



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Estates At Eagles Point Llc**

UPPAC Database Record ID: 3496

Investigator: Howard Friend

Report Date: 12/7/2012

Damage Date: 7/31/2012

Damage Address: 1155 Barksdale Ave

City: Peru

County: Miami

### The Parties

Excavator: **Estates At Eagles Point Llc**

Contact: Michael Ratican, Project Manager

Address: 2002 Shaw Ave, Peru, In 46970

Telephone: 765 689 8150

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: Estates At Eagles Point Llc**

UPPAC Database Record ID: 3496

**Damage Impact**

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$224

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

Excavator request locates: Yes Indiana 811 ticket Number: 1207242781

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Water

**Synopsis:** A natural gas service was damaged during excavation for a water line.

**Findings:** Reported by NIPSCO; excavator's response to initial notice was received on 10/4/2012. The excavator provided notice of excavation on 7/24 and the operator provided accurate locate markings.

**Conclusion:** The excavator reported the natural gas facility was hand exposed. The backhoe operator was attempting to widen the ditch and a tree root caused the damage as he attempted to remove a bucket of dirt.

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



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

September 14, 2012

Estates At Eagles Point  
2002 Shaw Ave  
Peru, In 46970

**Re: Notice of Preliminary Determination of Violation  
Pipeline Safety Division Case No. 3496**

**Date of Event:** 7/31/2012  
**Event Location:** 1155 Barksdale Ave, Peru, Miami County  
**Excavator:** Estates At Eagles Point  
**Facility Owner:** Northern Indiana Public Service Company

Dear Estates At Eagles Point,

On behalf of the Indiana Utility Regulatory Commission ("Commission"), I am writing to inform you that information has been filed with the Commission's Pipeline Safety Division regarding an alleged violation of Indiana Code chapter 8-1-26, the Indiana Damage to Underground Facilities Act ("the Act"). You are receiving this letter because you have been identified as the Respondent Excavator.

To ensure safety, the Indiana Underground Plant Protection Service (Indiana 811) and gas operators routinely provide reports to the Pipeline Safety Division when an operator's facility is damaged. The Division has received a report from one of these entities that on 7/31/2012, you or your business damaged a pipeline facility owned by **Northern Indiana Public Service Company** and located at **1155 Barksdale Ave, Peru, Miami County**.

Based upon the information received, the Pipeline Safety Division is commencing an investigation into the event concerning you or your business to determine whether any statutory violations were committed regarding public safety, specifically the following:

- IC 8-1-26-16(g): Failure to provide notice of excavation.
- IC 8-1-26-16(h): Failure to perform required white lining.
- IC 8-1-26-20(b): Failure to maintain two (2) feet clearance with mechanized equipment.
- IC 8-1-26-18(f): Failure to properly locate facilities (operator violation)

The Division provides both you and Northern Indiana Public Service Company with an opportunity to send in documentation explaining what occurred. This may include maps, photographs, narrative statements, and any other evidence you wish to provide. You have thirty (30) days from the date this letter is received to send in information, but an extension may be given for good cause shown. Please note that the Division's investigation will be completed after this time period, even if you do

Ticket # 1207242781 - Dates - 7/26 @ 3:15pm  
Good to Dig  
exp 8/13



## Summary of Procedures and Respondent's Rights

*Please note that the following is offered for informational purposes and does not constitute legal advice. Anyone involved in this process is entitled to individual legal representation and is encouraged to retain their own counsel in order to be fully apprised of their rights.*

### **What is the purpose of Indiana's Damage to Underground Facilities Act, IC 8-1-26?**

The purpose of this Act is to promote excavation and pipeline safety and to reduce imminent danger to life, health, property, or loss of service associated with unsafe digging practices.

### **Who reports possible violations?**

Any person or entity may report a violation of the Indiana Damage to Underground Facilities Act ("Act") to the Indiana Utility Regulatory Commission ("Commission") Pipeline Safety Division ("Division"), but most reports of violations are communicated regularly to the Pipeline Division from the Indiana Plant Underground Protection Service, commonly referred to as Indiana 811 Association Office. Pursuant to 170 IAC 5-5-2(b), violations shall be reported to the Pipeline Division within thirty (30) days of their occurrence.

### **What is the process for investigating alleged violations?**

The Division shall commence an investigation of each report by contacting the excavator and gas operator involved by sending a written request for information within sixty (60) days, per 170 IAC 5-5-3(a). The initial letter you received requesting information commenced the investigation in your case. If there was a contact person from your company listed on the letter, that is the name the Division was provided with from Indiana 811 (i.e. the person who called in the locate ticket or reported the line hit).

You have thirty (30) days to respond to the investigation with information that demonstrates that you called in a proper locate ticket and hand excavated within two (2) feet of the gas pipeline. You also have the opportunity to provide the names of anyone else who may have information in your case. A similar letter was provided to the gas operator. The Division will review the excavator and operator responses and from there provide their findings to the Underground Plant Protection Advisory Committee ("Advisory Committee") regarding whether you or the gas operator violated a provision of Indiana's Damage to Underground Facilities Act, IC 8-1-26. If the Division does not find a violation was committed, you will receive a letter stating that the case will be closed and the Division will not forward findings to the Advisory Committee.

The Advisory Committee meets monthly to review the Division's findings. If your case will go before the Advisory Committee, you will receive a letter noting the date, time, and location of the meeting and a copy of the Division's Investigation Report for your case. You will have an additional opportunity to provide documentation disputing the Division's findings.

If the Advisory Committee agrees with the Division's findings, they will assess a civil penalty. You will be notified of the penalty assessed and provided the opportunity to accept the penalty or request a public hearing to dispute it. If you accept the penalty or fail to properly request a public hearing, the Commission will consider the penalty and approve or disapprove the findings.



## INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3496

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*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.*

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### The Parties

#### Excavator Information:

Business Name: The Estates at Eagle's Pointe LLC

Responsible Party Personal Name: Michael Ratican

Title (if any): Property Manager

Address (number and street): 2002 Shaw Ave.

City, State and ZIP Code: Peru, IN. 46970

Preferred Telephone Number (area code): (765) 689-8150

Cellular Telephone Number (area code): (765) 244-2206

Email Address: fpfperu@gmail.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: IN 811 \_\_\_\_\_

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*): Backhoe/Trackhoe

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*): 1155 Barksdale

City, State and ZIP Code: Peru, IN. 46970

Nearest Intersection: Barksdale and Chanute

Product Type (*select one*): Natural Gas

Facility Type (*select one*):

Size (Diameter/etc.): \_\_\_\_\_

Pressure (PSIG/Inches): \_\_\_\_\_

Interruption in Service:      Yes      No     Number of Customers Affected: 0

Evacuation:                    Yes      No     If yes, How Many Evacuated? \_\_\_\_\_

Repair Cost (if known): \$ 224.4

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: 1207242781

- 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: <sup>0</sup> \_\_\_\_\_

Number of Inpatient Treated: <sup>0</sup> \_\_\_\_\_

Number of Fatalities: <sup>0</sup> \_\_\_\_\_

Fire Department Response:  Yes  No

Police Department Response:  Yes  No

Ambulance Response:  Yes  No

### Additional Information / Comments

The Estates at Eagle's Pointe LLC (excavator) contracted Indiana 811 and requested locator service for a dig to replace water supply lines at 1155 Barksdale, Peru, IN. 46970. Locator service completed within 2 business days. On 7/31/2012 excavator crew arrived finding markers from locator service clearly visible. Crew consisted of operator, and 2 safety observers/hand dig crew. Excavation began outside the 2' safety zone required. The water line being replaced ran directly adjacent to the natural gas line and was exposed via hand digging. Upon completion of hand dig backhoe excavation continued approx 3' from the hand dig site.

The backhoe operator was attempting to widen the trench at that location. As the operator attempted to raise the boom the scoop became tangled on a large tree root beneath the ground on the side of the trench. When the root broke there was a "slingshot" effect which pushed the scoop into the gas line breaking the line. The root was not visible to the operator or observers, purely accidental. The crew notified the office, and the office contacted 811 and NIPSCO technicians who arrived onsite within approx 3minutes.

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 3496

Your Full Name: Michael Ratican

Full Name of Business / Entity (if applicable): The Estates at Eagle's Pointe LLC

Your Business Title (if applicable): Property Manager

Address (number and street): 2002 Shaw Ave.

City: Peru State: IN ZIP Code: 46970

Your E-mail Address: \_\_\_\_\_

Today's Date (month, day, year): October 4, 2012

Your Signature:  Title (if any) Property Manager

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 3496**  
**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)



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. 3496  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3496

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: 7/31/2012

Event Location: 1155 Barksdale Ave, Peru

Facility Owner: Northern Indiana Public Service Company

Excavator: Estates at Eagles Point

Other Party: N/A

Pipeline Division Case No. 3496

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. 3496</b>	
Date of Event	7/31/2012
Event Location	1155 Barksdale Ave, Peru
Facility Owner	Northern Indiana Public Service Company
Excavator	Estates at Eagles Point
Date of IURC Information Request	9/18/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Estates at Eagle's Point
RESPONSIBLE PARTY PERSONAL NAME	Joe Sonafrank
TITLE (IF ANY)	
ADDRESS	2002 Shaw
CITY/ STATE/ZIP	Peru, IN 46970
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	1155 Barksdale Avenue
CITY/STATE/ZIP	Peru, IN 46970
NEAREST INTERSECTION	Channel
<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 plastic
PRESSURE (PSIG/INCHES)	25
INTERRUPTION IN SERVICE (YES/NO)	Yes
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	
REPAIR COST (IF KNOWN) (\$)	224.40
<b>CAUSE OF DAMAGE INFORMATION:</b>	
<b>TYPE OF EQUIPMENT (Select One)</b>	
Auger	
Backhoe/Trackhoe	X
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	
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)	Yes

INDIANA 811 LOCATE TICKET NUMBER	1207242781
LOCATE MARKS VISIBLE (YES/NO)	Yes
LOCATE MARKS CORRECT (YES/NO)	Yes
EXCAVATOR "WHITE LINED" (YES/NO)	No
MAPS USED TO MARK FACILITIES (YES/NO)	
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>Failure to use hand tools where required</p> <p>Compensation has been received from the excavator.</p>	

**Fact Based Investigation Report**

**NOTIFICATION ID:** 01820120731012

**DISTRICT:** Northern IN

**DAMAGE DATE:** 7/31/2012 3:25:00 PM

**NOTIFICATION DATE:** 7/31/2012 4:05:02 PM

**NOTIFIED BY:** JAMILA MARTIN Facility Owner

**DAMAGE ADDRESS:** 1155 BARKSBALE X N LINCOLN ST

**CITY:** PERU

**ST:** IN **ZIP:**

---

**DAMAGED CUSTOMER:** NON SMP CUSTOMER

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**INVESTIGATION DATE:** 07/31/2012

**FROM:** 16:30:00

**TO:** 16:40:00

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**EXCAVATOR INVOLVED:** Homeowner

**TYPE OF EXCAVATION:** UNKNOWN

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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.:**

**START DATE/TIME:**

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**PICTURES TAKEN BY:** NA

**DATE/TIME:** 7/31/2012 4:35:00 PM

**PHOTOGRAPHY TYPE:** Digital

**FRAME #:** NA

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**INVESTIGATOR EMP#:** 117330

**INVESTIGATOR NAME:** BRAD WELLMAN

**BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?** No

NIPSCO 00794 IUPPSa 07/24/2012 15:12:58 1207242781-00A NORM NEW STRT

NORMAL NOTICE

Ticket : 1207242781 Date: 07/24/2012 Time: 15:03 Oper: RJOHNSON Chan:002

State: IN Cnty: MIAMI Twp: PIPE CREEK  
Cityname: PERU Inside: N Near: Y  
Subdivision: ESTATE AT EAGLE POINTE

# 3496

Address :

Street : BARKSDALE AVE

Cross 1 : WARHAWK RD Within 1/4 mile: Y

Location: AT THE DUPLEX WITH THE ADDRESSES OF 1153 AND 1155 BARKSDALE AVE--LOCATE THE ENTIRE FRONT OF THE PROPERTY

:

Grids : 4040C8608A 4040B8608A 4040B8609D

Boundary: n 40.677425 s 40.672493 w -86.153595 e -86.147240

Work type : REPLACING WATER LINE

Done for : ESTATE AT EAGLE POINTE

Start date: 07/26/2012 Time: 15:15 Hours notice: 48/48 Priority: NORM

Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N

Duration : 1 DAY Depth: UNKNOWN

Company : ESTATE AT EAGLE POINTE Type: CONT

Co addr : 2002 SHAW AVENUE

City : PERU State: IN Zip: 46970

Caller : CARRIE BRADY Phone: (765)689-8150

Contact : ESTATE AT EAGLE POINTE---OFFIC Phone:

BestTime:

Mobile : (765)689-8150

Fax : (765)689-8155

Remarks : All tickets are taken and processed on Eastern Daylight Time

Will you be white-lining the dig site area? NO

:

Submitted date: 07/24/2012 Time: 15:03

Members: ID3651 ID3652 ID6633 ID6668 NIPSCO SBCIN SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY  
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Pera MAXIMO WO # m 521549  
OPERATING AREA CONTACT D. Palmer JOB ORDER # 579966-18  
TRACKING NUMBER 01820120731012 LOCATE REF # \_\_\_\_\_  
Locate Performed By: \_\_\_\_\_

DATE AND TIME OF ACCIDENT 07/31/12 1430 2012, P M DATE OF REPORT 7/31/12  
PLACE OF DAMAGE (INCLUDE CITY) 1155 Backdale Pera IN 46970

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

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

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

DEPTH OF FACILITY (inches) 21" PRESSURE (PSI) 25 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 2:30 PM TIME SHUT OFF 3:00 PM TIME RESTORED 4:10 PM

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1"

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

PARTY THAT CAUSED DAMAGES (NAME) Estates at Eagle's Point

ADDRESS OF PARTY (INCLUDE CITY) 2002 Shaw Pera IN 46970

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Joe Songtrak

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 checked="" type="checkbox"/> WATER   |
| <input type="checkbox"/> DRIVEWAY            | <input type="checkbox"/> ELECTRIC   | <input type="checkbox"/> SURVEYING     | <input type="checkbox"/> DRAINS/CULVERTS    |
| <input type="checkbox"/> FENCING             | <input type="checkbox"/> GRADING    | <input type="checkbox"/> IRRIGATION    | <input type="checkbox"/> MOWING             |
| <input type="checkbox"/> LANDSCAPING         | <input type="checkbox"/> PIPELINE   | <input type="checkbox"/> MILLING       | <input type="checkbox"/> OTHER _____        |
| <input type="checkbox"/> POLE/SIGN POST      | <input type="checkbox"/> ROAD WORK  | <input type="checkbox"/> SEWER         |   |

- TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> AUGER             | <input type="checkbox"/> HAND TOOLS     | <input checked="" type="checkbox"/> BACKHOE/TRACKHOE |
| <input type="checkbox"/> MILLING EQUIPMENT | <input type="checkbox"/> PROBING DEVICE | <input type="checkbox"/> BORING / DRILLING           |
| <input type="checkbox"/> EXPLOSIVES        | <input type="checkbox"/> TRENCHER       | <input type="checkbox"/> FARM EQUIPMENT              |
| <input type="checkbox"/> VACCUUM EQUIPMENT | <input type="checkbox"/> GRADER         | <input type="checkbox"/> OTHER _____                 |

- REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW
- |  |  |   |                                      |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> AUTOMOTIVE ACCIDENT | <input type="checkbox"/> EXCAVATING BEFORE LOCATES DUE | <input checked="" type="checkbox"/> CARELESS MACHINE OPERATOR |                                      |
| <input type="checkbox"/> NO NOTIFICATION     | <input type="checkbox"/> MARKS DISTURBED               | <input type="checkbox"/> STUB                                 | <input type="checkbox"/> OTHER _____ |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS: Did not hand locate prior to digging

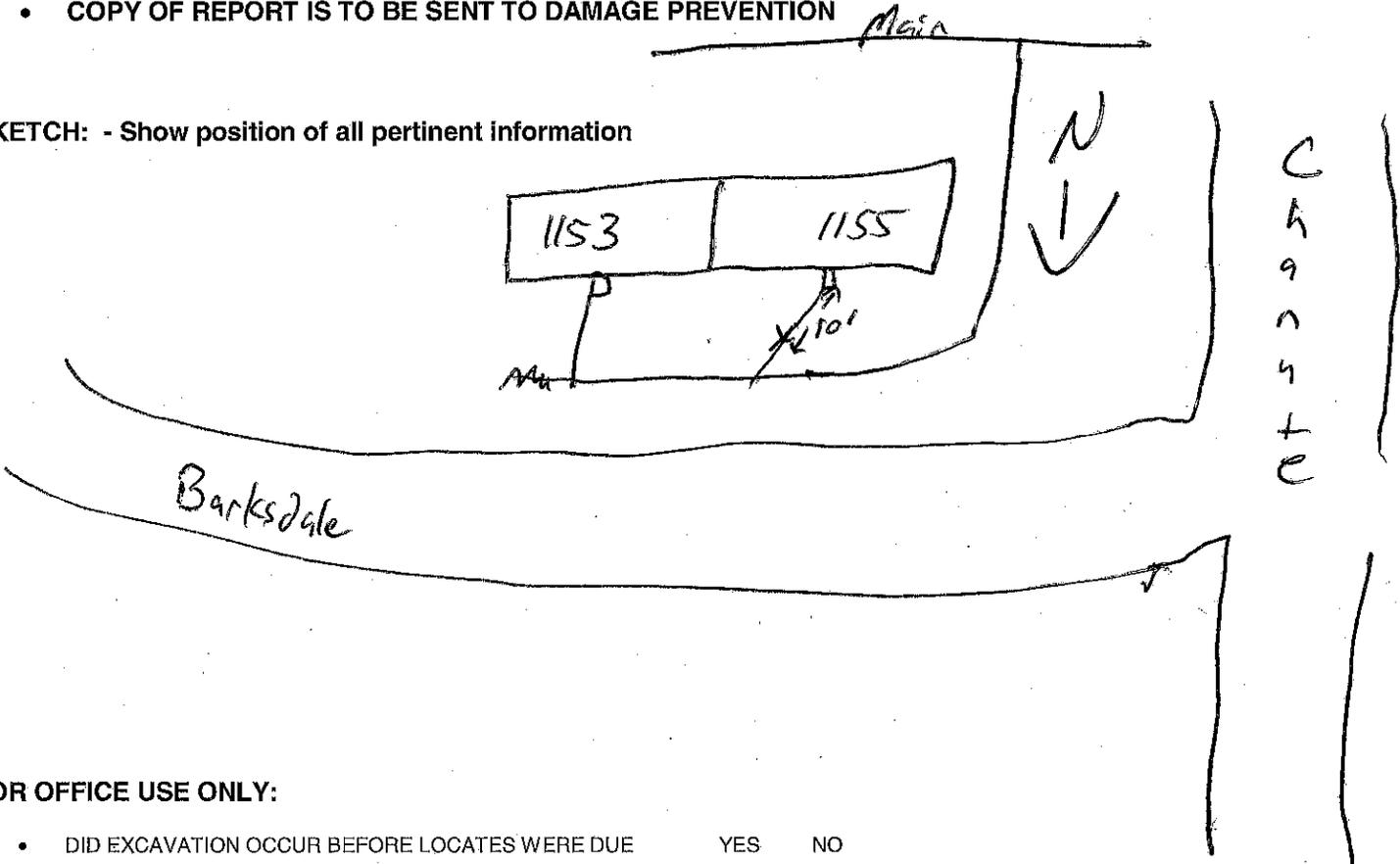
PERSON PREPARING REPORT D. Tague

FIELD SUPERVISOR D. Palmer

FIELD MANAGER D. Selmons

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

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Penn MAXIMO WO # M520090
OPERATING AREA CONTACT D. Palmer JOB ORDER # J.O. 561307
TRACKING NUMBER 018 2012 0130012 LOCATE REF # 1207150188
Locate Performed By:

DATE AND TIME OF ACCIDENT 7-30-12 2012/407 M DATE OF REPORT 07-30-12
PLACE OF DAMAGE (INCLUDE CITY) 1330 MIDDLE ST. WABASH 46992

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

OTHER (DESCRIBE)

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

DEPTH OF FACILITY (inches) 18 PRESSURE (PSI) 20 Lbs.

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

INTERRUPTION OF SERVICE: YES ( ) NO ( ) NUMBER OF CUSTOMERS LOST: 0

DURATION OF INTERRUPTION: TIME REPORTED 1400 TIME SHUT OFF 1507 TIME RESTORED n/a

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/2" TEAR service cut off

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

PARTY THAT CAUSED DAMAGES (NAME) KEROY HOOBARD # 260-330-0078

ADDRESS OF PARTY (INCLUDE CITY) 1330 MIDDLE WABASH

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

WITNESS NAME AND ADDRESS

WITNESS REMARKS

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY REPORT #

FIRE AGENCY WFD 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 INACCURATE LOCATE

gas locate Flag w/ O.K. USIC on site taking photos.

COMMENTS:

Customer Trenching from house to garage hit gas service. Appears to be mis located. No locate marks or flags at site of hit line

PERSON PREPARING REPORT

RICK BAUGHMAN & D. WEST

FIELD SUPERVISOR

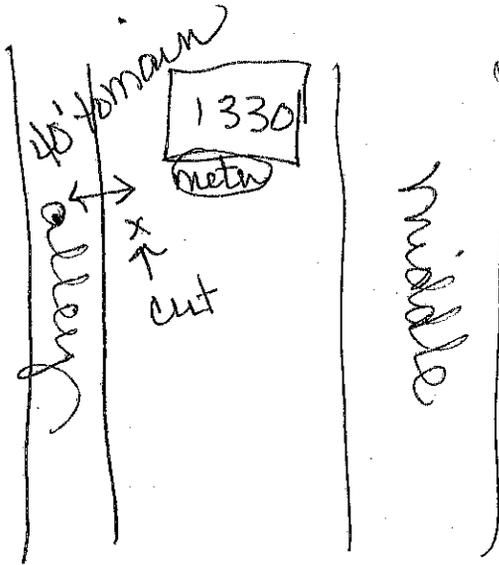
D. Palmer

FIELD MANAGER

D. Salmons

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