



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Ken Woelk**

UPPAC Database Record ID: 3465

Investigator: Howard Friend

Report Date: 10/30/2012

Damage Date: 7/5/2012

Damage Address: 4095 E 216 South

City: Knox

County: Starke

### The Parties

Excavator: **Ken Woelk**

Contact:

Address: 4095 E 216 S, Knox, In

Telephone: 574 772 3105

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: Ken Woelk**

UPPAC Database Record ID: 3465

**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: No    Indiana 811 ticket Number:

Type of Equipment: Hand Tools

Type of work performed: Water

**Synopsis:** A natural gas service was damaged by the homeowner while digging without benefit providing notice of excavation.

**Findings:** Reported by NIPSCO; excavator/homeowner did not respond to initial notice mailed 9/14/2012. There was a failure to provide notice of excavation.

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

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



**INFORMATION REQUEST**

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

RECEIVED

SEP 20 2012

INDIANA UTILITY  
REGULATORY COMMISSION

**Case Number:** 3465

*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:** \_\_\_\_\_

**Responsible Party Personal Name:** Kenneth L Woelk

**Title (if any):** \_\_\_\_\_

**Address (number and street):** 4095 E 216 S

**City, State and ZIP Code:** Knox Indiana 46534

**Preferred Telephone Number (area code):** 574-772-3105

**Cellular Telephone Number (area code):** 219-742-9992

**Email Address:** kenny\_woelk@hotmail.com

**Facility Information:**

**Business Name:** \_\_\_\_\_

**Responsible Party Personal Name:** \_\_\_\_\_

**Title (if any):** \_\_\_\_\_

**Address (number and street):** \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

Preferred Telephone Number (area code): \_\_\_\_\_

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Locator Service Information:**

Business Name: \_\_\_\_\_

Responsible Party Personal Name: \_\_\_\_\_

Title (if any): \_\_\_\_\_

Address (number and street): \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

Preferred Telephone Number (area code): \_\_\_\_\_

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

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**Cause of Damage Information**

Type of Equipment (select one): Hand Tools

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: \_\_\_\_\_

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**Utility Line Impact**

**Location of Damage:**

Address (number and street): 4095 e 216S

City, State and ZIP Code: Knox Indiana 56534

Nearest Intersection: state road RT 35

Product Type (select one): Natural Gas

Facility Type (select one): Service/Drop

Size (Diameter/etc.): 5/8 plastic

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): \$ 691.03

Release of Product:            Yes      No

Ignition and/or Fire:          Yes      No

Excavator Notify 811:          Yes      No

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**Locate Information**

Excavator Request Locate:      Yes      No

Indiana 811 Locate Ticket Number: \_\_\_\_\_

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

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**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

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**Additional Information / Comments**

Dove a new well for the house. When I was tying line into home I nicked natural gas line which let out gas. called fire department for safety while we were waiting for repair crew to arrive. They arrived pinched off line repaired bad spot checked for leaks lit all the pilot lights in home. and stressed to call 811 before we dig which we will.

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 3465

Your Full Name: Kenneth L Woelk

Full Name of Business / Entity (if applicable): \_\_\_\_\_

Your Business Title (if applicable): \_\_\_\_\_

Address (number and street): 4095 E 216 S

City: Knox State: IN ZIP Code: 46534

Your E-mail Address: kenny\_woelk@hotmail.com

Today's Date (month, day, year): 09/18/2012

Your Signature: Kenneth L Woelk Title (if any) \_\_\_\_\_

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 3465**  
**Indiana Utility Regulatory Commission**  
**101 West Washington Street, 1500E**  
**Indianapolis, IN 46204**

Or scan the statement and Email to:

[PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)

Northern Indiana Public Service Company  
DAMAGE CLAIM BILL

CLAIM NO.: 12 1785

JOB ORDER NO.: 566414

DATE: August 15, 2012

Ken Woelk  
4095 East 216 South  
Knox, IN 46534

PAYMENT DUE 28 DAYS FROM ABOVE DATE.  
PLEASE MAKE REMITTANCE PAYABLE TO:  
NORTHERN INDIANA PUBLIC SERVICE COMPANY  
801 E. 86TH AVENUE  
MERRILLVILLE, INDIANA 46410-6271  
ATTENTION: FACILITY DAMAGES RECOVERY

AMOUNT REMITTED  
*691.03*

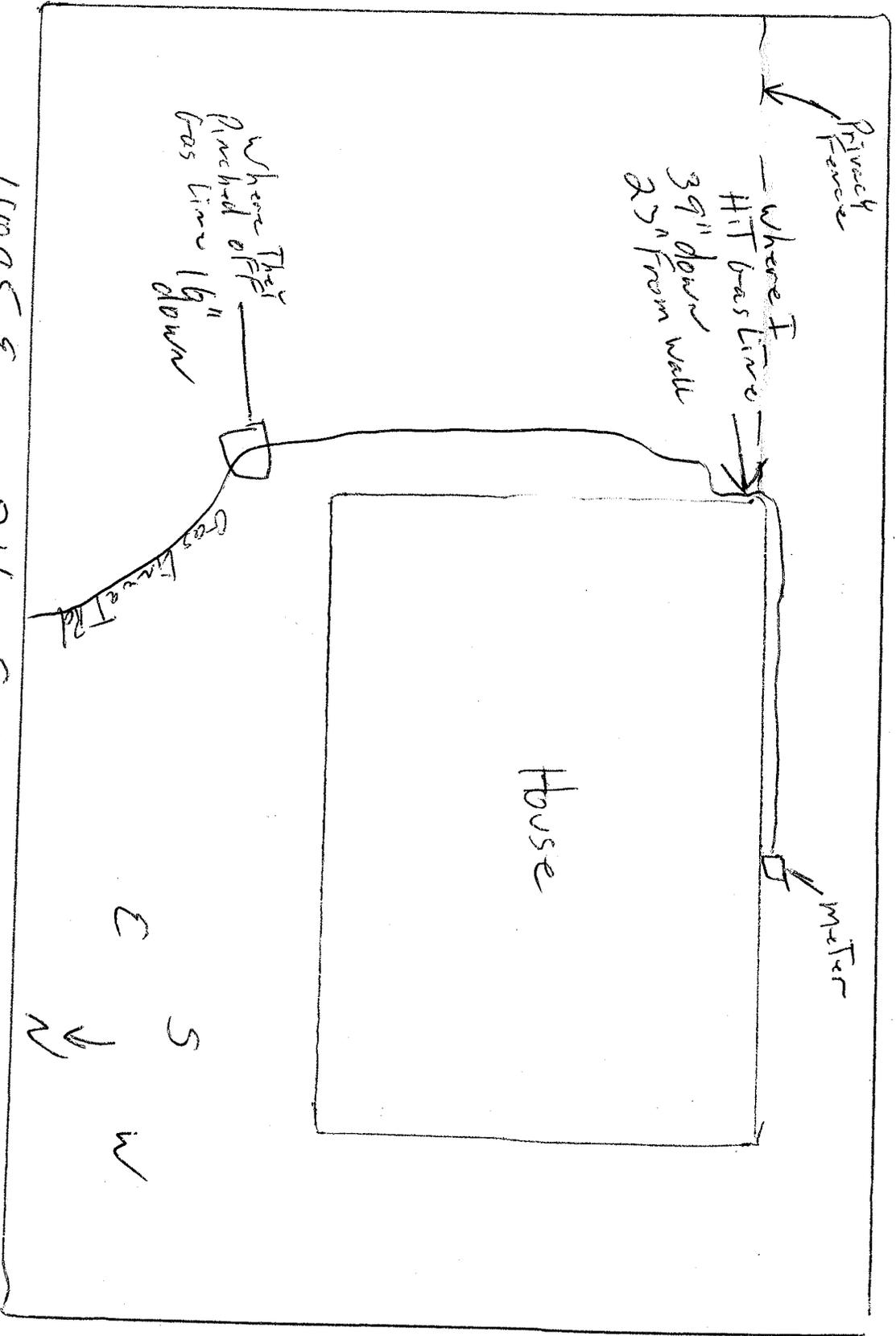
AMOUNT DUE  
\$ 691.03

PLEASE DETACH HERE AND RETURN THIS PORTION WITH PAYMENT

DATE	DESCRIPTION	AMOUNT
07/08/12	<p>Expense incurred as the result of damage to NIPSCO facilities located in the vicinity of 4095 East 216 South, Knox, Indiana, by the above.</p> <p>LABOR: \$ 544.87</p> <p>MATERIAL: 7.67</p> <p>EQUIPMENT: 129.20</p> <p>GAS LOSS: 9.29</p> <p style="text-align: right;"><b>TOTAL EXPENSE: \$ 691.03</b></p> <p><i>Paid in Full Sept. 6 2012</i></p> <p><b>If you have any questions regarding this bill, please contact Mary Lechowicz, Leader Facility Damages, at 219-647-4033 or 1-800-884-2684</b></p>	



Know what's below.  
Call before you dig.



4095 E 216 S

PT 35  
1/8 mile West →



101 West Ohio Street, Suite 1707  
Indianapolis, IN 46204

October 18, 2012

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

Pipeline Safety Division – Case No. 3465  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3465

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: 7/5/2012

Event Location: 40895 E 216 South, Knox

Facility Owner: Northern Indiana Public Service Company

Excavator: Ken Woelk

Other Party: N/A

Pipeline Division Case No. 3465

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](mailto:cearle@nisource.com)

<b>IURC INFORMATION REQUEST</b>	
<b>Pipeline Safety Division Case No. 3465</b>	
Date of Event	7/5/2012
Event Location	40895 E 216 South, Knox
Facility Owner	Northern Indiana Public Service Company
Excavator	Ken Woelk
Date of IURC Information Request	9/18/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Ken Woelk
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	4095 E 216 S
CITY/ STATE/ZIP	Knox/IN/46534
PREFERRED TELEPHONE	574/772-3105
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<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	4095 E 216 S
CITY/STATE/ZIP	Knox/IN/46534
NEAREST INTERSECTION	
<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.)	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) (\$)	
<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	X
Milling Equipment	
Probing Device	

Trancher	
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	
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
<b>LOCATE INFORMATION:</b>	
EXCAVATOR REQUEST LOCATE (YES/NO)	No

INDIANA 811 LOCATE TICKET NUMBER	N/A
LOCATE MARKS VISIBLE (YES/NO)	N/A
LOCATE MARKS CORRECT (YES/NO)	N/A
EXCAVATOR "WHITE LINED" (YES/NO)	N/A
MAPS USED TO MARK FACILITIES (YES/NO)	N/A
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)	Yes
POLICE DEPARTMENT RESPONSE (YES/NO)	N/A
AMBULANCE RESPONSE (YES/NO)	N/A
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
<p>No notification made to the one call center.</p> <p>No original or damage tickets.</p> <p>Nipsco emergency repair ticket 1207052607.</p>	

**Fact Based Investigation Report**

**NOTIFICATION ID:** 01820120705007                      **DISTRICT:** Northern IN  
**DAMAGE DATE:** 7/5/2012 3:15:00 PM      **NOTIFICATION DATE:** 7/5/2012 3:14:41 PM  
**NOTIFIED BY:** KATE Facility Owner  
**DAMAGE ADDRESS:** 4095 E 216 S  
**CITY:** KNOX                      **ST:** IN    **ZIP:**

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**DAMAGED CUSTOMER:** NIPSCO

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**INVESTIGATION DATE:** 07/05/2012  
**FROM:** 17:10:00    **TO:** 17:20:00

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**EXCAVATOR INVOLVED:** Homeowner  
**TYPE OF EXCAVATION:** DRAIN LINE

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

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**DIG UP/DAMAGE REQ.:** 1207052607                      **START DATE/TIME:**

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**PICTURES TAKEN BY:** ROB PUENT      **DATE/TIME:** 7/5/2012 5:15:00 PM  
**PHOTOGRAPHY TYPE:** Digital                      **FRAME #:** NA

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**INVESTIGATOR EMP#:** 125635                      **INVESTIGATOR NAME:** ROB PUENT  
**BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?** No

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**Fact Based Investigation Customer Information**

**NOTIFICATION ID:** 01820120705007  
**SELECT A CUSTOMER:** NIPSCO  
**CUSTOMER #:** *(optional)*

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**FACILITY DESCRIPTION:** LOWPROF    **FACILITY ID:** Gas Service  
**LOCATOR NAME & EMP #:**  
**LOCATOR NOT KNOWN:** Yes

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**CHECK ALL THAT APPLY TO INVESTIGATION:**  
No Locate Req. By Contractor

**Other:**

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**CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):**  
Visual, Facility Exposed At Time Of Investigation

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**INVESTIGATOR STATEMENT/CAUSAL FACTORS:**

CONTRACTOR CUT A PL. GAS SERVICE WHILE DIGGING WITHOUT A LOCATE REQUEST.

**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

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**WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL?** No

**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 SERVICE

**REPLACEMENT FOOTAGE** 2 FT

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

**WHAT CONTRACTOR EQUIPMENT WAS USED?** NA

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

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



# DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Aug 9, 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: Ken Woelk

Business address (*number and street*): 4095 E 216 S

City, State, and ZIP code: Knox, IN

Telephone number (*area code*): 574 772 3105

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

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

## Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Hand Tools

Type of work performed: Water

**Date and Location of Damage**

Date of damage (month, day, year): Jul 5, 2012

County: Starke

City: Knox

Street address (number and street, city, state, and ZIP code):  
4095 E 216 South Knox IN

Nearest intersection: US RT 35

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): 2.75

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? 36

**Notification, Locating, Marking**

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known:

Was the locate request completed within two working days? Unknown/Other

If locates were performed, were they done so by a contractor or pipeline employee? Unknown/Other

If a contractor locator, enter the company name, if known: \_\_\_\_\_

Were facility marks visible in the area of excavation? No

Were facilities marked correctly? Unknown/Other

Type of markings used: Other

If other, please specify: no locates

Was site marked by "White Lining"?

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

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? Unknown/Other

Did the excavator notify 911 in the event of a release of product? Yes

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### **Description of Cause**

Select from the list the most accurate cause for the damage: --No notification made to the one-call center

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### **Additional Comments**

Nipsco emergency ticket #: 1207052607

NORTHERN INDIANA PUBLIC SERVICE COMPANY  
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Plymouth MAXIMO WO # \_\_\_\_\_  
OPERATING AREA CONTACT Bob Somers JOB ORDER # 566414  
TRACKING NUMBER 1207052607 LOCATE REF # None  
Locate Performed By: \_\_\_\_\_

SN 7-5-12 → 7-8-12 20 1530 M DATE OF REPORT 7-8-12  
PLACE OF DAMAGE (INCLUDE CITY) 4095 E 216 S KNOX IN

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

GAS: SERVICE ( ) MAIN ( ) SIZE EP MATERIAL: PLASTIC ( ) STEEL ( ) METER ( ) REG STATION ( ) STUB ( )  
OTHER (DESCRIBE) \_\_\_\_\_  
DEPTH OF FACILITY (Inches) 36" 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 1530 TIME SHUT OFF 1620 TIME RESTORED 1900  
DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 5/8

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

PARTY THAT CAUSED DAMAGES (NAME) Ken Woelk

ADDRESS OF PARTY (INCLUDE CITY) 4095 E 216 S - KNOX IN

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Ken Woelk

WITNESS NAME AND ADDRESS \_\_\_\_\_

WITNESS REMARKS \_\_\_\_\_

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY \_\_\_\_\_ REPORT # \_\_\_\_\_  
FIRE ( ) AGENCY KNOX FD. REPORT # NONE  
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    |
| ( ) VACCUUM 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                     |

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS: Cust Hit service in yard

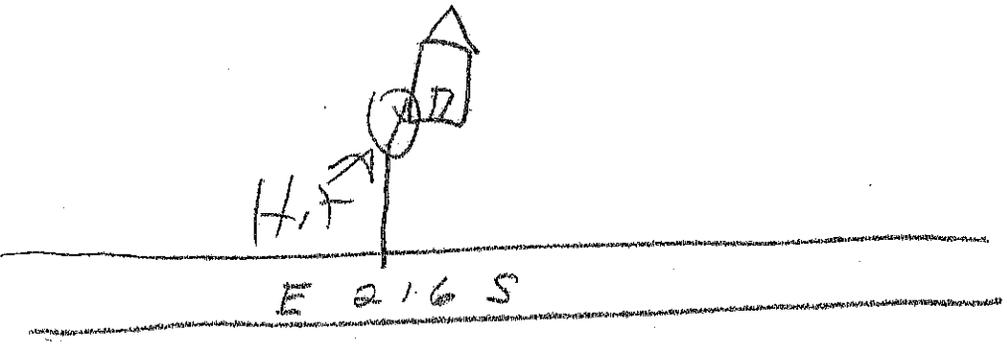
PERSON PREPARING REPORT Brian Shukitis

FIELD SUPERVISOR Paul Someri

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 | 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 |

*Submitted  
8/19/12*

*Entered  
7-11-12*

COMPLETED BY: *B. Shukitis* DATE: *7-5-12*