



## Pipeline Safety Division Investigation Report

### Investigation regarding: Jack Jacobs

UPPAC Database Record ID: 3985

Report Date: 03/11/2013

Investigator: William Boyd

Damage Date: 10/2/2012 10:03:17 AM

Damage Address: 12450 W 775 N, Monticello, Carroll County

### The Parties

Excavator: Jack Jacobs (Owner)

Address: 5844 Richey Park Lane, Monticello, In 47960

Facility Owner: NIPSCO

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Water

### Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$194

### 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 damaged a plastic natural gas service during excavation to repair a water line.

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 12/19/2012. Excavator began work without requesting that underground facilities be located and marked.

**Conclusion:** Excavator to call for locates.

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



150 West Market Street, Suite 600  
Indianapolis, IN 46204

January 30, 2013

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

Pipeline Safety Division – Case No. 3985  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3985

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: 10/2/2012

Event Location: 12450 W 775 N

Facility Owner: Northern Indiana Public Service Company

Excavator: Jack Jacobs

Other Party: N/A

Pipeline Division Case No. 3985

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. 3985</b>                 |   |
| Date of Event   | 10/2/2012                               |
| Event Location  | 12450 W 775 N                           |
| Event City  | Monticello                              |
| Facility Owner  | Northern Indiana Public Service Company |
| Excavator   | Jack Jacobs                             |
| Date of IURC Information Request                              | 12/5/2012                               |
| <b>THE PARTIES</b>  |   |
| <b>EXCAVATOR:</b>   |   |
| BUSINESS NAME   |   |
| RESPONSIBLE PARTY PERSONAL NAME                               | Jack Jacobs                             |
| TITLE (IF ANY)  |   |
| ADDRESS   | 5844 Richey Park Lane                   |
| CITY/ STATE/ZIP   | Monticello, IN 47960                    |
| PREFERRED TELEPHONE   | 219 863 1877                            |
| 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                               | 12338 W 775 N  |
| CITY/STATE/ZIP                        | Monticello, IN |
| NEAREST INTERSECTION                  | W Oakdale Dr   |
| <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            | 0              |
| REPAIR COST (IF KNOWN) (\$)           |                |
| <b>CAUSE OF DAMAGE INFORMATION:</b>   |                |
| <b>TYPE OF EQUIPMENT (Select One)</b> |                |
| Auger                                 |                |
| Backhoe/Trackhoe                      | X              |
| Boring/Drilling                       |                |
| Directional Drilling                  |                |
| Explosives                            |                |
| Farm Equipment                        |                |
| Grader/Scraper                        |                |
| Hand Tools                            |                |
| Milling Equipment                     |                |
| Probing Device                        |                |

|  |              |
|--|--------------|
| Trancher                                   |              |
| 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                                |              |
| 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                                      | X            |
| Waterway Improvement                       |              |
| Unknown/Other                              |              |
|  |              |
| RELEASE OF PRODUCT (YES/NO)                | Y            |
| IGNITION AND/OR FIRE (YES/NO)              | N            |
| EXCAVATOR NOTIFY 811 (YES/NO)              | Y 1210021130 |
| <b>LOCATE INFORMATION:</b>                 |              |
| EXCAVATOR REQUEST LOCATE (YES/NO)          | N            |

|  |     |
|--|-----|
| INDIANA 811 LOCATE TICKET NUMBER   |     |
| LOCATE MARKS VISIBLE (YES/NO)  | N/A |
| LOCATE MARKS CORRECT (YES/NO)  | N/A |
| EXCAVATOR "WHITE LINED" (YES/NO)   | N/A |
| MAPS USED TO MARK FACILITIES (YES/NO)  | N/A |
| OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)  | N/A |
| <b>INCIDENT IMPACT INFORMATION</b>   |     |
| NUMBER OF OUTPATIENT TREATED   | 0   |
| NUMBER OF INPATIENT TREATED  | 0   |
| NUMBER OF FATALITIES   | 0   |
| FIRE DEPARTMENT RESPONSE (YES/NO)  |     |
| POLICE DEPARTMENT RESPONSE (YES/NO)  |     |
| AMBULANCE RESPONSE (YES/NO)  |     |
| <b>ADDITIONAL INFORMATION/COMMENTS</b>   |     |
| <p>No notification made to the one-call center<br/> Nipsco emergency repair ticket #: 1210021365</p> |     |

**Fact Based Investigation Report**

NOTIFICATION ID: 01120121002003

DISTRICT: Central IN

DAMAGE DATE: 10/2/2012 10:03:24 AM

NOTIFICATION DATE: 10/2/2012 10:05:11 AM

NOTIFIED BY: JACK JACOBS

DAMAGE ADDRESS: 12450 W 775 N

CITY: MONTICELLO

ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 10/02/2012

FROM: 10:25:00

TO: 10:35:00

EXCAVATOR INVOLVED: Homeowner

TYPE OF EXCAVATION: INSTALLING FREEZE PROOF WATER LANES

ORIG. LOCATE REQ.:

START DATE/TIME:

TYPE OF TICKET:

LOCATE REQ. INFO N/A: Yes

DIG UP/DAMAGE REQ.: 1210021130

START DATE/TIME:

PICTURES TAKEN BY: RYAN WILSON DATE/TIME: 10/2/2012 10:30:00 AM

PHOTOGRAPHY TYPE: Digital FRAME #:

INVESTIGATOR EMP#: 112284

INVESTIGATOR NAME: BRETT DUNCAN

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

**Fact Based Investigation Customer Information**

NOTIFICATION ID: 01120121002003

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF FACILITY ID: Gas Service

LOCATOR NAME & EMP #:

LOCATOR NOT KNOWN: Yes

CHECK ALL THAT APPLY TO INVESTIGATION:

No Locate Req. By Contractor

Other:

CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):

Visual, Facility Exposed At Time Of Investigation

**INVESTIGATOR STATEMENT/CAUSAL FACTORS:**  
NO LOCATE REQUESTED

**NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:**  
N/A

**NAMES OF EXCAVATOR'S REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:**  
N/A

**LIST ANY OTHER INDIVIDUALS ON SITE:**  
N/A

**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** N/A

**REPLACEMENT FOOTAGE** N/A

**WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?** No N/A

**WHAT CONTRACTOR EQUIPMENT WAS USED?** N/A

**IS THE FACILITY SHOWN ON THE UTILITY RECORDS?** No

**IF YES, PLEASE LIST RECORD #(S)** N/A

NIPSCO 00421 IUPPSa 10/02/2012 10:03:24 1210021130-00A EMER DAMG GRID

DAMAGE SEE REMARKS

Ticket : 1210021130 Date: 10/02/2012 Time: 09:51 Oper: JSMITH Chan:088

State: IN Cnty: CARROLL Twp: JEFFERSON  
Cityname: MONTICELLO Inside: N Near: Y  
Subdivision:

CASE: 3985

Address : 12450  
Street : W 775 N  
Cross 1 : W OAKDALE DR Within 1/4 mile: N  
Location: THIS IS CEDAR CREST MOBILE HOME PARK--LOT NUMBER 5--LOCATE THE FRONT  
OF THE LOT FROM THE ROAD EDGE AND INTO THE LOT FOR APPROX 60 FEET

:  
Grids : 4039B8645B 4039A8645B 4039B8645A 4039A8645A  
Boundary: n 40.663860 s 40.661598 w -86.765038 e -86.759926

Work type : INSTALLING FREEZE PROOF WATER LANES  
Done for : JACK JACOBS  
Start date: 10/02/2012 Time: 09:55 Hours notice: 0/0 Priority: EMER  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
Duration : 2 DAYS Depth: 4 FEET

Company : JACK JACOBS Type: HOME  
Co addr : 5844 RICHEY PARK LANE  
City : MONTICELLO State: IN Zip: 47960  
Caller : JACK JACOBS Phone: (219)863-1877  
Contact : JACK JACOBS--CELL Phone:  
BestTime:  
Mobile : (219)863-1877  
Email : JACOBSJACK095@GMAIL.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time  
NIPSCO GAS LINE WAS HIT ON THE FRONT OF THE LOT APPROX 50 TO 60 FEET OFF OF THE  
ROAD EDGE--GAS LINE IS NOT BLOWING--CALLER HAS NOTIFIED NIPSCO OF THE DAMAGED  
LINE--CALLER HAS BEEN ADVISED TO ALSO NOTIFY 911 OF THE DAMAGED LINE--CALLER  
DESCRIBES THE GAS LINE AS A YELLOW PLASTIC LINE AND IS APPRIX 1/2 OF AN INCH IN  
DIAMETER--CREW IS ON SITE--THERE IS NO PREVIOUS TICKET NUMBER ASSOCIATED WITH  
THIS DIGSITE--THANK YOU!!  
Will you be white-lining the dig site area? NO

:

Submitted date: 10/02/2012 Time: 09:51  
Members: ID2100 ID5533 ID6676 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Monticello MAXIMO WO #

OPERATING AREA CONTACT Dave Prather JOB ORDER # 563207

TRACKING NUMBER # 011-2012-100-2003 LOCATE REF #

Locate Performed By:

DATE AND TIME OF ACCIDENT 10/02/12 20:19:00 a M DATE OF REPORT 10/02/12

PLACE OF DAMAGE (INCLUDE CITY) 12338 W 775 N Monticello

DAMAGE WAS TO:

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

OTHER (DESCRIBE)

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

DEPTH OF FACILITY (inches) 16" below gnd PRESSURE (PSI) Lbs.

RELEASE OF GAS: YES (X) NO ( ) IGNITION OF GAS: YES ( ) NO (X) EVACUATION REQUIRED: YES ( ) # 1 NO (X)

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

DURATION OF INTERRUPTION: TIME REPORTED 10:00am TIME SHUT OFF 10:21am TIME RESTORED 10:35am

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

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

PARTY THAT CAUSED DAMAGES (NAME) Jack Jacobs

ADDRESS OF PARTY (INCLUDE CITY) 5844 Richey Park Lane 47960 (219) 863-1877

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE JACK JACOBS

WITNESS NAME AND ADDRESS self

WITNESS REMARKS Digging to Repair water line & struck gas service

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

PHOTOS TAKEN: YES (X) 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 (X) 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 (X) 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 (X) EXCAVATING BEFORE LOCATES DUE (X) CARELESS MACHINE OPERATOR
( ) NO NOTIFICATION ( ) MARKS DISTURBED ( ) STUB ( ) OTHER

COMMENTS:

no locate, contractor hit gas line while trying to repair  
water line

PERSON PREPARING REPORT

Harry Dullal

FIELD SUPERVISOR

David P. [Signature]

FIELD MANAGER

Tom T. [Signature]

- 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: \_\_\_\_\_



## INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3985

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*The Pipeline Safety Division of the Indiana Utility Regulatory Commission requests any and all information you can provide regarding the following criteria.*

*Upon completion of answers select email button for submission.*

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### The Parties

#### Excavator Information:

Business Name: N/A

Responsible Party Personal Name: Jackie L. Jacobs

Title (if any): Property Owner

Address (number and street): 5844 Richey Park Lane

City, State and ZIP Code: Monticello, Indiana 47960

Preferred Telephone Number (area code): 219 253 5150

Cellular Telephone Number (area code): N/A

Email Address: N/A

#### Facility Information:

Business Name: Cedar Crest Mobile Home Park

Responsible Party Personal Name: Jackie L Jacobs Sr.

Title (if any): Property Owner

Address (number and street): 12450 W 775 N

City, State and ZIP Code: Monticello, Indiana 47960

Preferred Telephone Number (area code): 219 253 5150

Cellular Telephone Number (area code): N/A

Email Address: N/A

**Locator Service Information:**

Business Name: N/A

Responsible Party Personal Name: N/A

Title (if any): N/A

Address (number and street): N/A

City, State and ZIP Code: N/A

Preferred Telephone Number (area code): N/A

Cellular Telephone Number (area code): N/A

Email Address: N/A

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**Cause of Damage Information**

Type of Equipment (select one): Backhoe/Trackhoe

Type of Work Performed (select one): Water

**Other Information (Witness, Police, Fire, Other):**

Personal Contact: N/A

Business/Organization Name: N/A

Title (if any): N/A

Address (number and street): N/A

City, State and ZIP Code: N/A

Preferred Telephone Number (area code): N/A

Cellular Telephone Number (area code): N/A

Email Address: N/A

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**Utility Line Impact**

**Location of Damage:**

Address (number and street): 12450 W 775 N

City, State and ZIP Code: Monticello, Indiana 47960

Nearest Intersection: Oakdale Rd

**Product Type (select one):** Natural Gas

**Facility Type (select one):** Unknown/Other

**Size (Diameter/etc.):** 1/2"

**Pressure (PSIG/Inches):** unknown

**Interruption in Service:**  Yes  No **Number of Customers Affected:** 1

**Evacuation:**  Yes  No **If yes, How Many Evacuated?**

**Repair Cost (if known):** \$ \$194.30

**Release of Product:**  Yes  No

**Ignition and/or Fire:**  Yes  No

**Excavator Notify 811:**  Yes  No

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**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

Maps Used to Mark Facilities:  Yes  No

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

Operator Employees On-site during Excavation:  Yes  No

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**Incident Impact Information**

Number of Outpatient Treated: <sup>0</sup> \_\_\_\_\_

Number of Inpatient Treated: <sup>0</sup> \_\_\_\_\_

Number of Fatalities: <sup>0</sup> \_\_\_\_\_

Fire Department Response:  Yes  No

Police Department Response:  Yes  No

Ambulance Response:  Yes  No

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**Additional Information / Comments**

As property owner I was preparing for park closure when I noticed a water line break/leak. Utilizing park owned mini excavator, I attempted to identify source of leak when I struck a buried gas line supplying park mobile home. I immediately notified NIPSCO and pipe was repaired.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3985

Your Full Name: Jackie L Jacobs

Full Name of Business / Entity (if applicable): Cedar Crest Mobile Home Park

Your Business Title (if applicable): Property Owner

Address (number and street): 5844 Richey Park Lane

City: Monticello, Indiana 47960 State: Indiana ZIP Code: 47960

Your E-mail Address: N/A

Today's Date (month, day, year): 12-11-12

Your Signature: J.L. Jacobs Title (if any) OWNER

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 3985**  
**Indiana Utility Regulatory Commission**  
**101 West Washington Street, 1500E**  
**Indianapolis, IN 46204**

Or scan the statement and Email to:

[PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)