



Pipeline Safety Division Investigation Report

Investigation regarding: Powers Welding

UPPAC Database Record ID: 3315

Investigator: Howard Friend

Telephone: (317) 650-9105

Report Date: 8/3/12

The Parties

Excavator: Powers Welding

Contact: Austin J. Smith, Operations Manager

Address (City, State): 1500 NORTH FULTON AVENUE, Evansville, IN

Telephone: 812-305-8550

Facility Owner Information:

Business Name: Vectren

Contact: Darlene Kulhanek

Address (City, State): 1 N Main Street, Evansville, IN 47702

Telephone: (812) 491-4227

Utility Line Impact:

Damage Date: 7/15/12

Damage Address: 4414 Crimson Ct.

City: Evansville

County: Vanderburgh

Pipeline Facility

Product Type: Natural Gas

Facility Type/Function: Distribution Main

Facility size: 2"

Service Interruption: Yes

Number of Customers Three

Repair Cost (if known): \$1100.00

Excavator Activities/Cause of damage information:

Type of Equipment: Backhoe

Type of work performed: Water

Product release: Yes

Ignition: No

Excavator notify 811: Yes

Locate Information:

Excavator request locates: Yes

Indiana 811 ticket Number: 1206250302

Incident Impact Information:

Injuries: None

Fatalities: None

Synopsis: A 2" natural gas main was damaged during excavation for a water line.

Findings: The excavator damaged the natural gas line using a backhoe in dry hard ground to find the gas line. This was twenty (20) days after they had requested locates.

Conclusion: There was a failure to maintain two (2) feet clearance with mechanized equipment.

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

NO

LOCATE

TICKET

PROVIDED



INDIANA UTILITY REGULATORY COMMISSION
101 W. WASHINGTON STREET, SUITE 1500E
INDIANAPOLIS, INDIANA 46204-3407

<http://www.in.gov/iurc>
Office: (317) 232-2701
Facsimile: (317) 232-6758

July 13, 2012

Ms. Darlene Kulhanek
Vectren
1 N Main Street
Evansville, IN 47702

Subject: Investigation Request for Information

Date of Event: 7/5/2012

Event Location: Crimson Ct, Evansville

Facility Owner: Vectren

Excavator: Powers Welding

Other Party: N/A

Pipeline Division Case No. 3315

Dear Ms. Kulhanek:

Pursuant to Indiana Code 8-1-26, the *Indiana Damage to Underground Facilities Act*, the Pipeline Safety Division of the Indiana Utility Regulatory Commission ("Pipeline Division") is required to investigate reported incidents of alleged statutory violations involving underground pipeline safety. The purpose of this statute is to promote excavation and pipeline safety and to reduce the imminent danger to life, health, property, or loss of service associated with unsafe digging practices. Please note that the investigation does not entail determining criminal liability or a civil determination of fault or damages; however, it does determine whether any statutory violations were committed regarding public safety.

The Pipeline Division received information regarding potential statutory violations regarding the date and location referenced above. You were identified as a person or entity that might have information that would assist the Pipeline Division in its investigation. Therefore, we have contacted you in order to receive the full account of information in order to make a fair determination related to the circumstances of this incident.

We have asked all involved parties, entities and witnesses to provide *written* information within *30 days* in order to meet legal deadlines to conclude our investigation. **Please consider this letter as a formal request to receive any and all information and evidence (including a narrative, documentation, maps, photographs or any other written information) you can access regarding anything you may know about the incident referenced above.**



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)
INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: 07-18-2012

Who is submitting this information?

Name of person providing this information: Darlene Kulhanek

Business address (*number and street*): 1 Main Street

City, State, and ZIP code: Evansville, IN 47711

Telephone number (*area code*): 812-491-4227

Fax number (*area code*): 812-491-4504

E-mail address: dkulhanek@vectren.com

Excavator Information, if known

Full name: Powers Welding

Business address (*number and street*): 1500 N Fulton Avenue

City, State, and ZIP code: Evansville, IN 47710

Telephone number (*area code*): 812-305-8550

Fax number (*area code*): 812-424-8068

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Water

Date and Location of Damage

Date of damage (*month, day, year*): 7-5-2012

County: Vanderburgh

City: Evansville

Street address (*number and street, city, state, and ZIP code*):

4414 Crimson Court, Evansville, IN

Nearest intersection: Unknown

Right of way where damage occurred: Dedicated Public Utility Easement

Was there a release of product? Yes

If yes, was there an ignition of product? No

Were evacuations necessary as a result of release? No

If yes, how many evacuated? 0

Was there a customer service interruption? Yes

If yes, how many affected? 3

Time to restore service (*in hours*): 2

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 1,100

Affected Facility Information

What type of pipeline was damaged? Natural Gas

What was the affected facility? Distribution

What was the depth of the facility, in inches? _____

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1206250302

Was the locate request completed within two working days? Yes

If locates were performed, were they done so by a contractor or pipeline employee? Contract Locator

If a contractor locator, enter the company name, if known: USIC

Were facility marks visible in the area of excavation? Yes

Were facilities marked correctly? Yes

Type of markings used: Paint and Flags

If other, please specify: _____

Was site marked by "White Lining"? No

Were special instructions part of the locate request? Unknown/Other

Were maps used to complete the locate request? Unknown/Other

Were pipeline company representatives on site during excavation? No

Did the excavator notify the operator in the event of this damage? Yes

Did the excavator notify Indiana 811 in the event of this damage? Yes

Did the excavator notify 911 in the event of a release of product? Unknown/Other

Description of Cause

Select from the list the most accurate cause for the damage: --Failure to use hand tools where required

Additional Comments

2" plastic main severed by hoe. Not hand exposed.

Task No: 103.0509 Capital / O & M (circle one)

Vectren Claim Number: _____

Date of Damage 7/5/12

Police Report / MO #: _____

Cost Center # 5854

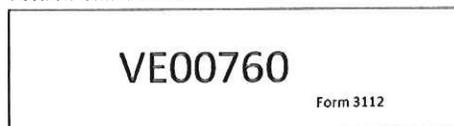
Time Occurred 11:00 am / pm

Time Found 11:25 am / pm

Latitude 38.06337 Longitude: -81.49409

FACILITIES DAMAGE REPORT GAS

Vectren Claims Camera:



DAMAGE SITE:

Address 4414 CRIMSON CT Lot # _____
County VAND City EVANS State IN Township Center (out)

FACILITY TYPE:

- Distribution Propane
- Service Storage
- Transmission: (include supplemental report)

FACILITIES DAMAGED:

	ORIFICE SIZE(S):	(1)	(2)	(3)
<input type="checkbox"/> Farm Tap	0.50 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Heater	5/8 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Main	0.75 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Meter (Residential)	1.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Meter (Industrial / Commercial)	1.25 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Odorizer	2.00 inch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Regulator Station	3.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Relief Valve	4.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Riser	5.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Service Line	6.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Valve	10.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	16.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	20.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	Other			

1.943

TYPE OF MATERIAL:

- Cast Iron
- Plastic (HDPE)
- Plastic (MDPE)
- Steel
- Other _____

DAMAGE TYPE:

- Severed
- Not Cut
- Severed
- Size _____ x _____

PRESSURE:

- 25 PSIG
- 40 PSIG
- 50 PSIG
- 55 PSIG
- 60 PSIG
- 6 WC (.2163)
- 7 WC (252)
- Other _____

49.051

PROTECTION IN PLACE:

- Building Fence None
- Post Rail Vault N/A
- Other _____

DURATION OF ESCAPING GAS:

Minutes: 45

LEAK REPORT

NUMBER: 11586

EFV Activated Yes No N/S

Number of Customers Affected: 3
Total Hours Service: _____
Was Off: 2

SERVICE ORDER NUMBER: _____

DAMAGED BY:

- Company Crew
- Contractor
- County
- Developer
- Farmer
- Municipality
- Property Owner/ Tenant
- Railroad
- State
- Unknown
- Utility
- Vehicle Accident
- Other _____

TYPE OF CONSTRUCTION:

- Agriculture
- Building Construction
- Building Demolition
- Cable TV
- Curbs / Sidewalk
- Drainage
- Driveway
- Electric
- Engineering / Surveying
- Fencing
- Grading
- Irrigation
- Landscaping
- Liquid Pipeline
- Milling
- Pole
- Natural Gas
- Public Transit Authority
- Railroad Maintenance
- Other WATER

WORKING FOR:

- City County Developer
- State Property Owner
- Utility

VISUAL OBSERVATION AT DAMAGE SITE:

- Visual Observation: Above Ground Below Ground
- Locate Applicable Yes No N/S
- Facilities Properly Marked Yes No N/S
- Marking Methods: Conventional Flags None
- Offset Paint Stakes Whiskers
- Locate Marking Faded: Yes No N/S
- Wrong Address Requested Yes No N/S

7/10

Facilities Improperly Located:

- Qualified Locator Could Not Have Accurately Located
- Inaccurate Maps / Cards
- Broken or No Tracer Wire (Plastic)
- Insulation Preventing Accurate Locate

Locator Error:

- Failure to Follow Policy
- Inappropriate Site Markings
- Incomplete Locate
- No Locates Performed
- Qualified Locator Could Have Accurately Located
- Wrong Address Located
- Marking Off By: _____ (Feet / Inches)

JUL 13 2012

- Were Facility Marks Visible Yes No
- Was Area White Lined Yes No Destroyed
- Positive Response Yes No Destroyed
- Tolerance Zone Violated Yes No
- Part of Project Yes No
- Company Representative On-Site Yes No

Observation by (ID#): _____

Name of Locator: _____

LOCATING ORGANIZATION:

- Contract Locator
- Unknown / Other
- Utility Owner

NOTIFICATIONS AND OTHER DETAILS OF LOCATE:

Locate Ticket: _____
Date: _____ Time: _____ am / pm

TYPE OF REQUEST:

- Regular Request Emergency Request
- Locate Company Notified
- Contact Name: _____
- Time Called: _____ am / pm
- Time Locator Arrived at the Site: _____ am / pm

Company Notified of Locate Near Critical Facilities Yes No N/S

Copy of Mark Out Request Provided Within 2 Working Days Yes No N/S

ONE-CALL CENTER:

- IUPPS
- OUPS
- Unknown

Vectren Claim Number: _____

TYPE OF EQUIPMENT:

- Auger
- Backhoe / Track hoe
- Boring
- Drilling
- Explosives
- Farm Equipment
- Grader / Scraper
- Hand Tools
- Milling Equipment
- Plow
- Probing Device
- Trencher
- Vacuum Equipment
- Vehicle
- Other _____

ROOT DAMAGING CAUSE:

- Abandoned Facility
- Deteriorated Facility
- Facility Could Not be Found/ Located
- Facility Was Not Located / Marked
- Failure to Maintain Clearance
- Failure to Maintain Marks
- Failure to Support Exposed Facility
- Failure to Use Hand Tools Where Required
- Improper Backfilling
- Incorrect Records / Maps
- Marking or Location Not Sufficient
- No Notification Made to One-Call
- One-Call Notification Error
- Previous Damage
- Wrong Information Provided
- Other _____

CONTRACTOR REPAIRS:

- Contractor Working for Vectren Made Repairs at Own Expense
 Yes No N/S
- Contractor Repaired Damage
 Yes No N/S

Name of Contractor: _____
 # of Regular Hours; _____
 # of Overtime Hours; _____
 # of Regular Hours; _____
 Crew Type: _____

MATERIALS OR ROAD WORK:

- Meter was replaced _____ (Stores Code)
- Regulator Was Replaced _____ (Stores Code)
- Temporary Asphalt Repair: _____ (sq. ft.)
- Permanent Asphalt Repair: _____ (sq. ft.)

RIGHT OF WAY:

- Dedicated Utility Easement
- Federal Utility Easement
- Pipeline
- Power / Transmission Line
- Private - Business
- Private - Easement
- Private - Land Owner
- Public - County Road
- Public - Interstate Highway
- Public - Other
- Public - State Highway
- Public - City Street
- Unknown

- Did Excavator Notify You Yes No
- Excavation Required Yes No
- Media at Site Yes No
- Was There Ignition of Gas? Yes No

INVOICE: Yes No N/S

used 3' 2" plastic + 2 LYCOS
 Fittings

DAMAGING PARTY:
 Name: POWERS WELDING
 Address: _____
 City/ State/ Zip: _____
 Phone: (____) _____
 Prepared / Investigated By: Gary Becker Date: 7/5/12

PARTY TO INVOICE:
 Name: POWERS WELDING
 Address: _____
 City/ State/ Zip: _____
 Phone: (____) _____
 Reviewed by Field Supervisor: Steve Heer Date: 7/9/12

NORMAL NOTICE

Ticket : 1206250302 Date: 06/25/2012 Time: 08:00 Oper: HTHOMPSON Chan:000

State: IN Cnty: VANDERBURGH Twp: CENTER
 Cityname: EVANSVILLE Inside: Y Near: N
 Subdivision: WINDHAM HILLS

Address :
 Street : CRIMSON CT
 Cross 1 : BALDWIN DR Within 1/4 mile: Y
 Location: LOCATE STARTING FROM THE INTERSECTION HEADING WEST 500 FEET ON BOTH
 SIDES OF CRIMSON CT
 ***Boring Where = YARD AND DRIVEWAYS
 :
 Grids : 3803A8729B 3803A8729A 3803C8729C 3803B8729C 3803C8729B
 Grids : 3803B8729B 3803C8729A 3803B8729A

Work type : RELOCATING WATER MAIN
 Done for : JACK STAPLES
 Start date: 06/27/2012 Time: 08:15 Hours notice: 48/048 Priority: NORM
 Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: N
 Duration : 2-3 WEEKS Depth: 4-5 FEET

Company : POWERS WELDING Type: CONT
 Co addr : 1500 NORTH FULTON AVENUE
 City : EVANSVILLE State: IN Zip: 47710
 Caller : AUSTIN SMITH Phone: (812)305-8550
 Contact : AUSTIN SMITH - CELL Phone:
 BestTime:
 Mobile : (812)305-8550
 Fax : (812)424-8068
 Email : ASMITH@POWERSWELDING.COM

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

Submitted date: 06/25/2012 Time: 08:00
 Members: ID0716 ID0724 ID2470 ID5347 SBCIN SM

Member Name	Facility Types
AT&T - DISTRIBUTION	COMMUNICATIONS
EVANSVILLE WATER & SEWER UTILITY	
INSIGHT COMMUNICATIONS OF EVANSVILLE	CABLE TV
VECTREN - EVANSVILLE	GAS & ELECTRIC
WIDE OPEN WEST	CABLE TV

[View Map](#)

[Close Map](#)

DAMAGE SEE REMARKS

Ticket : 1207051421 Date: 07/05/2012 Time: 11:50 Oper: AROYSTON Chan:015

State: IN Cnty: VANDERBURGH Twp: CENTER
 Cityname: EVANSVILLE Inside: N Near: Y
 Subdivision: WINDHAM HILLS

Address :
 Street : CRIMSON CT
 Cross 1 : BALDWIN DR Within 1/4 mile: Y
 Location: FROM BALDWIN DR LOCATE THE SOUTH SIDE OF CRIMSON CT GOING WEST FOR 525 FEET
 ***Boring Where = UNDER RIGHT OF WAY ON CRIMSON CT
 :
 Grids : 3803C8729C 3803B8729C 3803C8729B 3803B8729B 3803C8729A
 Grids : 3803B8729A

Work type : LOCATE AND REPLACE WATER MAIN
 Done for : JACK STAPLES
 Start date: 07/05/2012 Time: 11:50 Hours notice: 0/000 Priority: EMER
 Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: Y
 Duration : 3 DAYS Depth: 4 FEET

Company : POWERS WELDING Type: CONT
 Co addr : 1500 NORTH FULTON AVENUE
 City : EVANSVILLE State: IN Zip: 47710
 Caller : AUSTIN SMITH Phone: (812)305-8550
 Contact : AUSTIN SMITH - CELL Phone:
 BestTime:
 Mobile : (812)305-8550
 Fax : (812)424-8068
 Email : ASMITH@POWERSWELDING.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
 VECTREN GAS LINE HAS BEEN CUT AND IS BLOWING ON CRIMSON CT -- THE PIPE IS
 2INCHES AND POLYEPLINE -- CALLER HAS BEEN ADVISED TO 911 AND VECTERN -- CREW IS
 ON SITE -- PREVIOUS TICKET NUMBER 1205251358
 Will you be white-lining the dig site area? NO
 :

Submitted date: 07/05/2012 Time: 11:50
 Members: ID0716 ID0723 ID2470 ID5347 SBCIN SM

Member Name	Facility Types
AT&T - DISTRIBUTION	COMMUNICATIONS
EVANSVILLE WATER & SEWER UTILITY	SEWER & WATER
INSIGHT COMMUNICATIONS OF EVANSVILLE	CABLE TV
VECTREN - EVANSVILLE	GAS & ELECTRIC
WIDE OPEN WEST	CABLE TV

[View Map](#)

[Close Map](#)

Service Order Status

Friday, July 13, 2012

Enter Service Order Number:

2084608



Clear Form

Refresh Data

Banner Instance: CS03PROD CS01PROD CS02PROD

Order Number: S2084608

Order Type: INVE

Order Status: Completed

Customer: 300131283 - BAKER DONALD L

Prem: 1309190 - 4414 CRIMSON CT

Technician: 0636 - Becker, Gary

Order Dates and Times

Need Date: 7/5/2012 11:17:00 AM
Time Created: 7/5/2012 11:04:08 AM
Time Dispatched: 7/5/2012 11:04:08 AM
Time In Route: 7/5/2012 11:05:57 AM
Time On-Site: 7/5/2012 11:15:15 AM
Tech Complete: 7/5/2012 12:15:38 PM
Time Closed: 7/5/2012 12:15:38 PM

Events Performed/Completion Code

IVEG - CMP

Meter Information

Current ReadStatus

Old Meter:

New Meter:

Completion Notes

CUT 2" PL MAIN. CONST. CREW IS ONSITE & HAVE MAIN SHUT DOWN

Request Notes

PER AUSTIN SMITH WITH POWERS WELDING HIT 2 INCH MAIN AND IT IS BLOWING/50 FT FR BUILDING/NOT SURE IF ENTERING ANY BUILDINGS/WAS LOCATED BUT NO # AVAIL/NO PETSXST: BALDWIN/IN WYDNHAM HILLS SUBD.

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	7/5/2012 11:05:33 AM	Becker, Gary
AsnAssignmentEnRoute_evt	7/5/2012 11:05:57 AM	Becker, Gary
AsnAssignmentOnSite_evt	7/5/2012 11:15:15 AM	Becker, Gary
OrdOrderComplete_evt	7/5/2012 12:15:38 PM	Becker, Gary

NOTE: The Reporting database replicates in near real-time; it has been approximately 1 minute(s) since the last transaction replicated.



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3315

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: J.A. Smit dba Powers Welding

Responsible Party Personal Name: Austin Smith

Title (if any): Operations Manager/Operator

Address (number and street): 1500 N Fulton Ave

City, State and ZIP Code: Evansville, IN 47710

Preferred Telephone Number (area code): 812-305-8550

Cellular Telephone Number (area code): 812-305-8550

Email Address: asmith@powerswelding.com

Facility Information:

Business Name: Vectren

Responsible Party Personal Name: _____

Title (if any): _____

Address (number and street): 211 NW Riverside Dr

City, State and ZIP Code: Evansville, IN 47711

Preferred Telephone Number (area code): 812-491-4000

Cellular Telephone Number (area code): _____

Email Address: _____

Locator Service Information:

Business Name: USIC

Responsible Party Personal Name: _____

Title (*if any*): _____

Address (*number and street*): _____

City, State and ZIP Code: Evansville, IN

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*): Water

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*): Crimson Ct. 47725

City, State and ZIP Code: Evansville, IN

Nearest Intersection: Baldwin Dr

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Distribution

Size (Diameter/etc.): 2inch

Pressure (PSIG/Inches): _____

Interruption in Service: Yes No **Number of Customers Affected:** 2

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: _____

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

My crew and I were pot holing the 2in. gas line. The SOIL was so hard, because of the LACK of rain we couldnt probe or use a shovel to dig. I was just scraping the soil off a little at a time, and trying to use a shovel and probe. With no luck, I scraped a little more and cut the gas main. This is MY 1st utility strike since I have been excavating in 7years. I'm not happy at all with what has happened.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3315

Your Full Name: Austin J Smith

Full Name of Business / Entity (if applicable): J.A. Smit dba Powers Welding

Your Business Title (if applicable): Operations Manager

Address (number and street): 1500 N fulton Ave

City: Evansville State: IN ZIP Code: 47710

Your E-mail Address: asmith@powerswelding.com

Today's Date (month, day, year): July 17, 2012

Your Signature: _____ Title (if any) Operator

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3315
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov