



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Calum Johnson**

UPPAC Database Record ID: 3517

Investigator: Howard Friend

Report Date: 10/23/2012

Damage Date: 7/28/2012 11:59:01 AM

Damage Address: 4712 Beaver Ave

City: Fort Wayne

County: Allen

### The Parties

Excavator: **Calum Johnson**

Contact: Calum Johnson

Address: 4712 Beaver Ave, Fort Wayne, In 46807

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: Calum Johnson**

UPPAC Database Record ID: 3517

**Damage Impact**

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$157

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

Excavator request locates: Yes    Indiana 811 ticket Number: 1207201062

Type of Equipment: Hand Tools

Type of work performed: Drainage

**Synopsis:** A natural gas service was damaged during excavation to install a drain line.

**Findings:** Reported by Indiana 811; excavator/occupant did not respond to initial notice mailed 9/14/2012. The excavator/occupant had a valid locate request that included instructions to locate an area 10' out from the house. The locator marked 15' out from the house and the excavator dug outside the locate area by about 4'.

**Conclusion:** There was a failure to provide notice of excavation for the area that was excavated. (The excavation was beyond the scope of the locate request.)

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



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. 3517  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3517

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: 7/28/2012

Event Location: 4712 Beaver Ave, Fort Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: Calum Johnson

Other Party: N/A

Pipeline Division Case No. 3517

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. 3517</b>                 |   |
| Date of Event   | 7/28/2012                               |
| Event Location  | 4712 Beaver Ave, Fort Wayne             |
| Facility Owner  | Northern Indiana Public Service Company |
| Excavator   | Calum Johnson                           |
| Date of IURC Information Request                              | 9/18/2012                               |
| <b>THE PARTIES</b>  |   |
| <b>EXCAVATOR:</b>   |   |
| BUSINESS NAME   | Calum Johnson                           |
| RESPONSIBLE PARTY PERSONAL NAME                               | Same                                    |
| TITLE (IF ANY)  |   |
| ADDRESS   | 4712 Beaver Avenue                      |
| CITY/ STATE/ZIP   | Fort Wayne, IN                          |
| PREFERRED TELEPHONE   | 615-417-5740                            |
| CELL PHONE TELEPHONE  |   |
| EMAIL ADDRESS   | CALUMSULT@GMAIL.COM                     |
| <b>FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:</b> |   |
| BUSINESS NAME   | NORTHERN INDIANA PUBLIC SERVICE COMPANY |
| RESPONSIBLE PARTY PERSONAL NAME                               | LUKE SELKING                            |
| TITLE   |   |
| ADDRESS   | 1501 HALE AVENUE                        |
| CITY/STATE/ZIP  | FORT WAYNE, IN 46802                    |
| PREFERRED TELEPHONE   | 260/439-1290                            |
| SECONDARY TELEPHONE   |   |
| EMAIL ADDRESS   | LSELKING@NISOURCE.COM                   |
| <b>LOCATOR SERVICE INFORMATION</b>                            |   |
| BUSINESS NAME   | USIC                                    |
| RESPONSIBLE PARTY PERSONAL NAME                               | Morgan Thompson                         |
| TITLE (IF ANY)  | Claims Coordinator                      |
| ADDRESS   | 9045 N. River Rd. Suite 300             |
| CITY/ STATE/ZIP   | Indianapolis, IN 46240                  |
| PREFERRED TELEPHONE   | 1-317-538-7301                          |
| CELL PHONE TELEPHONE  | Same                                    |
| EMAIL ADDRESS   | morganthompson@usicinc.com              |
| <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                               | 4712 Beaver Avenue   |
| CITY/STATE/ZIP                        | Fort Wayne, IN 46804 |
| NEAREST INTERSECTION                  | Sherwood Ter         |
| <b>PRODUCT TYPE (Select One)</b>      |                      |
| NATURAL GAS                           | X                    |
| LIQUID PIPELINE                       |                      |
| UNKNOWN/OTHER                         |                      |
| <b>FACILITY TYPE (Select One)</b>     |                      |
| DISTRIBUTION                          |                      |
| GATHERING                             |                      |
| SERVICE/DROP                          | X                    |
| TRANSMISSION                          |                      |
| UNKNOWN/OTHER                         |                      |
| SIZE (DIAMETER/ETC.)                  | 5/8 PLASTIC          |
| PRESSURE (PSIG/INCHES)                | 40                   |
| INTERRUPTION IN SERVICE (YES/NO)      | Y                    |
| NUMBER OF CUSTOMERS AFFECTED          | 1                    |
| EVACUATION (YES/NO)                   | No                   |
| IF YES, HOW MANY EVACUATED            | 0                    |
| REPAIR COST (IF KNOWN) (\$)           | 157.28               |
| <b>CAUSE OF DAMAGE INFORMATION:</b>   |                      |
| <b>TYPE OF EQUIPMENT (Select One)</b> |                      |
| Auger                                 |                      |
| Backhoe/Trackhoe                      |                      |
| Boring/Drilling                       |                      |
| Directional Drilling                  |                      |
| Explosives                            |                      |
| Farm Equipment                        |                      |
| Grader/Scraper                        |                      |
| Hand Tools                            | X                    |
| Milling Equipment                     |                      |
| Probing Device                        |                      |

|  |                |
|--|----------------|
| Trancher                                   |                |
| Vacuum Equipment                           |                |
| Unknown/Other                              |                |
| <b>TYPE OF WORK PERFORMED (Select One)</b> |                |
| Agriculture                                |                |
| Cable TV                                   |                |
| Curb/Sidewalk                              |                |
| Bldg. Construction                         |                |
| Bldg. Demolition                           |                |
| Drainage                                   | X              |
| 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                              |                |
|  |                |
| RELEASE OF PRODUCT (YES/NO)                | Y              |
| IGNITION AND/OR FIRE (YES/NO)              | N              |
| EXCAVATOR NOTIFY 811 (YES/NO)              | Y - 1207280118 |
| <b>LOCATE INFORMATION:</b>                 |                |
| EXCAVATOR REQUEST LOCATE (YES/NO)          | Y              |

|  |            |
|--|------------|
| INDIANA 811 LOCATE TICKET NUMBER   | 1207201062 |
| LOCATE MARKS VISIBLE (YES/NO)  | Y          |
| LOCATE MARKS CORRECT (YES/NO)  | Y          |
| EXCAVATOR "WHITE LINED" (YES/NO)   | N          |
| MAPS USED TO MARK FACILITIES (YES/NO)  |            |
| OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)  | N          |
| <b>INCIDENT IMPACT INFORMATION</b>   |            |
| NUMBER OF OUTPATIENT TREATED   | 0          |
| NUMBER OF INPATIENT TREATED  | 0          |
| NUMBER OF FATALITIES   | 0          |
| FIRE DEPARTMENT RESPONSE (YES/NO)  | Y          |
| POLICE DEPARTMENT RESPONSE (YES/NO)  |            |
| AMBULANCE RESPONSE (YES/NO)  |            |
| <b>ADDITIONAL INFORMATION/COMMENTS</b>   |            |
| <p>Compensation has been received from the excavator.<br/> Excavator hit accurately marked line with shovel.</p> |            |

# Fact Based Investigation Report

01820120728003  
Northern IN  
7/28/2012 11:59:08 AM  
7/28/2012 12:05:12 PM  
CALUM JOHNSON  
4712 BEAVER AVE  
FORT WAYNE  
ST: IN ZIP:

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NOTIFICATION ID:  
DISTRICT:  
DAMAGE DATE:  
NOTIFICATION DATE:  
NOTIFIED BY:  
DAMAGE ADDRESS:  
CITY:

NIPSCO

---

DAMAGED CUSTOMER:

07/28/2012  
00:00:00  
00:00:00

---

INVESTIGATION DATE:  
FROM:  
TO:

Homeowner  
DRAIN TILE

---

EXCAVATOR INVOLVED:  
TYPE OF EXCAVATION:

1207201062  
Routine

---

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

KARL JONES  
7/28/2012 12:00:00 AM  
Digital

---

PICTURES TAKEN BY:  
DATE/TIME:  
PHOTOGRAPHY TYPE:  
FRAME #:

113185  
ROSS GILLESPIE  
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?  
No

INVESTIGATOR EMP#:  
INVESTIGATOR NAME:

## Fact Based Investigation Customer Information

01820120728003

NIPSCO

(optional)

NOTIFICATION ID:

SELECT A CUSTOMER:

CUSTOMER #:

LOWPROF

service

Jones Karl - 131772

FACILITY DESCRIPTION:

FACILITY ID:

LOCATOR NAME & EMP #:

LOCATOR NOT KNOWN:

### CHECK ALL THAT APPLY TO INVESTIGATION:

Facility Marked Accurately,  
Contractor Dug Outside Marking Instructions

Other:

### CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):

Visual, Facility Exposed At Time Of Investigation,  
Investigator Verified Existing Marks By Hooking Up

### INVESTIGATOR STATEMENT/CAUSAL FACTORS:

PAINT AND FLAGS LINE UP WITH DAMAGE SITE- TICKET CALLED FOE 10FT OUT FROM HOUSE- THE LOCATOR WENT OUT ABOUT 15FT AND ARROWED THE SERVICE TOWARDS THE ROAD THE H/O WAS HAND DIGGING ABOUT 4FT INFRONT OF OUR LAST PAINT MARK(ARROW)

### 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

Yes 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?  
PL SER EXTENT OF FACILITY DAMAGE  
1 REPLACEMENT FOOTAGE  
No WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?  
SHOVEL WHAT CONTRACTOR EQUIPMENT WAS USED?  
No IS THE FACILITY SHOWN ON THE UTILITY RECORDS?  
IF YES, PLEASE LIST RECORD #(S)

NIPSCO 00031 IUPPSa 07/28/2012 11:59:08 1207280118-00A EMER DAMG STRT

DAMAGE DAMAGE

Ticket : 1207280118 Date: 07/28/2012 Time: 11:56 Oper: SDOERFLEIN Chan:029

State: IN Cnty: ALLEN Twp: WAYNE  
Cityname: FORT WAYNE Inside: Y Near: N  
Subdivision: SOUTHWOOD PARK

#3517

Address : 4712  
Street : BEAVER AVE  
Cross 1 : W SHERWOOD TER Within 1/4 mile: Y  
Location: FACING HOUSE FROM STREET--LOCATE THE GAS LINE ONLY ON THE LEFT EDGE OF  
THE HOUSE OUT 10 FEET  
:  
Grids : 4102C8508A 4102C8509D 4102B8509D  
Boundary: n 41.041962 s 41.039326 w -85.151665 e -85.148712

Work type : INSTALL DRAIN LINE  
Done for : CALUM JOHNSON  
Start date: 07/28/2012 Time: 11:56 Hours notice: 0/0 Priority: EMER  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
Duration : 2 DAYS Depth: 8 INCHES

Company : CALUM JOHNSON Type: HOME  
Co addr : 4712 BEAVER AVE  
City : FORT WAYNE State: IN Zip: 46807  
Caller : CALUM JOHNSON Phone: (615)417-5740  
Contact : CALUM JOHNSON - CELL Phone:  
BestTime:  
Mobile : (615)417-5740  
Email : CALUMSULT@GMAIL.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time  
PER LEAH-HAS DAMAGED A NIPSCO GAS LINE IN THE FRONT YARD OF THE PROPERTY-THE GAS  
LINE IS BLOWING-UNKNOWN SIZE/COLOR/MATERIAL-WILL CALL 911-CREW ON SITE-HAS  
CALLED CALLED NIPSCO-PREVIOUS TICKET 1207201062  
Will you be white-lining the dig site area? NO  
:

Submitted date: 07/28/2012 Time: 11:56  
Members: AEPIN CC FW ID8000 NIPSCO SM

NIPSCO 00323 IUPPSa 07/20/2012 11:07:25 1207201062-00A NORM NEW STRT

NORMAL NOTICE SEE REMARKS

Ticket : 1207201062 Date: 07/20/2012 Time: 11:00 Oper: AOWENS Chan:041

State: IN Cnty: ALLEN Twp: WAYNE  
Cityname: FORT WAYNE Inside: Y Near: N  
Subdivision: SOUTHWOOD PARK

#3517

Address : 4712  
Street : BEAVER AVE  
Cross 1 : W SHERWOOD TER Within 1/4 mile: Y  
Location: FACING HOUSE FROM STREET--LOCATE THE GAS LINE ONLY ON THE LEFT EDGE OF  
THE HOUSE OUT 10 FEET

:  
Grids : 4102C8508A 4102C8509D 4102B8509D  
Boundary: n 41.041962 s 41.039326 w -85.151665 e -85.148712

Work type : INSTALL DRAIN LINE  
Done for : CALUM JOHNSON  
Start date: 07/24/2012 Time: 11:15 Hours notice: 96/48 Priority: NORM  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N  
Duration : 2 DAYS Depth: 8 INCHES

Company : CALUM JOHNSON Type: HOME  
Co addr : 4712 BEAVER AVE  
City : FORT WAYNE State: IN Zip: 46807  
Caller : CALUM JOHNSON Phone: (615)417-5740  
Contact : CALUM JOHNSON - CELL Phone:  
BestTime:  
Mobile : (615)417-5740  
Email : CALUMSULT@GMAIL.COM

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

Submitted date: 07/20/2012 Time: 11:00  
Members: AEPIN CC FW ID8000 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA 220 / FW MAXIMO WO #

OPERATING AREA CONTACT JASON HANBY JOB ORDER # 574461

TRACKING NUMBER 018-2012-0728-003 LOCATE REF #

Locate Performed By: CIS 993274200

DATE AND TIME OF ACCIDENT July 28 2012 11:54 AM DATE OF REPORT July 28, 2012

PLACE OF DAMAGE (INCLUDE CITY) 4712 Beaver Ave Fort Wayne IN 46804

DAMAGE WAS TO:

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

OTHER (DESCRIBE)

GAS: SERVICE MAIN ( ) SIZE 6/8" MATERIAL: PLASTIC ( ) STEEL ( ) METER ( ) REG STATION ( ) STUB ( )

DEPTH OF FACILITY (Inches) 12" PRESSURE (PSI) 40 Lbs.

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

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

DURATION OF INTERRUPTION: TIME REPORTED 30 minutes 11:58 TIME SHUT OFF 12:20 TIME RESTORED 13:30

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: Cut in Half

LOCATE MARKS ON SITE: YES ( ) DISTANCE BETWEEN FACILITY AND LOCATE MARKS 12" NO ( )

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

PARTY THAT CAUSED DAMAGES (NAME) Home Owner - CALUM JOHNSON

ADDRESS OF PARTY (INCLUDE CITY) 4712 Beaver Ave

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE CALUM JOHNSON

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: Locate Service (ATTACH PHOTOS TO REPORT)

WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW

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

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

- ( ) AUGER ( ) HAND TOOLS ( ) BACKHOE/TRACKHOE
( ) MILLING EQUIPMENT ( ) PROBING DEVICE ( ) BORING / DRILLING
( ) EXPLOSIVES ( ) TRENCHER ( ) FARM EQUIPMENT
( ) VACCUUM EQUIPMENT ( ) GRADER ( ) OTHER

REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW

- ( ) AUTOMOTIVE ACCIDENT ( ) EXCAVATING BEFORE LOCATES DUE ( ) CARELESS MACHINE OPERATOR
( ) NO NOTIFICATION ( ) MARKS DISTURBED ( ) STUB ( ) OTHER

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS: Home Owner was locating pipe with a shovel and  
hit line

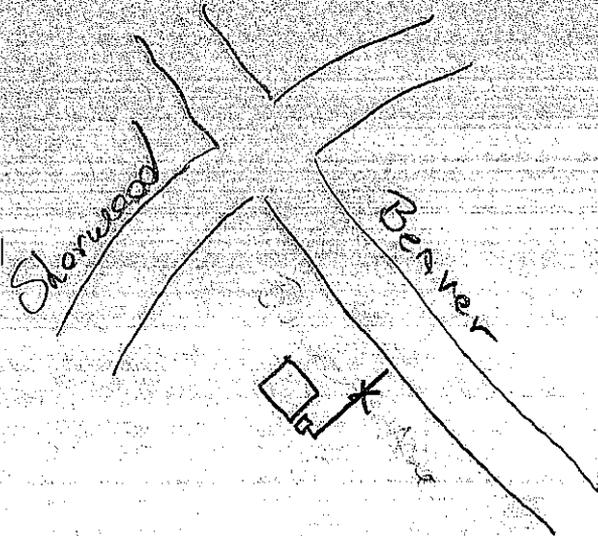
PERSON PREPARING REPORT Tim Beery

FIELD SUPERVISOR JPP

FIELD MANAGER Ralph Dunn

- 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: Tim Beery DATE: 7/28/2012

# LEAK INVESTIGATION FORM

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

CIS Ticket Number: 993274200 Date Reported: 7-28-12 Time Leak Reported (Military): 10:54  
LOA: FW/1220 GPS Coordinates: Latitude 41° 10' N Longitude 84° 39' 34" W  
City Name: Fort Wayne Address or Location: 4712 Beaver Ave 195941

### Leak Location:

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

### For Services Only:

Re-tested at 90° PSIG for 15 minutes

### Leak Grade:

- 1.  Hazardous
- 2.  Non-Hazardous, Scheduled Repairs
- 3.  Non-Hazardous, Monitored

### Leak Resolution

- 1.  Leak Repaired } 10:54  
Leak Closed } 11:15
- 2.  Pipe Replaced
- 3.  Pipe Retired } 46807
- 4.  Grade 2 or 3 Leak Not Repaired To be scheduled for re-evaluation/repair

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

Residual Gas Present:  Yes  No (Grade 1 Leak Only) ADW0519105

1st Responder: User ID: 122532 TIM Beery Leak Referred to: ADW0519111  
(FIRST NAME) (MI) (LAST NAME)

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

Comments: HA 5/8" plastic service, will make repairs JO 574461

Repaired/Inspected: 7-28-12 Time: 13:08 (Military) User ID: 122532 TIM Beery  
MO DAY YR HR MIN (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

- 1. Company Crew
- 2. Contractor Crew
- 3. Third Party

#### Identification:

Contractor Crew: \_\_\_\_\_

Third Party Name: Calvin Johnson

#### 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)

#### Locate Information:

- 1. No Locate Request
- 2. Request, No Locate
- 3. Mislocated
- 4. Accurate Locate

CIS Grid Number: \_\_\_\_\_ Pipe Size: 5/8 inches Soil Condition:  dry  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
- 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.  Plastic
- 4.  Cast Iron
- 5.  Copper
- 6.  Wrought Iron

### Pipeline Identifier:

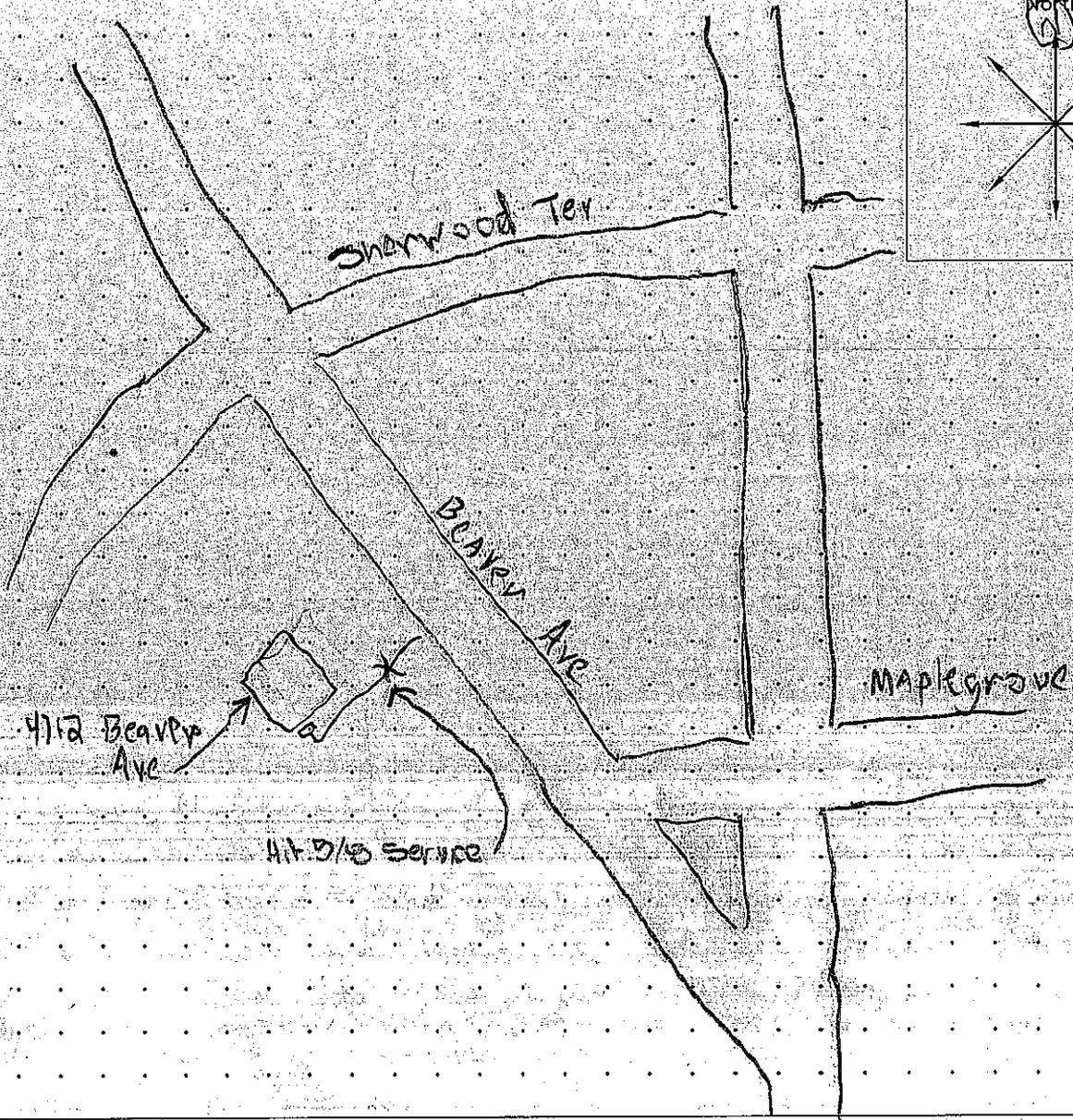
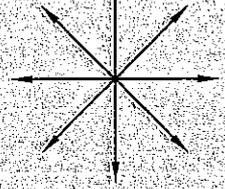
- 1.  Distribution
- 2.  Transmission
- 3.  Transmission HCA

METER # \_\_\_\_\_

Re-evaluation Comments: \_\_\_\_\_

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

Indicate North



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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



| ACTUAL HOURS | ACCOUNT NUMBER | ACTIVITY NUMBER                       | UPGRADE JOB NO. | HOURS |      |   |   | BONUS CODES |   |   |   | UNITS | VARIANCE |   |      | EQUIP. |    |
|--------------|----------------|---------------------------------------|-----------------|-------|------|---|---|-------------|---|---|---|-------|----------|---|------|--------|----|
|              |                |                                       |                 | MULT  | CODE | 1 | 2 | 3           | 4 | 1 | 2 |       | 3        | 4 | CODE | HOURS  | Q# |
| 0:00:30      |                | STANDBY TRAVEL                        |                 | 15/40 | E    |   |   |             |   |   |   |       |          |   |      |        |    |
| 2:00         |                | STANDBY                               |                 | 10/30 | E    |   |   |             |   |   |   |       |          |   |      |        |    |
| 8:00-8:30    |                | Safety Briefing                       |                 | 15/30 | E    |   |   |             |   |   |   |       |          |   |      |        |    |
| 8:30         |                | 2021 Medford Dr Fort Wayne            |                 | 15/50 | E    |   |   |             |   |   |   |       |          |   |      |        |    |
|              |                | 70002                                 |                 | 15/50 | E    |   |   |             |   |   |   |       |          |   |      |        |    |
|              |                | 3625 Logan Ave Fort Wayne             |                 | 15/50 | E    |   |   |             |   |   |   |       |          |   |      |        |    |
|              |                | 6546513                               |                 | 15/50 | E    |   |   |             |   |   |   |       |          |   |      |        |    |
| 11:00        |                | 795 Brook Dr New Haven                |                 | 15/50 | E    |   |   |             |   |   |   |       |          |   |      |        |    |
|              |                | 6546513                               |                 | 15/50 | E    |   |   |             |   |   |   |       |          |   |      |        |    |
| 1:00-2:00    |                | 908 Kensington Blvd Fort Wayne        |                 | 15/50 | E    |   |   |             |   |   |   |       |          |   |      |        |    |
|              |                | 2016585                               |                 | 15/50 | E    |   |   |             |   |   |   |       |          |   |      |        |    |
| 2:00-2:30    |                | 4712 Beverly Ave Fort Wayne           |                 | 15/50 | E    |   |   |             |   |   |   |       |          |   |      |        |    |
|              |                | 6547800                               |                 | 15/50 | E    |   |   |             |   |   |   |       |          |   |      |        |    |
| 2:30-3:00    |                | 4712 Beverly Ave Fort Wayne           |                 | 15/50 | E    |   |   |             |   |   |   |       |          |   |      |        |    |
|              |                | 6546513                               |                 | 15/50 | E    |   |   |             |   |   |   |       |          |   |      |        |    |
| 3:00-4:30    |                | 4712 Brook Ave Fort Wayne             |                 | 15/50 | E    |   |   |             |   |   |   |       |          |   |      |        |    |
|              |                | 70002                                 |                 | 15/50 | E    |   |   |             |   |   |   |       |          |   |      |        |    |
| 4:30-5:15    |                | 6339 Parrott Rd Big Garage Fort Wayne |                 | 15/50 | E    |   |   |             |   |   |   |       |          |   |      |        |    |
|              |                | 6546513                               |                 | 15/50 | E    |   |   |             |   |   |   |       |          |   |      |        |    |
| 5:15         |                | 6601 Parrott Rd Fort Wayne            |                 | 15/50 | E    |   |   |             |   |   |   |       |          |   |      |        |    |
|              |                | 70002                                 |                 | 15/50 | E    |   |   |             |   |   |   |       |          |   |      |        |    |
| 6:30         |                | 6623 Parrott Rd Fort Wayne            |                 | 15/50 | E    |   |   |             |   |   |   |       |          |   |      |        |    |
|              |                | 6546513                               |                 | 15/50 | E    |   |   |             |   |   |   |       |          |   |      |        |    |
| 9:00         |                |                                       |                 |       |      |   |   |             |   |   |   |       |          |   |      |        |    |

| CLOCK HOURS TO BE PAID @ | AUTOMOTIVE EQUIPMENT |      |    |    |    | EQUIPMENT NUMBER | ODOMETER READINGS | HOUR METER READINGS | CODE | SP. RATES | REPEATED RECORDS |                 |  |
|--------------------------|----------------------|------|----|----|----|------------------|-------------------|---------------------|------|-----------|------------------|-----------------|--|
|                          | 10                   | 12   | 15 | 20 | 25 |                  |                   |                     |      |           | DAY              | NO. OF HOLIDAYS |  |
| 9:00                     | 2:00                 | 9:00 |    |    |    | 31338            | START 10137       | 6095                |      | CD        | 1                | 1               |  |
|                          |                      |      |    |    |    |                  | END               |                     |      | DAY       |                  | 1               |  |
|                          |                      |      |    |    |    |                  | START             |                     |      |           |                  |                 |  |
|                          |                      |      |    |    |    |                  | END               |                     |      |           |                  |                 |  |

Site Id: 393470008

Notes

| Subject       | Entry Date | Operator                     |
|---------------|------------|------------------------------|
| MISCELLANEOUS | 07/28/2012 | DILOSA SR, MARK S, ENTIRE CO |
|               |            |                              |

Text

ESTABLISHED 07/28/2012 11:09:56 BY DILOSA SR, MARK S, ENTIRE COMPANY  
WMCHIT GAS LINE USIC @1054 TRACKING #018 2012 07 28 003  
SITE ID : 393470008

Add Note

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

List of Associated Notes



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Aug 21, 2012

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### 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

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### Excavator Information, if known

Full name: Calum Johnson

Business address (*number and street*): 4712 Beaver Ave

City, State, and ZIP code: Fort Wayne, IN, 46807

Telephone number (*area code*): (615)417-5740

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

E-mail address: CALUMSULT@GMAIL.COM

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### Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Hand Tools

Type of work performed: Drainage

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**Date and Location of Damage**Date of damage (*month, day, year*): Jul 28, 2012County: AllenCity: Fort WayneStreet address (*number and street, city, state, and ZIP code*):  
4712 Beaver Ave, Fort Wayne, IN, 46807Nearest intersection: W Sherwood TerRight of way where damage occurred: Private - Land OwnerWas there a release of product? YesIf yes, was there an ignition of product? NoWere evacuations necessary as a result of release? NoIf yes, how many evacuated? 0Was there a customer service interruption? YesIf yes, how many affected? 1Time to restore service (*in hours*): 1.25Enter number of injuries, if applicable and known: 0Enter number of fatalities, if applicable and known: 0Property damage, Estimate \$ 

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**Affected Facility Information**What type of pipeline was damaged? Natural GasWhat was the affected facility? Service/DropWhat was the depth of the facility, in inches? 12

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**Notification, Locating, Marking**Did excavator request locates prior to commencing work? YesEnter Indiana 811 ticket number, if known: 1207201062

Was the locate request completed within two working days? Yes

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? No

Were maps used to complete the locate request? Yes

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? Yes

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

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### Description of Cause

Select from the list the most accurate cause for the damage: Other

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### Additional Comments

Excavator hit accurately marked line with shovel.  
Damage ticket 1207280118