



Sent via email to Marina Woodard at [mwoodard@utc.wa.gov](mailto:mwoodard@utc.wa.gov)

1411 E. Mission, PO Box 3727  
Spokane, WA 99220-3727

December 28, 2012

Mr. David Lykken  
Pipeline Safety Director  
Washington Utilities and Transportation Commission  
PO Box 47250  
Olympia, WA. 98504-7250

Re: Forwarding Copy of Supplemental / Final Federal Incident Report 20110357

Dear Mr. Lykken:

Please find enclosed a copy of Avista's recently submitted Supplemental and Final Incident Report #20110357 that was electronically submitted on 12/27/12 to PHMSA. No new information was added to the Incident Report, only the fact that it was being submitted to close out the report.

Respectfully Submitted,

A handwritten signature in cursive script that reads "David R. Howell". The signature is written in dark ink and is positioned below the typed name.

David R. Howell  
Gas Compliance Manager


DRH/rkb

CC: Commission Correspondence File

RECEIVED

DEC 28 2012

State of Washington  
UTC  
Pipeline Safety Program

NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty not to exceed 100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed \$1,000,000 as provided in 49 USC 60122.		OMB NO: 2137-0522 EXPIRATION DATE: 01/31/2013	
 U.S Department of Transportation Pipeline and Hazardous Materials Safety Administration	<b>Report Date:</b> 09/22/2011		
	<b>No.</b> 20110357 - 15570		
			(DOT Use Only)
<b>INCIDENT REPORT - GAS DISTRIBUTION SYSTEM</b>			
A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0522. Public reporting for this collection of information is estimated to be approximately 10 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.			
<b>INSTRUCTIONS</b>			
<i>Important: Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at <a href="http://www.phmsa.dot.gov/pipeline">http://www.phmsa.dot.gov/pipeline</a>.</i>			
<b>PART A - KEY REPORT INFORMATION</b>			
Report Type: (select all that apply)	Original:	Supplemental:	Final:
		Yes	Yes
Last Revision Date	12/27/2012		
1. Operator's OPS-issued Operator Identification Number (OPID):	31232		
2. Name of Operator	AVISTA CORP		
3. Address of Operator:			
3a. Street Address	1411 East Mission		
3b. City	Spokane		
3c. State	Washington		
3d. Zip Code	99220		
4. Local time (24-hr clock) and date of the Incident:	05/16/2011 12:35		
5. Location of Incident:			
5a. Street Address or location description	4th St. and 3rd Ave.		
5b. City	Odessa		
5c. County or Parish	Lincoln		
5d. State:	Washington		
5e. Zip Code:	99159		
5f. Latitude:	47.33258		
Longitude:	-118.685117		
6. National Response Center Report Number:	987277		
7. Local time (24-hr clock) and date of initial telephonic report to the National Response Center:	08/25/2011 16:50		
8. Incident resulted from:	Unintentional release of gas		
9. Gas released:	Natural Gas		
	- Other Gas Released Name:		
10. Estimated volume of gas released - Thousand Cubic Feet (MCF):			
11. Were there fatalities?	No		
- If Yes, specify the number in each category:			
11a. Operator employees			
11b. Contractor employees working for the Operator			
11c. Non-Operator emergency responders			
11d. Workers working on the right-of-way, but NOT associated with this Operator			
11e. General public			
11f. Total fatalities (sum of above)			
12. Were there injuries requiring inpatient hospitalization?	No		
- If Yes, specify the number in each category:			
12a. Operator employees			
12b. Contractor employees working for the Operator			
12c. Non-Operator emergency responders			
12d. Workers working on the right-of-way, but NOT associated with this Operator			
12e. General public			
12f. Total injuries (sum of above)			
13. Was the pipeline/facility shut down due to the incident?	No		
- If No, Explain:	Minor gas leak in PE pipe over undetermined amount of time. T		

- If Yes, complete Questions 13a and 13b: (use local time, 24-hr clock)	
13a. Local time and date of shutdown:	
13b. Local time pipeline/facility restarted:	
- Still shut down? (* Supplemental Report Required)	
14. Did the gas ignite?	No
15. Did the gas explode?	No
16. Number of general public evacuated:	0
17. Time sequence (use local time, 24-hour clock):	
17a. Local time operator identified Incident:	05/16/2011 12:38
17b. Local time operator resources arrived on site:	05/16/2011 14:10

**PART B - ADDITIONAL LOCATION INFORMATION**

1. Was the Incident on Federal land?	No
2. Location of Incident	Utility Right-of-way / Easement
3. Area of Incident:	Underground
Specify:	Under soil
If Other, Describe:	
Depth of Cover:	24
4. Did Incident occur in a crossing?	No
- If Yes, specify type below:	
- If Bridge crossing –	
Cased/ Uncased:	
- If Railroad crossing –	
Cased/ Uncased/ Bored/drilled	
- If Road crossing –	
Cased/ Uncased/ Bored/drilled	
- If Water crossing –	
Cased/ Uncased	
Name of body of water (If commonly known):	
Approx. water depth (ft):	

**PART C - ADDITIONAL FACILITY INFORMATION**

1. Indicate the type of pipeline system:	Natural Gas Distribution, privately owned
- If Other, specify:	
2. Part of system involved in Incident:	Service
- If Other, specify:	
2a. Year "Part of system involved in Incident" was installed:	1979
Unknown?	
3. When "Main" or "Service" is selected as the "Part of system involved in Incident" (from PART C, Question 2), provide the following:	
3a. Nominal diameter of pipe (in):	.5
3b. Pipe specification (e.g., API 5L, ASTM D2513):	ASTM D 2513
Unknown?	
3c. Pipe manufacturer:	Dupont
Unknown?	
3d. Year of manufacture:	Yes
Unknown?	
4. Material involved in Incident:	Plastic
- If Other, specify:	
4a. If Steel, Specify seam type:	
None/Unknown?	
4b. If Steel, Specify wall thickness (inches):	
Unknown?	
4c. If Plastic, Specify type:	Polyethylene (PE)
- If Other, describe:	
4d. If Plastic, Specify Standard Dimension Ratio (SDR):	7
Or wall thickness:	
Unknown?	
4e. If Polyethylene (PE) is selected as the type of plastic in Part C, Question 4.c:	
- Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.)	2406
Unknown?	
5. Type of release involved :	Leak
- If Mechanical Puncture - Specify Approx size:	
Approx. size: in. (axial):	
in. (circumferential):	
- If Leak - Select Type:	Crack
- If Other, Describe:	
- If Rupture - Select Orientation:	

- If Other, Describe:	
Approx. size: (widest opening): (length circumferentially or axially):	
- If Other - Describe:	
<b>PART D - ADDITIONAL CONSEQUENCE INFORMATION</b>	
1. Class Location of Incident :	Class 3 Location
2. Estimated cost to Operator :	
2a. Estimated cost of public and non-Operator private property damage paid/reimbursed by the Operator	\$ 65,332
2b. Estimated cost of gas released	\$ 0
2c. Estimated cost of Operator's property damage & repairs	\$ 11,168
2d. Estimated cost of Operator's emergency response	\$ 2,500
2e. Estimated other costs	\$ 0
- Describe:	
2f. Estimated total costs (sum of above)	\$ 79,000
3. Estimated number of customers out of service:	
3a. Commercial entities	0
3b. Industrial entities	0
3c. Residences	1
<b>PART E - ADDITIONAL OPERATING INFORMATION</b>	
1. Estimated pressure at the point and time of the Incident (psig):	35.00
2. Normal operating pressure at the point and time of the Incident (psig):	35.00
3. Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig):	60.00
4. Describe the pressure on the system relating to the Incident:	Pressure did not exceed MAOP
5. Was a Supervisory Control and Data Acquisition (SCADA) based system in place on the pipeline or facility involved in the Incident?	No
- If Yes:	
5a. Was it operating at the time of the Incident?	
5b. Was it fully functional at the time of the Incident?	
5c. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations) assist with the detection of the Incident?	
5d. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Incident?	
6. How was the Incident initially identified for the Operator?	Ground Patrol by Operator or its contractor
6a. If "Controller", "Local Operating Personnel, including contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 6, specify the following:	Contractor working for the Operator
- If Other, Specify:	
7. Was an investigation initiated into whether or not the controller(s) or control room issues were the cause of or a contributing factor to the Incident?	No, the facility was not monitored by a controller(s) at the time of the Incident
- If No, the operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to: (provide an explanation for why the operator did not investigate)	
- If Yes, Specify investigation result(s) (select all that apply):	
- Investigation reviewed work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue	
- Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue	
- Provide an explanation for why not:	
- Investigation identified no control room issues	
- Investigation identified no controller issues	
- Investigation identified incorrect controller action or controller error	
- Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response	
- Investigation identified incorrect procedures	
- Investigation identified incorrect control room equipment operation	
- Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response	
- Investigation identified areas other than those above	
Describe:	
<b>PART F - DRUG &amp; ALCOHOL TESTING INFORMATION</b>	

1. As a result of this Incident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations? - If Yes:	No
1a. Specify how many were tested:	
1b. Specify how many failed:	
2. As a result of this Incident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations? - If Yes:	No
2a. Specify how many were tested:	
2b. Specify how many failed:	
<b>PART G - CAUSE INFORMATION</b>	
<i>Select only one box from PART G in shaded column on left representing the Apparent Cause of the Incident, and answer the questions on the right. Describe secondary, contributing, or root causes of the Incident in the narrative (PART H).</i>	
<b>Apparent Cause:</b>	G5 - Material Failure of Pipe or Weld
<b>G1 - Corrosion Failure</b> – only one <b>sub-cause</b> can be picked from shaded left-hand column	
<b>Corrosion Failure Sub-Cause:</b>	
<b>- If External Corrosion:</b>	
1. Results of visual examination:	
	- If Other, Specify:
2. Type of corrosion:	
- Galvanic	
- Atmospheric	
- Stray Current	
- Microbiological	
- Selective Seam	
- Other	
	- If Other, Describe:
3. The type(s) of corrosion selected in Question 2 is based on the following:	
- Field examination	
- Determined by metallurgical analysis	
- Other	
	- If Other, Describe:
4. Was the failed item buried under the ground?	
- If Yes:	
4a. Was failed item considered to be under cathodic protection at the time of the incident? - If Yes, Year protection started:	
4b. Was shielding, tenting, or disbonding of coating evident at the point of the incident?	
4c. Has one or more Cathodic Protection Survey been conducted at the point of the incident? If "Yes, CP Annual Survey" – Most recent year conducted: If "Yes, Close Interval Survey" – Most recent year conducted: If "Yes, Other CP Survey" – Most recent year conducted:	
- If No:	
4d. Was the failed item externally coated or painted?	
5. Was there observable damage to the coating or paint in the vicinity of the corrosion?	
6. Pipeline coating type, if steel pipe is involved:	
	- If Other, Describe:
<b>- If Internal Corrosion:</b>	
7. Results of visual examination:	
	- If Other, Describe:
8. Cause of corrosion ( <i>select all that apply</i> ):	
- Corrosive Commodity	
- Water drop-out/Acid	
- Microbiological	
- Erosion	
- Other	
	- If Other, Specify:
9. The cause(s) of corrosion selected in Question 8 is based on the following: ( <i>select all that apply</i> ):	
- Field examination	

- Determined by metallurgical analysis	
- Other	
- If Other, Describe:	
10. Location of corrosion <i>(select all that apply)</i> :	
- Low point in pipe	
- Elbow	
- Drop-out	
- Other	
- If Other, Describe:	
11. Was the gas/fluid treated with corrosion inhibitor or biocides?	
12. Were any liquids found in the distribution system where the Incident occurred?	
<b>Complete the following if any Corrosion Failure sub-cause is selected AND the "Part of system involved in incident" (from PART C, Question 2) is Main, Service, or Service Riser.</b>	
13. Date of the most recent Leak Survey conducted	
14. Has one or more pressure test been conducted since original construction at the point of the Incident?	
- If Yes:	
Most recent year tested:	
Test pressure:	
<b>G2 – Natural Force Damage – only one sub-cause can be picked from shaded left-handed column</b>	
<b>Natural Force Damage – Sub-Cause:</b>	
- If Earth Movement, NOT due to Heavy Rains/Floods:	
1. Specify:	
- If Other, Specify:	
- If Heavy Rains/Floods:	
2. Specify:	
- If Other, Specify:	
- If Lightning:	
3. Specify:	
- If Temperature:	
4. Specify:	
- If Other, Specify:	
- If High Winds:	
- Other Natural Force Damage:	
5. Describe:	
<b>Complete the following if any Natural Force Damage sub-cause is selected.</b>	
6. Were the natural forces causing the Incident generated in conjunction with an extreme weather event?	
6.a If Yes, specify <i>(select all that apply)</i> :	
- Hurricane	
- Tropical Storm	
- Tornado	
- Other	
- If Other, Specify:	
<b>G3 – Excavation Damage – only one sub-cause can be picked from shaded left-hand column</b>	
<b>Excavation Damage – Sub-Cause:</b>	
- If Excavation Damage by Operator (First Party):	
- If Excavation Damage by Operator's Contractor (Second Party):	
- If Excavation Damage by Third Party:	
- If Previous Damage due to Excavation Activity:	
<b>Complete the following ONLY IF the "Part of system involved in Incident" (from Part C, Question 2) is Main, Service, or Service Riser.</b>	
1. Date of the most recent Leak Survey conducted	
2. Has one or more pressure test been conducted since original construction at the point of the Incident?	
- If Yes:	
Most recent year tested:	
Test pressure:	

<b>Complete the following if Excavation Damage by Third Party is selected.</b>	
3. Did the operator get prior notification of the excavation activity?	
3a. If Yes, Notification received from: <i>(select all that apply)</i> :	
- One-Call System	
- Excavator	
- Contractor	
- Landowner	
<b>Complete the following mandatory CGA-DIRT Program questions if any Excavation Damage sub-cause is selected.</b>	
4. Do you want PHMSA to upload the following information to CGA-DIRT ( <a href="http://www.cga-dirt.com">www.cga-dirt.com</a> )?	
5. Right-of-Way where event occurred <i>(select all that apply)</i> :	
- Public	
- If Public, Specify:	
- Private	
- If Private, Specify:	
- Pipeline Property/Easement	
- Power/Transmission Line	
- Railroad	
- Dedicated Public Utility Easement	
- Federal Land	
- Data not collected	
- Unknown/Other	
6. Type of excavator :	
7. Type of excavation equipment :	
8. Type of work performed :	
9. Was the One-Call Center notified?	
9a. If Yes, specify ticket number:	
9b. If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified:	
10. Type of Locator:	
11. Were facility locate marks visible in the area of excavation?	
12. Were facilities marked correctly?	
13. Did the damage cause an interruption in service?	
13a. If Yes, specify duration of the interruption:	
14. Description of the CGA-DIRT Root Cause <i>(select only the one predominant first level CGA-DIRT Root Cause and then, where available as a choice, the one predominant second level CGA-DIRT Root Cause as well)</i> :	
- Root Cause Description:	
- If One-Call Notification Practices Not Sufficient, specify:	
- If Locating Practices Not Sufficient, specify:	
- If Excavation Practices Not Sufficient, specify:	
- If Other/None of the Above (explain), specify:	
<b>G4 - Other Outside Force Damage - only one sub-cause can be selected from the shaded left-hand column</b>	
<b>Other Outside Force Damage – Sub-Cause:</b>	
<b>- If Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Incident:</b>	
<b>- If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation:</b>	
1. Vehicle/Equipment operated by:	
<b>- If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring:</b>	
2. Select one or more of the following IF an extreme weather event was a factor:	
- Hurricane	
- Tropical Storm	
- Tornado	
- Heavy Rains/Flood	
- Other	
- If Other, Specify:	
<b>- If Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation:</b>	
<b>- If Electrical Arcing from Other Equipment or Facility:</b>	
<b>- If Previous Mechanical Damage NOT Related to Excavation:</b>	
<i>Complete the following ONLY IF the "Part of system involved in Incident" (from Part C, Question 2) is Main, Service, or Service Riser.</i>	
3. Date of the most recent Leak Survey conducted:	

4. Has one or more pressure test been conducted since original construction at the point of the Incident?	
- If Yes:	
Most recent year tested:	
Test pressure (psig):	
<b>- If Intentional Damage:</b>	
5. Specify:	
- If Other, Specify:	
<b>- If Other Outside Force Damage:</b>	
6. Describe:	
<b>G5 - Pipe, Weld, or Joint Failure</b> - only one sub-cause can be selected from the shaded left-hand column	
<b>Pipe, Weld or Joint Failure – Sub-Cause:</b>	Body of Pipe
<b>- If Body of Pipe:</b>	
1. Specify:	
Crack	
- If Other, Describe:	
<b>- If Butt Weld:</b>	
2. Specify:	
- If Other, Describe:	
<b>- If Fillet Weld:</b>	
3. Specify:	
- If Other, Describe:	
<b>- If Pipe Seam:</b>	
4. Specify:	
- If Other, Describe:	
<b>- If Threaded Metallic Pipe:</b>	
<b>- If Mechanical Fitting:</b>	
5. Specify the mechanical fitting involved:	
- If Other, Describe:	
6. Specify the type of mechanical fitting:	
- If Other, Describe:	
7. Manufacturer:	
8. Year manufactured:	
9. Year Installed:	
10. Other attributes:	
11. Specify the two materials being joined:	
11a. First material being jointed:	
- Steel	
- Cast/Wrought Iron	
- Ductile Iron	
- Copper	
- Plastic	
- Unknown	
- Other	
- If Other, Specify:	
11b. If Plastic, specify:	
- If Other Plastic, specify:	
11c. Second material being joined:	
- Steel	
- Cast/Wrought Iron	
- Ductile Iron	
- Copper	
- Plastic	
- Unknown	
- Other	
- If Other, Specify:	
11d. If Plastic, specify:	
- If Other Plastic, Specify:	
12. If used on plastic pipe, did the fitting – as designed by the manufacturer – include restraint?	
12a. If Yes, specify:	
<b>- If Compression Fitting:</b>	



13. Fitting type:	
14. Manufacturer:	
15. Year manufactured:	
16. Year installed:	
17. Other attributes:	
18. Specify the two materials being joined:	
18a. First material being joined:	
- Steel	
- Cast/Wrought Iron	
- Ductile Iron	
- Copper	
- Plastic	
- Unknown	
- Other	
	- If Other, specify:
18b. If Plastic, specify:	
	- If Other Plastic, specify:
18c. Second material being joined:	
- Steel	
- Cast/Wrought Iron	
- Ductile Iron	
- Copper	
- Plastic	
- Unknown	
- Other	
	If Other, specify:
18d. If Plastic, specify:	
	- Other Plastic, specify:
<b>- If Fusion Joint:</b>	
19. Specify:	
	- If Other, Specify:
20. Year installed:	
21. Other attributes:	
22. Specify the two materials being joined:	
22a. First material being joined:	
	- If Other, Specify:
22b. Second material being joined:	
	- If Other, Specify:
<b>- If Other Pipe, Weld, or Joint Failure:</b>	
23. Describe:	
<b>Complete the following if any Pipe, Weld, or Joint Failure sub-cause is selected.</b>	
24. Additional Factors (select all that apply):	
- Dent	
- Gouge	
- Pipe Bend	Yes
- Arc Burn	
- Crack	Yes
- Lack of Fusion	
- Lamination	
- Buckle	
- Wrinkle	
- Misalignment	
- Burnt Steel	
- Other	
25. Was the Incident a result of:	
- Construction defect	
	Specify:
- Material defect	Yes
	Specify:
	- If Other, Specify: Crack in 1970's vintage aldy A pipe
- Design defect	
- Previous damage	
26. Has one or more pressure test been conducted since original construction at the point of the Incident?	No
- If Yes:	
	Most recent year tested:
	Test pressure:

<b>G6 - Equipment Failure</b> - only one sub-cause can be selected from the shaded left-hand column	
<b>Equipment Failure – Sub-Cause:</b>	
<b>- If Malfunction of Control/Relief Equipment:</b>	
1. Specify:	
- Control Valve	
- Instrumentation	
- SCADA	
- Communications	
- Block Valve	
- Check Valve	
- Relief Valve	
- Power Failure	
- Stopple/Control Fitting	
- Pressure Regulator	
- Other	
	- If Other, Specify:
<b>- If Threaded Connection Failure:</b>	
2. Specify:	
	- If Other, Specify:
<b>- If Non-threaded Connection Failure:</b>	
3. Specify:	
	- If Other, Specify:
<b>- If Valve:</b>	
4. Specify:	
	- If Other, Specify:
4a. Valve type:	
4b. Manufactured by:	
4c. Year manufactured:	
<b>- If Other Equipment Failure:</b>	
5. Describe:	
<b>G7 - Incorrect Operation</b> - only one sub-cause can be selected from the shaded left-hand column	
<b>Incorrect Operation Sub-Cause:</b>	
<b>- If Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage:</b>	
<b>- If Valve Left or Placed in Wrong Position, but NOT Resulting in an Overpressure:</b>	
<b>- If Pipeline or Equipment Overpressured:</b>	
<b>- If Equipment Not Installed Properly:</b>	
<b>- If Wrong Equipment Specified or Installed:</b>	
<b>- If "Other Incorrect Operation:</b>	
1. Describe:	
<b>Complete the following if any Incorrect Operation sub-cause is selected.</b>	
2. Was this Incident related to: (select all that apply)	
- Inadequate procedure	
- No procedure established	
- Failure to follow procedure	
- Other	
	- If Other, Describe:
3. What category type was the activity that caused the Incident:	
4. Was the task(s) that led to the Incident identified as a covered task in your Operator Qualification Program?	
4a. If Yes, were the individuals performing the task(s) qualified for the task(s)?	
<b>G8 - Other Incident Cause</b> - only one sub-cause can be selected from the shaded left-hand column	
<b>Other Incident Cause – Sub-Cause:</b>	
<b>- If Miscellaneous:</b>	
1. Describe:	

<b>- If Unknown:</b>			
2. Specify:			
<b>PART H - NARRATIVE DESCRIPTION OF THE INCIDENT</b>			
This was reported when the accumulated property restoration costs and combined repair costs exceeded \$50,000. Restoration of property damage was due to migration of gas to several property owners which resulted in yard and tree damage over time.			
To close out this report it is being submitted as a supplemental/final. There is no new information for this report. 12/27/12			
<table border="1"> <tr> <td><b>File Full Name</b> Note: The users have to sign in to view the attachment if there is no current user session.</td> </tr> <tr> <td> </td> </tr> </table>		<b>File Full Name</b> Note: The users have to sign in to view the attachment if there is no current user session.	
<b>File Full Name</b> Note: The users have to sign in to view the attachment if there is no current user session.			
<b>PART I - PREPARER AND AUTHORIZED SIGNATURE</b>			
Preparer's Name	William D. Baker		
Preparer's Title	Gas Training and Codes Coordinator		
Preparer's Telephone Number	509-495-4894		
Preparer's E-mail Address	william.baker@avistacorp.com		
Preparer's Facsimile Number	509-495-8810		
Authorized Signature			
Authorize Signature's Name	Jody Morehouse		
Authorized Signature's Title	Manager of Gas Compliance		
Authorized Signature Telephone Number	509-495-2760		
Authorized Signature's Email Address	jody.morehouse@avistacorp.com		
Date	12/27/2012		