



Pipeline Safety Division Investigation Report

Investigation regarding: Castleman Septic & Sewer

UPPAC Database Record ID: 3455

Investigator: Howard Friend

Report Date: 11/19/2012

Damage Date: 7/11/2012

Damage Address: 420 Niblick St Decatur In

City: Decatur

County: Adams

The Parties

Excavator: **Castleman Septic & Sewer**

Contact: Steve Castleman

Address: 501 South Doyle Rd, New Haven, In 46774

Telephone: 260 493 0999

Facility Owner: NIPSCO

Contact: Kit Earle

Address: 101 West Ohio Street, Indianapolis, IN 46204

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Investigation regarding: Castleman Septic & Sewer

UPPAC Database Record ID: 3455

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$168

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1206112795 Expired

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Drainage

Synopsis: A natural gas service was damaged during excavation to install drainage.

Findings: Reported by NIPSCO; excavator's response to initial notice was received on 10/15/2012. The excavator provided notice of excavation on 6/11/12 and damaged the line on 7/11/12. The locate notice was expired.

Conclusion: There was a failure to provide notice of excavation.

Violation: IC 8-1-26-16(g): Failure to provide notice of excavation.



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3455

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: Cascon, Inc. dba Castleman Septic Systems & Sewers

Responsible Party Personal Name: Steve Castleman

Title (if any): Vice President

Address (number and street): 501 S. Doyle Rd.

City, State and ZIP Code: New Haven, IN 46774

Preferred Telephone Number (area code): 260-493-0999

Cellular Telephone Number (area code): 260-437-1692

Email Address: dawn.castleman@yahoo.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*): Backhoe/Trackhoe

Type of Work Performed (*select one*): Drainage

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): 420 Niblick St. _____

City, State and ZIP Code: Decatur, IN 46733 _____

Nearest Intersection: Elm St. _____

Product Type (select one): Natural Gas

Facility Type (select one): Service/Drop

Size (Diameter/etc.): 3/8" _____

Pressure (PSIG/Inches): Unknown _____

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

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

Repair Cost (if known): \$ 168.44 _____

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: 1206112795/2808/2822 _____

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

Excavation trench was at an angle with gas line and I didn't realize that I was as close to it as I was.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3455

Your Full Name: Steven James Castleman

Full Name of Business / Entity (if applicable): Cascon, Inc.

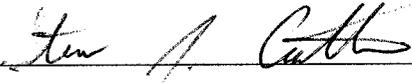
Your Business Title (if applicable): Vice President

Address (number and street): 501 S. Doyle Rd.

City: New Haven State: IN ZIP Code: 46774

Your E-mail Address: dawn.castleman@yahoo.com

Today's Date (month, day, year): 10-15-2012

Your Signature:  Title (if any) Vice President

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3455
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov



101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

October 16, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3455
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3455

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: 7/11/2012

Event Location: 420 Niblick St, Decatur

Facility Owner: Northern Indiana Public Service Company

Excavator: Castleman Septic & Sewer

Other Party: N/A

Pipeline Division Case No. 3455

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. 3455	
Date of Event	7/11/2012
Event Location	420 Niblick St, Decatur
Facility Owner	Northern Indiana Public Service Company
Excavator	Castleman Septic & Sewer
Date of IURC Information Request	9/18/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Castleman Septic & Sewer
RESPONSIBLE PARTY PERSONAL NAME	Steve Castleman
TITLE (IF ANY)	
ADDRESS	501 S. Doyle Rd
CITY/ STATE/ZIP	New Haven, IN 46774
PREFERRED TELEPHONE	260/493-0999
CELL PHONE TELEPHONE	230/437-1692
EMAIL ADDRESS	Steve.castleman@yahoo.com
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	
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	420 Niblick St
CITY/STATE/ZIP	Decatur, IN 46733
NEAREST INTERSECTION	Elm St
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.)	5/8" plastic
PRESSURE (PSIG/INCHES)	40
INTERRUPTION IN SERVICE (YES/NO)	Yes
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	0
REPAIR COST (IF KNOWN) (\$)	168.44
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	X
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	
RELEASE OF PRODUCT (YES/NO)	Yes
IGNITION AND/OR FIRE (YES/NO)	No
EXCAVATOR NOTIFY 811 (YES/NO)	No
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Yes

INDIANA 811 LOCATE TICKET NUMBER	1206112795
LOCATE MARKS VISIBLE (YES/NO)	Yes
LOCATE MARKS CORRECT (YES/NO)	Yes
EXCAVATOR "WHITE LINED" (YES/NO)	No
MAPS USED TO MARK FACILITIES (YES/NO)	Yes
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	No
INCIDENT IMPACT INFORMATION	
NUMBER OF OUTPATIENT TREATED	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FATALITIES	0
FIRE DEPARTMENT RESPONSE (YES/NO)	No
POLICE DEPARTMENT RESPONSE (YES/NO)	No
AMBULANCE RESPONSE (YES/NO)	No
ADDITIONAL INFORMATION/COMMENTS	
<p>Compensation has been received from the excavator.</p> <p>Failure to maintain clearance.</p>	

Fact Based Investigation Report

NOTIFICATION ID: 01820120711015

DISTRICT: Northern IN

DAMAGE DATE: 7/11/2012 1:25:00 PM

NOTIFICATION DATE: 7/11/2012 2:04:39 PM

NOTIFIED BY: MAUREEN Facility Owner

DAMAGE ADDRESS: 420 NIBLICK ST X WINDCHESTER

CITY: DECATUR

ST: IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 07/11/2012

FROM: 16:45:00

TO: 17:15:00

EXCAVATOR INVOLVED: CASTLEMAN SEPTIC SYSTEM AND SEWER

TYPE OF EXCAVATION: DITCHING

ORIG. LOCATE REQ.: 1206112822

START DATE/TIME:

TYPE OF TICKET: Routine

LOCATE REQ. INFO N/A:

DIG UP/DAMAGE REQ.: M56365754

START DATE/TIME:

PICTURES TAKEN BY: TOM WILL

DATE/TIME: 7/11/2012 12:00:00 AM

PHOTOGRAPHY TYPE: Digital

FRAME #:

INVESTIGATOR EMP#: 117465

INVESTIGATOR NAME: TOM WILL

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120711015

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: *(optional)*

FACILITY DESCRIPTION: LOWPROF

FACILITY ID: service - 5/8"

LOCATOR NAME & EMP #: Will Tom - 117465

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 Verified Existing Marks By Hooking Up,
Investigation Results Verified By Utility Representative

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

SERVICE REPAIRED AND COVERED UP UPON ARRIVAL. DAMAGE NOTIFICATION WAS LATE COMING IN. I HOOKED UP TO MARK LOCATION OF SERVICE TO IDENTIFY AREA OF DAMAGE. DUE TO DIGGING, FLAGS & PAINT WERE NOT PRESENT CLOSE TO DAMAGE. POST LOCATE PHOTOS WILL VERIFY LINE WAS MARKED ACCURATELY.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

JOHN HARTMAN -

NAMES OF EXCAVATOR'S REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

CONTR STATED HE TRIED TO LINE UP WITH THE FLAGS AND CAUGHT THE CORNER OF SERVICE. PAINT WAS NO LONGER VISIBLE DUE TO DIGGING.

LIST ANY OTHER INDIVIDUALS ON SITE:

CONST CREW

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 SRV

REPLACEMENT FOOTAGE UKN

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 01131 IUPPSa 06/11/2012 14:10:12 1206112795-00A NORM NEW GRID

NORMAL NOTICE

Case 3455

Ticket : 1206112795 Date: 06/11/2012 Time: 14:07 Oper: LPORTER Chan:046

State: IN Cnty: ADAMS Twp: WASHINGTON
Cityname: DECATUR Inside: Y Near: N
Subdivision:

Address :

Street : NIBLICK ST

Cross 1 : ELM ST Within 1/4 mile: Y

Location: LOCATE ENTIRE PERIMETER OF DUPLEX AND 20 FEET OUT FOR 412 AND 414
AND

418 AND 420 NIBLICK ST

:

Grids : 4049C8455C 4049B8455C 4049C8455B 4049B8455B

Boundary: n 40.825134 s 40.822052 w -84.928864 e -84.923126

Work type : INSTALL STORM SEWER

Done for : COTTONWOOD CROSSING APTS

Start date: 06/13/2012 Time: 14:15 Hours notice: 48/48 Priority: NORM

Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N

Duration : 2 WEEKS Depth: 6 FEET

Company : CASTLEMAN SEPTIC AND SEWERS Type: CONT

Co addr : 501 SOUTH DOYLE ROAD

City : NEW HAVEN State: IN Zip: 46774

Caller : DAWN CASTLEMAN Phone: (260)493-0999

Contact : STEVE CASTLEMAN - CELL Phone:

BestTime:

Mobile : (260)437-1692

Fax : (260)493-0999

Email : STEVE.CASTLEMAN@YAHOO.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time

Will you be white-lining the dig site area? NO

:

Submitted date: 06/11/2012 Time: 14:07

Members: AEPIN ID2034 ID3814 ID8822 ID9036 NIPSCO ID5857 SM

NIPSCO 00570 IUPPSa 07/11/2012 11:48:35 1207111610-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1207111610 Date: 07/11/2012 Time: 11:45 Oper: SDOERFLEIN Chan:029

State: IN Cnty: ADAMS Twp: WASHINGTON
Cityname: DECATUR Inside: Y Near: N
Subdivision:

CASE #
3455

Address :

Street : NIBLICK ST

Cross 1 : ELM ST Within 1/4 mile: Y

Location: LOCATE ENTIRE PERIMETER OF DUPLEX AND 20 FEET OUT FOR 412 AND 414 AND
418 AND 420 NIBLICK ST

:

Grids : 4049C8455C 4049B8455C 4049C8455B 4049B8455B

Boundary: n 40.825134 s 40.822052 w -84.928864 e -84.923126

Work type : INSTALL STORM SEWER

Done for : COTTONWOOD CROSSING APTS

Start date: 07/13/2012 Time: 12:00 Hours notice: 48/48 Priority: NORM

Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N

Duration : 2 WEEKS Depth: 6 FEET

Company : CASTLEMAN SEPTIC AND SEWERS Type: CONT

Co addr : 501 SOUTH DOYLE ROAD

City : NEW HAVEN State: IN Zip: 46774

Caller : DAWN CASTLEMAN Phone: (260)493-0999

Contact : STEVE CASTLEMAN - CELL Phone:

BestTime:

Mobile : (260)437-1692

Fax : (260)493-0999

Email : STEVE.CASTLEMAN@YAHOO.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time

Will you be white-lining the dig site area? NO

:

Submitted date: 07/11/2012 Time: 11:45

Members: AEPIN ID2034 ID3814 ID8822 ID9036 NIPSCO ID5857 SM



Submitted to IURC-Pipeline Safety on: Aug 15, 2012

Who is submitting this information?

Name of person providing this information: Carrie Ludwig

Business address (number and street): 3511 East 15th Ave

City, State, and ZIP code: Gary, IN 46403

Telephone number (area code): 219962 0422

Fax number (area code): 219 962 0404

E-mail address: cludwig@nisource.com

Excavator Information, if known

Full name: Castleman Septic & Sewer

Business address (number and street): 501 South Doyle Rd

City, State, and ZIP code: New Haven, IN 46774

Telephone number (area code): 260 493 0999

Fax number (area code):

E-mail address: steve.castleman@yahoo.com

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Drainage

Date and Location of Damage

Date of damage (month, day, year): Jul 11, 2012

County: Adams

City: Decatur

Street address (number and street, city, state, and ZIP code):
420 Niblick St Decatur IN

Nearest intersection: Elm St

Right of way where damage occurred: Private - Land Owner

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? 1

Time to restore service (in hours): 1.25

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$

Affected Facility Information

What type of pipeline was damaged? Natural Gas

What was the affected facility? Service/Drop

What was the depth of the facility, in inches? 20

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1207111610

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? No

Were maps used to complete the locate request? Yes

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? No

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 maintain clearance

Additional Comments

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA FT WAYNE MAXIMO WO # M506110
OPERATING AREA CONTACT JASON HANER JOB ORDER # 574371
TRACKING NUMBER 018-2012-878-816 RASH LOCATE REF # _____
Locate Performed By: VIREL

DATE AND TIME OF ACCIDENT 7-11-12 11:49AM M DATE OF REPORT 7-10-12 RASH
PLACE OF DAMAGE (INCLUDE CITY) 420 WISLICK ST, DECATUR 46733

DAMAGE WAS TO:

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

OTHER (DESCRIBE) _____

GAS: SERVICE MAIN () SIZE 5/8 MATERIAL: PLASTIC STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE) _____

DEPTH OF FACILITY (inches) 20 PRESSURE (PSI) 110 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 11:49 TIME SHUT OFF 12:15 TIME RESTORED 13:30

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 5/8

LOCATE MARKS ON SITE: YES DISTANCE BETWEEN FACILITY AND LOCATE MARKS 6" NO ()
HOW LOCATED: PAINT FLAGS BOTH WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) STEVE CASTELMAN

ADDRESS OF PARTY (INCLUDE CITY) 501 S DOYLE RD, NEW HAVEN, 46774

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE ABOUR

WITNESS NAME AND ADDRESS _____

WITNESS REMARKS _____

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

FIRE () AGENCY _____ REPORT # _____

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

PHOTOS TAKEN: YES () NO () TAKEN BY: _____ (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 checked="" type="checkbox"/> DRAINAGE | <input type="checkbox"/> WATER |
| <input type="checkbox"/> DRIVEWAY | <input type="checkbox"/> ELECTRIC | <input checked="" 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 type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> POLE/SIGN POST | <input type="checkbox"/> ROAD WORK | <input type="checkbox"/> SEWER | |

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 _____ |

Entered
8-2-12

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 () OTHER _____ |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS:

HIT SERVICE WITH BARBARA

PERSON PREPARING REPORT

John Harman

FIELD SUPERVISOR

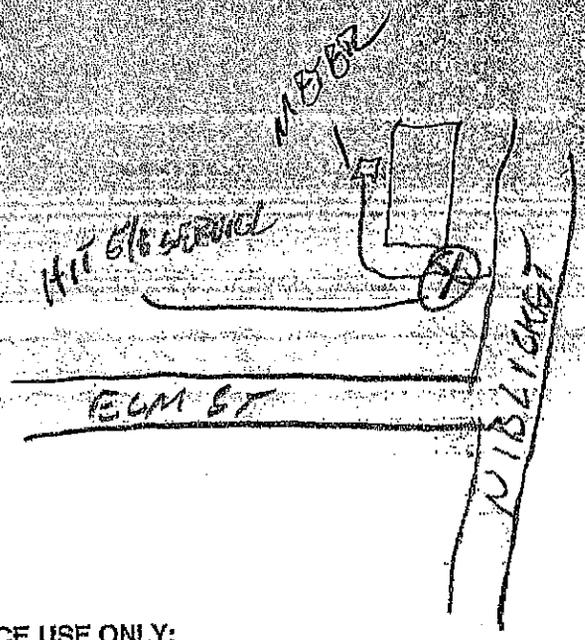
Jason Hanger

FIELD MANAGER

Radell 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: _____

Submitted
8/15/12