



Pipeline Safety Division Investigation Report

Investigation regarding: Alan Fleek Home Inspection

UPPAC Database Record ID: 3456

Investigator: Howard Friend

Report Date: 10/18/2012

Damage Date: 6/19/2012

Damage Address: 4611 Dumont Dr

City: Fort Wayne

County: Allen

The Parties

Excavator: **Alan Fleek Home Inspection**

Contact:

Address: 16105 Indiana State Road 37 N, Harlan, In 46743

Telephone: 260 385 0775

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: Alan Fleek Home Inspection

UPPAC Database Record ID: 3456

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1205280198

Type of Equipment: Hand Tools

Type of work performed: Fencing

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

Findings: Reported by NIPSCO; excavator did not respond to initial notice mailed 9/18/2012. The excavator requested locates on 5/28/12 and damaged the line 22 days later. The original marks were still visible and accurate.

Conclusion: There was a failure to provide notice of excavation due to expiration of previous locate.

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



101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

October 18, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3456
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3456

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: 6/19/2012

Event Location: 4611 Dumont Dr, Fort Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: Alan Fleek Home Inspection

Other Party: N/A

Pipeline Division Case No. 3456

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,

A handwritten signature in black ink, appearing to read "Christopher Earle".

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. 3456	
Date of Event	6/19/2012
Event Location	4611 Dumont Dr, Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	Alan Fleek Home Inspection
Date of IURC Information Request	9/18/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Alan Fleek Home Improvement
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	16105 SR 37
ADDRESS	Harlan, IN 46743
CITY/ STATE/ZIP	260 385-0775
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	4611 Dumont Dr
CITY/STATE/ZIP	Fort Wayne, IN 46815
NEAREST INTERSECTION	Benham Dr
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)	50
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	0
REPAIR COST (IF KNOWN) (\$)	159.21
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	X
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	
Engineering/Surveying	
Fencing	X
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	1205280198
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)	
POLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
ADDITIONAL INFORMATION/COMMENTS	
<p>Excavator hit accurately marked service with shovel Compensation has been received from the excavator.</p>	

Fact Based Investigation Report

NOTIFICATION ID: 01820120619005 **DISTRICT:** Northern IN
DAMAGE DATE: 6/19/2012 10:35:00 AM **NOTIFICATION DATE:** 6/19/2012 11:12:15 AM
NOTIFIED BY: MARK Facility Owner
DAMAGE ADDRESS: 6411 DUMONT DR X BENHAM
CITY: FORT WAYNE **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 06/19/2012
FROM: 12:00:00 **TO:** 12:30:00

EXCAVATOR INVOLVED: alan fleek homeimprovement
TYPE OF EXCAVATION: deck

ORIG. LOCATE REQ.: 1205280198 **START DATE/TIME:** 5/31/2012 7:00:00 AM
TYPE OF TICKET: Routine **LOCATE REQ. INFO N/A:**

DIG UP/DAMAGE REQ.: M53931548 **START DATE/TIME:**

PICTURES TAKEN BY: John Deitrick **DATE/TIME:** 6/19/2012 12:30:00 PM
PHOTOGRAPHY TYPE: Digital **FRAME #:**

INVESTIGATOR EMP#: 131108 **INVESTIGATOR NAME:** John Deitrick
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120619005
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** Gas Service
LOCATOR NAME & EMP #: Schiebel Christophe - 124410
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

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

Marks were within tolerance. Contractor did not hand expose the line.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

na

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

na

LIST ANY OTHER INDIVIDUALS ON SITE:

na

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

REPLACEMENT FOOTAGE 2ft

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? posthole digger

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)

NIPSCO 00064 IUPPSa 05/28/2012 15:00:36 1205280198-00A NORM NEW STRT

NORMAL NOTICE

Ticket : 1205280198 Date: 05/28/2012 Time: 14:46 Oper: DWILSON Chan:006

State: IN Cnty: ALLEN Twp: ST JOSEPH
Cityname: FORT WAYNE Inside: Y Near: N
Subdivision:

CASE #
3456

Address : 6411
Street : DUMONT DR
Cross 1 : BENHAM DR Within 1/4 mile: Y
Location: LOCATE--REAR OF THE PROPERTY--

Grids : 4105B8503C 4105B8503B
Boundary: n 41.095421 s 41.094315 w -85.059731 e -85.055466

Work type : INSTALLING DECK
Done for : ROGER AND KATHY BENROTH
Start date: 05/31/2012 Time: 07:00 Hours notice: 64/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 2 DAYS Depth: 3 FEET

Company : ALAN FLEEK HOME IMPROVEMANT Type: CONT
Co addr : 16105 INDIANA STATE ROAD 37 NORTH
City : HARLAN State: IN Zip: 46743
Caller : ALAN FLEEK Phone: (260)385-0775
Contact : ALAN FLEEK--CELL Phone:
BestTime:
Mobile : (260)385-0775
Email : FLEEKSR@AOL.COM

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

Submitted date: 05/28/2012 Time: 14:46
Members: AEPIN CC FW ID4866 ID8000 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Ft. Wayne MAXIMO WO # M488277

OPERATING AREA CONTACT J. HANER JOB ORDER # 574231

TRACKING NUMBER 018 2012 0619 005 LOCATE REF # 120 528 0198

Locate Performed By: USIC

DATE AND TIME OF ACCIDENT 6-19 2012 9:30 AM DATE OF REPORT 6-19-12

PLACE OF DAMAGE (INCLUDE CITY) 4611 DUMONT DR 47711 IN 46815

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) 50 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 09:30 TIME RESTORED 12:15

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/2 WT

LOCATE MARKS ON SITE: YES DISTANCE BETWEEN FACILITY AND LOCATE MARKS 1.5 ft. NO ()
HOW LOCATED: PAINT FLAGS BOTH WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) ALAN FLEEK HOME IMPROVEMENT, LLC

ADDRESS OF PARTY (INCLUDE CITY) 1605 5th RD 37 MARLON, IN 46743 260 385-1775

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

WITNESS NAME AND ADDRESS _____

WITNESS REMARKS _____

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

FIRE AGENCY F. in F. D. 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 type="checkbox"/> DRAINAGE	<input type="checkbox"/> WATER
<input type="checkbox"/> DRIVEWAY	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> SURVEYING	<input type="checkbox"/> DRAINS/CULVERTS
<input checked="" 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 checked="" type="checkbox"/> OTHER <u>POST FOR FENCE & DECK</u>
<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 checked="" type="checkbox"/> HAND TOOLS	<input 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

REASON DAMAGE OCCURRED -- CHECK APPROPRIATE CHOICE BELOW

<input type="checkbox"/> AUTOMOTIVE ACCIDENT	<input type="checkbox"/> EXCAVATING BEFORE LOCATES DUE	<input type="checkbox"/> CARELESS MACHINE OPERATOR
<input type="checkbox"/> NO NOTIFICATION	<input type="checkbox"/> MARKS DISTURBED	<input type="checkbox"/> STUB
		<input checked="" type="checkbox"/> OTHER <u>HARD GROUND</u>

COMMENTS:

LOOKING FOR SERVICE IN HARD GROUND AND
HIT SERVICE WITH SHOVEL

PERSON PREPARING REPORT

ggw

FIELD SUPERVISOR

Ronald Wagner

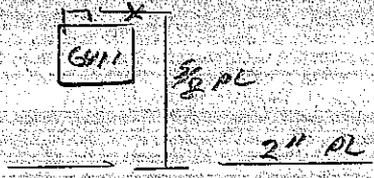
FIELD MANAGER

- 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

AN

INSTALL POST HOLE & HIT SER.



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: _____

LEAK INVESTIGATION FORM

Section 1 - To be Completed by the First Responder (information known during initial investigation)

CIS Ticket Number: 924654206 Date Reported: 6 - 19 - 12 Time Leak Reported (Military): 09: 15
MO DAY YR HR MIN
 LOA: FR. WAYNE GPS Coordinates: Latitude _____ °N Longitude _____ °W
 City Name: FR. WAYNE
 Address or Location: 6411 DUMONT DR 193854

Leak Location:

1. No Leak Found
2. Customer Equip.
3. Main
4. Service
5. Meter Loop
(Lockwing and above)
6. Regulator Station

For Services Only:

Re-tested at 90 PSIG
 for 15 minutes

Leak Grade:

1. Hazardous
2. Non-Hazardous, Scheduled Repairs
3. Non-Hazardous, Monitored

Leak Resolution

1. Leak Repaired
2. Pipe Replaced
3. Pipe Retired
4. Grade 2 or 3 Leak Not Repaired
To be scheduled for re-evaluation/repair

Leak Closed

If marked and not making repairs
 you must complete **bold box** below.
 If repairs are made, complete all Section 2.

Residual Gas Present: Yes No
 (Grade 1 Leak Only)

1st Responder: User ID: 01184 TOM HOAGLAND Leak Referred to: SERVICE / WILL REPAIR
(FIRST NAME) (MI) (LAST NAME)

Section 2 - To be Completed by the Person Making Repairs to a Grade 1, 2 or 3 Leak

Comments: CUT SR SER. WILL MAKE REPAIR

JO 574231

Repaired/Inspected: 6 - 19 - 12 Time: 13: 00 (Military) User ID: 01184 TOM HOAGLAND
MO DAY YR HR MIN (FIRST NAME) (MI) (LAST NAME)

Cause of Leak:

A. Material or Welds

1. Faulty weld, dent, gouge, excess stress
2. Manufacturing defect

B. Corrosion

1. External
2. Internal
3. Stress Corrosion Cracking
(must be confirmed by Corrosion group)

C. Weather/Outside Forces

1. Natural Forces (weather, washouts, frost heave, frozen equipment etc.)
2. Other Outside Forces (fire, explosion, vandalism etc.)
(explain in comments)

D. Excavation

1. Company Crew
2. Contractor Crew
3. Third Party

Identificaton:

Contractor Crew: ALAN FLECK
 Third Party Name: HOME IMP.

Locate Information:

1. No Locate Request
2. Request, No Locate
3. Mislocated
4. Accurate Locate

E. Equipment Failure and Operations

1. Inadequate or failure to follow correct procedures
2. Equipment Malfunction (i.e. gasket/o-ring failure, stripped threads etc.)

F. Other (Explain in comments) (includes thread leaks)

CIS Grid Number: _____ Pipe Size: 5/8 inches Soil Condition: dry moist wet

Corrosion CP Section Number (Steel): _____ Transmission Line section _____

Section 3 - For Reporting Results of a Scheduled Re-inspection or Repair ONLY.

Re-evaluated Leak Resolution

1. Leak Repaired
2. Pipe Replaced
3. Pipe Retired
4. No Leak Found
5. Leak Re-classified
6. Grade 2 or 3 Leak, Schedule for repair/re-evaluation

Leak Closed

Re-classified Leak Grade:

1. Hazardous
2. Non-Hazardous, Scheduled Repairs
3. Non-Hazardous, Monitored

Material:

1. Coated Steel
2. Bare Steel
3. Plastic
4. Cast Iron
5. Copper
6. Wrought Iron

Pipeline Identifier:

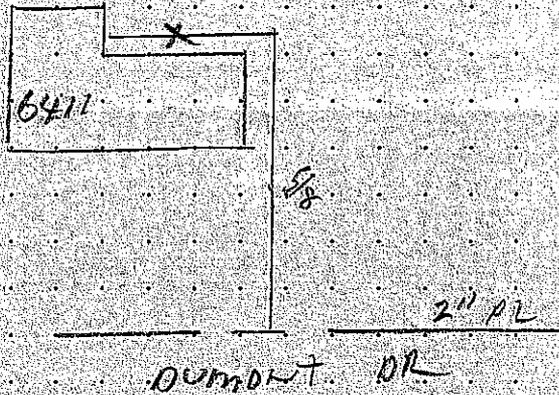
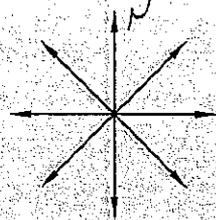
1. Distribution
2. Transmission
3. Transmission HCA

METER #

Re-evaluation Comments: _____

Repaired/Re-evaluated: _____ Time: _____ (Military) User ID: _____
MO DAY YR HR MIN (FIRST NAME) (MI) (LAST NAME)

Indicate North



DUMONT DR

Instructions:

1. Locate leak point and mark with X
2. Provide dimensions from centerlines, utility poles, curb lines etc.
3. Outline leak migration perimeter, provide dimensions and indicate % gas from leak point to 0%.

LEGEND

- X Centered Leak
- O Valve or Curb Box
- △ Manhole
- △ Conduit Manhole
- Catch Basin
- ⊕ Utility Pole
- ▨ Leak Area

Comments: _____

ALAN FLEEK
HOME IMPROVEMENT, LLC.

Alan L. Fleek, Sr.

President

www.alanfleek.com

16105 State Rd 37
Harlan, IN 46743

Phone: 260-385-0775
Email: FleekSR@aol.com

Indiana Before you Dig
Confirm #
180538-0198

NIPSCO Jobbing Order

SAWO (S-)

Jobbing (JO-)

No 574231

Customer Name: Home Improvement LLC Date: 6/19/12
 Service Address: 16105 SW Rd 37
 Work Description: HIT SR SER. @ 4611 Duane Dr SW 4615

Customer Acct No:
 City: Harlan In 46743

Type: Appliance Repair Purchase Material Relocate Services Temporary Service Energy Invest
 Long Term JO Contribution in Aid of Construction
 Claims: Insurance Vehicle Damage Number: _____

Reason: No Charge - ESP No Charge No Charge-Call Back Purchase Material Temporary Serv
 Time & Material T & M - ESP Firm Estimate Flat Rate Void
 Other: CIS 924634206 Locat. # 018-2012-0619-005

Plant Id: Regular Customer State Body Municipality Other:
 Plant Gas Main Ext Gas Service Ext Electric Line Ext Electric Service Ext Street Light Serv
 Desc Elect Power Serv Undgnd Elect Serv Undgnd Distribution Public Improvement

General Ledger Class Code: Gas Jobbing General Gas Retirement WO Gas Specific WO
 Work Order No: Elect Jobbing General Elect Retirement WO Elect Specific WO Elect Temp Serv

Appliance Serviced: _____ Serial No: _____ Model No: _____
 Manufacturer: _____ Location: _____ Comments: _____

LABOR

(Please use straight time hours & show conversion Rate)

ID No & Name	Hours	Hr Rate	Labor \$
<u>011194 JTB</u>	<u>2</u>	<u>32.41</u>	

EQUIPMENT

Equip #	Hrs	Rate	Equip \$
<u>31004</u>	<u>2</u>	<u>x1</u>	

Labor Subtotal (c) _____
 Plus % Payroll Tax (a) _____
 Total Labor Cost _____

Total Equipment (b) _____

Engineering Firm Estimate:
 Pre-Paid Total: _____

PARTS

SIN #	Quantity	Size	Manufacturer	Description	Unit Price	Parts \$
<u>301553</u>	<u>1</u>	<u>5/8x12</u>	<u>CONTINENTAL</u>	<u>5/8x12" STAB KIT</u>		

CHARGES:

Service _____ (c) Labor _____
 (a) Payroll Tax _____ (d) Material _____
 (b) Equipment _____ (e) Overhead _____
 (f) Additional _____ Material Sales Tax _____
TOTAL _____

Parts Subtotal (d) _____
 Plus % Overhead (e) _____
 Total Parts Cost _____

Additional Charges

Type	Amount
Meals	
Police Report	
Gas Loss	
Total Add'l Charge (f)	

Credit Card Name _____ Number _____ Expiration Date: ____/____/____

Customer Acknowledgement: _____ Authorization No: _____

Employee ID Number 011844 NAME **TONY HORGREN** DATE 6 19 12 HRI NUMBER 605-212-000 SUPV. NO. AUTH.

JOB DETAIL

DEPT. SERVICE

ACTUAL HOURS	L C	ACCOUNT NUMBER	ACTIVITY NUMBER	UPGRADE JOB NO.	DEPT.	HOURS				UNITS	VARIANCE			EQUIP. HRS.			
						MULT	CODE	1	2		3	4	CODE		HOURS	Q#	
0730-0745	1	STAPLE	1586035														
0745		9990 'MOT' GRNEN	1039930					10	31								
10 30	2	MONT. 1414 INWOOD	6547200														
11 30		MT LINE 6411 DUMONT 50574231	6737400														
12 30	3	Repair 6411 DUMONT 50574231	* 6732400														
13 15		CLERK LEAR 11 50524231	6732400														
13 45	4	REMOVE 1414 INWOOD 70000	6546513														
14 15		LUNCH	2030960														
14 30	5	5309 NYACK AV	6546522														
14 30		96 6138 CROFTON DR - ONGT	6546522														
15 00	6	MT LINE 3830E STATE AV TO	6732400														
17 30		REBUILD	6527200					15	50								
18 30	7	ROUTE	6527200														
19 00		ROUTE	6527200														
19 15	8	MERL NOT TAKEN	1039960														
50																	
	9																
	A																
	B																
	C																
	D																
	E																

11 75	10	8 00	12		15	3 75	20		25								
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CLOCK HOURS TO BE PAID @		AUTOMOTIVE EQUIPMENT		ODOMETER READINGS		HOUR METER READINGS		SP. RATES		REPEATED RECORDS	
10	8 00	#	EQUIPMENT NUMBER	START	133888	11571		CD	RATE	DAY	1
15	3 75		31004	END	133916	11578				DAY	1
20				START						NO. OF HOLIDAYS	1
25				END							1

IURC Damage Information Request

Complete at damage site. Please scan and email completed form to cludwig@nisource.com within 10 days of damage.

Date 6-19-12

City FT. WAYNE

Address 4611 DUMONT DR

Contractor ALAN FLEEK HOME IMP.

Type of Equipment SHOVEL

Work Type POST HOLE

Locate # 1205280198

Locates (yes/no)

Accurate Locates (yes/no) 1/2 OFF

Paint, flags or both YES

Release of Gas (yes/no)

Detailed description of Event including equipment used CUT WITH SHOVEL LOOKING FOR SERVICE

Depth of line 20"

Were locates performed in 2 working days (yes/no)

Service or main and size of line 3/8

Pressure (PSI) 50

Outage (yes/no) 1 SER.

How many customers lost 1

Time to restore service 1 1/2 HR

Evacuation (yes/no)

How many evacuated

Ignition of product (yes/no)

Damage or leak CUT SERVICE



tracking # 6411 Dumont Dr Fort Wayne
Mark Dilosa to: Nipsco - USIC Fort Wayne
Cc: SLC Distribution Clerks

06/19/2012 12:31 PM

INDIANA 811 AND TRACKING NUMBERS FOR HIT LINES
EFFECTIVE 2/15/12

ADDRESS: 6411 DUMONT DR

CITY: FORT WAYNE

RESPONDING SERVICEMAN: JON HOAGLAND

CIS SITE ID #: 224290007

LA 193854

M488277

USIC TRACKING NUMBER: 018 2012 0619 005

M488382

WMC ASSIGNER/DISPATCHER NAME: DANIEL LOPEZ

INDIANA 811 LOCATE # (if applicable):

MAXIMO #

Mark Dilosa
WMC- Distribution Clerk
219-647-4806



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Aug 2, 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*): 219 962 0422

Fax number (*area code*): 219 962 0404

E-mail address: cludwig@nisource.com

Excavator Information, if known

Full name: Alan Fleek Home Inspection

Business address (*number and street*): 16105 Indiana State Road 37 N

City, State, and ZIP code: Harlan, IN 46743

Telephone number (*area code*): 260 385 0775

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Hand Tools

Type of work performed: Fencing

Date and Location of Damage

Date of damage (month, day, year): Jun 19, 2012

County: Allen

City: Fort Wayne

Street address (number and street, city, state, and ZIP code):
4611 Dumont Dr Fort Wayne IN

Nearest intersection: Benham Dr

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): 1.5

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: 1205280198

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"?

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

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: Other

Additional Comments

Excavator hit accurately marked facility with shovel