



## Pipeline Safety Division Investigation Report

### Investigation regarding: North Easter Group

UPPAC Database Record ID: 3489

Investigator: Howard Friend

Report Date: 11/1/2012

Damage Date: 7/17/2012

Damage Address: 7175 Desdemona Xing Lot 198

City: Fort Wayne

County: Allen

### The Parties

Excavator: **North Easter Group**

Contact:

Address: 10808 La Cabreah Ln, Fort Wayne, In, 46845

Telephone: (260)489-7095

Facility Owner: NIPSCO

Contact: Kit Earle

Address: 150 W Market Street, Indianapolis, IN 46204

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

**Investigation regarding: North Easter Group**

UPPAC Database Record ID: 3489

**Damage Impact**

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$1588

**Excavator Activities/Cause of damage information:**

Excavator request locates: No    Indiana 811 ticket Number:

Type of Equipment: Auger

Type of work performed: Pole

**Synopsis:** A 3” plastic natural gas line was damaged during excavation to install a mailbox post.

**Findings:** Reported by NIPSCO; excavator failed to respond to initial notice mailed on 9/14/2012. The excavator failed to provide notice of excavation.

**Conclusion:** The excavator failed to provide notice of excavation..

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



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Aug 23, 2012

---

### Who is submitting this information?

Name of person providing this information: Steve Noffsinger

Business address (*number and street*): 3511 E 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: North Eastern Group

Business address (*number and street*): 10808 La Cabreah Ln

City, State, and ZIP code: Fort Wayne, IN, 46845

Telephone number (*area code*): (260)489-7095

Fax number (*area code*): (260)489-7950

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

---

### Excavation or Demolition Information

Excavator type: Unknown/Other

Excavation or demolition equipment: Auger

Type of work performed: Pole

---

**Date and Location of Damage**

Date of damage (*month, day, year*): Jul 17, 2012 \_\_\_\_\_

County: Allen \_\_\_\_\_

City: Fort Wayne \_\_\_\_\_

Street address (*number and street, city, state, and ZIP code*):  
7175 Desdemona Xing Lot 198 \_\_\_\_\_

Nearest intersection: Shakespeare Blvd \_\_\_\_\_

Right of way where damage occurred: Public - City Street

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*): 6 \_\_\_\_\_

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? Distribution

What was the depth of the facility, in inches? 32 \_\_\_\_\_

---

**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? Yes

Were facilities marked correctly? Yes

Type of markings used: Paint

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? Unknown/Other

Were pipeline company representatives on site during excavation? No

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

Did the excavator notify Indiana 811 in the event of this damage? No

Did the excavator notify 911 in the event of a release of product? Unknown/Other

---

### **Description of Cause**

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

---

### **Additional Comments**

Pending USIC investigation

Found 1 fence install ticket 1206053614 and 1 cable install ticket 1206112321 marks must have been from these tickets

Nipsco emergency repair ticket 1207172197



101 West Ohio Street, Suite 1707  
Indianapolis, IN 46204

October 17, 2012

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

Pipeline Safety Division – Case No. 3489  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3489

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: 7175 Desdemona Xing Lot 198, Fort Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: North Eastern Group

Other Party: N/A

Pipeline Division Case No. 3489

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. 3489</b>	
Date of Event	7/17/2012
Event Location	7175 Desdemona Xing Lot 198, Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	North Eastern Group
Date of IURC Information Request	9/18/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	North Easter Group
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	10808 LaCabreah Lane
CITY/ STATE/ZIP	Fort Wayne, IN 46845
PREFERRED TELEPHONE	
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 Locating Service
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	9045 North River Road, Suite 300
CITY/ STATE/ZIP	Indianapolis, IN 46240
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<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	7175 DesDeмона Crossin
CITY/STATE/ZIP	Fort Wayne, IN 46818
NEAREST INTERSECTION	Bass Rd
<b>PRODUCT TYPE (Select One)</b>	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
<b>FACILITY TYPE (Select One)</b>	
DISTRIBUTION	X
GATHERING	
SERVICE/DROP	
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	3 plastic
PRESSURE (PSIG/INCHES)	50
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	
REPAIR COST (IF KNOWN) (\$)	1,588.27
<b>CAUSE OF DAMAGE INFORMATION:</b>	
<b>TYPE OF EQUIPMENT (Select One)</b>	
Auger	X
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	
Probing Device	

Trencher	
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	X
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)	No

INDIANA 811 LOCATE TICKET NUMBER	1206193021 (expired)
LOCATE MARKS VISIBLE (YES/NO)	Yes
LOCATE MARKS CORRECT (YES/NO)	Yes
EXCAVATOR "WHITE LINED" (YES/NO)	
MAPS USED TO MARK FACILITIES (YES/NO)	
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)	
POLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
<p>No notification made to the one-call center</p> <p>Tickets were for fence and cable installations work done out of scope of both tickets</p> <p>1 fence install ticket 1206053614 and 1 cable install ticket 1206112321</p> <p>Compensation has been received from the excavator.</p>	

**Fact Based Investigation Report**

**NOTIFICATION ID:** 01820120717014                      **DISTRICT:** Northern IN  
**DAMAGE DATE:** 7/17/2012 11:20:00 AM    **NOTIFICATION DATE:** 7/17/2012 12:52:07 PM  
**NOTIFIED BY:** PATTY Facility Owner  
**DAMAGE ADDRESS:** 7175 DESDEMONA XING  
**CITY:** FORT WAYNE                      **ST:** IN    **ZIP:**

---

**DAMAGED CUSTOMER:** NIPSCO

---

**INVESTIGATION DATE:** 07/17/2012  
**FROM:** 13:30:00    **TO:** 14:00:00

---

**EXCAVATOR INVOLVED:** UNKNOWN  
**TYPE OF EXCAVATION:** MAIL BOX

---

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

---

**DIG UP/DAMAGE REQ.:** M57006454                      **START DATE/TIME:**

---

**PICTURES TAKEN BY:** RON STEPHENS    **DATE/TIME:** 7/17/2012 1:30:00 PM  
**PHOTOGRAPHY TYPE:** Digital                      **FRAME #:** N/A

---

**INVESTIGATOR EMP#:** 123132                      **INVESTIGATOR NAME:** RON STEPHENS  
**BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?** No

**Fact Based Investigation Customer Information**

**NOTIFICATION ID:** 01820120717014  
**SELECT A CUSTOMER:** NIPSCO  
**CUSTOMER #:** (optional)

---

**FACILITY DESCRIPTION:** LOWPROF    **FACILITY ID:** main - 3"  
**LOCATOR NAME & EMP #:**  
**LOCATOR NOT KNOWN:** Yes

---

**CHECK ALL THAT APPLY TO INVESTIGATION:**

No Locate Req. By Contractor,  
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

---

**INVESTIGATOR STATEMENT/CAUSAL FACTORS:**

MARKS GOOD CONTRACTOR FAILED TO LOOK FOR THE PAINT, NO LOCATE FOR INSTALLING A MAILBOX.

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

N/A

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

N/A

**LIST ANY OTHER INDIVIDUALS ON SITE:**

N.A

---

**WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL?** Yes

**WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA?** Yes

**WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS?** Yes

**EXTENT OF FACILITY DAMAGE** CUT 3 INCH MAIN

**REPLACEMENT FOOTAGE** 3

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

**WHAT CONTRACTOR EQUIPMENT WAS USED?** N/A

**IS THE FACILITY SHOWN ON THE UTILITY RECORDS?** Yes

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

COMMENTS :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

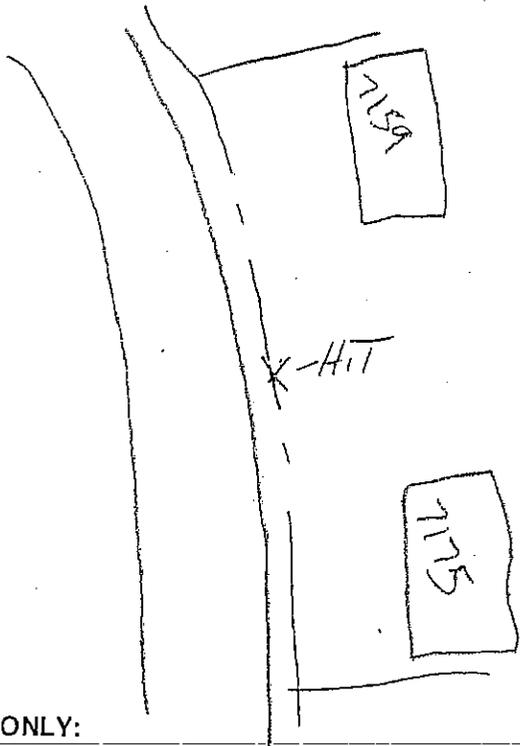
PERSON PREPARING REPORT Steve Woodcock

FIELD SUPERVISOR Jason Otis

FIELD MANAGER Ralph Denny

- 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: \_\_\_\_\_ DATE: \_\_\_\_\_

REPORTING OPERATING AREA FORTLAUDERDALE TEL MAXIMO WO# M 510826  
OPERATING AREA CONTACT JASON OTIS JOB ORDER# 564404  
TRACKING NUMBER 018-2012-0717014 LOCATE REF# 7206193021  
Locate Performed By: \_\_\_\_\_

DATE AND TIME OF ACCIDENT 7-17-12 2012 M DATE OF REPORT 7-17-12  
PLACE OF DAMAGE (INCLUDE CITY) 7175 DES DEMONIA KING Jct Wayne Dr 46818

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

OTHER (DESCRIBE) \_\_\_\_\_  
GAS: SERVICE ( ) MAIN ( ) SIZE 3" MATERIAL: PLASTIC ( ) STEEL ( ) METER ( ) REG STATION ( ) STUB ( )  
OTHER (DESCRIBE) \_\_\_\_\_

DEPTH OF FACILITY (Inches) 32" PRESSURE (PSI) 505 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 12:34 TIME RESTORED 8:00 Time shut off 3:09

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: TWO HOLES 1" X 1"

LOCATE MARKS ON SITE: YES ( ) NO ( ) DISTANCE BETWEEN FACILITY AND LOCATE MARKS ACCURATE (6") NO ( )  
HOW LOCATED: PAINT ( ) FLAGS ( ) BOTH ( ) WHITE LINED ( )

PARTY THAT CAUSED DAMAGES (NAME) North Eastern Group

ADDRESS OF PARTY (INCLUDE CITY) 10000 Hawaiian Dr Jct Wayne Dr 46845

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE \_\_\_\_\_

WITNESS NAME AND ADDRESS RENSON WEDER-BUTTS - WACHUCK HESLER

WITNESS REMARKS WHITE AUGER HOLE FOR MAIL BOX, CREW DRILLED INTO

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY \_\_\_\_\_ REPORT # \_\_\_\_\_  
FIRE ( ) AGENCY \_\_\_\_\_ REPORT # \_\_\_\_\_

OTHER ( ) \_\_\_\_\_ Any injuries? ( ) YES # \_\_\_\_\_ ( ) NO

PHOTOS TAKEN: YES ( ) NO ( ) TAKEN BY: \_\_\_\_\_ (ATTACH PHOTOS TO REPORT)  
MEDIA ON SITE YES ( ) NO ( )

- WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW
- |                         |                |                   |                        |
|-------------------------|----------------|-------------------|------------------------|
| ( ) AGRICULTURE/FARMING | ( ) CABLE TV   | ( ) CURB/SIDEWALK | ( ) TELECOMMUNICATIONS |
| ( ) BLDG CONSTRUCTION   | ( ) DEMOLITION | ( ) DRAINAGE      | ( ) WATER              |
| ( ) DRIVEWAY            | ( ) ELECTRIC   | ( ) SURVEYING     | ( ) DRAINS/CULVERTS    |
| ( ) FENCING             | ( ) GRADING    | ( ) IRRIGATION    | ( ) MOWING             |
| ( ) LANDSCAPING         | ( ) PIPELINE   | ( ) MILLING       | ( ) OTHER _____        |
| ( ) POLE/SIGN POST      | ( ) ROAD WORK  | ( ) SEWER         |                        |

- TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW
- |                       |                    |                       |
|-----------------------|--------------------|-----------------------|
| ( ) AUGER             | ( ) HAND TOOLS     | ( ) BACKHOE/TRACKHOE  |
| ( ) MILLING EQUIPMENT | ( ) PROBING DEVICE | ( ) BORING / DRILLING |
| ( ) EXPLOSIVES        | ( ) TRENCHER       | ( ) FARM EQUIPMENT    |
| ( ) 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 <u>DID NOT SPOT</u> |

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Aug 23, 2012

### Who is submitting this information?

Name of person providing this information: Steve Noffsinger

Business address (*number and street*): 3511 E 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: North Eastern Group

Business address (*number and street*): 10808 La Cabreah Ln

City, State, and ZIP code: Fort Wayne, IN, 46845

Telephone number (*area code*): (260)489-7095

Fax number (*area code*): (260)489-7950

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

### Excavation or Demolition Information

Excavator type: Unknown/Other

Excavation or demolition equipment: Auger

Type of work performed: Pole

**Date and Location of Damage**

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

County: Allen

City: Fort Wayne

Street address (*number and street, city, state, and ZIP code*):  
7175 Desdemona Xing Lot 198, Fort Wayne, IN, 46818

Nearest intersection: Shakespeare Blvd

Right of way where damage occurred: Public - City Street

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*): 6

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? Distribution

What was the depth of the facility, in inches? 32

**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? Yes

Were facilities marked correctly? Yes

Type of markings used: Paint

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? Unknown/Other

Were pipeline company representatives on site during excavation? No

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

Did the excavator notify Indiana 811 in the event of this damage? No

Did the excavator notify 911 in the event of a release of product? Unknown/Other

---

### Description of Cause

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

---

### Additional Comments

Pending USIC investigation

Found 1 fence install ticket 1206053614 and 1 cable install ticket 1206112321 marks must have been from these tickets

Nipsco emergency repair ticket 1207172197