



Pipeline Safety Division Investigation Report

Investigation regarding: **Feikema Sanitation**

UPPAC Database Record ID: 3462

Investigator: Howard Friend

Report Date: 11/1/12

Damage Date: 7/17/2012

Damage Address: 4171 Tompkins

City: Gary

County: Lake

The Parties

Excavator: **Feikema Sanitation**

Contact: Wesley Feikema

Address: 1854 Ridge Rd, Munster, In

Telephone: 219 838 5618

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: Feikema Sanitation

UPPAC Database Record ID: 3462

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: 1207161611

Type of Equipment: Trencher

Type of work performed: Sewer

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

Findings: Reported by NIPSCO; excavator did not respond to initial notice mailed 9/14/2012. The excavator requested located on 7/16/12 and damaged the line the following day however; the locate contractor had accurately marked the natural gas facility.

Conclusion: Excavator failed to maintain the required clearance with mechanized equipment.

Violation: IC 8-1-26-20(b): Failure to plan excavation to avoid damage or interference with underground facilities; Failure to maintain two (2) feet clearance with mechanized equipment.



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

RECEIVED

OCT 9 3 2012

INDIANA UTILITY
REGULATORY COMMISSION

Case Number: 3462

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: Wesley Feikema & Son Sanitation Serive

Responsible Party Personal Name: Wesley Feikema

Title (if any): _____

Address (number and street): 1854 Ridge Road

City, State and ZIP Code: Munster, IN 46321

Preferred Telephone Number (area code): 219-838-5618

Cellular Telephone Number (area code): _____

Email Address: feikemasanitation@sbcglobal.net

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*): Sewer (Sanitary/Storm)

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*): 4171 Tompkins

City, State and ZIP Code: Gary, IN

Nearest Intersection: W. 41st Ave

Product Type (*select one*): Natural Gas

Facility Type (*select one*):

Size (Diameter/etc.): _____

Pressure (PSIG/Inches): _____

Interruption in Service: Yes No **Number of Customers Affected:** ¹ _____

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: 1206013220, 1207161611

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

The area was not white lined because the entire rear yard was used in the replacement septic drain field.
Gas line was stuck due to operating error by excavator. Will pay repair cost when bill arrives.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3462

Your Full Name: Dirk Feikema

Full Name of Business / Entity (if applicable): Wesley Feikema & Son Sanitation Service

Your Business Title (if applicable): President

Address (number and street): 1854 Ridge Road

City: Munster State: IN ZIP Code: 46321

Your E-mail Address: Feikemasanitation@sbcglobal.net

Today's Date (month, day, year): 09/25/2012

Your Signature:  Title (if any) _____

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3462
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:



101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

October 16, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3462
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3462

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: 7/17/2012

Event Location: 4171 Tompkins, Gary

Facility Owner: Northern Indiana Public Service Company

Excavator: Wesley Feikema

Other Party: N/A

Pipeline Division Case No. 3462

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. 3462	
Date of Event	7/17/2012
Event Location	4171 Tompkins, Gary
Facility Owner	Northern Indiana Public Service Company
Excavator	Wesley Feikema
Date of IURC Information Request	9/18/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Wesley Feikema
RESPONSIBLE PARTY PERSONAL NAME	Same
TITLE (IF ANY)	
ADDRESS	1854 Ridge Rd
CITY/ STATE/ZIP	Munster, IN 46321
PREFERRED TELEPHONE	219/838-5618
CELL PHONE TELEPHONE	219/742-2874
EMAIL ADDRESS	feikemasanitation@sbcglobal.net
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	4171 Tompkins
CITY/STATE/ZIP	Gary, IN
NEAREST INTERSECTION	41 st Ave
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) (\$)	N/A
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	
Probing Device	

Trancher	X
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)	X
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	1207161611
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>Failure to maintain clearance. Nipsco emergency repair ticket 1207172014.</p>	

Fact Based Investigation Report

NOTIFICATION ID: 01820120717013 **DISTRICT:** Northern IN
DAMAGE DATE: 7/17/2012 11:00:00 AM **NOTIFICATION DATE:** 7/17/2012 12:50:07 PM
NOTIFIED BY: PATTY
DAMAGE ADDRESS: 4171 TOMPKINS ST
CITY: GARY **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 07/17/2012
FROM: 12:20:00 **TO:** 12:40:00

EXCAVATOR INVOLVED: FEIKEMA SANITATION
TYPE OF EXCAVATION: SEWER

ORIG. LOCATE REQ.: 1207161611 **START DATE/TIME:**
TYPE OF TICKET: **LOCATE REQ. INFO N/A:**

DIG UP/DAMAGE REQ.: 1207172014 **START DATE/TIME:** 7/17/2012 12:40:00 PM

PICTURES TAKEN BY: Bob Squzert **DATE/TIME:** 7/17/2012 12:25:00 PM
PHOTOGRAPHY TYPE: Digital **FRAME #:** 1

INVESTIGATOR EMP#: 122566 **INVESTIGATOR NAME:** Bob Squzert
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120717013
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** Gas Service
LOCATOR NAME & EMP #: Squzert Robert - 122566
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,

Investigation Results Verified By Utility Representative

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

The gas service was previously marked with paint and flags. Marks still visible and good. Unknown if homeowner or contractor hit gas service. All damage pictures are on ticket #1207172014.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

Nipsco made the repairs as needed.

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

Individuals on site. Not sure if homeowner or contractor.

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? Yes

EXTENT OF FACILITY DAMAGE cut gas service

REPLACEMENT FOOTAGE N/A

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)

NIPSCO 00535 IUPPSa 07/16/2012 11:16:33 1207161611-00A EMER NEW GRID

EMERGENCY SEE REMARK

Ticket : 1207161611 Date: 07/16/2012 Time: 11:09 Oper: AROYSTON Chan:015

State: IN Cnty: LAKE Twp: CALUMET
Cityname: GARY Inside: N Near: Y
Subdivision:

CASE #
3462

Address : 4171
Street : TOMPKINS ST
Cross 1 : 41ST AVE Within 1/4 mile: Y
Location: LOCATE THE ENTIRE BACK YARD OF THE HOUSE
:
Grids : 4132C8724D 4132B8724D 4132C8724C 4132B8724C
Boundary: n 41.544434 s 41.541126 w -87.407471 e -87.404160

Work type : INSTALLING A SEPTIC TANK AND DRAIN FIELD
Done for : MR BRETT
Start date: 07/16/2012 Time: 11:12 Hours notice: 0/0 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 2 DAYS Depth: 30 INCHES

Company : FEIKEMA SANITATION Type: CONT
Co addr : 1854 RIDGE ROAD
City : MUNSTER State: IN Zip: 46321
Caller : WESLEY FEIKEMA Phone: (219)838-5618
Contact : WESLEY FEIKEMA - CELL Phone:
BestTime:
Mobile : (219)742-2874
Fax : (219)923-8462
Email : FEIKEMASANITATION@SBCGLOBAL.NET

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

Submitted date: 07/16/2012 Time: 11:09
Members: COMCN IB ID2227 NIPSCO SM

FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA HAMMOND MAXIMO WO # _____
OPERATING AREA CONTACT TONY Sanchez JOB ORDER # 569694
TRACKING NUMBER 01820/20717013 LOCATE REF # 1207161611
Locate Performed By: _____

DATE AND TIME OF ACCIDENT 7/17/12 11 AM 20 12 M DATE OF REPORT 7/17/12
PLACE OF DAMAGE (INCLUDE CITY) GARY IN 4171 Tompkins, Griffith

DAMAGE WAS TO:
ELECTRIC - POLE / TRANSFORMER: # NA SIZE NA YEAR INSTALLED NA BROKEN YES () NO ()

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

DEPTH OF FACILITY (Inches) 24" 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: _____

DURATION OF INTERRUPTION: TIME REPORTED 11 AM TIME RESTORED _____

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: cut in half

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

PARTY THAT CAUSED DAMAGES (NAME) Wesley Feikema

ADDRESS OF PARTY (INCLUDE CITY) 1854 Ridge Rd Munster

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Wesley Feikema

WITNESS NAME AND ADDRESS same

WITNESS REMARKS Marked as steel SVC instead of plastic

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY NONE 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 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 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 checked="" type="checkbox"/> SEWER | |

- TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW
- | | | |
|--|--|--|
| <input type="checkbox"/> AUGER | <input 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 checked="" 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 checked="" type="checkbox"/> CARELESS MACHINE OPERATOR |
| <input type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED | <input type="checkbox"/> STUB |
| | | <input type="checkbox"/> OTHER _____ |

COMMENTS :

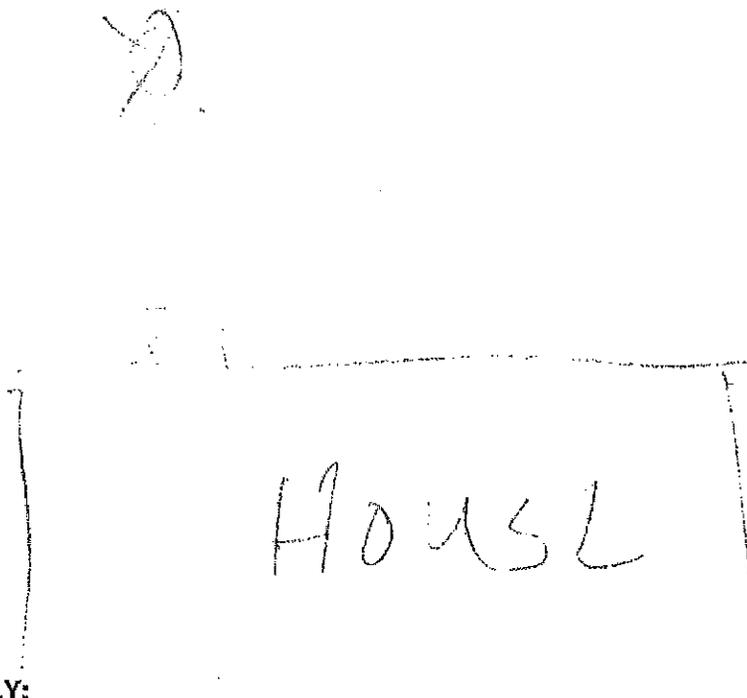
PERSON PREPARING REPORT G. Manzo 121546

FIELD SUPERVISOR Tony Sanchez 4122732

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



FOR OFFICE USE ONLY:

- | | | |
|---|--------------------------------------|--------------------------|
| • DID EXCAVATION OCCUR BEFORE LOCATES WERE DUE | YES | <input type="radio"/> NO |
| • NO IN 811 LOCATE CALLED IN | YES | <input type="radio"/> NO |
| • DAMAGE CAUSED FROM EXCAVATION WITHIN 24" ZONE | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| • EXPIRED LOCATE | YES | <input type="radio"/> NO |
| • WAS WHITE LINING INDICATED ON LOCATE REQUEST | YES | <input type="radio"/> NO |

entered & submitted 8/16/12

COMPLETED BY: *A. Manzo* DATE: *7/17/12*



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Aug 16, 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: Wesley Feikema

Business address (*number and street*): 1854 Ridge Rd

City, State, and ZIP code: Munster, IN

Telephone number (*area code*): 219 838 5618

Fax number (*area code*): 219 923 8462

E-mail address: feikemasanitation@sbcglobal.net

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Trencher

Type of work performed: Sewer (Sanitary/Storm)

Date and Location of DamageDate of damage (*month, day, year*): Jul 17, 2012

County: Lake

City: Gary

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

4171 Tompkins Gary IN

Nearest intersection: 41st 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*):

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? 24

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1207161611

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: 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? No

Description of Cause

Select from the list the most accurate cause for the damage: --Failure to maintain clearance

Additional Comments

Nipsco emergency repair ticket #: 1207172014