

SUPREME COURT: COUNTY OF ERIE
National Fuel Gas Distribution Corporation
6363 Main Street
Williamsville, New York 14221

Claimant,

NOTICE OF CLAIM

-vs-

Index No.

Erie County Water Authority
295 Main Street, Room 350
Buffalo, New York 14203

Defendant.

TO THE ABOVE NAMED DEFENDANT:

SIR:

PLEASE TAKE NOTICE that the Claimant herein hereby makes claim and demand against the Erie County Water Authority as follows:

1. The name and post-office address of the Claimant is: National Fuel Gas Distribution Corporation, 6363 Main Street, Williamsville, New York 14221. The name and post office address of Claimant's attorney is: John M. Conti, Esq., National Fuel Gas Distribution Corporation, 6363 Main Street, Williamsville, New York 14221.

2. The nature of the claim is an action for the recovery of property damage to Claimant's underground facilities, for gas loss, and for the cost of the repair of said underground facilities caused solely by the negligence of Defendant and Defendant's violation of the law of trespass, General Business Law, inter alia, Article 36, Sections 760 – 765; Public Service Law, inter alia, Section 119-b; 16 N.Y.C.R.R. Part 753; 29 C.F.R. Sections 1926.1, et. seq., while the Defendant was excavating in the Town of Clarence, County of Erie, and State of New York.

3. The time when, the place where and the manner in which the incidents underlying the claim arose are as follows:

- (i) Damage to Claimant's underground facilities occurred on November 26, 2024, at approximately 11:20 a.m., at or near 4825 Glenwood Dr., Town of Clarence, County of Erie and State of New York, when the Defendant was excavating, Defendant negligently and in violation of the law of trespass, General Business Law, inter alia, Article 36, Sections 760 – 765; Public Service Law, inter alia, Section 119-b; 16 N.Y.C.R.R. Part 753; 29 C.F.R. Sections 926.1, et. seq., caused damage to Claimant's natural gas line and the loss of gas.

4. The items of damage are property damage to Claimant's underground facilities, detailed above, and the cost of repairing said damage. That said claim and demand is hereby presented for adjustment and payment. PLEASE TAKE FURTHER NOTICE that by reason of the foregoing, and upon the default of the Erie County Water Authority, to pay Claimant the full amount of the damages suffered by reason of the foregoing, within the time limited for compliance with this demand by the said Erie County Water Authority, by the statutes in such cases made and provided, Claimant will institute an action against the Erie County Water Authority, to recover the full amount of Claimant's damages, with interest and costs.

DATED: Williamsville, New York
 December 16th, 2024

Respectfully yours,
National Fuel Gas Distribution Corporation

By: _____
Patrick Kelly Jr.
Senior Claims Supervisor of the Risk
Department of National Fuel Gas Distribution
Corporation

STATE OF NEW YORK
SUPREME COURT: COUNTY OF ERIE
National Fuel Gas Distribution Corporation
6363 Main Street
Williamsville, New York 14221,

Claimant,

-vs-

Index No.

Erie County Water Authority
295 Main Street, Room 350
Buffalo, New York 14203

Defendant

STATE OF NEW YORK)
) ss.:
COUNTY OF ERIE)

Patrick Kelly Jr., being duly sworn, deposes and says that I am an employee in the Risk Management Department for National Fuel Gas Distribution Corporation; that I have read the forgoing Notice of Claim; that the same is true to my knowledge, except as to matters stated to be alleged upon information and belief, and as to those matters, I believe them to be true based upon information supplied to me; and the reason the verification is made by me because National Fuel Gas Distribution Corporation is a corporation.



Patrick Kelly Jr.

Sworn to before me this
16th day of December, 2024.



Notary Public

JASON D. CRATER
Notary Public, State of New York
Qualified in Genesee County
My Commission Expires 4/30/2028

NFQRF001
Date Printed: 12/11/2024
Time Printed: 8:03:22AM

Marked

National Fuel
Closed Damage Report for Risk
Risk Report Type: All Damages

2025-53820-01

RiskPro Run ID: 10301
End Date: 11/30/2024
Processed Date: 12/11/2024
State: New York
Project ID: 120877

Damage Status: Closed **CSO ID:** 12049963 **Leak ID:** 1035987 **Date & Time of Damage:** 11/26/2024 11:20 am
Item Location: 4825 Glenwood Dr
City: Clarence **County:** Erie (NY)

Additional Address Info:

Damage Type: Below Grade **Facility Type:** Distribution Service

Investigation Comments: Ecwa hand digging for water box and hit service. Service under tree roots

Investigated By: 60931

Responsible Party Name: Erie County water authority

Damaged By: Contractor
Address: 3030 union rd
City: Cheektowaga
Phone: 716/684-0900

Working For: Ecwa
State: NY **Zip:** 14227

Equipment Operator Name:

Vehicle License Plate Info:

Description of Facility: 4825 Glenwood dr

Facility Marked? N

Gas Blowing? Y

One-Call Ticket ID:

Marked Accurately? N

Size: 00-5/8'

Interrupt Count: 1

Locate Date:

Line Pressure (lbs: oz): 35:0

Material Damaged: Plastic

Photos Taken Of Damage: Y

Time Blowing (mins): 115

Break Type: Incomplete Break

Hole Size Width (in): 0.2

Length (in): 0.2

Repair Comments: Ran cutter down. replaced 3' of 5/8" service and 2 couplings.

Completed By: 61026

Lawn Restoration Expense? Y

Concrete & Blacktop Restoration Expense? N

Permit Fee Expense: N

Billable? Billable

Interruption Report Entered? Yes

Total Labor Costs (hrs): 13.0

Material Transfer (Total Cost): 17.58

Damage Cause: No notification made to one call center/811

Closed Comments: Water Dept. hand digging without a ticket locating their water box. Hit 5/8" plastic service with shovel. NFG crew dug and spliced in new section.

Closed By: 20407

Date: 11/27/2024

District Manager Comments:



National Fuel Gas Distribution Corporation

INVOICE PIPELINE DAMAGES

Invoice No: RISK001954
Invoice Date: 12/16/24
Page: 1 of 1

Electronic Payments:
(Fed Wires and ACH)

Send Checks To:

Customer Number: 00008412
Payment Terms: Net 30
Due Date: 1/15/25

JP Morgan Chase Bank N.A.
ABA# 021000021
National Fuel Gas Distribution Corporation
Bank Acct. # 2261014886

National Fuel Gas Distribution Corporation
Attention: Finance
6363 Main Street
Buffalo NY 14221-5887

Bill To:

ERIE COUNTY WATER AUTHORITY
295 MAIN STREET
ROOM 350
BUFFALO NY 14203

Date: 2024-11-26
Location of Loss: 4825 GLENWOOD DR
Claim: 2025-53820-01
Pipe Size: 5/8 In.

For billing questions, please call 716-857-7674

Line	Description	Net Amount
1	MTRL - 5007361 PIPE, PLT, 1/2"	0.59
2	MTRL - 5830903 MECHANICAL, COU	16.92
3	DIR VEH & TOOLS - TRANS	83.51
4	LABOR - 20758	151.11
5	LABOR - 22274	226.66
6	LABOR - 60931	118.48
7	LABOR - 61026	226.66
8	OVERHEAD	150.00
9	SUPERVISORY	112.34
10	GAS LOSS	7.38
11	RESTORATION ORDER - 298981	748.00
	Subtotal:	1,841.65
	Amount Due:	1,841.65

Please reference invoice and claim number on all payments.

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

OFFICIAL USE


Postmark
Here

Certified Mail Fee \$ _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Extra Services & Fees (check box, add fee as appropriate)</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (hardcopy)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (electronic)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Required</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td>\$ _____</td> </tr> </table>	Extra Services & Fees (check box, add fee as appropriate)		<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____	<input type="checkbox"/> Return Receipt (electronic)	\$ _____	<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____	<input type="checkbox"/> Adult Signature Required	\$ _____	<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Extra Services & Fees (check box, add fee as appropriate)													
<input type="checkbox"/> Return Receipt (hardcopy)		\$ _____											
<input type="checkbox"/> Return Receipt (electronic)		\$ _____											
<input type="checkbox"/> Certified Mail Restricted Delivery		\$ _____											
<input type="checkbox"/> Adult Signature Required		\$ _____											
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____												
Postage \$ _____													
Total \$ _____													
Sent \$ _____													
Street _____													
City, State _____													

Erie County Water Authority
 295 Main Street, Room 350
 Buffalo, New York 14203

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 1239 5782 13

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery</p>																
<p>1. Article Addressed to:</p> <div style="text-align: center; padding: 10px;"> <p>Erie County Water Authority 295 Main Street, Room 350 Buffalo, New York 14203</p> </div>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<div style="text-align: center;">  <p>9590 9402 8664 3244 3026 46</p> </div> <p>2. Article Number (<i>Transfer from service label</i>)</p>	<p>3. Service Type</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery																	
<p>9589 0710 5270 1239 5782 13</p>	<p>Domestic Return Receipt</p>																

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Erie County Water Authority
 295 Main Street, Room 350
 Buffalo, New York 14203



9590 9402 8664 3244 3026 46

2. Article Number (Transfer from service label)

9589 0710 5270 1239 5782 13

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt