



Pipeline Safety Division Investigation Report

Investigation regarding: Fort Wayne Water Department

UPPAC Database Record ID: 3458

Report Date: 4/18/2013

Investigator: Mike Orr

Damage Date: 6/13/2012

Damage Address: 1210 Dell Cove Dr, Fort Wayne, Allen

The Parties

Excavator: **Fort Wayne Water Department**

Address: 200 E Berry St, Fort Wayne, In 46802

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Water

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$704.45

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1206062275

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

Synopsis: A natural gas service was damaged during excavation for a water line.

Findings: Reported by NIPSCO; excavator's response to initial notice was received on 10/15/2012. The excavator had a valid locate request however, the operator failed to provide accurate locate marks.

Conclusion: The operator failed to provide accurate locate marks.

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



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Aug 10, 2012

Who is submitting this information?

Name of person providing this information: Carrie Ludwig (NIPSCO)

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: Fort Wayne Water Department

Business address (*number and street*): 200 E Berry St

City, State, and ZIP code: Fort Wayne, IN 46802

Telephone number (*area code*): 260 427 6123

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Municipality

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Water

Date and Location of Damage

Date of damage (*month, day, year*): Jun 13, 2012 _____

County: Allen _____

City: Fort Wayne _____

Street address (*number and street, city, state, and ZIP code*):
1210 Dell Cove Dr Fort Wayne IN _____

Nearest intersection: State Hwy 14 _____

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*): 3 _____

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? 16 _____

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1206062275 _____

Was the locate request completed within two working days? No

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? No

Were facilities marked correctly? No

Type of markings used: Other

If other, please specify: not located

Was site marked by "White Lining"? No

Were special instructions part of the locate request? No

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

Were pipeline company representatives on site during excavation? No

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

Did the excavator notify Indiana 811 in the event of this damage? 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: --Facility was not located or marked

Additional Comments

Nipsco emergency repair ticket #: 1206132940

Excavator not at fault. Gas Operator violated IC 8-1-26-18(f).



101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

October 16, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3458
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3458

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: 1210 Dell Cove Dr, Fort Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: Fort Wayne Water Department

Other Party: N/A

Pipeline Division Case No. 3458

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. 3458	
Date of Event	6/13/2012
Event Location	1210 Dell Cove Dr, Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	Fort Wayne Water Department
Date of IURC Information Request	9/18/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Fort Wayne Water Department
RESPONSIBLE PARTY PERSONAL NAME	Jeff Goblirsch
TITLE (IF ANY)	
ADDRESS	200 E. Berry St
CITY/ STATE/ZIP	Fort Wayne, IN 46802
PREFERRED TELEPHONE	260 427-6123
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	1210 Dell Cove Dr
CITY/STATE/ZIP	Fort Wayne, IN 46804
NEAREST INTERSECTION	Illinois Rd
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)	Y
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	
REPAIR COST (IF KNOWN) (\$)	704.45
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	

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	
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	X
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	1206062275
LOCATE MARKS VISIBLE (YES/NO)	No
LOCATE MARKS CORRECT (YES/NO)	No
EXCAVATOR "WHITE LINED" (YES/NO)	
MAPS USED TO MARK FACILITIES (YES/NO)	
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>Locate contractor failed to accurately mark facility. Nipsco emergency repair ticket #: 1206132940</p>	

Fact Based Investigation Report

NOTIFICATION ID: 01820120613015 **DISTRICT:** Northern IN
DAMAGE DATE: 6/13/2012 2:35:00 PM **NOTIFICATION DATE:** 6/13/2012 3:19:44 PM
NOTIFIED BY: MARK Facility Owner
DAMAGE ADDRESS: 120 DALECOVE DR X ILLINOIS RD
CITY: FORT WAYNE **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 06/13/2012
FROM: 20:00:00 **TO:** 20:40:00

EXCAVATOR INVOLVED: CITY OF FT WAYNE UTIL.
TYPE OF EXCAVATION: WATER

ORIG. LOCATE REQ.: **START DATE/TIME:**
TYPE OF TICKET: **LOCATE REQ. INFO N/A:**

DIG UP/DAMAGE REQ.: M53311161 **START DATE/TIME:**

PICTURES TAKEN BY: RON STEPHENS **DATE/TIME:** 6/13/2012 8:15:00 PM
PHOTOGRAPHY TYPE: Digital **FRAME #:** N/A

INVESTIGATOR EMP#: 123232 **INVESTIGATOR NAME:** RON STEPHENS
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120613015
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** Gas Service
LOCATOR NAME & EMP #: Stephens Ron - 123132
LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:
Other

Other: MIS 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:

THIS WAS A STEEL RISER THEN CHANGED TO PLASTIC SERVICE MISMARKED HAD PROBLEMS GETTING TNE AND SHOULD HAVE TURNED IN NON TONABLE

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? Yes

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS? No

EXTENT OF FACILITY DAMAGE CUT 5/8 SERVICE PLASTIC

REPLACEMENT FOOTAGE UNKNOWN

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 00691 IUPPSa 06/06/2012 12:30:42 1206062275-00A NORM NEW STRT

NORMAL NOTICE

Case 3458

Ticket : 1206062275 Date: 06/06/2012 Time: 12:28 Oper: BETHANN.OWENS Chan:000

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

Address : 1210
Street : DELL COVE DR
Cross 1 : STATE HWY 14 Within 1/4 mile: Y
Location: IN FRONT OF THE ADDRESS ON BOTH SIDES OF THE STREET AND GO FOR
360FT
TO THE SOUTH ON DELL COVE
:
Grids : 4103A8514C 4104D8514C 4104C8514C
Boundary: n 41.074989 s 41.065895 w -85.239227 e -85.237717

Work type : INSTALLING WATER MAIN
Done for : CITY OF FORT WAYNE
Start date: 06/08/2012 Time: 12:45 Hours notice: 48/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 1 DAY Depth: 5FT

Company : FORT WAYNE CITY UTILITIES Type: OTHR
Co addr : 415 EAST WALLACE AVENUE
City : FORT WAYNE State: IN Zip: 46803
Caller : BETH ANN OWEN Phone: (260)427-2476
Contact : BETH ANN OWEN -- OFFICE Phone:
BestTime:
Mobile : (260)427-2476
Fax : (260)427-1282

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

Submitted date: 06/06/2012 Time: 12:28
Members: AEPIN AQUA CC FW ID7151 ID8000 NIPSCO SM



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Aug 10, 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: Fort Wayne Water Department

Business address (*number and street*): 200 E Berry St

City, State, and ZIP code: Fort Wayne, IN 46802

Telephone number (*area code*): 260 427 6123

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Municipality

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Water

Date and Location of Damage

Date of damage (*month, day, year*): Jun 13, 2012

County: Allen

City: Fort Wayne

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

1210 Dell Cove Dr Fort Wayne IN

Nearest intersection: State Hwy 14

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*): 3

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? 16

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1206062275

Was the locate request completed within two working days? No

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? No

Were facilities marked correctly? No

Type of markings used: Other

If other, please specify: not located

Was site marked by "White Lining"? No

Were special instructions part of the locate request? No

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

Were pipeline company representatives on site during excavation? No

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

Did the excavator notify Indiana 811 in the event of this damage? 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: --Facility was not located or marked

Additional Comments

Nipsco emergency repair ticket #: 1206132940

FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA FORTWAYNE IN MAXIMO WO# _____
OPERATING AREA CONTACT JASON OTIS JOB ORDER # 564386
TRACKING NUMBER 018-2012-0613-015 LOCATE REF # 120606 2275
Locate Performed By: _____

DATE AND TIME OF ACCIDENT 6-13 2012 M DATE OF REPORT 6-13-12
PLACE OF DAMAGE (INCLUDE CITY) 1210 DELL CREE DR. East Wayne, IN 46804

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) 16" PRESSURE (PSI) 40 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 3 TIME RESTORED 18:30

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: COMPLETELY SEVERED 1/2"

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

PARTY THAT CAUSED DAMAGES (NAME) CITY OF FORTWAYNE WATER MAINT

ADDRESS OF PARTY (INCLUDE CITY) 200 E Berry St Fort Wayne, IN 46802

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE JEFF FORLIRSCH 260-427-6623

WITNESS NAME AND ADDRESS WEACHUCK - BUTTS - HUNTER

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

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

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

() AUGER	() HAND TOOLS	() BACKHOE/TRACKHOE
() MILLING EQUIPMENT	() PROBING DEVICE	() BORING / DRILLING
() EXPLOSIVES	() TRENCHER	() FARM EQUIPMENT
() VACUUM EQUIPMENT	() GRADER	() OTHER _____

REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW

() AUTOMOTIVE ACCIDENT	() EXCAVATING BEFORE LOCATES DUE	() CARELESS MACHINE OPERATOR
() NO NOTIFICATION	() MARKS DISTURBED	() STUB
		() OTHER <u>NO LOCATE MARKS</u>

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS:

LOCATES WERE CALLED IN, GAS SERVICE
WAS NOT MARKED

PERSON PREPARING REPORT

STEVE WEACHECK

FIELD SUPERVISOR

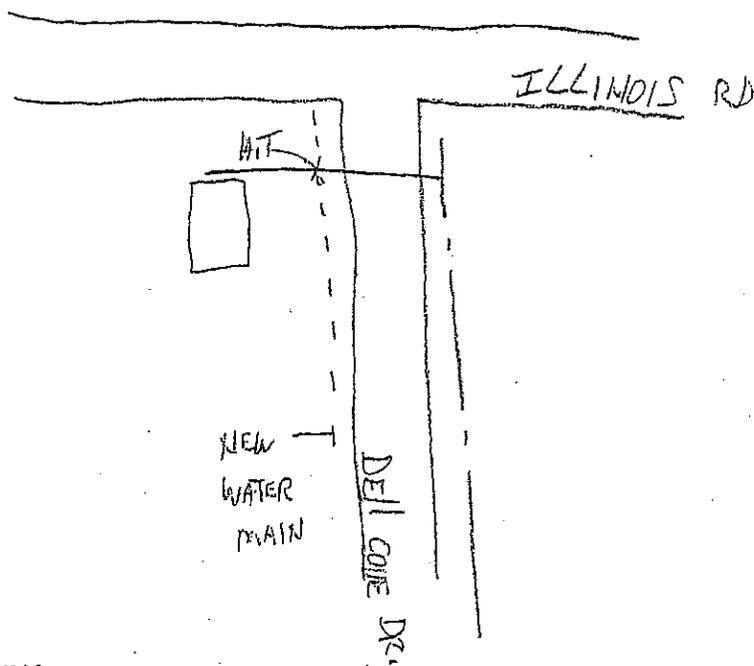
JASON OTIS

FIELD MANAGER

Randy Dean

- 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 B11 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:



150 West Market Street, Suite 600
Indianapolis, IN 46204

February 15, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3458
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Notification of Possible Violations; Pipeline Division Case No. 3458
Date of Event: 6/13/12
Event Location: 1210 Dell Cove Dr, Fort Wayne
Excavator: Fort Wayne Water Department
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. 3458 (as detailed above) identifying potential violations of Indiana law dated January 16, 2013. NIPSCO has not identified any additional information related to this incident not already provided in its October 16, 2012 response.

If there are any additional questions, please contact the undersigned.

Very truly yours,

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

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: 3458

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: Fort Wayne City Utilities

Responsible Party Personal Name: Kurt Roberts

Title (if any): Superintendent

Address (number and street): 415 Wallace St.

City, State and ZIP Code: Fort Wayne, IN 46808

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

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: 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: _____

Cause of Damage Information

Type of Equipment (*select one*):

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

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

Personal Contact: _____

Business/Organization Name: _____

Title (*if any*): _____

Address (*number and street*): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): 1210 Dell Cove Dr. _____

City, State and ZIP Code: Fort Wayne, IN _____

Nearest Intersection: State Rd 14 & Dell Cove Rd _____

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Unknown/Other

Size (Diameter/etc.): _____

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: 1207163308 _____

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

Fort Wayne City Utilities Water Maintenance called in locates, IUPPS No 1207163308. The gas line that was hit during excavation was not located. Please see the attached email from NIPSCO to Kurt Roberts.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3458

Your Full Name: Lindsey M. Jackson

Full Name of Business / Entity (if applicable): Fort Wayne City Utilities

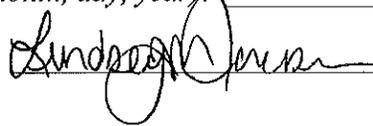
Your Business Title (if applicable): Associate City Attorney

Address (number and street): 200 E. Berry St.

City: Fort Wayne State: IN ZIP Code: 46802

Your E-mail Address: lindsey.jackson@cityoffortwayne.org

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

Your Signature:  Title (if any) Assoc City Attorney

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3458
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov

Lindsey Jackson

Subject: FW: Nipsco Hit on Dell Cove

-----Original Message-----

From: RDunn@NiSource.com [mailto:RDunn@NiSource.com]
Sent: Monday, June 25, 2012 3:26 PM
To: Kurt Roberts
Cc: Nancy McAfee
Subject: RE: Nipsco Hit on Dell Cove

Kurt, I have confirmed that the service line at 1210 Dell Cove Dr. Fort Wayne, that was damage by City of Fort Wayne employees was not located by our locate contractor.

I know it is frustrating when an employee does everything correct only to have something out of their control go wrong and causes more work for them.

Thank Jeff for me for being the kind of employee he is, it is reassuring to hear when the Superintendent says great things about their employees and has confidence in them doing the job correctly.

Randy

Randall Dunn
Manager, Fort Wayne, Angola Gas
Nipsco Office 260 439-1237 Fax 439-1235 Auburn Office 260 925-2700 ext. 250 Fax 925-4504
Cell 260 403-0775

Safety - It's the most important part of your day!

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Kurt Roberts
<Kurt.Roberts@cityoffortwayne.org>
To
"RDunn@NiSource.com"
06/19/2012 12:32 PM <RDunn@NiSource.com>
cc

Nancy McAfee
<Nancy.McAfee@cityoffortwayne.org>
Subject
RE: Nipsco Hit on Dell Cove