



Pipeline Safety Division Investigation Report

Investigation regarding: Joann Stratton, Property Owner

UPPAC Database Record ID: 4767

Report Date: 8/19/2013

Investigator: Howard Friend

Damage Date: 10/21/2012

Damage Address: 302 Liberty St, Plymouth, Marshall

The Parties

Excavator: **Joann Stratton, Property Owner**

Address: 302 N Liberty St, Plymouth, In 46563

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Hand Tools

Type of Work Performed: Fencing

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: No

Indiana 811 Ticket Number: Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

Synopsis: Excavator/homeowner struck and damaged an underground natural gas service while performing fencing work.

Findings: Reported by Carrie Ludwig; excavator/homeowner's response to initial notice was received on 7/31/2013. The property owner failed to provide notice of excavation prior to installing a fence post.

Conclusion: There was a failure to provide notice of excavation.

Violation: IC 8-1-26-16(g) Failure to provide notice of excavation.



150 West Market Street, Suite 600
Indianapolis, IN 46204

August 12, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4767
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4767

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: 10/21/2012

Event Location: 302 Liberty St

City: Indianapolis

Facility Owner: Nipsco

Excavator: Scott Knepper

Other Party: N/A

Pipeline Division Case No. 4767

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

IURC INFORMATION REQUEST	
Pipeline Safety Division Case No. 4767	
Date of Event	10/21/2012
Event Location	302 Liberty St
Event City	Plymouth
Facility Owner	Nipsco
Excavator	Scott Knepper
Date of IURC Information Request	July 12, 2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	
RESPONSIBLE PARTY PERSONAL NAME	Scott Knepper
TITLE (IF ANY)	
ADDRESS	302 Liberty St
CITY/ STATE/ZIP	Plymouth / IN / 46563
PREFERRED TELEPHONE	574-936-3106
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:	
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
LOCATOR SERVICE INFORMATION	
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
OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION	
PERSONAL CONTACT	
BUSINESS/ORGANIZATION NAME	
TITLE (IF ANY)	

ADDRESS	
CITY/ STATE/ZIP	
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
UTILITY LINE IMPACT	
LOCATION OF DAMAGE	
ADDRESS	302 Liberty St
CITY/STATE/ZIP	Plymouth / IN /
NEAREST INTERSECTION	
PRODUCT TYPE (Select One)	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
FACILITY TYPE (Select One)	
DISTRIBUTION	
GATHERING	
SERVICE/DROP	X
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	5/8"
PRESSURE (PSIG/INCHES)	Click here to enter text.
INTERRUPTION IN SERVICE (YES/NO)	Yes
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	
REPAIR COST (IF KNOWN) (\$)	
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	X
Milling Equipment	
Probing Device	

Trencher	
Vacuum Equipment	
Unknown/Other	
TYPE OF WORK PERFORMED (Select One)	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	
Bldg. Demolition	
Drainage	
Driveway	
Electric	
Engineering/Surveying	
Fencing	X
Grading	
Irrigation	
Landscaping	
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)	Yes
IGNITION AND/OR FIRE (YES/NO)	No
EXCAVATOR NOTIFY 811 (YES/NO)	No
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	No

INDIANA 811 LOCATE TICKET NUMBER	N/A
LOCATE MARKS VISIBLE (YES/NO)	No
LOCATE MARKS CORRECT (YES/NO)	No
EXCAVATOR "WHITE LINED" (YES/NO)	No
MAPS USED TO MARK FACILITIES (YES/NO)	No
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	No
INCIDENT IMPACT INFORMATION	
NUMBER OF OUTPATIENT TREATED	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FATALITIES	0
FIRE DEPARTMENT RESPONSE (YES/NO)	Yes
POLICE DEPARTMENT RESPONSE (YES/NO)	N/A
AMBULANCE RESPONSE (YES/NO)	N/A
ADDITIONAL INFORMATION/COMMENTS	
<p>No notification made to the one-call center. NIPSCO Emergency Repair Ticket Number: 1210210181.</p>	

Fact Based Investigation Report

Notification ID 01820121021003
Damage Date 10/21/2012 17:20
Notified By Todd/Nipsco (Other)
Damage Address 302 N Liberty St X Rex St Marshall Cnty/Center Twp
Plymouth, IN
District Northern Indiana
Notification Date 10/21/2012 17:22

Damaged Customer NIPSCO

Investigation Date From 10/21/2012 18:15:00 **To** 10/21/2012 18:35:00

Excavator Involved Homeowner
Type of Excavation FENCE

Orig. Locate Request NA **Start Date**
Type of Ticket **Locate Req. Info** N/A Yes

Damage Request # M68228041 **Start Date**

Pictures Taken By DICK HANSELMAN **Date** 10/21/2012 18:30
Photography Type Digital **Frame #** NA

Investigator Emp. # 121917 **Investigator Name** DICK HANSELMAN
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 # - **Locator Not Known** Yes

Investigation Findings
No Locate Req. By Contractor
Other Notes

Investigation Methods
Visual, Facility Exposed At Time Of Investigation

Investigator Statement/Causal Factors
CONTRACTOR CUT A PL. GAS SERVICE WHILE INSTALLING FENCE POST WITHOUT A LOCATE REQUEST.

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

Were any markings visible on the damage site upon arrival? No

Were any other indicators of facility present in the area? Yes

Was the excavation within the tolerance zone of marks? No

Extent of facility damage

CUT PL. SERVICE

Replacement Footage

1 FT

Was contractor assistance required? If yes, who?

No

What contractor equipment was used?

NA

Is the facility shown on the utility records?

No

If yes, list record numbers

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

NIPSCO 00057 IUPPSa 10/21/2012 17:26:53 1210210181-00A EMER NEW STRT

EMERGENCY SEE REMARKS

Ticket : 1210210181 Date: 10/21/2012 Time: 17:23 Oper: ASCHLICHTER Chan:042

State: IN Cnty: MARSHALL Twp: CENTER
Cityname: PLYMOUTH Inside: Y Near: N
Subdivision:

Address : 302
Street : N LIBERTY ST
Cross 1 : REX ST Within 1/4 mile: Y
Location: LOCATE THE ENTIRE PROPERTY
:
Grids : 4120C8618D 4120B8618D
Boundary: n 41.343372 s 41.341599 w -86.303604 e -86.302116

Work type : REPAIRING GAS LINE LEAK
Done for : NIPSCO
Start date: 10/21/2012 Time: 17:24 Hours notice: 0/0 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 1 DAY Depth: 5 FEET

Company : NIPSCO Type: MEMB
Co addr : 801 EAST 86TH AVENUE
City : MERRILLVILLE State: IN Zip: 46410
Caller : TODD BOROWY Phone: (219)647-4701
Contact : BOB SUMMERS - CELL Phone:
BestTime:
Mobile : (574)274-2451
Fax : (219)647-4764

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: 10/21/2012 Time: 17:23
Members: COMCN ID1362 ID2034 ID4752 NIPSCO SM ID5857

NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Plymouth MAXIMO WO # _____

OPERATING AREA CONTACT Bob Somers JOB ORDER # 556515

TRACKING NUMBER 018 2012 1021003 LOCATE REF # _____

Locate Performed By: _____

DATE AND TIME OF ACCIDENT 21 October 2012 4:22 PM DATE OF REPORT 10-21-12

PLACE OF DAMAGE (INCLUDE CITY) 302 N Liberty Plymouth

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) 18" PRESSURE (PSI) 45 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 1622 TIME SHUT OFF 1800 TIME RESTORED 1830

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 5/8

LOCATE MARKS ON SITE: YES () DISTANCE BETWEEN FACILITY AND LOCATE MARKS _____ NO

HOW LOCATED: PAINT () FLAGS () BOTH () WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) Scott Krepper

ADDRESS OF PARTY (INCLUDE CITY) 11759 Utes Rd Plymouth

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Scott Krepper

WITNESS NAME AND ADDRESS _____

WITNESS REMARKS _____

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY _____ REPORT # _____

FIRE AGENCY _____ 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 checked="" type="checkbox"/> FENCING | <input type="checkbox"/> GRADING | <input type="checkbox"/> IRRIGATION | <input type="checkbox"/> MOWING |
| <input 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 checked="" type="checkbox"/> AUTOMOTIVE ACCIDENT | <input type="checkbox"/> EXCAVATING BEFORE LOCATES DUE | <input type="checkbox"/> CARELESS MACHINE OPERATOR |
| <input type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED | <input type="checkbox"/> STUB |
| | | <input type="checkbox"/> OTHER <u>No Locates</u> |

COMMENTS :

PERSON PREPARING REPORT

Larry Derney 123001

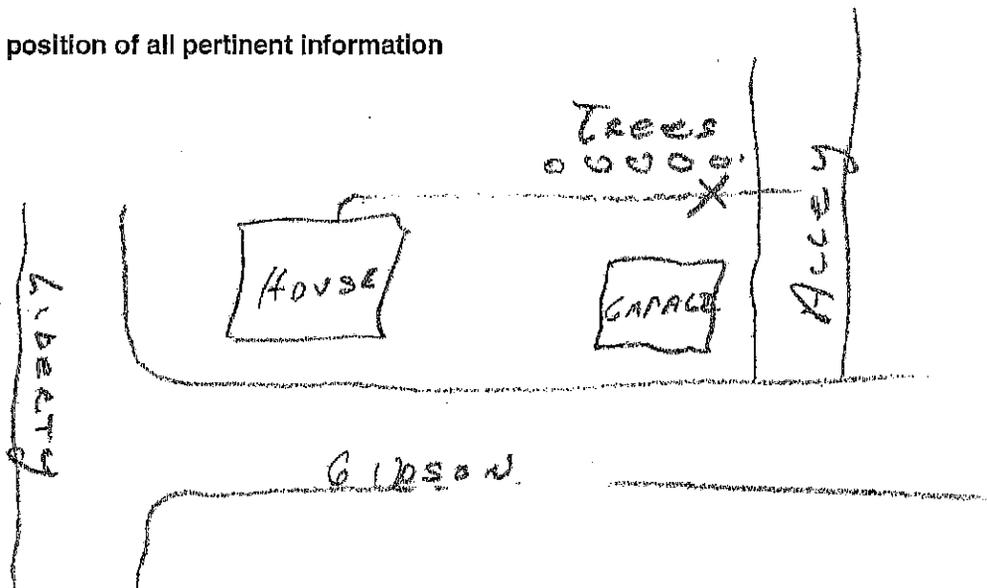
FIELD SUPERVISOR

BOB SOMERS

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:

Larry Derney

DATE:

10/21/12



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Mar 20, 2013

Who is submitting this information?

Name of person providing this information: Carrie Ludwig

Business address (*number and street*): 3511 East 15th Ave

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: Scott Knepper

Business address (*number and street*): 302 Liberty St

City, State, and ZIP code: Plymouth, IN 46563

Telephone number (*area code*): 574 936 3106

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Hand Tools

Type of work performed: Fencing

Date and Location of Damage

Date of damage (*month, day, year*): Oct 21, 2012

County: Marshall

City: Plymouth

Street address (*number and street, city, state, and ZIP code*):
302 Liberty St

Nearest intersection: _____

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*): 2

Enter number of injuries, if applicable and known: _____

Enter number of fatalities, if applicable and known: _____

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? 18

Notification, Locating, Marking

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known: _____

Was the locate request completed within two working days? Unknown/Other

If locates were performed, were they done so by a contractor or pipeline employee? Unknown/Other

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

Were facility marks visible in the area of excavation? No

Were facilities marked correctly? Unknown/Other

Type of markings used:

If other, please specify: _____

Was site marked by "White Lining"?

Were special instructions part of the locate request?

Were maps used to complete the locate request?

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? Unknown/Other

Description of Cause

Select from the list the most accurate cause for the damage: --No notification made to the one-call center

Additional Comments

Nipsco emergency repair ticket #: 1210210181

LAW OFFICES OF
JONES HUFF & JONES

550 E. Jefferson Street
P. O. Box 540
Plymouth, Indiana 46563

Fred R. Jones
Ralph (Rick) R. Huff
Derek R. Jones

Telephone: (574)936-4031
Facsimile: (574)936-4550

FACSIMILE TRANSMITTAL SHEET

PLEASE DELIVER THE FOLLOWING PAGES TO:

NAME: Indiana Utility Regulatory Commission DATE: July 31, 2013
FROM: Joann Stratton FAX NO.: 317-233-2410
RE: Your Information Request - CASE NO. 4767

- For your information
- As you requested
- Original of transmitted document will be sent by:
- Please telephone upon receipt
- Please read and advise

- First Class Mail
- Overnight Mail
- Hand Delivered
- This will be the only form of delivery of the transmitted document.

RECEIVED
JUL 31 2013
INDIANA UTILITY
REGULATORY COMMISSION

MESSAGE: *

This facsimile contains PRIVILEGED AND CONFIDENTIAL INFORMATION intended only for the use of the addressee named above. If you are not the intended recipient of this facsimile, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination or copying of this facsimile is strictly prohibited. If you have received this facsimile in error, please notify us by telephone immediately and return the original facsimile to us at the above address via the U. S. Postal Service. Thank you.

A total of 5 pages are being transmitted, including this sheet. If you do not receive all of the pages, please call (574)936-4031.



INFORMATION REQUEST
State Form 54909 (R / 3-13)
INDIANA UTILITY REGULATORY COMMISSION - PIPELINE SAFETY DIVISION

Case Number: 4767

Date of Damage (month, day, year): 10-21-2012

Location of Damage:

Address (number and street): 302 N. Liberty ST

City, State and ZIP Code: Plymouth, IN 46563

Nearest Intersection: Gibson ST and N. Liberty ST

Excavator Information:

Business Name: None

Responsible Party Personal Name: JOANN STRATTOD (owner)

Title (if any): _____

Address (number and street): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Email Address: _____

Utility Information:

Utility Name: NipSCO

Contact Person: _____

Title (if any): _____

Cause of Damage Information

Type of Equipment (select one): hand shovel

Type of Work Performed (select one): Hole for 2" x 2" post

Repair Cost: \$ Not Known

Did a leak result from damage: Yes No

Was there ignition: Yes No

Excavator Notify 911 due to leak: Yes No
JOANN STRATTON called

Excavator Notify 811 upon damage: Yes No
I don't know

Excavator Notify Utility upon Damage: Yes No
911 did

Locate Information

Excavator Request Locate: Yes No

Indiana 811 Locate Ticket Number: _____

Locate Marks Visible: Yes No

Locate Marks Correct: Yes No

Excavator "White Lined": Yes No

Was Locate Provided within Two (2) Working Days: Yes No

Utility Employees On-site during Excavation: Yes No

Incident Information:

Fire Department Response: Yes No

Police Department Response: Yes No

Ambulance Response: Yes No

Additional Information / Comments

On 5-31-10 Stone Excavating installed a 4" sewer from my house to the city main in the middle of the alley. The hole my grandson dug was 2"x2" in line with the trench Mr. Stone dug with a back hoe. I thought (my mistake) they didn't have any problems so I would be safe. The lawn and the patch in the alley allowed me to see where the back hoe was used. I also didn't think a gas line would be in the middle of my yard. I now have the gas line permanently marked. I'm so sorry for this problem.

Printed Name: JOANN STRATTON

Signature: Joann Stratton Date (month, day, year): 7-31-13

**If submitting this form electronically, typing your name in the signature box will act as an electronic signature.*

Please return completed form to:

PipelineDamageCase@urc.in.gov

Or mail to:

Indiana Utility Regulatory Commission
 Pipeline Safety Division - Case Number _____
 101 West Washington Street, 1500E
 Indianapolis, IN 46204

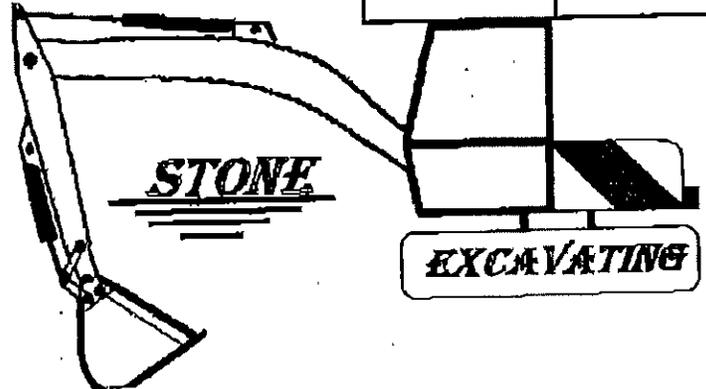
Or fax to:
 317-233-2410

Stone Excavating
 14501 Lincoln Highway
 Plymouth, IN 46563

Invoice

Date	Invoice No.
05/31/10	4268

Bill To
Joann Stratton 302 N. Liberty Street Plymouth, IN 46563



P.O. No.	Terms	Due Date	Project
	Due on receipt	05/31/10	

Description	Qty	Serviced	Rate	Amount
Installation of 4 Inch sewer from foundation to city main			5,137.00	5,137.00
			7.00%	0.00
<p><i>Paid # 1703</i></p> <p><i>J.E.E.</i></p>				
<p>It's been a pleasure serving you!</p>			Total	\$5,137.00