/2012 14:30:00

---

**Excavator Involved** LEEPERS TREE SERVICE

**Type of Excavation** planting trees

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**Orig. Locate Request** 1212061261 **Start Date**  
**Type of Ticket** Routine **Locate Req. Info** N/A

---

**Damage Request #** 1212121559 **Start Date**

---

**Pictures Taken By** Kevin C Thomas **Date** 12/12/2012 14:00  
**Photography Type** Digital **Frame #**

---

**Investigator Emp. #** 131988 **Investigator Name** Kevin C Thomas  
**Based on your investigation, is further investigation needed?** No

Fact Based Investigation Customer Information

**Facility Description** Low Profile **Facility ID** Gas Service  
**Locator Name & EMP #** Gillespie Ross - 113185 **Locator Not Known**

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**Investigation Findings**

Facility Marked Accurately

**Other Notes**

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**Investigation Methods**

Investigation Results Verified By Utility Representative  
Investigator Verified Existing Marks By Hooking Up  
Visual, Facility Exposed At Time Of Investigation

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**Investigator Statement/Causal Factors**

attempted to plant a tree directly on top of service to house. Cut the service line 10" away from main. Markes were good.

**Names of Utility Representatives Contacted or on Site and Statement**

na

**Names of Excavator's Representatives Contacted or on Site and Statement**

na

**Other individuals on site**

na

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**Were any markings visible on the damage site upon arrival?** Yes

<b>Were any other indicators of facility present in the area?</b>	Yes
<b>Was the excavation within the tolerance zone of marks?</b>	Yes
<b>Extent of facility damage</b>	cut
<b>Replacement Footage</b>	splice
<b>Was contractor assistance required? If yes, who?</b>	No
<b>What contractor equipment was used?</b>	shovel
<b>Is the facility shown on the utility records?</b>	No
<b>If yes, list record numbers</b>	



Property of United States Infrastructure Corporation  
Photo taken on 12/12/2012 2:18:52 PM



Property of United States Infrastructure Corporation  
Photo taken on 12/12/2012 1:53:02 PM



February 20, 2013

Indiana Utility Regulatory Commission  
William Boyd, Director of Pipeline Safety Division  
101 West Washington Street, Suite 1500 E  
Indianapolis, IN 46204

RECEIVED  
FEB 24 2013  
INDIANA UTILITY  
REGULATORY COMMISSION

RE: Pipeline Safety Division Case No. 4415

William,

We are in receipt of your letter concerning the above referenced case number which involves the gas line that we accidentally damaged at 1117 Oakdale Avenue, Fort Wayne, Indiana on December 12, 2012.

Our company has been in business for almost 30 years now and take pride in our professionalism that we have displayed over those years. We also take very seriously, the safety and protection of our employees as well as any citizen and public/private structure that we may come in contact with during the course of our business. This professionalism and concern for safety is evident in our history that shows we have had much less worker injury, accidents and damages than most would deem average. A statistic that proves that is our Experience Modification Factor rating that determines our Workers Compensation rate. Our rating is .8 or a 20% better rating than the average company. A statistic we are proud of and strive to improve each and every day. As a matter of fact, since we taken over the contract to plant the trees for the City of Fort Wayne some 8 years ago or so, we have planted approximately 15,000 trees and have only damaged a gas line about 6 times and never done so intentionally! Those figures calculate out to less than a .0004% chance of causing damage. If that is an unacceptable track record, then I am not sure what else we can do.

I appreciate your concern about the safety of all who are involved in any type of utility damage as we are just as concerned. We make a concerted effort each and every day to be as safety conscious as humanly possible.



Specifically in regards to the occurrence that happened at the above mentioned address, the City of Fort Wayne has been informed that no matter what from that date forward, no tree will be planted within the restriction area that has a gas line located there. Our employees have been made aware of this policy as well.

I understand you must do your job and investigate this incident but I think our track record and concern for safety over the history of our company makes this a simple case to determine.

If you have any specific questions or concerns you would like to convey, please do so at your convenience as we are always willing to discuss those.

Best Regards,

A handwritten signature in black ink, appearing to read "Chris Leeper", is positioned above the printed name.

Chris Leeper, President