



## Pipeline Safety Division Investigation Report

### Investigation regarding: Troy Cripe

UPPAC Database Record ID: 3463

Report Date: 4/18/2013

Investigator: Mike Orr

Damage Date: 6/30/2012

Damage Address: 16263 Cr 22, Goshen, Elkhart

### The Parties

Excavator: **Troy Cripe**

Address: 16263 Cr 22, Goshen, In

Facility Owner: **NIPSCO**

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Trencher

Type of Work Performed: Irrigation

### Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: False

Number of Customers Affected: 0

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$628.17

### Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1206193507

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

**Synopsis:** A natural gas service was damaged during excavation for irrigation

**Findings:** Reported by NIPSCO; excavator failed to respond to initial notice. The excavator had a valid locate request. The operator failed to locate the gas service stub due to inaccurate maps and records.

**Conclusion:** There was a failure to locate the gas facility.

**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 3, 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: Troy Cripe

Business address (*number and street*): 16263 CR 22

City, State, and ZIP code: Goshen, IN

Telephone number (*area code*): 574 534 3344

Fax number (*area code*): \_\_\_\_\_

E-mail address: \_\_\_\_\_

---

### Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Trencher

Type of work performed: Irrigation

---

**Date and Location of Damage**

Date of damage (*month, day, year*): Jun 30, 2012

County: Elkhart

City: Goshen

Street address (*number and street, city, state, and ZIP code*):  
16263 CR 22 Goshen IN

Nearest intersection: COR T 29

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*): 4

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? 12

---

**Notification, Locating, Marking**

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1206193507

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? No

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: --Facility marking or location not sufficient

---

### **Additional Comments**

Nipsco emergency repair ticket #: 1206300115

Excavator is not in violation. Gas operator is in violation of IC 8-1-26-18(f). MAO 8/3/2012.



101 West Ohio Street, Suite 1707  
Indianapolis, IN 46204

October 16, 2012

*Via Electronic Transmission – [PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)*

Pipeline Safety Division – Case No. 3463  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3463

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: 6/30/2012

Event Location: 16263 Cr 22, Goshen

Facility Owner: Northern Indiana Public Service Company

Excavator: Troy Cripe

Other Party: N/A

Pipeline Division Case No. 3463

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](mailto:cearle@nisource.com)

<b>IURC INFORMATION REQUEST</b>	
<b>Pipeline Safety Division Case No. 3463</b>	
Date of Event	6/30/2012
Event Location	16263 Cr 22, Goshen
Facility Owner	Northern Indiana Public Service Company
Excavator	Troy Cripe
Date of IURC Information Request	9/18/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Troy Cripe
RESPONSIBLE PARTY PERSONAL NAME	Same
TITLE (IF ANY)	
ADDRESS	16263 CR 22
CITY/ STATE/ZIP	Goshen, IN 46528
PREFERRED TELEPHONE	574/534-3344
CELL PHONE TELEPHONE	574/534-3344
EMAIL ADDRESS	meadowbrooktkc@aol.com
<b>FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:</b>	
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
<b>LOCATOR SERVICE INFORMATION</b>	
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	<a href="mailto:morganthompson@usicinc.com">morganthompson@usicinc.com</a>
<b>OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION</b>	
PERSONAL CONTACT	
BUSINESS/ORGANIZATION NAME	
TITLE (IF ANY)	

ADDRESS	
CITY/ STATE/ZIP	
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<b>UTILITY LINE IMPACT</b>	
<b>LOCATION OF DAMAGE</b>	
ADDRESS	16263 CR 22
CITY/STATE/ZIP	Goshen, IN 46528
NEAREST INTERSECTION	CR 29
<b>PRODUCT TYPE (Select One)</b>	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
<b>FACILITY TYPE (Select One)</b>	
DISTRIBUTION	
GATHERING	
SERVICE/DROP	X
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	1 1/8" plastic
PRESSURE (PSIG/INCHES)	50
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) (\$)	628.18
<b>CAUSE OF DAMAGE INFORMATION:</b>	
<b>TYPE OF EQUIPMENT (Select One)</b>	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	
Probing Device	

Trancher	X
Vacuum Equipment	
Unknown/Other	
<b>TYPE OF WORK PERFORMED (Select One)</b>	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	
Bldg. Demolition	
Drainage	
Driveway	
Electric	
Engineering/Surveying	
Fencing	
Grading	
Irrigation	X
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
<b>LOCATE INFORMATION:</b>	
EXCAVATOR REQUEST LOCATE (YES/NO)	Yes

INDIANA 811 LOCATE TICKET NUMBER	1206193507
LOCATE MARKS VISIBLE (YES/NO)	No
LOCATE MARKS CORRECT (YES/NO)	No
EXCAVATOR "WHITE LINED" (YES/NO)	No
MAPS USED TO MARK FACILITIES (YES/NO)	Yes
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	No
<b>INCIDENT IMPACT INFORMATION</b>	
NUMBER OF OUTPATIENT TREATED	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FATALITIES	0
FIRE DEPARTMENT RESPONSE (YES/NO)	N/A
POLICE DEPARTMENT RESPONSE (YES/NO)	N/A
AMBULANCE RESPONSE (YES/NO)	N/A
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
<p>Facility marking or location not sufficient.</p> <p>Nipsco emergency repair ticket 1206300115.</p> <p>No original ticket or damage ticket.</p>	

**Fact Based Investigation Report**

**NOTIFICATION ID:** 01820120630003                      **DISTRICT:** Northern IN  
**DAMAGE DATE:** 6/30/2012 11:05:00 AM      **NOTIFICATION DATE:** 6/30/2012 11:05:40 AM  
**NOTIFIED BY:** TODD Facility Owner  
**DAMAGE ADDRESS:** 16263 CR 22 x CR 29  
**CITY:** Goshen                      **ST:** IN      **ZIP:**

---

**DAMAGED CUSTOMER:** NIPSCO

---

**INVESTIGATION DATE:** 06/30/2012  
**FROM:** 11:30:00                      **TO:** 12:00:00

---

**EXCAVATOR INVOLVED:** TROY CRIPE  
**TYPE OF EXCAVATION:** SPRINKLERS

---

**ORIG. LOCATE REQ.:** 1206193507                      **START DATE/TIME:**  
**TYPE OF TICKET:**                      **LOCATE REQ. INFO N/A:**

---

**DIG UP/DAMAGE REQ.:** M55268786 /120630                      **START DATE/TIME:**

---

**PICTURES TAKEN BY:** Chip alvord      **DATE/TIME:** 6/30/2012 11:30:00 AM  
**PHOTOGRAPHY TYPE:** Digital                      **FRAME #:**

---

**INVESTIGATOR EMP#:** 113397                      **INVESTIGATOR NAME:** MIKEOBERLIN  
**BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?** Possibly

---

**Fact Based Investigation Customer Information**

**NOTIFICATION ID:** 01820120630003  
**SELECT A CUSTOMER:** NIPSCO  
**CUSTOMER #:** *(optional)*

---

**FACILITY DESCRIPTION:** LOWPROF                      **FACILITY ID:** Gas Service  
**LOCATOR NAME & EMP #:** Alvord Charles - 134850  
**LOCATOR NOT KNOWN:**

---

**CHECK ALL THAT APPLY TO INVESTIGATION:**  
Other

**Other:** See Below

---

**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:**

OLD SERVICE STUB WAS ON A TOOL SHED AT THE BACK OF PROPERTY WAS NOT SEEN HOME OWNER TOLD TECH THEY ONLY HAD THE SERVICE ON THE HOUSE THAT WAS LOCATED.

**NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:**

U/K

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

U/K

**LIST ANY OTHER INDIVIDUALS ON SITE:**

U/K

---

**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** SERVICE

**REPLACEMENT FOOTAGE** 2'

**WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?** No

**WHAT CONTRACTOR EQUIPMENT WAS USED?**

**IS THE FACILITY SHOWN ON THE UTILITY RECORDS?** No

**IF YES, PLEASE LIST RECORD #(S)**

NIPSCO 01145 IUPPSa 06/19/2012 16:59:58 1206193507-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1206193507 Date: 06/19/2012 Time: 16:51 Oper: AHINES Chan:085

State: IN Cnty: ELKHART Twp: JEFFERSON  
Cityname: GOSHEN Inside: N Near: Y  
Subdivision:

CASE #  
3463

Address : 16263  
Street : CO RT 22  
Cross 1 : CO RT 29 Within 1/4 mile: Y  
Location: LOCATE THE FRONT YARD AND THE EAST AND WEST SIDES OF THE HOUSE  
:  
Grids : 4137A8546C 4138D8546C 4137A8546B 4138D8546B 4137A8546A  
Boundary: n 41.634758 s 41.629375 w -85.781990 e -85.773209

Work type : INSTALL IRRIGATION SYSTEM  
Done for : TROY AND CORI CRIPE  
Start date: 06/21/2012 Time: 17:00 Hours notice: 48/48 Priority: NORM  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N  
Duration : 2 WEEKS Depth: 6 INCHES

Company : TROY CRIPE Type: HOME  
Co addr : 16263 CO RT 22  
City : GOSHEN State: IN Zip: 46528  
Caller : CORI CRIPE Phone: (574)534-3344  
Contact : CORI CRIPE - HOME Phone:  
BestTime:  
Mobile : (574)534-3344  
Email : MEADOWBROOKTKC@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: 06/19/2012 Time: 16:51  
Members: COMCN 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 3, 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: Troy Cripe

Business address (number and street): 16263 CR 22

City, State, and ZIP code: Goshen, IN

Telephone number (area code): 574 534 3344

Fax number (area code): \_\_\_\_\_

E-mail address: \_\_\_\_\_

## Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Trencher

Type of work performed: Irrigation

## Date and Location of Damage

Date of damage (*month, day, year*): Jun 30, 2012

County: Elkhart

City: Goshen

Street address (*number and street, city, state, and ZIP code*):  
16263 CR 22 Goshen IN

Nearest intersection: CO RT 29

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*): 4

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? 12

---

## Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1206193507

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? No

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: --Facility marking or location not sufficient

---

### Additional Comments

Nipsco emergency repair ticket #: 1206300115

NORTHERN INDIANA PUBLIC SERVICE COMPANY  
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA 110 MAXIMO WO # M 498685  
OPERATING AREA CONTACT Alan Wiest JOB ORDER # 546491  
TRACKING NUMBER 018 2012 0630 003 LOCATE REF # 1206193507  
Locate Performed By: USJC

DATE AND TIME OF ACCIDENT 6-30 2012 10:05 M DATE OF REPORT 6-30-12  
PLACE OF DAMAGE (INCLUDE CITY) ~~16263~~ 16263 CR. 22 Goshen

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

OTHER (DESCRIBE) \_\_\_\_\_

GAS: SERVICE  MAIN ( ) SIZE 1 1/8" MATERIAL: PLASTIC  STEEL ( ) METER ( ) REG STATION ( ) STUB ( )  
OTHER (DESCRIBE) \_\_\_\_\_

DEPTH OF FACILITY (inches) 12" 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 10:05 TIME RESTORED 14:00

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1 1/8"

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

PARTY THAT CAUSED DAMAGES (NAME) Troy Crift - (Homeowner)

ADDRESS OF PARTY (INCLUDE CITY) 16263 CR. 22 Goshen

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

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 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 checked="" 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 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"/> VACUUM 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>Service head no meter/was not located</u> |

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

SPN #110801 Rev. 5-12

COMMENTS: Customer cut service in two  
that was not located

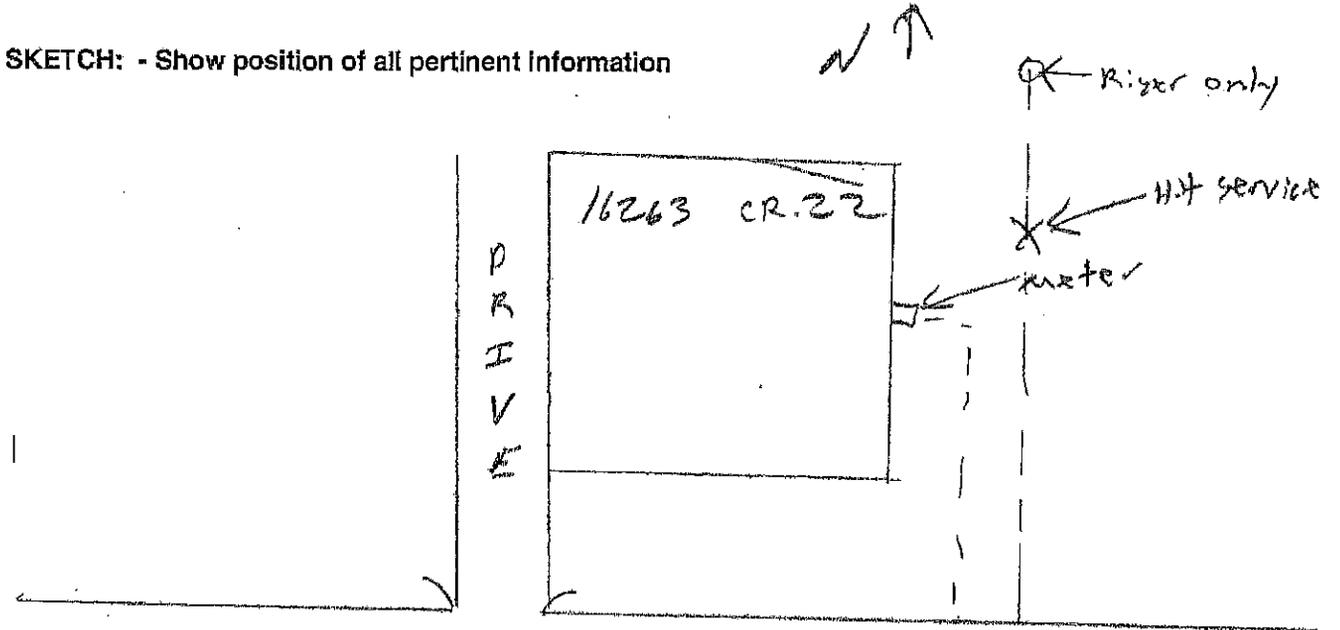
PERSON PREPARING REPORT A. D. Wise

FIELD SUPERVISOR Mark Kniskern

FIELD MANAGER ~~XXXXXXXXXXXXXXXXXXXX~~ Rick Gray Phony

- 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: Allen Wise DATE: 7/11/12  
Mark Kniskern



150 West Market Street, Suite 600  
Indianapolis, IN 46204

February 15, 2013

*Via Electronic Transmission – [PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)*

Pipeline Safety Division – Case No. 3463  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Notification of Possible Violations; Pipeline Division Case No. 3463  
Date of Event: 6/30/12  
Event Location: 16263 CR 22, Goshen  
Excavator: Troy Cripe  
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. 3463 (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. The service stub near the back of the lot was not accurately located.

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](mailto:cearle@nisource.com)