



Pipeline Safety Division Investigation Report

Investigation regarding: **M C Wheeler & Sons Inc**

UPPAC Database Record ID: 3509

Investigator: Howard Friend

Report Date: 12/7/2012

Damage Date: 7/31/2012

Damage Address: 24 Ems B36b

City: Warsaw

County: Kosciusko

The Parties

Excavator: **M C Wheeler & Sons Inc**

Contact: Kent Rethlake

Address: 7055 North 350 West, Columbia, In 46725

Telephone: 260-799-5511

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: M C Wheeler & Sons Inc

UPPAC Database Record ID: 3509

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: Yes

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: 1206183986 EXPIRED

Type of Equipment: Hand Tools

Type of work performed: Water

Synopsis: A natural gas service was damaged during excavation to install a well.

Findings: Reported by NIPSCO; excavator's response to initial notice was received on 9/25/2012. Notice of excavation was provided on 6/18/12 and the line was damaged 43 days later. The operator provided accurate locate markings. The marks were still visible.

Conclusion: There was a failure to provide notice of excavation within twenty (20) days 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

Case Number: 3509

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: M.C. Wheeler & Sons, Inc.

Responsible Party Personal Name: Kent Rethlake

Title (if any): _____

Address (number and street): 7055 N. 350 W.

City, State and ZIP Code: Columbia City, IN 46725

Preferred Telephone Number (area code): 260-799-5511

Cellular Telephone Number (area code): 260-609-7503

Email Address: mcwheeler_andsons@msn.com

Facility Information:

Business Name: Northern Indiana Public Service Company

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: _____

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: Jon Myers

Business/Organization Name: M.C. Wheeler & Sons, Inc.

Title (*if any*): _____

Address (*number and street*): 7055 N. 350 W.

City, State and ZIP Code: Columbia City, IN 46725

Preferred Telephone Number (area code): 260-799-5511

Cellular Telephone Number (area code): _____

Email Address: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): 24 EMS B36B Lane

City, State and ZIP Code: Warsaw, IN 46580

Nearest Intersection: McKenna Dr.

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Distribution

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

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): \$ 125.99

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: Customer called in locate

- 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

Upon arrival to construct a new water well at 24 EMS B36 B Lane in Warsaw, IN we observed that the located gas line was very close to the 2' minimum required for clearance on mechanized equipment. The line had been located, painted and flagged. Because of the close proximity the decision was made to hand excavate to determine exactly the location of the gas line. We dug by hand but, due to extremely hard ground and many tree roots in the area the gas line was hit and began to leak. We then contacted NIPSCO and informed them and they dispatched their serviceman and the leak was repaired.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3509

Your Full Name: Crystal Leighty

Full Name of Business / Entity (if applicable): M.C. Wheeler & Sons, Inc.

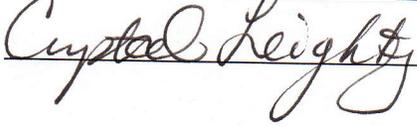
Your Business Title (if applicable): Office Manager

Address (number and street): 7055 N. 350 W.

City: Columbia City State: IN ZIP Code: 46725

Your E-mail Address: mcwheeler_andsons@msn.com

Today's Date (month, day, year): September 28, 2012

Your Signature:  Title (if any) Office Manager

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3509
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov



Gas Leak/Carbon Monoxide Investigation Report

Customer's Name RODNEY DAVENPORT CIS Ticket No. 100374204
Service Address 24 EMS B36B LN City WARSAW District 11
Date: 7/31/12 Arrival Time: Departure Time:

CO Investigation Information

- 1. Are any members of the household feeling ill? Yes No (If Yes, advise customer to seek medical attention!)
2. Reason for investigation: Customer call Fire Department referral Other
3. What appliances were in use in the last 24 hours? furnace boiler water heater range dryer Fireplace space heater kerosene heater wood stove vent fan(s) other (list)

CO/Gas Leak Investigation

- 4. The gas leak/CO source was: located? repaired? (Circle all that apply)
5. Was a red tag hung during this call? Yes No

CO/Gas Leak Investigation Checklist

Table with 8 columns: Area Of, Room Location, PPM CO, % Gas, Area Of, Room Location, PPM CO, % Gas. Rows include Outside, Upon Entering, Furnace/Boiler, Water Heater, Range/Oven, Gas Dryer, Fireplace, Space Heater, Bedroom #1, Bedroom #2, Bedroom #3, Garage, Other.

Unsafe Condition Notice

() On the date and time listed above, a NIPSCO representative observed your equipment at the above listed address to be operating with the following unsafe condition:

In the interest of your safety, our serviceman has turned off the gas/electricity supplying this equipment. A red tag indicating the problem was also attached to the equipment. The equipment should not be used until the unsafe condition(s) has been properly corrected. Your signature below indicates that the serviceman has informed you of the unsafe condition and the necessity of having the repair(s) made before this equipment can be operated safely.

NIPSCO certifies the above measurements to be accurate and the structure safe to occupy at the present time, but we can in no way guarantee that a hazardous condition will not develop or reoccur in the future.

Serviceman's Investigation Comments: 5/8" PLASTIC LINE HIT WHILE TRYING TO HAND EXPOSE

Customer: [Signature] date: 7/31/12 Serviceman: [Signature] # 121603 (ID number)

(This form shall be completed in full. Attach original to CIS ticket; give copy to customer)



101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

October 17, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3509
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3509

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: 24 Ems B36b, Warsaw

Facility Owner: Northern Indiana Public Service Company

Excavator: M C Wheeler & Sons Inc.

Other Party: N/A

Pipeline Division Case No. 3509

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. 3509	
Date of Event	7/31/2012
Event Location	24 Ems B36b, Warsaw
Facility Owner	Northern Indiana Public Service Company
Excavator	M C Wheeler & Sons Inc.
Date of IURC Information Request	9/18/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Michigan City, IN Wheeler & Sons
RESPONSIBLE PARTY PERSONAL NAME	Kent
TITLE (IF ANY)	
ADDRESS	7055 N. 350 W.
CITY/ STATE/ZIP	Columbia City, IN 46725
PREFERRED TELEPHONE	1-260-799-5511
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 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	
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	24 EMS B36B Lane
CITY/STATE/ZIP	Warsaw, IN 46582
NEAREST INTERSECTION	McKenna Rd
PRODUCT TYPE (Select One)	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
FACILITY TYPE (Select One)	
DISTRIBUTION	
GATHERING	X
SERVICE/DROP	
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	5/8 plastic
PRESSURE (PSIG/INCHES)	50
INTERRUPTION IN SERVICE (YES/NO)	Yes
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	
REPAIR COST (IF KNOWN) (\$)	125.99
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	X
Milling Equipment	
Probing Device	

Trencher	
Vacuum 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	X - Well
Waterway Improvement	
Unknown/Other	
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)	Yes

INDIANA 811 LOCATE TICKET NUMBER	1206183986
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)	Yes
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)	
POLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
ADDITIONAL INFORMATION/COMMENTS	
Contractor damaged accurately marked line with hand tools.	

Fact Based Investigation Report

NOTIFICATION ID: 01820120731003 **DISTRICT:** Northern IN
DAMAGE DATE: 7/31/2012 9:50:00 AM **NOTIFICATION DATE:** 7/31/2012 11:26:58 AM
NOTIFIED BY: JAMILA MARTIN Facility Owner
DAMAGE ADDRESS: 24 EMS B 36 LN X EMS B 36A LN
CITY: WARSAW **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 07/31/2012
FROM: 11:50:00 **TO:** 12:10:00

EXCAVATOR INVOLVED: WHEELER & SONS
TYPE OF EXCAVATION: well

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

DIG UP/DAMAGE REQ.: M58663756 **START DATE/TIME:** 7/31/2012 11:40:00 AM

PICTURES TAKEN BY: tom pasko **DATE/TIME:** 7/31/2012 11:50:00 AM
PHOTOGRAPHY TYPE: Digital **FRAME #:**

INVESTIGATOR EMP#: 121650 **INVESTIGATOR NAME:** tom pasko
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120731003
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** service
LOCATOR NAME & EMP #: Pasko Tom - 121650
LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:
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,

Investigation Results Verified By Utility Representative

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

marks right on

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

marks right on

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

marks right on

LIST ANY OTHER INDIVIDUALS ON SITE:

na

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 pl service

REPLACEMENT FOOTAGE ?

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED?

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)

NIPSCO 01282 IUPPSa 06/18/2012 16:46:59 1206183986-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1206183986 Date: 06/18/2012 Time: 16:34 Oper: TSPAINHOWER Chan:049

State: IN Cnty: KOSCIUSKO Twp: TIPPECANOE
Cityname: WARSAW Inside: N Near: Y
Subdivision:

8509

Address : 24
Street : EMS B36B LN
Cross 1 : MCKENNA RD Within 1/4 mile: N
Location: LOCATE FROM EMS N36N LN TO THE HOUSE AND BETWEEN HOUSE AND GARAGE

Grids : 4117C8543B 4117B8543B 4117C8543A 4117B8543A
Boundary: n 41.294548 s 41.289162 w -85.733330 e -85.725754

Work type : DRILLING A WELL
Done for : MARY HURLEY
Start date: 06/20/2012 Time: 16:45 Hours notice: 48/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 2 DAYS Depth: 100 FEET

Company : MC WHEELER AND SONS Type: HOME
Co addr : 7055 N 350 W
City : COLUMBIA CITY State: IN Zip: 46725
Caller : MARY HURLEY Phone: (800)552-3660
Contact : MARY HURLEY - CELL Phone:
BestTime:
Mobile : (574)377-1101
Email : MHURLEYDAVENPORT@GMAIL.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
Will you be white-lining the dig site area? NO
:

Submitted date: 06/18/2012 Time: 16:34
Members: ID2034 ID7362 ID7634 NIPSCO ID5857 SM



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Aug 24, 2012

Who is submitting this information?

Name of person providing this information: Robert A. Hayward

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: M C Wheeler & Sons Inc

Business address (*number and street*): 7055 North 350 West

City, State, and ZIP code: Columbia, IN 46725

Telephone number (*area code*): 260-799-5511

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*): 24 EMS B36B Warsaw

County: Kosciusko, IN 46582

City: Warsaw

Street address (*number and street, city, state, and ZIP code*):
24 EMS B36B Warsaw, IN 46582

Nearest intersection: EMS Lane B37

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? _____

Was there a customer service interruption? Yes

If yes, how many affected? 1

Time to restore service (*in hours*): 3.5

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? 16

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1206183986

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? Contract Locator

If a contractor locator, enter the company name, if known: USIC _____

Were facility marks visible in the area of excavation? Yes

Were facilities marked correctly? Yes

Type of markings used: Paint and Flags

If other, please specify: _____

Was site marked by "White Lining"? No

Were special instructions part of the locate request? 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? 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: Other

Additional Comments

Contractor damaged accurately marked line with hand tools.

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

520965

REPORTING OPERATING AREA 11-GOSHEN MAXIMO WO# 520945
OPERATING AREA CONTACT JOB ORDER # 546556
TRACKING NUMBER 018 2012 0731 003 LOCATE REF #
Locate Performed By:

DATE AND TIME OF ACCIDENT 7-31-2012 2012, 0952 AM CST DATE OF REPORT 7-31-2012
PLACE OF DAMAGE (INCLUDE CITY) 24 EMS B36B LN - WARSAW, IN

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) 16" PRESSURE (PSI) 50 Lbs.

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

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

DURATION OF INTERRUPTION: TIME REPORTED 0952 AM CST TIME RESTORED 1115 PM EST

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/8" SQUEEZED OFF WHEN I ARRIVED

LOCATE MARKS ON SITE: YES X DISTANCE BETWEEN FACILITY AND LOCATE MARKS 2" NO ()
HOW LOCATED: PAINT () FLAGS () BOTH X WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) M.C. WHEELER & SONS INC. OFFICE (260) 799-5511 1-800-552-3660

ADDRESS OF PARTY (INCLUDE CITY) 7055 NORTH 350 WEST, COLUMBIA CITY, IN 46725

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

WITNESS NAME AND ADDRESS N/A

WITNESS REMARKS N/A

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY REPORT #

FIRE () AGENCY REPORT #

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

PHOTOS TAKEN: YES X NO () TAKEN BY: USIC (LOCATING COMPANY) (ATTACH PHOTOS TO REPORT)
MEDIA ON SITE YES () NO X

- 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 WELL DRILLING
() POLE/SIGN POST () ROAD WORK () SEWER

- TYPE OF EQUIPMENT 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 TREE ROOTS BY PIPE PLASTIC

COMMENTS: LINE HIT WHILE TRYING TO HAND EXPOSE
BUNCHES OF TREE ROOTS BY OUR PLASTIC GAS
SERVICE

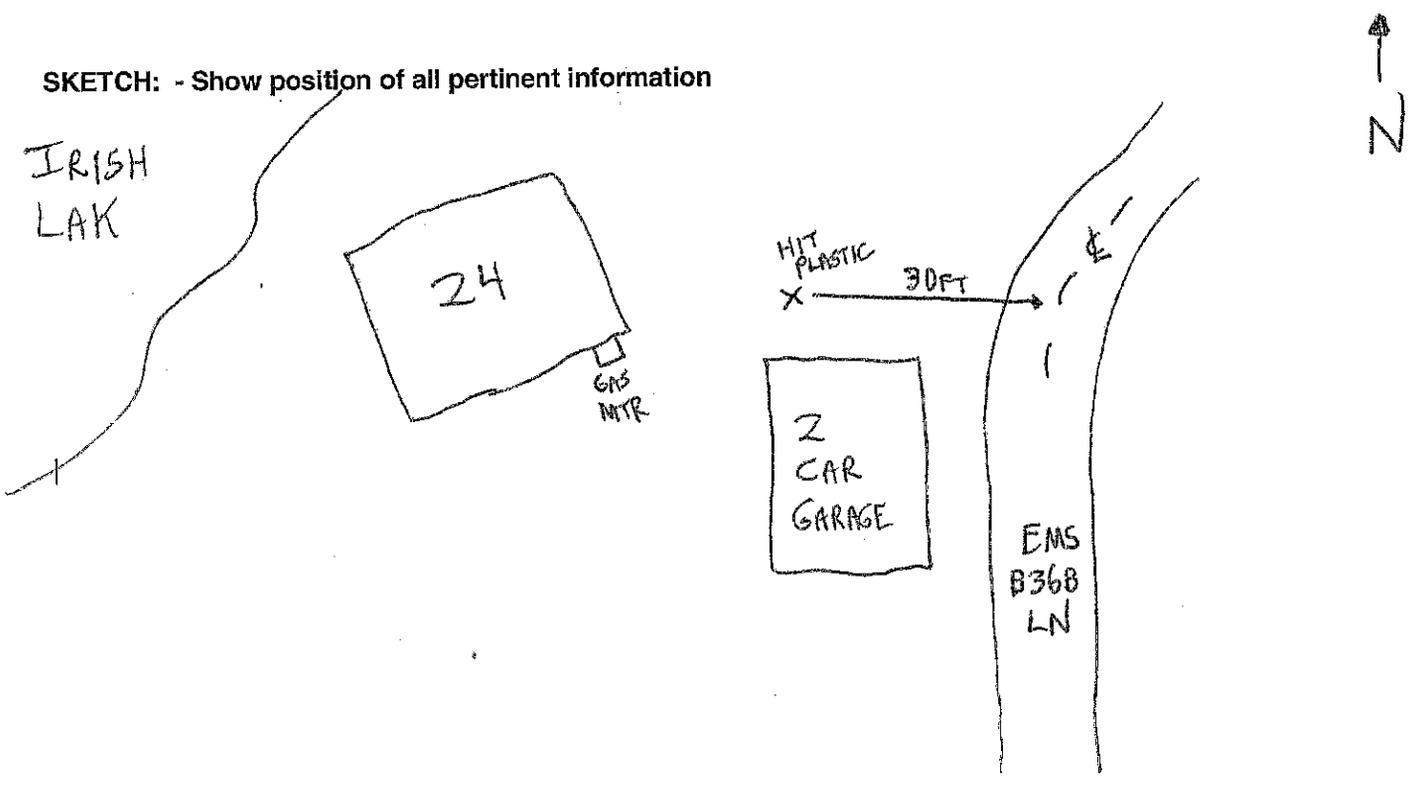
PERSON PREPARING REPORT DARRELL FARRINGTON #121603

FIELD SUPERVISOR JOE COLE

FIELD MANAGER *[Signature]*

- 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: _____