



Pipeline Safety Division Investigation Report

Investigation regarding: Earth Link Geothermal

UPPAC Database Record ID: **3991**

Report Date:

Investigator: William Boyd

Damage Date: 10/3/2012 9:07:13 AM

Damage Address: 1740 W 200 N, Angola, Steuben County

The Parties

Excavator: **Earth Link Geothermal** (Contractor)

Address: P O Box 170, Bluffton, In 46714

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Unknown/Other

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$266

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1209270409

Original Start Date:

Locate Instructions: ENTIRE PROPERTY

Follow-Up Locate Instructions (if applicable):

Synopsis: Excavator damaged a natural gas service during excavation to install a geothermal loop.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 12/31/2012. Excavator failed to spot the service with hand tools before beginning work with the backhoe.

Conclusion: Excavator failed to maintain the required clearance from the gas facility.

Violation: 8-1-26-20(a)(2) Failure to maintain two (2) feet clearance with mechanized equipment.



150 West Market Street, Suite 600
Indianapolis, IN 46204

January 30, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3991
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3991

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: 10/3/2012

Event Location: 1740 W 200 N

Facility Owner: Northern Indiana Public Service Company

Excavator: Earth Link Geothermal

Other Party: N/A

Pipeline Division Case No. 3991

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. 3991	
Date of Event	10/3/2012
Event Location	1740 W 200 N
Event City	Angola
Facility Owner	Northern Indiana Public Service Company
Excavator	Earth Link Geothermal
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Earth Link Geothermal
RESPONSIBLE PARTY PERSONAL NAME	Adam Ault
TITLE (IF ANY)	
ADDRESS	P.O. BOX 170
CITY/ STATE/ZIP	Bluffton, IN 46714
PREFERRED TELEPHONE	260-622-1226
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	1740 W 200 N
CITY/STATE/ZIP	Angola, IN 46703
NEAREST INTERSECTION	N 200 W
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.)	3/4"
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) (\$)	
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	X
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	
Probing Device	

Trancher	
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	
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	X
RELEASE OF PRODUCT (YES/NO)	Y
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	Y 1210030751
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1209270409
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
INCIDENT IMPACT INFORMATION	
NUMBER OF OUTPATIENT TREATED	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FATALITIES	0
FIRE DEPARTMENT RESPONSE (YES/NO)	N
POLICE DEPARTMENT RESPONSE (YES/NO)	N
AMBULANCE RESPONSE (YES/NO)	N
ADDITIONAL INFORMATION/COMMENTS	
<p>Failure to use hand tools where required. To the extent marks were obscured due to construction activity, a re-mark would have been appropriate.</p>	

Fact Based Investigation Report

NOTIFICATION ID: 01820121003005

DISTRICT: Northern IN

DAMAGE DATE: 10/3/2012 9:07:14 AM

NOTIFICATION DATE: 10/3/2012 9:10:15 AM

NOTIFIED BY: ADAM AULT

DAMAGE ADDRESS: 1740 W 200 N

CITY: ANGOLA

ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 10/03/2012

FROM: 10:00:00

TO: 10:15:00

EXCAVATOR INVOLVED: EARTH LINK GEOTHERMAL

TYPE OF EXCAVATION: GEOTHERMAL

ORIG. LOCATE REQ.: 1209270409

START DATE/TIME:

TYPE OF TICKET:

LOCATE REQ. INFO N/A:

DIG UP/DAMAGE REQ.: 1210030751

START DATE/TIME:

PICTURES TAKEN BY: GEORGE MILLER

DATE/TIME: 10/3/2012 10:00:00 AM

PHOTOGRAPHY TYPE: Digital

FRAME #:

INVESTIGATOR EMP#: 117460

INVESTIGATOR NAME: GEORGE MILLER

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820121003005

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF

FACILITY ID: service - 3/4"

LOCATOR NAME & EMP #: Miller George - 117460

LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:

Facility Marked Accurately

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:

MARKS THAT ARE NOT DESTROYED ARE WITHIN 20" OF THE CUT

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:
TROY

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? Yes

WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA? Yes

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS? Yes

EXTENT OF FACILITY DAMAGE CUT

REPLACEMENT FOOTAGE 2'

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

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 00097 IUPPSa 09/27/2012 08:31:27 1209270409-00A NORM NEW STRT

NORMAL NOTICE

Ticket : 1209270409 Date: 09/27/2012 Time: 08:27 Oper: ADAM.AULT Chan:000

State: IN Cnty: STEUBEN Twp: PLEASANT
Cityname: ANGOLA Inside: N Near: Y
Subdivision:

CASE: 3991

Address : 1740
Street : W 200 N
Cross 1 : N 200 W Within 1/4 mile: Y
Location: ENTIRE PROPERTY
:
Grids : 4140C8501D 4140C8501C 4140C8501B 4140C8501A
Boundary: n 41.672115 s 41.670906 w -85.029343 e -85.017014

Work type : INSTALLING A GEOTHERMAL LOOP
Done for : HOMEOWNER
Start date: 10/01/2012 Time: 08:45 Hours notice: 96/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 2 DAYS Depth: 5 FEET

Company : EARTH LINK GEOTHERMAL Type: CONT
Co addr : P O BOX 170
City : BLUFFTON State: IN Zip: 46714
Caller : ADAM AULT Phone: (260)622-1226
Contact : ADAM AULT - CELL Phone:
BestTime:
Mobile : (260)622-1226
Fax : (260)846-2000
Email : ADAM.AULT@EARTHLINKGEOTHERMAL.COM

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

Submitted date: 09/27/2012 Time: 08:27
Members: ID3015 ID4844 ID6748 ID8000 NIPSCO SM

NIPSCO 00200 IUPPSa 10/03/2012 09:07:14 1210030751-00A EMER DAMG STRT

DAMAGE SEE REMARKS

Ticket : 1210030751 Date: 10/03/2012 Time: 09:05 Oper: KSWANK Chan:063

State: IN Cnty: STEUBEN Twp: PLEASANT
Cityname: ANGOLA Inside: N Near: Y
Subdivision:

Case: 3991

Address : 1740
Street : W 200 N
Cross 1 : N 200 W Within 1/4 mile: Y
Location: ENTIRE PROPERTY
:
Grids : 4140C8501D 4140C8501C 4140C8501B 4140C8501A
Boundary: n 41.672115 s 41.670906 w -85.029343 e -85.017014

Work type : INSTALLING A GEOTHERMAL LOOP
Done for : HOMEOWNER
Start date: 10/03/2012 Time: 09:05 Hours notice: 0/0 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 2 DAYS Depth: 5 FEET

Company : EARTH LINK GEOTHERMAL Type: CONT
Co addr : P O BOX 170
City : BLUFFTON State: IN Zip: 46714
Caller : ADAM AULT Phone: (260)622-1226
Contact : ADAM AULT - CELL Phone:
BestTime:
Mobile : (260)622-1226
Fax : (260)846-2000
Email : ADAM.AULT@EARTHLINKGEOTHERMAL.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
A NIPSCO GAS LINE WAS HIT ON THE SIDE OF THE PROPERTY - GAS IS NOT BLOWING
BECAUSE IT HAS BEEN KINKED OFF - CREW IS ON SITE - THIS IS AN ORANGE 3/4 INCH
PLASTIC PIPE - CALLER HAS BEEN ADVISED TO CALL NIPSCO TO REPORT THE DAMAGED LINE
- HAS BEEN ADVISED TO CALL 911 - PREVIOUS TICKET NUMBER 1209270409 - THANKS!
Will you be white-lining the dig site area? NO
:

Submitted date: 10/03/2012 Time: 09:05
Members: ID3015 ID4844 ID6748 ID8000 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Angola MAXIMO WO # M 573890
OPERATING AREA CONTACT Joe Thomas JOB ORDER # J571181
TRACKING NUMBER 01820121003005 LOCATE REF # 1209270409
Locate Performed By: USIC

DATE AND TIME OF ACCIDENT Oct 3 2012 9:10A M DATE OF REPORT 10/3/12
PLACE OF DAMAGE (INCLUDE CITY) 1740 W 200 N Angola

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

OTHER (DESCRIBE) _____

GAS: SERVICE MAIN () SIZE 3/4 MATERIAL: PLASTIC STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE) _____

DEPTH OF FACILITY (inches) 26" PRESSURE (PSI) 28 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 9:10 TIME RESTORED 9:15 Shutoff was folded over

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 3/4 Restored - 11:15am

LOCATE MARKS ON SITE: YES DISTANCE BETWEEN FACILITY AND LOCATE MARKS 8" NO ()
HOW LOCATED: PAINT FLAGS BOTH WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) Earth Link

ADDRESS OF PARTY (INCLUDE CITY) P.O Box 170 Bluffton In, 46714

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Adam Ault

WITNESS NAME AND ADDRESS _____

WITNESS REMARKS _____

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY No REPORT # _____

FIRE () AGENCY No REPORT # _____

OTHER () _____ Any Injuries? () YES # _____ NO

PHOTOS TAKEN: YES NO () TAKEN BY: T. Bowen (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 type="checkbox"/> LANDSCAPING | <input type="checkbox"/> PIPELINE | <input type="checkbox"/> MILLING | <input checked="" type="checkbox"/> OTHER <u>Geo Thermo</u> |
| <input type="checkbox"/> POLE/SIGN POST | <input type="checkbox"/> ROAD WORK | <input type="checkbox"/> SEWER | <u>Install</u> |

- TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW
- | | | |
|--|---|--|
| <input type="checkbox"/> AUGER | <input type="checkbox"/> HAND TOOLS | <input checked="" 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 |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS: Cut 3/4 service, tested, Repaired with 2ft
Mechanical Coupling

PERSON PREPARING REPORT T. Bonner

FIELD SUPERVISOR Joe Thomas 10-5-12

FIELD MANAGER Ralph Dunn

- 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: 3991

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.

The Parties

Excavator Information:

Business Name: Earth Link Geothermal Services

Responsible Party Personal Name: Adam Ault

Title (if any): Manager

Address (number and street): PO Box 170

City, State and ZIP Code: Bluffton, IN 46714

Preferred Telephone Number (area code): 260-622-1226

Cellular Telephone Number (area code): 260-515-4209

Email Address: adam.ault@earthlinkgeothermal.com

Facility Information:

Business Name: Northern Indiana Public Service Company

Responsible Party Personal Name: _____

Title (if any): _____

Address (number and street): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Locator Service Information:

Business Name: _____

Responsible Party Personal Name: _____

Title (if any): _____

Address (number and street): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Cause of Damage Information

Type of Equipment (select one): Backhoe/Trackhoe

Type of Work Performed (select one): Unknown/Other

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

Personal Contact: Brandon Betts

Business/Organization Name: Earth Link Geothermal Services

Title (if any): Employee

Address (number and street): 702 S Jefferson St

City, State and ZIP Code: Ossian, IN 46777

Preferred Telephone Number (area code): 260-622-1226

Cellular Telephone Number (area code): _____

Email Address: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): 1740 W 200 N

City, State and ZIP Code: Angola, IN 46703

Nearest Intersection: N 200 W

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Service/Drop

Size (Diameter/etc.): 3/4"

Pressure (PSIG/Inches): _____

Interruption in Service: Yes No Number of Customers Affected: _____

Evacuation: Yes No If yes, How Many Evacuated? 3

Repair Cost (if known): \$ 266.01

Release of Product: Yes No

Ignition and/or Fire: Yes No

Excavator Notify 811: Yes No

Locate Information

Excavator Request Locate: Yes No

Indiana 811 Locate Ticket Number: 1209270409

- 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

Incident Impact Information

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

Additional Information / Comments

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3991

Your Full Name: Adam Ault

Full Name of Business / Entity (if applicable): Earth Link Geothermal Services

Your Business Title (if applicable): Manager

Address (number and street): PO Box 170

City: Bluffton State: IN ZIP Code: 46714

Your E-mail Address: adam.ault@earthlinkgeothermal.com

Today's Date (month, day, year): December 31, 2012

Your Signature: _____ Title (if any) _____

Please return your Narrative Statement to:

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

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov