STATE OF INDIANA

INDIANA UTILITY REGULATORY COMMISSION
101 W. WASHINGTON STREET, SUITE 1500E
INDIANAPOLIS, INDIANA 46204-3407

http://www.in.gov/iurc
Office: (317) 232-2701
Facsimile: (317) 232-6758

Pipeline Safety Division Investigation Report

Investigation regarding: Richard Fletcher

UPPAC Database Record ID: 3476

Investigator: Howard Friend

Report Date: 10/29/2012

Damage Date: 6/21/2012

Damage Address: 608 High St

City: New Haven

County: Allen

The Parties

Excavator: **Richard Fletcher**

Contact:

Address: 7812 Moeller Rd, Fort Wayne, In 46806

Telephone:

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: Richard Fletcher

UPPAC Database Record ID: 3476

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: Unknown/Other

Synopsis: A natural gas service was damaged during excavation to remove a mailbox post.

Findings: Reported by NIPSCO; excavator responded to initial notice on 9/20/2012. The excavator failed 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.

Lifeway
WESLEYAN CHURCH
7722 Moeller Road, Ft. Wayne, IN 46806
Office: 749-9758 *Fax:* 749-6938
E-mail: lifewaywes@frontier.com

Senior Pastor, Rick Fletcher

RECEIVED
SEP 2 6 2012
INDIANA UTILITY
REGULATORY COMMISSION

To whom it may concern: Indiana Utility Regulatory Commission

Concerning the event on 608 High St. New Haven, Allen County, **Case # 3476.**

I am the pastor of Lifeway Wesleyan Church. The men of the Lifeway Wesleyan Church were helping a widow from our church repair and fix things outside of her house. On 6/21/2012 about 7pm in the evening we tried to replace an old rotted mailbox post. We put the new mailbox post in the old hole and proceeded to clean out some of the loose dirt on the existing hole. This old mailbox was not close to the meter and so we thought, it would (wrongly of course) be safe. I nicked the gas line and then called the Gas Company and the rest is history.

I take the blame for not getting the utilities located. There was no machinery or mechanized equipment involved, only a small shovel. My apologies for the error in judgment.

Pastor; Rick J. Fletcher

INFORMATION REQUEST
State Form 54909 (2-12)
INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3476

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: Lifeway Wesleyan Church

Responsible Party Personal Name: Richard J. Fletcher

Title (*if any*): Senior Pastor

Address (*number and street*): 7812 Moeller Road

City, State and ZIP Code: Fort Wayne, IN., 46806

Preferred Telephone Number (area code): church office 260-749-9758

Cellular Telephone Number (area code): 260-437-8677

Email Address: pastorfletch@frontier.com

Facility Information:

Business Name: Lifeway Wesleyan Church

Responsible Party Personal Name: Richard J. Fletcher

Title (*if any*): Senior Pastor

Address (*number and street*): 7722 Moeller Road

City, State and ZIP Code: Fort Wayne, IN., 46806

Preferred Telephone Number (area code): 260-749-9758

Cellular Telephone Number (area code): _____

Email Address: _____

Locator Service Information:

Business Name: None

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)*: Hand Tools

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

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

Personal Contact: DAN Webster WITNESS

Business/Organization Name: member of Lifeway Wesleyan

Title (*if any*): SR. Pastor

Address (*number and street*): 3078 Road 70

City, State and ZIP Code: PAYNE, OH 45880

Preferred Telephone Number (area code): 419-263-2190 hm. #

Cellular Telephone Number (area code): _____

Email Address: lindaweb1029@yahoo.com

Utility Line Impact

Location of Damage:

Address (*number and street*): 608

City, State and ZIP Code: High Street

Nearest Intersection: Lincoln Highway and High Street

Product Type *(select one)*:

Facility Type *(select one)*: Service/Drop

Size (Diameter/etc.): 1/2 inch

Pressure (PSIG/Inches): 30psi ?

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

Evacuation: ☐ Yes ☒ No **If yes, How Many Evacuated?** _____

Repair Cost (if known): $ 128

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: none

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: 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

The volunteer Men of Lifeway Wesleyan Church were working at 608 High St, New Haven IN. We were replacing an old mailbox post that was rotted and trying to replace it. This job was for a older widow woman from our church. As I cleaned out the old hole of some loose dirt, I nicked the Gas Line with a small shovel. I called Nipsco and reported the Gas leak. There was no machinery involved and no excavator. I take full responsibility for my bad judgment. I am sorry for the poor decision. No income was made from this job and only volunteers worked on this site. I, Rev. Richard J. Fletcher take full responsibility for this mistake.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3476

Your Full Name: Richard J. Fletcher

Full Name of Business / Entity (*if applicable*): Represent- Lifeway Wesleyan Church

Your Business Title (*if applicable*): Senior Pastor

Address (*number and street*): 7722 Moeller Road

City: Fort Wayne State: IN ZIP Code: 46806

Your E-mail Address: pastorfletch@frontier.com

Today's Date *(month, day, year)*: 9-19-12

Your Signature: Title (*if any*) Reverand Rick Fletcher

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3476
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov

101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

October 16, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3476
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3476

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: 6/21/2012

Event Location: 608 High St, New Haven

Facility Owner: Northern Indiana Public Service Company

Excavator: Richard Fletcher

Other Party: N/A

Pipeline Division Case No. 3476

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. 3476	
Date of Event	6/21/2012
Event Location	608 High St, New Haven
Facility Owner	Northern Indiana Public Service Company
Excavator	Richard Fletcher
Date of IURC Information Request	9/18/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Richard Fletcher
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	7812 Moeller Rd
CITY/ STATE/ZIP	Fort Wayne/IN/46806
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:	
BUSINESS NAME	NORTHERN INDIANA PUBLIC SERVICE COMPANY
RESPONSIBLE PARTY PERSONAL NAME	LUKE SELKING
TITLE	
ADDRESS	1501 HALE AVENUE
CITY/STATE/ZIP	FORT WAYNE, IN 46802
PREFERRED TELEPHONE	260/439-1290
SECONDARY TELEPHONE	
EMAIL ADDRESS	LSELKING@NISOURCE.COM
LOCATOR SERVICE INFORMATION	
BUSINESS NAME	USIC
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	608 High St
CITY/STATE/ZIP	New Haven/IN/46774
NEAREST INTERSECTION	
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)	45
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) ($)	
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scrapper	
Hand Tools	X
Milling Equipment	
Probing Device	

Trancher	
Vaccuum 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	
Waterway Improvement	
Unknown/Other	X
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)	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
INCIDENT IMPACT INFORMATION	
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
ADDITIONAL INFORMATION/COMMENTS	
No notification made to the one call center. No original, damage, or emergency repair tickets.	

Fact Based Investigation Report

NOTIFICATION ID: 01820120621016 **DISTRICT:** Northern IN
DAMAGE DATE: 6/21/2012 7:10:00 PM **NOTIFICATION DATE:** 6/21/2012 7:36:01 PM
NOTIFIED BY: BRIAN Facility Owner
DAMAGE ADDRESS: 608 HIGH ST
CITY: NEW HAVEN **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 06/22/2012
FROM: 00:00:00 **TO:** 00:00:00

EXCAVATOR INVOLVED: Homeowner
TYPE OF EXCAVATION: mailbox removal

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

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

PICTURES TAKEN BY: Tony Stephenson **DATE/TIME:** 6/22/2012 12:00:00 AM
PHOTOGRAPHY TYPE: Digital **FRAME #:**

INVESTIGATOR EMP#: 125397 **INVESTIGATOR NAME:** Tony Stephenson
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120621016
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: *(optional)*

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** service
LOCATOR NAME & EMP #: Stephenson Anthony - 130541
LOCATOR NOT KNOWN:

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

Other:

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:
No previous ticket hit while removing mailbox post

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

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

LIST ANY OTHER INDIVIDUALS ON SITE:
na

WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL?	No
WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA?	Yes
WAS THE EXCAVATION WITHIN THE TOLERENCE ZONE OF MARKS?	No
EXTENT OF FACILITY DAMAGE	cut in 2
REPLACEMENT FOOTAGE	1'
WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?	No na
WHAT CONTRACTOR EQUIPMENT WAS USED?	shovel
IS THE FACILITY SHOWN ON THE UTILITY RECORDS?	No
IF YES, PLEASE LIST RECORD #(S)	na

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: Richard Fletcher

Business address *(number and street)*: 7812 Moeller Rd

City, State, and ZIP code: Fort Wayne, IN 46806

Telephone number *(area code)*:

Fax number *(area code)*:

E-mail address:

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Hand Tools

Type of work performed: Unknown/Other

Date and Location of Damage

Date of damage (*month, day, year*): Jun 21, 2012

County: Allen

City: New Haven

Street address (*number and street, city, state, and ZIP code*):
608 High St New Haven, IN

Nearest intersection:

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

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate $

Affected Facility Information

What type of pipeline was damaged? Natural Gas

What was the affected facility? Service/Drop

What was the depth of the facility, in inches? 20

Notification, Locating, Marking

Did excavator request locates prior to commencing work? 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? Unknown/Other

Description of Cause

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

Additional Comments

LEAK INVESTIGATION FORM

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

CIS Ticket Number: 789554204 Date Reported: 6-21-12 (MO-DAY-YR) Time Leak Reported (Military): 19:15 (HR:MIN) EST

LOA: 220-FTW GPS Coordinates: Latitude __ . ____ °N Longitude __ . ____ °W

City Name: NEW HAVEN SR 502316208

Address or Location: 608 HIGH ST ✓ 193971

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

→ For Services Only: Re-tested at 90 PSIG for 15 minutes

Leak Grade:
1. X Hazardous
2. ___ Non-Hazardous, Scheduled Repairs
3. ___ Non-Hazardous, Monitored

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

Leak Resolution M 491231 M 491236
1. X Leak Repaired
2. ___ Pipe Replaced
3. ___ Pipe Retired
} Leak Closed
4. ___ Grade 2 or 3 Leak Not Repaired To be scheduled for re-evaluation/repair

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

1st Responder: User ID: 121557 MICHAEL J FINK (FIRST NAME) (MI) (LAST NAME) Leak Referred to: SERVICE

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

Comments: KIT 5/8" PL SERVICE. REPAIRED SVCS & RELITES' JOS74478

Repaired/Inspected: 6-21-12 (MO-DAY-YR) Time: 21:00 (HR:MIN) (Military) User ID: 121557 MICHAEL J FINK (FIRST NAME) (MI) (LAST NAME)

Cause of Leak:

A. Material or Welds
- ___ 1. Faulty weld, dent, gouge, excess stress
- ___ 2. Manufacturing defect

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

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

D. Excavation → Identification: → Locate Information:
- ___ 1. Company Crew
- ___ 2. Contractor Crew
- X 3. Third Party

Contractor Crew: ____

Third Party Name: Rick Fletcher

Locate Information:
1. X No Locate Request
2. ___ Request, No Locate
3. ___ Mislocated
4. ___ Accurate Locate

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

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

CIS Grid Number: WT-12-A Pipe Size: 5/8 inches Soil Condition: ___ dry X moist ___ wet

Corrosion CP Section Number (Steel): ____-___-____-____ Transmission Line section ____-____

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

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

Re-classified Leak Grade:
1 ___ Hazardous
2 ___ Non-Hazardous, Scheduled Repairs
3 ___ Non-Hazardous, Monitored

Material:
1. ___ Coated Steel
2. ___ Bare Steel
3. X Plastic
4. ___ Cast Iron
5. ___ Copper
6. ___ Wrought Iron

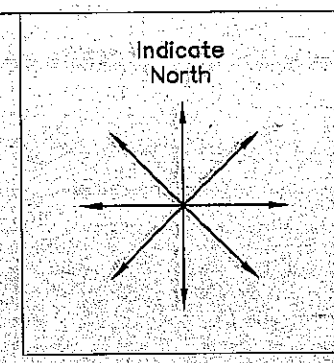
Pipeline Identifier:
1. X Distribution
2. ___ Transmission
3. ___ Transmission HCA

METER # 996610

Re-evaluation Comments: ____

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

SIN 110945 REV. 04-2008



Instructions:

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

LEGEND

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

Comments: _____

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Ft. Wayne - 220 MAXIMO WO # M49/231

OPERATING AREA CONTACT Jason Haver JOB ORDER # 574478

TRACKING NUMBER 31820120621016 LOCATE REF # NONE

Locate Performed By: 415 789 554 204

DATE AND TIME OF ACCIDENT 6-21-12 2019.00 M DATE OF REPORT 6-21-12

PLACE OF DAMAGE (INCLUDE CITY) 608 High St, New Haven 46774

DAMAGE WAS TO:

ELECTRIC - POLE / TRANSFORMER: # _____ SIZE _____ YEAR INSTALLED _____ BROKEN YES ( ) NO ( )

OTHER (DESCRIBE) _____

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

OTHER (DESCRIBE) _____

DEPTH OF FACILITY (inches) 20 PRESSURE (PSI) 45 Lbs.

RELEASE OF GAS: YES (X) NO ( ) IGNITION OF GAS: YES ( ) NO (X) EVACUATION REQUIRED: YES ( ) # _____ NO ( )

INTERRUPTION OF SERVICE: YES (X) NO ( ) NUMBER OF CUSTOMERS LOST: 1

DURATION OF INTERRUPTION: TIME REPORTED 1900 EST TIME RESTORED 2000 EST

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/4"

LOCATE MARKS ON SITE: YES ( ) DISTANCE BETWEEN FACILITY AND LOCATE MARKS _____ NO (X)

HOW LOCATED: PAINT ( ) FLAGS ( ) BOTH ( ) WHITE LINED ( )

PARTY THAT CAUSED DAMAGES (NAME) Rick Fletcher

ADDRESS OF PARTY (INCLUDE CITY) 7812 Maple Rd. Ft. W. 46806

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

WITNESS NAME AND ADRESS Mike Fink, NIPSCO Employee

WITNESS REMARKS Digging up Mail Box Post

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

FIRE ( ) AGENCY _____ REPORT # _____

OTHER ( ) _____ Any Injuries? ( ) YES # _____ (X) NO

PHOTOS TAKEN: YES ( ) NO (X) TAKEN BY: _____ (ATTACH PHOTOS TO REPORT)

MEDIA ON SITE YES ( ) NO (X)

WORK IN PROGRESS WHEN FACILITY DAMAGED – CHECK APPROPRIATE CHOICE BELOW

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

TYPE OF EQUPMENT USED – CHECK APPROPRIATE CHOICE BELOW

( ) AUGER	(X) 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	(X) OTHER NO LOCATES

- **SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM**

COMMENTS : LEANING MAIL BOX POST & KIT SERVICE, SERVICE WAS AGAINST CONCRET FOR POST

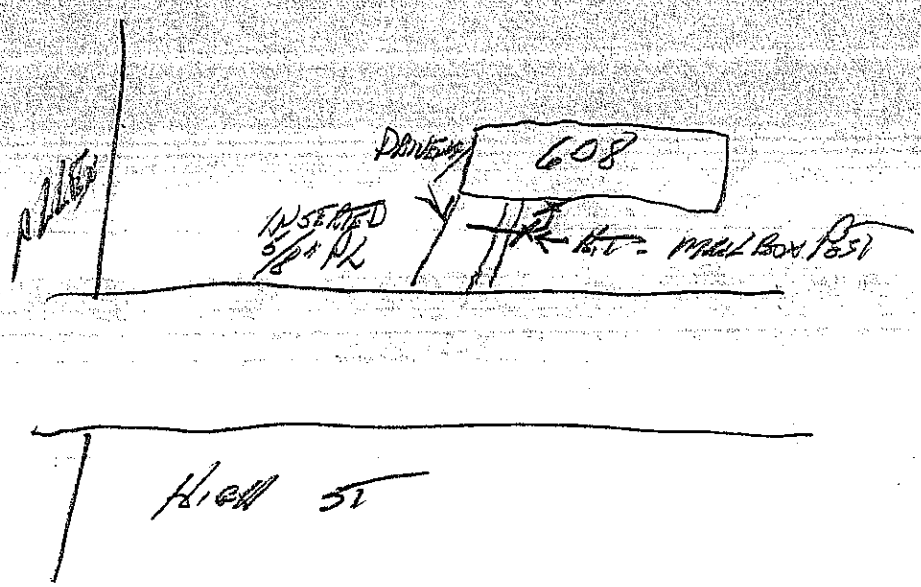
PERSON PREPARING REPORT #121557

FIELD SUPERVISOR Dwight Wagner

FIELD MANAGER

- **ORIGINAL REPORT AND SUPPORTING INFORMATION IS TO BE SENT TO FACILITY DAMAGE RECOVERY**
- **COPY OF REPORT IS TO BE SENT TO DAMAGE PREVENTION**

SKETCH: - Show position of all pertinent information



FOR OFFICE USE ONLY:

- DID EXCAVATION OCCUR BEOFRE LOCATES WERE DUE YES NO
- NO IN 811 LOCATE CALLED IN YES NO
- DAMAGE CAUSED FROM EXCAVATION WITHIN 24" ZONE YES NO
- EXPIRED LOCATE YES NO
- WAS WHITE LINING INDICATED ON LOCATE REQUEST YES NO

COMPLETED BY: _____ DATE: _____

NIPSCO Jobbing Order

☐ SAWO (S -) ☒ Jobbing (JO-) No 574478

Customer Name: Rick Fletcher Date: 6/21/12 Customer Acct No:
Service Address: 7872 Fuller Ct City: Ft. Wayne
Work Description: Repair 1/2 58" PL Service
1/2 608 High St, New Haven 46806

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

Reason: ☐ No Charge - ESP ☐ No Charge ☐ No Charge-Call Back ☐ Purchase Material ☐ Temporary Serv
☒ Time & Material ☐ T & M - ESP ☐ Firm Estimate ☐ Flat Rate ☐ Void
☐ Other: CIS 789554204

Plant Id: ☐ Regular Customer ☐ State Body ☐ Municipality ☐ Other:

Plant Desc: ☐ Gas Main Ext ☐ Gas Service Ext ☐ Electric Line Ext ☐ Electric Service Ext ☐ Street Light Serv
☐ Elect Power Serv ☐ Undgnd Elect Serv ☐ Undgnd Distribution ☐ Public Improvement

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

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

LABOR

(Please use straight time hours & show conversion Rate)

ID No & Name	Hours	Hr Rate	Labor $
121557	1 1/2	30.55	
M. Fink	1/2	30.55	

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

EQUIPMENT

Equip #	Hrs	Rate	Equip $
31181	1 1/2	1	
	1/2	1 1/2	

Total Equipment (b)

Engineering Firm Estimate:
Pre-Paid Total:

PARTS

SIN #	Quantity	Size	Manufacturer	Description	Unit Price	Parts $
310507	1	5/8"		STAB Coupling		

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

CHARGES:

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

Additional Charges

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

Credit Card Name Number Expiration Date: / /
Customer Acknowledgement: Richard J. Fletcher Authorization No:

111708 REV. 7-95 WHITE — DEPT/STOREROOM PINK — CUSTOMER GOLDENROD — REMAINS IN BOOK

TIME IN: 1300 TIME OUT: 2100

NIPSCO INDIVIDUAL EMPLOYEE DAILY RECORD (SD-1)

PAGE OF PAGES

Employee ID Number	NAME	DATE	HRI NUMBER	SUPV. NO.	AUTH.
000121557	MICHAEL J FINK	6 12 V2	605-212-000		
		SST 1300			

JOB DETAIL DEPT. FW - SERVICE

ACTUAL HOURS		LOC	ACCOUNT NUMBER	ACTIVITY NUMBER	UPGRADE JOB NO.	HOURS MULT CODE	BONUS CODES 1	2	3	4	UNITS	VARIANCE i	CODE	HOURS	EQUIP. Q#	HRS.
300	1315	1	SAFETY BRIEF	15896035		10-31	F									
315	1600	2	WO# 70002 12 MTH REMOVE	65466513		10-31					8					
1600	1615	3	50 ≤	65466522		10-31					1					
1615	1730	4	623 3RD ST	2016585		10-31					1					
730	1815	5	6015 CHESWICK CV	2015004		10-31					1					
815	1915	6	5430 MAUMEE RD LOT 40	65466522		10-31					1					
915	2100	7	SO# 574478 608 HIGH ST NEW HAVEN	2016535		10-31					2					
2100	2130	8	SO 574478 608 HIGH ST NEW HAVEN	2016535		15-50										
		9														
		A														
		B														
		C														
		D														
		E														
8	50	TOTAL														

CLOCK HOURS TO BE PAID @

10	8	00
12		
15	00	50
20		
25		

AUTOMOTIVE EQUIPMENT

Q #	EQUIPMENT NUMBER	ODOMETER READINGS	HOUR METER READINGS	CODE
	31181	START 79155	7283	
		END 78203	7291	
		START		
		END		

TOTAL

SP. RATES CD	RATE

REPEATED RECORDS			
DAY	1	/	/
DAY		/	/
NO. OF HOLIDAYS			

IN 112006

SUPERVISOR WEEKGOOD STRONG

SITE -608 HIGH ST,NEW HAVEN, IN 46774-1421

Site Selected Edit View Help

Site Id: 161980002

Notes

Subject	Entry Date		Operator
MISCELLANEOUS	06/21/2012	0	DERING, BRIAN, ENTIRE COMPA

Text

ESTABLISHED 06/21/2012 18:36:49 BY DERING, BRIAN, ENTIRE COMPANY

HIT GAS LINE - TRKNG #0182012 0621 016
SITE ID : 161980002

Add Note

Tree
General
Site Address
Phone
Pending Order
Order Hist
Notes
Profile
Rel'ship

List of Associated Notes