



Pipeline Safety Division Investigation Report

Investigation regarding: Maple City Underground

UPPAC Database Record ID: 4265

Report Date: 7/15/2013

Investigator: Mike Orr

Damage Date: 12/5/2012 1:18:14 PM

Damage Address: 10630 S 600 E, Laud, Whitley

The Parties

Excavator: **Maple City Underground**

Address: 57769 Co Rt 18, Goshen, In 46528

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Trencher

Type of Work Performed: Cable TV

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: Yes

Indiana 811 Ticket Number: 1211273080

Original Start Date:

Locate Instructions: LOCATE ENTIRE PROPERTY AND TO PED 300-20

Follow-Up Locate Instructions (if applicable):

Synopsis: Excavator struck and damaged an underground natural gas service while performing telecommunications work.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 3/21/2013. The excavator had a valid locate ticket; however, the gas operator failed to locate the gas facility.

Conclusion: There was a failure to provide a locate of the facility.

Violation: IC 8-1-26-18(f) Operator failed to locate or provided incorrect locate markings.



150 West Market Street, Suite 600
Indianapolis, IN 46204

March 7, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4265
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4265

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: 12/5/2012

Event Location: 10630 S 600 E

City: Laud

Facility Owner: Northern Indiana Public Service Company

Excavator: Maple City Underground

Other Party: N/A

Pipeline Division Case No. 4265

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. 4265	
Date of Event	12/5/2012
Event Location	10630 S 600 E
Event City	Laud
Facility Owner	Northern Indiana Public Service Company
Excavator	Maple City Underground
Date of IURC Information Request	2/13/2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Maple City Underground
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	57769 CO RT 18
CITY/ STATE/ZIP	Laud / IN / 46528
PREFERRED TELEPHONE	(260) 350-1406
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	10745 S 600E
CITY/STATE/ZIP	Roanoke / IN / 46783
NEAREST INTERSECTION	E 1000 S
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.)	1 1/8"
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) (\$)	
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	
Probing Device	

Trencher	
Vacuum Equipment	
Unknown/Other	X – plow
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	X
Traffic Signal	
Traffic Sign	
Water	
Waterway Improvement	
Unknown/Other	
RELEASE OF PRODUCT (YES/NO)	Y
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	Y – Ticket# 1212052026
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1211273080
LOCATE MARKS VISIBLE (YES/NO)	N
LOCATE MARKS CORRECT (YES/NO)	N
EXCAVATOR "WHITE LINED" (YES/NO)	N
MAPS USED TO MARK FACILITIES (YES/NO)	N
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/A
POLICE DEPARTMENT RESPONSE (YES/NO)	N/A
AMBULANCE RESPONSE (YES/NO)	N/A
ADDITIONAL INFORMATION/COMMENTS	
<p>Facility marking or location not sufficient (not marked – USIC stated locator failed to verify service).</p> <p>Emergency Ticket# 1212052199.</p>	

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA FT. Wayne MAXIMO WO # M621972
OPERATING AREA CONTACT Jason Otis JOB ORDER # 564464
TRACKING NUMBER 01820121205009 LOCATE REF # 121127-3080
Locate Performed By:

DATE AND TIME OF ACCIDENT 13:45 EST 2012, 12 M. DATE OF REPORT 5
PLACE OF DAMAGE (INCLUDE CITY) 10745 S COOE ROANOKE, IN 46783

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

OTHER (DESCRIBE)

GAS: SERVICE X MAIN () SIZE 1 1/8 MATERIAL: PLASTIC X STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE)

DEPTH OF FACILITY (Inches) 14" PRESSURE (PSI) 40 Lbs.

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

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

DURATION OF INTERRUPTION: TIME REPORTED 12-5-12 TIME SHUT OFF 14:40 TIME RESTORED 15:30

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1" plow thru

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) Maple City Undergrounds

ADDRESS OF PARTY (INCLUDE CITY) 57769 County Rd 18 Bushon IN 46528

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Nelson Beechey

WITNESS NAME AND ADDRESS (260) 350-1406

WITNESS REMARKS called in for locates / no marks for service

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

PHOTOS TAKEN: YES () NO X TAKEN BY: (ATTACH PHOTOS TO REPORT)
MEDIA ON SITE YES () NO X

- WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW
() AGRICULTURE/FARMING () CABLE TV () CURB/SIDEWALK (X) TELECOMMUNICATIONS
() BLDG CONSTRUCTION () DEMOLITION () DRAINAGE () 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 () BACKHOE/TRACKHOE
() MILLING EQUIPMENT () PROBING DEVICE () BORING / DRILLING
() EXPLOSIVES () TRENCHER () FARM EQUIPMENT
() VACCUUM EQUIPMENT () GRADER (X) OTHER plow

- REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW
() AUTOMOTIVE ACCIDENT () EXCAVATING BEFORE LOCATES DUE () CARELESS MACHINE OPERATOR
() NO NOTIFICATION () MARKS DISTURBED () STUB (X) OTHER no locate

COMMENTS: Contractor called for locates / locator told him
there was nothing at the address. No
marks on ground.

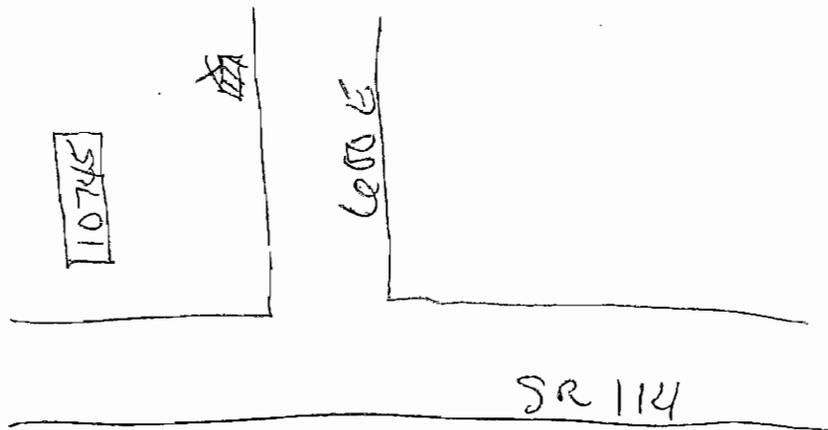
PERSON PREPARING REPORT Nicole Conterman

FIELD SUPERVISOR Jason Otis / [Signature] #100707

FIELD MANAGER Randell Duran

- 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: _____

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 CUT SERVICE

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

Facility: Distribution Lines; Folder: On-Hold folder; Assigned To: N/A

NIPSCO 00938 IUPPSa 11/27/2012 21:57:57 1211273080-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1211273080 Date: 11/27/2012 Time: 21:49 Oper: MPLUMMER Chan:040

State: IN Cnty: WHITLEY Twp: JEFFERSON
Cityname: LAUD Inside: N Near: Y
Subdivision:

Address : 10630
Street : S 600 E
Cross 1 : E 1000 S Within 1/4 mile: N
Location: LOCATE ENTIRE PROPERTY AND TO PED 300-20
:
Grids : 4100B8522C 4100A8522C 4101D8522C 4100B8522B 4100A8522B
Grids : 4101D8522B
Boundary: n 41.020210 s 41.011742 w -85.375618 e -85.373856

Work type : INSTALL CABLE
Done for : CENTURYLINK
Start date: 11/30/2012 Time: 07:00 Hours notice: 57/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 1 DAY Depth: 4 FEET

Company : MAPLE CITY UNDERGROUND Type: CONT
Co addr : 57769 CO RT 18
City : GOSHEN State: IN Zip: 46528
Caller : NELSON BEECHY Phone: (260)350-1406
Contact : NELSON BEECHY - - CELL Phone:
BestTime:
Mobile : (260)350-1406
Email : NELSONBEECHY@GMAIL.COM

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

Submitted date: 11/27/2012 Time: 21:49
Members: ID2034 ID6111 NIPSCO ID5857

Facility: Distribution Lines; Folder: REGION 2; Assigned To: N/A

NIPSCO 00938 IUPPSa 11/27/2012 21:57:57 1211273080-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1211273080 Date: 11/27/2012 Time: 21:49 Oper: MPLUMMER Chan:040

State: IN Cnty: WHITLEY Twp: JEFFERSON
Cityname: LAUD Inside: N Near: Y
Subdivision:

Address : 10630
Street : S 600 E
Cross 1 : E 1000 S Within 1/4 mile: N
Location: LOCATE ENTIRE PROPERTY AND TO PED 300-20
:
Grids : 4100B8522C 4100A8522C 4101D8522C 4100B8522B 4100A8522B
Grids : 4101D8522B
Boundary: n 41.020210 s 41.011742 w -85.375618 e -85.373856

Work type : INSTALL CABLE
Done for : CENTURYLINK
Start date: 11/30/2012 Time: 07:00 Hours notice: 57/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 1 DAY Depth: 4 FEET

Company : MAPLE CITY UNDERGROUND Type: CONT
Co addr : 57769 CO RT 18
City : GOSHEN State: IN Zip: 46528
Caller : NELSON BEECHY Phone: (260)350-1406
Contact : NELSON BEECHY - - CELL Phone:
BestTime:
Mobile : (260)350-1406
Email : NELSONBEECHY@GMAIL.COM

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

Submitted date: 11/27/2012 Time: 21:49
Members: ID2034 ID6111 NIPSCO ID5857

Facility: Transmission Lines; Folder: GM & T tickets; Assigned To: N/A

NIPSCO 00607 IUPPSa 12/05/2012 13:18:21 1212052026-00A EMER DAMG GRID

DAMAGE

Ticket : 1212052026 Date: 12/05/2012 Time: 13:14 Oper: SWOODFORD Chan:058

State: IN Cnty: WHITLEY Twp: JEFFERSON
Cityname: LAUD Inside: N Near: Y
Subdivision:

Address : 10630
Street : S 600 E
Cross 1 : E 1000 S Within 1/4 mile: N
Location: LOCATE ENTIRE PROPERTY AND TO PED 300-20
:
Grids : 4100A8522B 4100A8522C 4100B8522B 4100B8522C 4101D8522B
Grids : 4101D8522C
Boundary: n 41.020210 s 41.011742 w -85.375618 e -85.373856

Work type : INSTALL CABLE
Done for : CENTURYLINK
Start date: 12/05/2012 Time: 13:17 Hours notice: 0/000 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 1 DAY Depth: 4 FEET

Company : MAPLE CITY UNDERGROUND Type: CONT
Co addr : 57769 CO RT 18
City : GOSHEN State: IN Zip: 46528
Caller : NELSON BEECHY Phone: (260)350-1406
Contact : NELSON BEECHY - - CELL Phone:
BestTime:
Mobile : (260)350-1406
Email : NELSONBEECHY@GMAIL.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
PER NELSON BEECHY A NIPSCO GAS LINE HAS BEEN DAMAGED--GAS LINE IS BLOWING--HAS
NO DESCRIPTION OF THIS LINE--WAS DIGGING ALONG THE SIDE OF S 600 E--THIS IS THE
NEIGHBORING PROPERTY LINE--CREW IS ON SITE--NIPSCO HAS BEEN CONTACTED--HAVE
ADVISED MR. BEECHY TO CONTACT 911--PREVIOUS TICKET NUMBER 1211273080.
Will you be white-lining the dig site area? NO
:

Submitted date: 12/05/2012 Time: 13:14
Members: ID2034 ID5857 ID6111 NIPSCO

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

NIPSCO 00659 IUPPSa 12/05/2012 13:49:29 1212052199-00A EMER NEW GRID

EMERGENCY SEE REMARKS

Ticket : 1212052199 Date: 12/05/2012 Time: 13:45 Oper: JELEWITZ Chan:086

State: IN Cnty: WHITLEY Twp: JEFFERSON
Cityname: ROANOKE Inside: Y Near: N
Subdivision:

Address : 10745
Street : S 600 E
Cross 1 : E 1200 N Within 1/4 mile: Y
Location: LOCATE THE ENTIRE PROPERTY
:
Grids : 4100B8522B 4100B8522C 4100C8522B 4100C8522C
Boundary: n 41.010153 s 41.004586 w -85.375666 e -85.374216

Work type : REPAIRING A GAS LINE
Done for : NIPSCO
Start date: 12/05/2012 Time: 13:46 Hours notice: 0/000 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 1 DAY Depth: 6 FEET

Company : NIPSCO Type: MEMB
Co addr : 801 EAST 86TH AVENUE
City : MERRILLVILLE State: IN Zip: 46410
Caller : DAWN GALAMBUS Phone: (800)322-2806
Contact : JASON OTIS---CELL Phone:
BestTime:
Mobile : (260)241-3246

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

Submitted date: 12/05/2012 Time: 13:45
Members: ID2034 ID2083 ID5857 ID6111 ID8000 NIPSCO SM



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4265

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: Maple City Undergrounds

Responsible Party Personal Name: Nelson Beechy

Title (if any): President

Address (number and street): 57769 CR 18

City, State and ZIP Code: Goshen IN 46528

Preferred Telephone Number (area code): 260-350-1406

Cellular Telephone Number (area code): 260-350-1406

Email Address: nelsonbeechy@gmail.com

Facility 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: _____

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): *Vermeer LM 42 vibra-plow*

Type of Work Performed (select one): *installing phone cable*

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

Personal Contact: _____

Business/Organization 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: _____

Utility Line Impact

Location of Damage:

Address (number and street): 10630 S. 600 E.

City, State and ZIP Code: Laud IN - Whitley County

Nearest Intersection: St. RD. 114

Product Type (select one): natural gas

Facility Type (select one): service

Size (Diameter/etc.): _____

Pressure (PSIG/Inches): _____

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

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

Repair Cost (if known): \$ _____

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: 121127-3080

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: _____

Number of Inpatient Treated: _____

Number of Fatalities: _____

Fire Department Response: Yes No

Police Department Response: Yes No

Ambulance Response: Yes No

Additional Information / Comments

nipsco gas service line was not marked.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4265

Your Full Name: Nelson A. Beechy

Full Name of Business / Entity (if applicable): Maple City Undergrounds

Your Business Title (if applicable): President

Address (number and street): 57769 CR 18

City: Goshen State: IN ZIP Code: 46528

Your E-mail Address: nelsonbeechy@gmail.com

Today's Date (month, day, year): 3-18-13

Your Signature: Nelson A. Beechy Title (if any) _____

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 4265
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov