STATE OF INDIANA

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

Pipeline Safety Division Investigation Report

Investigation regarding: NIPSCo

UPPAC Database Record ID: 3178

Report Date: 5/22/2013 Investigator: Mike Orr

Damage Date: 6/13/2012 9:25:48 AM Damage Address: Cedar St, Michigan City, Laporte

The Parties

Excavator: **Hawk Enterprises**

Address: 1850 East North Street, Crown Point, In 46307

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas Facility Function: Distribution

Type of Equipment: Backhoe/Trackhoe Type of Work Performed: Electric

Damage Impact

Product Release: Yes Ignition: No

Service Interruption: False Number of Customers Affected: 0

Injuries: 0 Fatalities: 0 Repair Cost (if known): $

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes Indiana 811 Ticket Number: 1205303039 Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

Synopsis: A 2” plastic natural gas line was damaged during excavation for an electric line.

Findings: Reported by Indiana 811; excavator’s response to initial notice was received on 8/10/2012. The excavator had a valid locate request; however, the operator failed to provide accurate locate marks.

Conclusion: There was a failure to provide accurate locate marks.

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

101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

August 13, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3178
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3178

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: 6/13/2012

Event Location: Cedar St, Michigan City

Facility Owner: Northern Indiana Public Service Company

Excavator: Hawk Enterprises

Other Party: N/A

Pipeline Division Case No. 3178

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. 3178	
Date of Event	6/13/2012
Event Location	Cedar St, Michigan City
Facility Owner	Northern Indiana Public Service Company
Excavator	Hawk Enterprises
Date of IURC Information Request	7/13/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Hawk Enterprises
RESPONSIBLE PARTY PERSONAL NAME	Paul Argon
TITLE (IF ANY)	
ADDRESS	1850 E North St
CITY/ STATE/ZIP	Crown Point, IN 46307
PREFERRED TELEPHONE	
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 Locating Service
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	9045 North River Road, Suite 300
CITY/ STATE/ZIP	Indianapolis, IN 46240
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
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	810 Cedar St
CITY/STATE/ZIP	Michigan City, IN
NEAREST INTERSECTION	E 8th St
PRODUCT TYPE (Select One)	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
FACILITY TYPE (Select One)	
DISTRIBUTION	X
GATHERING	
SERVICE/DROP	
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	2” plastic
PRESSURE (PSIG/INCHES)	50
INTERRUPTION IN SERVICE (YES/NO)	No
NUMBER OF CUSTOMERS AFFECTED	0
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	0
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/Scrapper	
Hand Tools	
Milling Equipment	
Probing Device	

Trencher	
Vacuum Equipment	
Unknown/Other	
TYPE OF WORK PERFORMED (Select One)	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	
Bldg. Demolition	
Drainage	
Driveway	
Electric	X
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	
RELEASE OF PRODUCT (YES/NO)	No
IGNITION AND/OR FIRE (YES/NO)	No
EXCAVATOR NOTIFY 811 (YES/NO)	Yes
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Yes

INDIANA 811 LOCATE TICKET NUMBER	1205303039
LOCATE MARKS VISIBLE (YES/NO)	Y
LOCATE MARKS CORRECT (YES/NO)	N
EXCAVATOR "WHITE LINED" (YES/NO)	N
MAPS USED TO MARK FACILITIES (YES/NO)	No
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	N
INCIDENT IMPACT INFORMATION	
NUMBER OF OUTPATIENT TREATED	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FACILITIES	
FIRE DEPARTMENT RESPONSE (YES/NO)	
FPOLICE DEPARTMENT RESPONSE (YES/NO	
AMBULANCE RESPONSE (YES/NO)	
ADDITIONAL INFORMATION/COMMENTS	
Locate contractor failed to accurately mark facility Nipsco emergency ticket #: 1206130811	

Fact Based Investigation Report

NOTIFICATION ID: 01820120613001

DISTRICT: Northern IN

DAMAGE DATE: 6/13/2012 9:24:00 AM

NOTIFICATION DATE: 6/13/2012 9:30:09 AM

NOTIFIED BY: RACHEL PLANK

DAMAGE ADDRESS: CEDAR ST

CITY: MICHIGAN CITY

ST: IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 06/13/2012

FROM: 09:30:00

TO: 10:30:00

EXCAVATOR INVOLVED: HAWK ENTERPRISES

TYPE OF EXCAVATION: Lighting base

ORIG. LOCATE REQ.: 1205303039

START DATE/TIME:

TYPE OF TICKET:

LOCATE REQ. INFO N/A:

DIG UP/DAMAGE REQ.: 1206130747

START DATE/TIME:

PICTURES TAKEN BY: Chris Deniston

DATE/TIME: 6/13/2012 10:00:00 AM

PHOTOGRAPHY TYPE: Digital

FRAME #:

INVESTIGATOR EMP#: 116375

INVESTIGATOR NAME: Joe Hendrickson

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?
Possibly

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120613001

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: *(optional)*

FACILITY DESCRIPTION: LOWPROF

FACILITY ID: Gas Main

LOCATOR NAME & EMP #: Veach Eric - 113212

LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:
Other

Other: Not Marked

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 marks found on this plastic main going into the alley between 8th and 9th streets. Bypass was built and main repaired.

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? Yes

WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA? No

WAS THE EXCAVATION WITHIN THE TOLERENCE ZONE OF MARKS? No

EXTENT OF FACILITY DAMAGE Cut plastic 2" main

REPLACEMENT FOOTAGE N/A

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

WHAT CONTRACTOR EQUIPMENT WAS USED? Backhoe

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? Yes

IF YES, PLEASE LIST RECORD #(S) MC

NIPSCO 00175 IUPPSa 06/13/2012 09:25:51 1206130747-00A EMER DAMG GRID

DAMAGE DAMAGE

Ticket : 1206130747 Date: 06/13/2012 Time: 09:24 Oper: STURNER Chan:055

State: IN Cnty: LAPORTE Twp: MICHIGAN
Cityname: MICHIGAN CITY Inside: Y Near: N
Subdivision:

Address :
Street : CEDAR ST
Cross 1 : E 8TH ST Within 1/4 mile: Y
Location: FROM THE ABOVE INTERSECTION -- LOCATE BOTH SIDES OF CEDAR STREET GOING SOUTH ENDING AT EAST 9TH STREET
:
Grids : 4142A8653B 4142A8653A
Boundary: n 41.715599 s 41.713406 w -86.896820 e -86.894745

Work type : INSTALLING POLE FOUNDATIONS AND CONDUIT
Done for : MICHIGAN CITY
Start date: 06/13/2012 Time: 09:24 Hours notice: 0/0 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : UNKNOWN Depth: 6 FEET

Company : HAWK ENTERPRISES Type: CONT
Co addr : 1850 EAST NORTH STREET
City : CROWN POINT State: IN Zip: 46307
Caller : RACHEL PLANK Phone: (219)662-8090
BestTime:
Mobile : (219)746-5569
Fax : (219)662-8093

Remarks : All tickets are taken and processed on Eastern Daylight Time
PER RACHEL: NIPSCO A LINE HAS BEEN DAMAGED AT 810 CEDAR ST AT THE STREET -- GAS LINE IS BLOWING -- 2INCH LINE ORANGE IN COLOR -- CREW IS ONSITE -- ALREADY CALLED NIPSCO -- PREVIOUS TICKET 1205303039
Will you be white-lining the dig site area? NO
:

Submitted date: 06/13/2012 Time: 09:24
Members: COMCN ID0148 ID1683 ID2000 ID6683 ID7287 NIPSCO SBCIN SM

CASE # 3178

NIPSCO 00954 IUPPSa 05/30/2012 13:52:59 1205303039-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1205303039 Date: 05/30/2012 Time: 13:52 Oper: RJOHNSON Chan:074

State: IN Cnty: LAPORTE Twp: MICHIGAN
Cityname: MICHIGAN CITY Inside: Y Near: N
Subdivision:

Address :
Street : CEDAR ST
Cross 1 : E 8TH ST Within 1/4 mile: Y
Location: FROM THE ABOVE INTERSECTION -- LOCATE BOTH SIDES OF CEDAR STREET GOING SOUTH ENDING AT EAST 9TH STREET
:
Grids : 4142A8653B 4142A8653A
Boundary: n 41.715599 s 41.713406 w -86.896820 e -86.894745

Work type : INSTALLING POLE FOUNDATIONS AND CONDUIT
Done for : MICHIGAN CITY
Start date: 06/01/2012 Time: 14:00 Hours notice: 48/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : UNKNOWN Depth: 6 FEET

Company : HAWK ENTERPRISES Type: CONT
Co addr : 1850 EAST NORTH STREET
City : CROWN POINT State: IN Zip: 46307
Caller : RACHEL PLANK Phone: (219)662-8090
Contact : PAULLY ARAGON - CELL Phone:
BestTime:
Mobile : (219)746-5567
Fax : (219)662-8093

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

Submitted date: 05/30/2012 Time: 13:52
Members: COMCN ID0148 ID1683 ID2000 ID6683 ID7287 NIPSCO SBCIN SM

CASE # 3178

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA LAPORTE **MAXIMO WO #** CO188506202

OPERATING AREA CONTACT R. ELM **JOB ORDER #** 429466-16

TRACKING NUMBER 018-2012-0613-001 **LOCATE REF #** _____

Locate Performed By: USIC

DATE AND TIME OF ACCIDENT June 13 2012, 8:20 A M DATE OF REPORT June 13, 2012

PLACE OF DAMAGE (INCLUDE CITY) 810 CEDAR ST, MICH. CITY

DAMAGE WAS TO:

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

OTHER (DESCRIBE) _____

GAS: SERVICE ( ) MAIN (X) SIZE 2" MATERIAL: PLASTIC (X) STEEL ( ) METER ( ) REG STATION ( ) STUB ( )
OTHER (DESCRIBE) _____

DEPTH OF FACILITY (inches) 16" PRESSURE (PSI) 50 Lbs.

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

INTERRUPTION OF SERVICE: YES ( ) NO (X) NUMBER OF CUSTOMERS LOST: 0

DURATION OF INTERRUPTION: TIME REPORTED _____ TIME RESTORED _____

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 3X1/8 IN

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

PARTY THAT CAUSED DAMAGES (NAME) HAWK ENTERPRISES INC.

ADDRESS OF PARTY (INCLUDE CITY) 1850 E NORTH ST CROWN POINT, IN

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Paul ARGON

WITNESS NAME AND ADRESS _____

WITNESS REMARKS NO LOCATES

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY _____ REPORT # _____

FIRE ( ) AGENCY _____ REPORT # _____

OTHER ( ) _____ Any Injuries? ( ) YES # _____ ( ) 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

( ) AGRIGULTURE/FARMING	( ) CABLE TV	( ) CURB/SIDEWALK	( ) TELECOMMUNICATIONS
( ) BLDG CONSTRUCTION	( ) DEMOLITION	( ) DRAINAGE	( ) WATER
( ) DRIVEWAY	(X) ELECTRIC	( ) SURVEYING	( ) DRAINS/CULVERTS
( ) FENCING	( ) GRADING	( ) IRRIGATION	( ) MOWING
( ) LANDSCAPING	( ) PIPELINE	( ) MILLING	( ) OTHER _____
( ) POLE/SIGN POST	( ) ROAD WORK	( ) SEWER	

TYPE OF EQUPMENT 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	( ) EXCAVATING BEFORE LOCATES DUE	( ) CARELESS MACHINE OPERATOR	
( ) NO NOTIFICATION	( ) MARKS DISTURBED	( ) STUB	(X) OTHER Not Located

- **SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM**

101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

October 3, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3178
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Notification of Possible Violations; Pipeline Division Case No. 3178
Date of Event: 6/13/2012
Event Location: Cedar St, Michigan City, IN
Excavator: Hawk Enterprises
Other Party: N/A

To Whom It May Concern:

This letter responds to the Indiana Utility Regulatory Commission, Division of Pipeline Safety, Notification of Possible Violations for Case No. 3178 (as detailed above) identifying potential violations of Indiana law dated September 13, 2012. NIPSCO has not identified any additional information related to this incident not already provided in its August 13, 2012 response.

Please note that this appears to be a duplicate of Case No. 3183 and that they should be considered as a single incident.

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

INFORMATION REQUEST
State Form 54909 (2-12)
INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3178

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: Hawk Enterprises, Inc.

Responsible Party Personal Name: Paul Aragon

Title (*if any*): Foreman

Address (*number and street*): 1850 E. North St.

City, State and ZIP Code: Crown Point, IN 46307

Preferred Telephone Number (area code): 219-746-5570

Cellular Telephone Number (area code): 219-746-5570

Email Address: N/A

Facility Information:

Business Name: NIPSCO

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: USIC

Responsible Party Personal Name: Chris Deniston

Title (*if any*): Locator

Address (*number and street*): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): 219-929-8001

Email Address: _____

Cause of Damage Information

Type of Equipment *(select one)*: Backhoe/Trackhoe

Type of Work Performed *(select one)*: Street Light

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

Personal Contact: Barry Wagoner

Business/Organization Name: Hawk Enterprises

Title (*if any*): Foreman

Address (*number and street*): 1850 E. North St.

City, State and ZIP Code: Crown Point, IN 46307

Preferred Telephone Number (area code): 219-746-5385

Cellular Telephone Number (area code): 219-746-5385

Email Address: N/A

Utility Line Impact

Location of Damage:

Address (*number and street*): SE Corner of 7th & Cedar (Service for 401 9th St.)

City, State and ZIP Code: Michigan City, IN

Nearest Intersection: 7th & Cedar

Product Type *(select one)*: Natural Gas

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

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

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: 1205303048

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

Hit unmarked house service trenching in PVC on the East side of Cedar St.
Locate marks were in the road apx 4 feet away

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3178

Your Full Name: Gregory Neulieb

Full Name of Business / Entity (*if applicable*): Hawk Enterprises, INc.

Your Business Title (*if applicable*): Vice President

Address (*number and street*): 1850 E. North St.

City: Crown Point State: IN ZIP Code: 46307

Your E-mail Address: greg@hawk-inc.com

Today's Date *(month, day, year)*: 8-10-2012

Your Signature: Title (*if any*) Vice President

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3178
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov

HAWK ENTERPRISES INC.

Certified D.B.E.
Jo Ann Plank
President

Struck Utility

Date 6-13-12 Time 1:20 p.m Contract 1156

Person Reporting Paul Aragon

Location SE corner of 9th and Cedar. Services 401 9th St

Locate Number 1205303048 Expiration Date 6-19-12

Description of Incedent Hit unmarked house Service. Trenching in PVC east side of Cedar

New Locate Number 1206132599 Time Called 1:30 p.m

Utility Contacted

Utility	Contact	Phone Number

Equipment Damage None

Personal Injuries None

1850 E. North Street · Crown Point, Indiana 46307 · Phone 219/662-8090 · Fax 219/662-8093
Equal Opportunity Employer

INFORMATION REQUEST
State Form 54909 (2-12)
INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3178

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: Hawk Enterprises, Inc.

Responsible Party Personal Name: Paul Aragon

Title (*if any*): Foreman

Address (*number and street*): 1850 E. North St.

City, State and ZIP Code: Crown Point, IN 46307

Preferred Telephone Number (area code): 219-746-5570

Cellular Telephone Number (area code): 219-746-5570

Email Address: N/A

Facility Information:

Business Name: NIPSCO

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: USIC

Responsible Party Personal Name: Chris Deniston

Title (*if any*): Locator

Address (*number and street*): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): 219-929-8001

Email Address: _____

Cause of Damage Information

Type of Equipment *(select one)*: Backhoe/Trackhoe

Type of Work Performed *(select one)*: Street Light

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

Personal Contact: Barry Wagoner

Business/Organization Name: Hawk Enterprises

Title (*if any*): Foreman

Address (*number and street*): 1850 E. North St.

City, State and ZIP Code: Crown Point, IN 46307

Preferred Telephone Number (area code): 219-746-5385

Cellular Telephone Number (area code): 219-746-5385

Email Address: N/A

Utility Line Impact

Location of Damage:

Address (*number and street*): SE Corner of 7th & Cedar (Service for 401 9th St.)

City, State and ZIP Code: Michigan City, IN

Nearest Intersection: 7th & Cedar

Product Type *(select one)*: Natural Gas

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

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

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: 1205303048

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

Hit unmarked house service trenching in PVC on the East side of Cedar St.
Locate marks were in the road apx 4 feet away

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3178

Your Full Name: Gregory Neulieb

Full Name of Business / Entity (*if applicable*): Hawk Enterprises, INc.

Your Business Title (*if applicable*): Vice President

Address (*number and street*): 1850 E. North St.

City: Crown Point State: IN ZIP Code: 46307

Your E-mail Address: greg@hawk-inc.com

Today's Date *(month, day, year)*: 8-10-2012

Your Signature: Title (*if any*) Vice President

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3178
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov

HAWK ENTERPRISES INC.

Certified D.B.E.
Jo Ann Plank
President

Struck Utility

Date 6-13-12 Time 1:20 p.m Contract 1156

Person Reporting Paul Aragon

Location SE corner of 9th and Cedar. Services 401 9th St

Locate Number 1205303048 Expiration Date 6-19-12

Description of Incedent Hit unmarked house Service. Trenching in PVC east side of Cedar

New Locate Number 1206132599 Time Called 1:30 p.m

Utility Contacted

Utility	Contact	Phone Number

Equipment Damage None

Personal Injuries None

1850 E. North Street · Crown Point, Indiana 46307 · Phone 219/662-8090 · Fax 219/662-8093
Equal Opportunity Employer