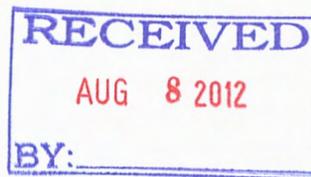




3800 Frederica Street
P.O. Box 20008
Owensboro, KY 42304-0008
270/926-8686

August 7, 2012



Mr. R.M. Seelcy
Director, Southwest Region
Pipeline and Hazardous Materials Safety Administration, Southwestern Region
8701 South Gessner
Suite 1110
Houston, Texas 77074

Dear Mr. Seelcy:

Re: Notice of Probable Violation and Proposed Civil Penalty CPF 4-2012-1015

This letter is in response to your *Notice of Probable Violation and Proposed Civil Penalty, and Compliance Order (NOPV)* dated July 11, 2012 regarding the inspection of pipeline system assets belonging to Texas Gas Transmission (Texas Gas) and located in Arkansas, Mississippi and Louisiana. This inspection was conducted from May 2, 2011 to September 29, 2011.

Texas Gas does not contest Items 1, 2, 3, 4, 5, 6, 7, or 8, of the NOPV and agrees to pay the penalties associated with Items 2, 3, 4, 5, 6 and 8. Texas Gas wired the payment of \$162,900.00 on August 7, 2012.

For Item 1, Texas Gas has replaced the flange in question on March 29, 2012. Attached are documents which Texas Gas provides as evidence that the work is complete. The documents included are:

- Drawing of the replacement piping;
- Hydrostatic test of the new venting;
- NDE documentation for inspecting the welding.

If additional documentation is needed, please ask.

Texas Gas recognizes the seriousness of these enforcement actions and is taking steps to help mitigate such issues in the future.

Sincerely,

A handwritten signature in blue ink that reads "David Goodwin".

David Goodwin
Vice President, Technical Services

Cc: Richard Keyscr
Jeff Sanderson
Tony Rizk
Jeff McMaine

BOARDWALK



PIPELINES

Company: Texas Gas

Interoffice
Memorandum

To: Josh Madden
Kent Scott

Date: January 14, 2011

From: Ron Anderson

Subject: Hydrostatic Test Procedure
Eunice Compressor Station
Two L.P. piping for Relief Valve stacks
In Station Test #2

Project No. 1339
Milepost: N/A

Please contact Engineering Records if there is any substitution of the materials to be tested versus the material identified on the attached Bill of Material.

Pressure and Duration Recommendation

<u>Max Test Pressure:</u>	428	<u>Test Duration:</u>	Four (4) Hours
<u>Min Test Pressure</u>	414	<u>Based on:</u>	49 C.F.R., Part 192, § 192.505(e)
		<u>Test Medium:</u>	Water

Addition Comments:

NONE

Contractor: Company Personnel

County/Parish: Acadia Parish, I.A

Please forward the original Hydrostatic Test Worksheet with all material confirmed along with the Valve Identity Sheet, issued drawings or hand sketch of any deviations from the original construction drawings (marked in red) indicating the installation along with the original BWP-0401 (BWP Strength and Leak Test Record) and original Recorder Chart, and, (Pipeline Inspection and Repair Report) to Engineering Records.

Copies to:

R.B. Head	S.J. Law	C. M. Lassere	A. P. Cart
F.W. Miller	R.W. Ward	H.J. Newman	0
M.K. Nance	H.A. Childress	J.B. Taylor	



STRENGTH AND LEAK TEST RECORD

Test Water and Leak Data Depending on Special Permits					
Date	3-12-12	Time Start	7:30 AM	Time Finish	12:15 PM
Time of Readings	Pressure PSI	Temperature of			Remarks
		Ambient	Ground	Pipe	
7:30 AM	425	67°	NA	74°	Pressured pipe to 425 PSI, cloudy & windy
7:45 AM	425	67°	NA	74°	cloudy & windy
8:00 AM	426	67°	NA	74°	Pressure Rose 1 PSI, bleed to 417 PSI
8:15 AM	418	67°	NA	73°	Pressure Rose 1 PSI
8:30 AM	419	68°	NA	74°	Pressure Rose 1 PSI
8:45 AM	420	68°	NA	74°	Pressure Rose 3 PSI
9:00 AM	425	68°	NA	74°	Pressure Rose 2 PSI, bleed to 419 PSI
9:15 AM	421	68°	NA	75°	Pressure Rose 4 PSI
9:30 AM	425	68°	NA	75°	Pressure Rose 4 PSI, bleed to 419 PSI
9:45 AM	419	69°	NA	75°	Pressure Rose 2 PSI
10:00 AM	422	69°	NA	75°	Pressure Rose 3 PSI
10:09 AM	425	69°	NA	75°	Pressure Rose 3 PSI, bleed to 419 PSI
10:15 AM	419	69°	NA	76°	Pressure Rose 2 PSI
10:30 AM	419	69°	NA	76°	cloudy & windy
10:45 AM	420	69°	NA	75°	Pressure Rose 1 PSI
11:00 AM	423	69°	NA	75°	Pressure Rose 3 PSI
11:09 AM	425	69°	NA	75°	Pressure Rose 2 PSI, bleed to 419 PSI
11:15 AM	421	69°	NA	76°	Pressure Rose 4 PSI
11:30 AM	425	70°	NA	77°	Pressure Rose 11 PSI, bleed to 419 PSI
11:45 AM	422	70°	NA	77°	Pressure Rose 5 PSI
11:54 AM	425	70°	NA	77°	Pressure Rose 3 PSI, bleed to 419 PSI
12:00 PM	418	70°	NA	77°	Pressure Rose 1 PSI
12:15 PM	425	70°	NA	77°	Pressure Rose 7 PSI
					NOTE: SPIKES at 7:35 AM and 7:45 AM Were caused by door being closed hard
Pressure Monitored by OQ CT 602		Date	Test Supervised by (person name and company) OQ CT 501 or 502		
Test Witnessed By		<i>Clinton Cradle</i>			
Test Accepted By (must be Company personnel)		<i>Randall Truwick</i>		Date	3-12-12

Note: A PV Plot is required when the Hydro Test exceeds 95% SMYS.
Stroke/Pressure Log shall be filled out and attached with this form.

- Attached or Original Copy: Pressure Charts Temperature Charts
 Summary of Leaks & Failures Noted and their Disposition

Attach Additional Sheets as Needed.

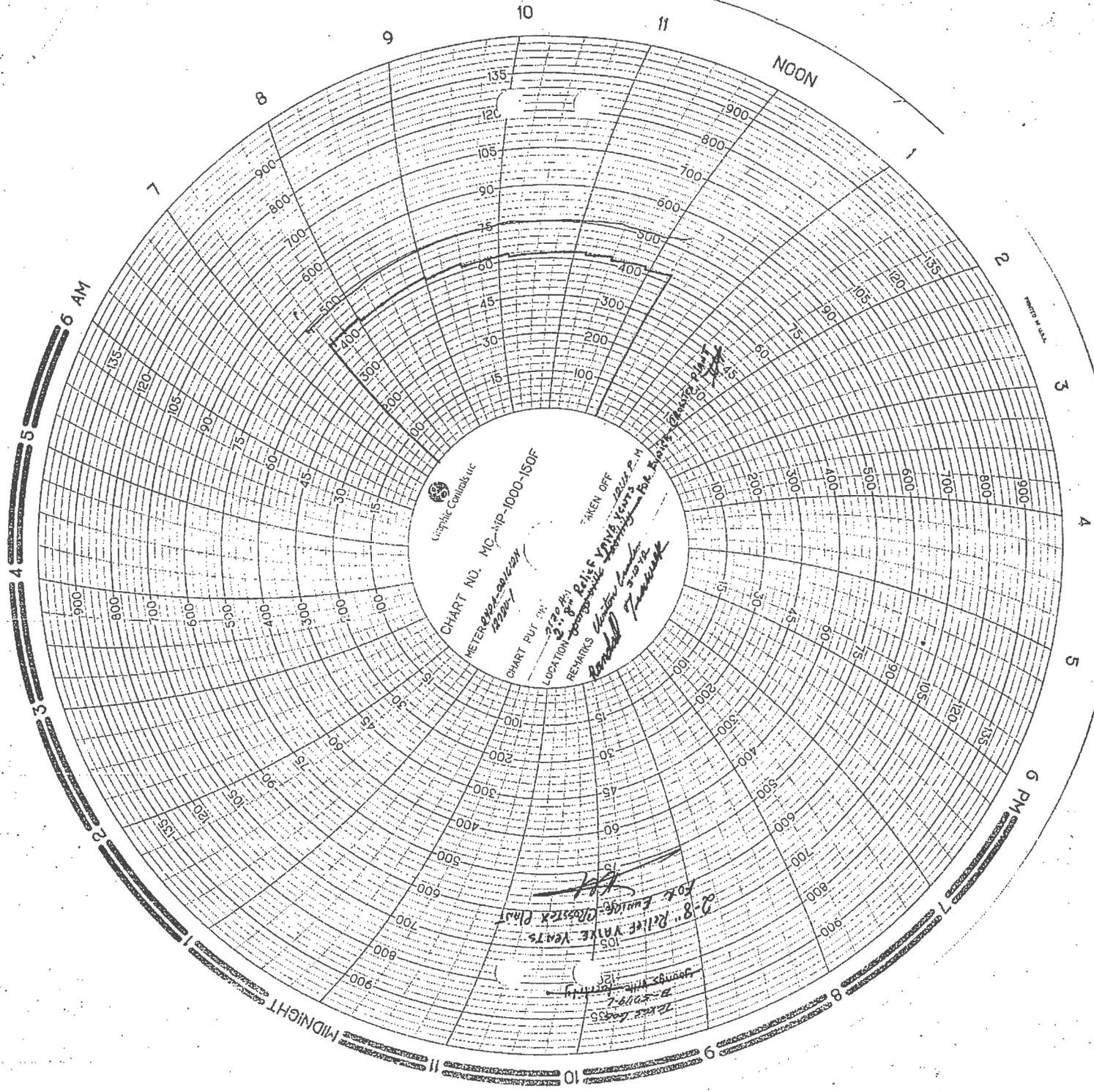


CHART NO. MC-MP-1000-150F
METER MODEL 2012207
20007

TAKEN OFF
2:00 P.M. RELIEF VENTS
LOCATION: *Relief Vents*
REMARKS: *5-10 in
Relief Vents*

2-8" RELIEF VENTS
50% FUELAGE - PROTECT PLANT

2-10" RELIEF VENTS
50% FUELAGE - PROTECT PLANT

6 AM

NOON

6 PM

MIDNIGHT



**DOWN
HOLE
PRESSURE, INC.**
INSTRUMENT RENTALS & REPAIRS

Phone (337) 837-2755
Fax (337) 837-2756

P.O. Box 497
408 S. Eola Rd.
Broussard, LA. 70518

Surface Gauges
Dead Weight Testers
Barton Recorders
Vaetrix Gauge 1
5, 10, & 20,000 PSI

Sub Surface Gauges
Electronic & Mechanical
0-25,000 PSI Ranges
Temperature Gauges
0-450 Degrees F.

CALIBRATION CERTIFICATE

VAETRIX GAUGE

SERIAL NUMBER 12720-1 PRESSURE RANGE 10,000 PSI

Calibrated in Vertical Position

Temperature 74 F.

This is to certify that this instrument has been inspected and tested against Pressure Standard Chandler Engineering Dead Weight Tester Model # 58-200H, Serial # 16210 traceable to the National Institute of Standards and Technology, (NIST) Reference # CS092305, Calibrated (03/31/2011). Reference Standard Serial # 02031013.. Certified With Pressure Transducer (30000 PSI .03%). The calibration systems conforms to all ISO 9001:2008 and API Spec. Q1 requirements. Also let it be known that all calibrations are performed by qualified DHP personnel using instrumentation and methods which guarantee precise accuracy.

Special Conditions:

DATE OF CALIBRATION 1/27/2012

TECHNICIAN REGGIE SAVOIE



**DOWN
HOLE
PRESSURE, INC.**
INSTRUMENT RENTALS & REPAIRS

Phone (337) 837-2755
Fax (337) 837-2756

P.O. Box 497
408 S. Eola Rd.
Broussard, LA. 70518

Surface Gauges
Dead Weight Testers
Barton Recorders
Vaetrix Gauge 1
5, 10, & 20,000 PSI

Sub Surface Gauges
Electronic & Mechanical
0-25,000 PSI Ranges
Temperature Gauges
0-450 Degrees F.

CALIBRATION CERTIFICATE

BARTON METER

SERIAL NUMBER 242A-021612N PRESSURE RANGE 1,000 PSI

Calibrated in Vertical Position

Temperature 74 F.

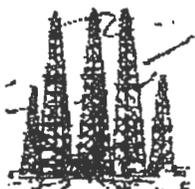
This is to certify that this instrument has been inspected and tested against Pressure Standard Chandler Engineering Dead Weight Tester Model # 58-200H, Serial # 16210 traceable to the National Institute of Standards and Technology, (NIST) Reference # CS092305, Calibrated (03/31/2011). Reference Standard Serial # 02031013. Certified With Pressure Transducer (30000 PSI .03%). The calibration systems conforms to all ISO 9001:2008 and API Spec. Q1 requirements. Also let it be known that all calibrations are performed by qualified DHP personnel using instrumentation and methods which guarantee precise accuracy.

Special Conditions: _____

DATE OF CALIBRATION 2/16/2012

TECHNICIAN NATHAN HEBERT

Nathan Hebert



**DOWN
HOLE
PRESSURE, INC.**
INSTRUMENT RENTALS & REPAIRS

Phone (337) 837-2755
Fax (337) 837-2758

P.O. Box 497
408 S. Eola Rd.
Broussard, LA. 70518

Surface Gauges
Dead Weight Testers
Barton Recorders
Vaetrix Gauge 1
5, 10, & 20,000 PSI

Sub Surface Gauges
Electronic & Mechanical
0-25,000 PSI Ranges
Temperatruue Gauges
0-450 Degrees F.

**TEMPERATURE
CALIBRATION CERTIFICATE**
TEMPERATURE RECORDER

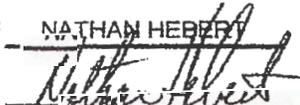
SERIAL NUMBER 242A-021612N RANGE 0 TO 150 DEG.F

Calibrated in Vertical Position

This is to certify that this instrument has been inspected and tested against Digital Thermometer No.121609040. Calibrated (02/24/11). Using certified Yellow-Back Thermometer 35854003 s/n 9004. Traceable to the National Institute of Standards & Technology (NIST) Reference # 94417'88024,82564,1428301 and 1470271. This calibration meets or exceeds all ISO9001 :2000 and API Spec. Q1 requirements, by using MTE-2001 calibration procedure. Also let it be known that all calibrations are performed by qualified Down Hole Pressure personel using instrumentation and methods which guarantee precise accuracy.

Special Conditions: _____

DATE OF CALIBRATION 2/16/2012

TECHNICIAN NATHAN HEBERT


Procedure No.: RPS-126 Project No.: B-5749L Project Name: _____
 Radiographic Contractor: N.I.S. Project Location: ABBEVILLE, LA
 Technician: AARON KNIGHT Procedure Qualification
 Level: II Date: 3-9-12 Personnel Qualification

FILM RADIOGRAPHY DETAILS
(In accordance with API 1104, 11.1.2.2)

A. RADIATION SOURCE
 X-RAY TUBE: VOLTAGE RATING _____ FOCAL SPOT SIZE _____
 GAMMA RAY IR-192: NO. CURIES 38 SOURCE SIZE .164"

B. INTENSIFYING SCREENS LEAD
 FRONT THICKNESS (Min. of .005"): .010" BACK THICKNESS (Min. of .005"): .010"

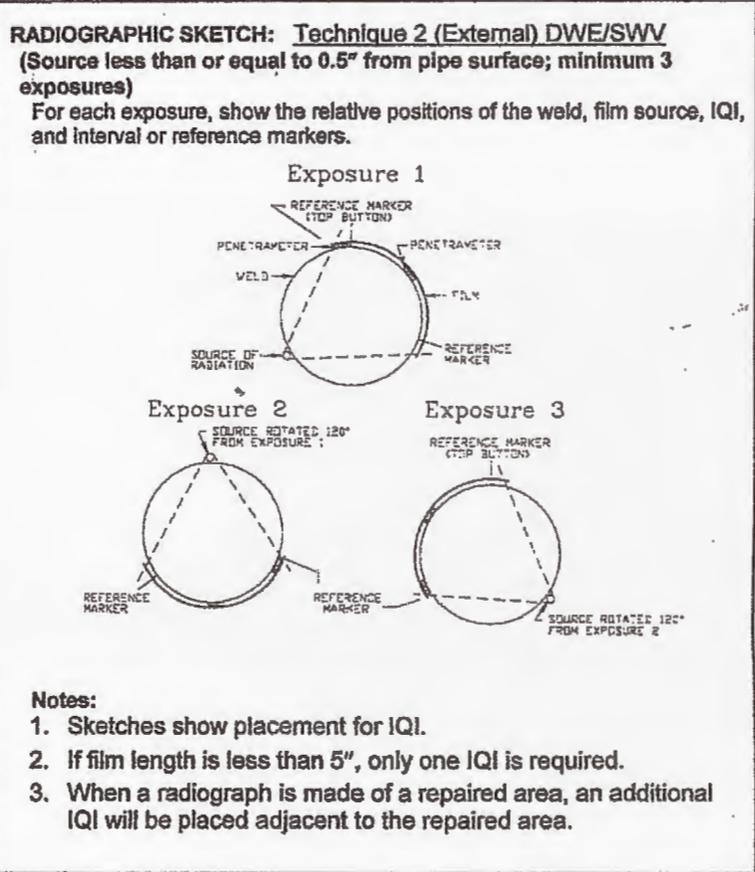
C. FILM
 TYPE: D4
 SIZE: AGFA
 MANUFACTURER: 70mm
 NO. OF FRAMES (Films) PER HOLDER: 1
 UNEXPOSED H&D DENSITY (not to exceed 0.30): .18
 EXPOSED H&D THROUGH THE WELD (1.8-4.0): 2.5

D. EXPOSURE GEOMETRY (Refer to Radiographic Sketch.)
 REFERENCE MARKERS INTERVAL (inches): 9.25"
 SOURCE TO FILM DISTANCE: 9"
 NO. OF EXPOSURES REQUIRED FOR COMPLETE WELD COVERAGE: 3

E. EXPOSURE CONDITIONS (Complete the applicable.)
 CURIE MINUTES: 57
 X-RAY VOLTAGE OR INPUT VOLTAGE: ---
 MILLIAMPERE MINUTES: ---
 AMPERAGE: ---
 EXPOSURE TIME: 1.5m

F. PROCESSING AUTOMATIC MANUAL
 DEVELOPER: TIME 5m TEMP. °F 68°
 (See manufacturer's recommendations for range of temperature/developer times.)
 STOP BATH / RINSE (0.5-1.0 minutes): 1m
 FIXING (3.0 minutes minimum.): 10m
 WASHING (3.0 minutes minimum.): 10m
 DRYING: heated forced air forced air open air

G. MATERIAL - STEEL
 PIPE DIAMETER: 8" WALL THICKNESS: .322"



H. IMAGE QUALITY INDICATORS Wire Type - (See Table 5 API 1104 Section 11)
 LETTER SET: B ESSENTIAL WIRE DIAMETER: .010"

Acceptable Procedure Nominal Wall Thickness Range (inches) and ASTM Letter Set with Essential Wire Diameter (inches)

<input type="checkbox"/> 0-0.250	<input checked="" type="checkbox"/> >0.250-0.375	<input type="checkbox"/> >0.375-0.500	<input type="checkbox"/> >0.500-0.750	<input type="checkbox"/> >0.750-1.000	<input type="checkbox"/> >1.000-2.000
Set A Wire 0.008	Set A or B Wire 0.010	Set B Wire 0.013	Set B Wire 0.016	Set B Wire 0.020	Set B Wire 0.025

I. HEAT SHIELD (if used)
 MATERIAL: _____ THICKNESS: _____
 DISTANCE FROM FILM SIDE OF SHIELD TO PIPE SURFACE: _____

Approved: _____ Approved: _____ Date: _____
 Company NDT Level III Company Representative



BWP WELD INSPECTION FILM and NDT REPORT

Inspection Date 3-9-12	Page No.'s 1 of 1	AFE/Project Number: B-5749L	District	Location (County & State) ABBEVILLE, LA
Job Description / Project Name / Purpose of Inspection:			NDT Contractor Name or BWP Level II Inspector: N.I.S.	

RT, MT, and PT Acceptance Section						MT and PT Section			RT, MT, PT		
Radiographic Procedures Specifications (RPS) shall be according to API 1104 20th Edition Section 11.1.4 (ASTM E 747) IQI (Image Quality Indicator) wire type. Disposition of welds shall be determined by Welding Inspector.						Magnetic Particle (MT) and Dye Penetrante (PT) shall be according to the API 1104 20th Edition			Weld Location		
Weld No.	Pipe Size		Code API 1104		Defect Type and Location	Disposition of Weld		RT RPS #	Fillet Weld Description Example: Butt, Branch, Sleeve, Reinforcement Ends by Diameter	MT or PT Procedure #	Mile Post or Station # or (Drawing # include fabrication Weld Map)
	Dia	WT	Accept	Reject		Repair	Cut out				
FBA-4	8"	322"	✓					126			
FBA-3	1	1	✓					126			
FBA-2	1	1	✓					126			
FBA-1	1	1	✓					126			

Crew Size	Straight Time Hours	Overtime Hours	Sat/Sun Holiday Hours	Travel Hours	Standby Hours	Total Hours	Per Diem Charge	Daily Unit Mileage
2	4	-	-	-	-	4	<input type="checkbox"/>	60 RT
Qualified Welding Inspector						NDT Technician		
Print Name RANDALL TRAWICK			Signature <i>Randall Trawick</i>			Name / Cert. Level A.K. KNIGHT LV II		Signature <i>A.K. Knight</i>

Note: NDT Company's Film Reader Sheet may be attached or even omitted.
 All RT, MT, and PT procedures used by inspection shall be approved and supplied by BWP. See the Welding Manual for approved procedures.



110 Harold Gauthier Dr. 1613 N. Crowley Rd. #330 3124 Metric Drive
 Scott, LA 70583 Crowley, TX 76036 Sulphur, LA 70665
 (337) 233-2121 (817) 297-8338 (337) 882-0550
 (337) 233-8171 Fax (817) 297-8339 Fax (337) 882-0552 Fax

2013 1st Ave., Ste. D
 Greeley, CO 80631
 (970) 352-3666
 (970) 352-3922 Fax

RADIOGRAPHIC INSPECTION REPORT 92878

CUSTOMER **TEXAS GAS**

LOCATION **ARBEVILLE, LA** DATE **3-9-12** CUSTOMER'S JOB NO. **B-5749L** RADIOGRAPHIC CODE **APZ-1104**

X-RAY NO. / FBA	WELDER AND/OR LOCATION	PIPE SIZE	RECOMMENDATION		REMARKS
			ACCEPT	REJECT	
1	(J-2-3-1)	8" x 3/32	✓		
2					
3		8"	✓		
4					
5	3	8"	✓		
6					
7	4	8"	✓		
8					
9					
10					
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57					
58					

TOTAL HOURS **4** FILM: SIZE **70mm** SHEET _____
 MILEAGE **60 RT** FILM: SIZE _____ SHEET _____
 TOTAL WELDS **4** FILM: SIZE _____ SHEET _____
 REPAIRS **0**

RADIOGRAPHERS: LEVEL:
 1. **AARON KNIGHT** 10 11 12 13
 2. **CORY LANTIER** 12 11 10 13
 3. 10 11 12 13

REMARKS
 OQ PROJECT YES NO VEHICLE YES NO
 PER DIEM YES NO DARKROOM YES NO
 GENERATOR YES NO SOURCE YES NO

Randall Towse
 CUSTOMER REPRESENTATIVE
 The time charged and consumables itemized in this report are accurate and correct.

Radiographic Procedure Qualification

Radiation Source: Iridium 192

GAMMA	X-RAY <input type="checkbox"/>
Exposure Device Type 150	Exposure Device Type
Exposure Device Manufacturer Spec	Exposure Device Manufacturer
Effective Source size (F) (in. mm)	Effective Focal Spot (F) (in. mm)
Film:	Voltage Rating (KV)
Type	Sketch Positions of the Images of the Weld
Manufacturer	Penetrometer(s) and Reference Markers on the Film
No. in Holder or Cassette 1	
Film Length (L)	
Film Width (W)	
Interval of Reference Markers	
Penetrometer Placement (P 1) Center	
(P 2)	
Penetrameters:	Intensifying Screens: Lead
Type (API1104, ASTM 142)	Placement Front <input type="checkbox"/> Back <input type="checkbox"/>
Identifying Number	Type Hexalob <input type="checkbox"/> Hexalob
Material	Thickness .010" <input type="checkbox"/> .010"
Essential Hole	
Shim Material	
Shim Thickness	

Film Processing: Manual Automatic

	Developing	Rise or Stop Bath	Fixer	Washing	Drying
Time					
Temperature					
Manufacturer	AGFA	AGFA	AGFA		

Material Type: _____ Thickness: _____ Diam/Length: _____
 Reinforcement: _____ Welding Process: _____

SWE/SW DWE/SW DWE/DW

(for DWE/SW 3 Exp. A = 50" For DWE/SW 4 Exp. A = 45")

Number of Exposures per Weld	
Source to Weld Distance (SWD)	
Source to Object Distance (SOD)	
Object to Film Distance (OFD)	
Source to Film Distance (SFD = SOD + OFD)	
Geometric Unsharpness ($U_g = F \times OFD/SOD$)	
Voltage Setting for X-Ray (KV)	
Source Strength (C) or AMP Setting (MA) (I)	
Exposure Time (M) (T)	
Exposure (CM or MAW) ($E = I \times T$)	
Exposure Geometry	
Penetrometer Density (H & D)	
Maximum Weld Density (H & D)	
Smallest Visible Penetrometer Hole	
Penetrometer Outline Visible	
Shim Outline Visible	

- TERMS AND ABBREVIATIONS**
- | | | |
|--|------------------------|-------------------------------|
| IP - INADEQUATE PENETRATION | CR - CRACK | RS - RIGHT OF WAY SIDE |
| IPD - INADEQUATE PENETRATION DUE TO HIGH LOW | IU - INTERNAL UNDERCUT | CS - DITCH SIDE |
| IF - INCOMPLETE FUSION | EU - EXTERNAL UNDERCUT | T - TOP |
| BT - BURST THROUGH | NW - NARROW WELD | B - BOTTOM |
| BTA - BURST THROUGH AREAS | LC - LOW CROWN | TQ - TOP QUARTER |
| SI - SLAG INCLUSIONS | CS - CONCAVE BEAD | BQ - BOTTOM QUARTER |
| SL - SLAG LINE | WT - WAGON TRACKS | O.Q. - OPERATOR QUALIFICATION |
| P - POROSITY | | |

TERMS AND CONDITIONS: Net 30 days from date of invoice. A service charge of 1 1/2% per month (annual rate 18%) will be charged to all balances 30 days past due. Minimum charge \$15.00 per month. SIGNATURE OF CUSTOMER REPRESENTATIVE CERTIFIES TIME AND MATERIAL TO BE CORRECT. SIGNATURE ALSO ACKNOWLEDGES CUSTOMER'S UNDERSTANDING THAT THIS REPORT IS EXPRESSLY LIMITED TO NATIONAL INSPECTION SERVICES, LLC INTERPRETATION OF THE RESULTS OBTAINED FROM THE TEST SPECIFIED AND DOES NOT CONSTITUTE A REPRESENTATION, WARRANTY OR GUARANTY OF THE ACTUAL CONDITION OF THE MATERIALS TESTED. National Inspection Services, LLC expressly disclaims any responsibility for any loss, damage or expense, including personal injury or death, caused by or attributed to National Inspection Services, LLC misinterpretation of conditions or the performance of any test.



PERSONNEL CERTIFICATIONS

NDT CERTIFICATIONS:		NAME:	Aaron K Knight		D.O.B.	5/1/1979	S.S.###-##-1534
METHOD:	LEVEL:	CERT DATE:	GENERAL	SPECIFIC	PRACTICAL	AVERAGE	EXAMINER
UT	II	2/6/2008	89.00%	91.00%	100.00%	93.30%	N.Marks
RT	II	4/2/2008	94.00%	90.00%	96.00%	93.56%	N.Marks
MT	II	4/2/2008	83.35%	86.68%	100.00%	90.01%	N.Marks
PT	II	4/2/2008	93.34%	80.02%	92.00%	88.45%	N.Marks
VT	II	3/4/2011	82.00%	88.00%	92.00%	87.33%	G.Hollier

NDT TRAINING				
METHOD:	CONDUCTED BY:	DATE:	HOURS:	
RT/UT	NATTC (US Navy)	Nov-00	350	
MT/PT	NATTC (US Navy)	Nov-00	150	
ET	NATTC (US Navy)	Nov-00	100	
VT	National Inspection Services	Dec-10	20	

RECERTIFICATIONS			
METHOD:	LEVEL:	RECERT. DATE:	EXAMINER:
RT,MT,PT,UT	II	1/7/2011	G. Hollier

EDUCATION		
SCHOOL	YR. GRAD:	DIPLOMA:
Crowley High School	1992	Yes

NDT EXPERIENCE					
COMPANY:	FROM:	TO:	LEVEL:	METHOD:	
US Navy	Jun-05	Jan-06	I / II	RT,MT,UT,PT,ET	
CAN-USA	Jul-06	Sep-07	II	RT,MT,UT,PT	
National Inspection Services, LLC	Sep-07	Feb-08	I	RT,MT,UT,PT	
National Inspection Services, LLC	Feb-08	Apr-08	II	UTT	
National Inspection Services, LLC	Apr-08	Present	II	RT,MT,PT,UT,VT	

VISION EXAMINATION	
DATE:	CONDUCTED BY:
12/17/2010	G.Hollier
11/30/2011	N.Marks

THE ABOVE INDIVIDUAL IS CAPABLE OF READING JAGER TEST CHART (NUMBER 1 LETTERS) AT A DISTANCE OF NOT LESS THAN 12 INCHES AND COLOR CONTRAST DISTINCTION USING THE PSEUDO-ISOCHROMATIC PLATES FOR TESTING

<input checked="" type="checkbox"/> COLOR VISION	<input type="checkbox"/> CORRECTED	<input checked="" type="checkbox"/> PASSED
<input checked="" type="checkbox"/> JAGER	<input checked="" type="checkbox"/> UNCORRECTED	<input type="checkbox"/> FAILED

ALL NATIONAL INSPECTION SERVICES EMPLOYEES ARE PARTICIPANTS IN THE D.O.T. SUBSTANCE ABUSE PROGRAM. THE ABOVE INDIVIDUAL HAS MET THE REQUIREMENTS FOR QUALIFICATIONS IN THE STATED METHODS IN ACCORDANCE WITH THE COMPANY'S PROCEDURE FOR PERSONNEL QUALIFICATIONS AND CERTIFICATION WHICH FOLLOWS THE GUIDELINES OF ASNT RECOMMENDED PRACTICE SNT-TC-1A

Neil J Marks
 President
 ASNT/ACCP PROFESSIONAL LEVEL III
 CERTIFICATION # 24957

National Inspection Services
 110 Harold Gautha Drive
 Scott, LA 70583
 P: 337-233-2121
 F: 337-233-8171

National Inspection Services
 3124 Metric Drive
 Sulphur, LA 70685
 P: 337-882-0550
 F: 337-882-0552

National Inspection Services
 1813 N. Crowley Rd, #330
 Crowley, TX 76036
 P: 817-297-8338
 F: 817-297-8339

National Inspection Services
 2013 1st Ave, Suite D
 Greeley, CO 80631
 P: 970-352-3888
 F: 970-352-3922