



Pipeline Safety Division Investigation Report

Investigation regarding: **Town Of Hebron**

UPPAC Database Record ID: 3536

Investigator: Howard Friend

Report Date: 12/12/2012

Damage Date: 8/1/2012 1:47:04 PM

Damage Address: W Church St

City: Hebron

County: Porter

The Parties

Excavator: **Town Of Hebron**

Contact: Jim Shelhart, Public Works Director

Address: 106 E Sigler St., Po Box 478, Hebron, In 46341

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: Town Of Hebron

UPPAC Database Record ID: 3536

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1206122103, EXPIRED

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Road Work

Synopsis: A natural gas service was damaged during excavation for road work.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 10/16/2012. The excavator provided notice of excavation on 6/12/12 and damaged the natural gas line 49 days later.

Conclusion: There was a failure to provide notice 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: 3536

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: Town of Hebron

Responsible Party Personal Name: Jim Shelhart

Title (if any): Public Works Director

Address (number and street): 106 E. Sigler St.; P.O. Box 478

City, State and ZIP Code: Hebron, IN 46341

Preferred Telephone Number (area code): 219-996-4641

Cellular Telephone Number (area code): 219-808-5885

Email Address: j_shelhart@yahoo.com

Facility Information:

Business Name: NIPSCO

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: Indiana Underground Plant Protection Services

Responsible Party Personal Name: _____

Title (*if any*): _____

Address (*number and street*): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): 1-800-382-5544

Cellular Telephone Number (area code): _____

Email Address: _____

Cause of Damage Information

Type of Equipment (*select one*): Backhoe/Trackhoe

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

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

Personal Contact: Jim Shelhart

Business/Organization Name: Public Works Department

Title (*if any*): Director of Public Works

Address (*number and street*): P.O. Box 478

City, State and ZIP Code: Hebron, IN 46341

Preferred Telephone Number (area code): 1-219-996-4641

Cellular Telephone Number (area code): 1-219-808-5885

Email Address: j_shelhart@yahoo.com

Utility Line Impact

Location of Damage:

Address (*number and street*): W. Church St.

City, State and ZIP Code: Hebron, IN 46341

Nearest Intersection: S. Madison St.

Product Type (*select one*): Natural Gas

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

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

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): \$ _____

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: 1206122103

- Locate Marks Visible:** Yes No
- Locate Marks Correct:** Yes No
- Excavator "White Lined":** Yes No
- Maps Used to Mark Facilities:** Yes No
- Was Locate Provided within Two (2) Working Days:** Yes No
- Operator Employees On-site during Excavation:** Yes No
-

Incident Impact Information

Number of Outpatient Treated: ⁰ _____

Number of Inpatient Treated: ⁰ _____

Number of Fatalities: ⁰ _____

Fire Department Response: Yes No

Police Department Response: Yes No

Ambulance Response: Yes No

Additional Information / Comments

The area where the damage occurred was not marked by the Locate. Excavator white-lined all areas where Locate was performed, but the damage occurred where there were not Locate marks present.

Additional Information/Comments

On August 1, 2012 Jeff Shelhart and Jim Zurbriggin were digging with the backhoe 18', repairing the road base on Church Street. At this point we did not realize that the locate had not been renewed, which had been called in on Church Street and was out of date. It looked like fresh locate marks on the road at that time.

They went over and dug down by hand and found three service gas lines that were marked. The service line that was damaged was never marked with any of the previous locates that had been performed, and there had been multiple locates on the job that were called in before the crew started on the road repair job.

Even though we were in the wrong for not communicating better, and not realizing that the locate was expired, I believe it was not totally our fault. It was never marked where we were working. There was white lining performed on the job site. It was the whole road we white lined on each end of the road.

James Shelhart
Public Works Director

A handwritten signature in cursive script, appearing to read "James Shelhart", written in black ink.



101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

October 17, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3536
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3536

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: 8/1/2012

Event Location: W Church St, Hebron

Facility Owner: Northern Indiana Public Service Company

Excavator: Town of Hebron

Other Party: N/A

Pipeline Division Case No. 3536

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. 3536 | |
| Date of Event | 8/1/2012 |
| Event Location | W Church St, Hebron |
| Facility Owner | Northern Indiana Public Service Company |
| Excavator | Town of Hebron |
| Date of IURC Information Request | 9/18/2012 |
| THE PARTIES | |
| EXCAVATOR: | |
| BUSINESS NAME | Town of Hebron |
| RESPONSIBLE PARTY PERSONAL NAME | Jeff Shelhart |
| TITLE (IF ANY) | |
| ADDRESS | P. O. Box 478 |
| CITY/ STATE/ZIP | Hebron, IN 46341 |
| PREFERRED TELEPHONE | |
| CELL PHONE TELEPHONE | |
| EMAIL ADDRESS | |
| FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE: | |
| BUSINESS NAME | NORTHERN INDIANA PUBLIC SERVICE COMPANY |
| RESPONSIBLE PARTY PERSONAL NAME | LUKE SELKING |
| TITLE | |
| ADDRESS | 1501 HALE AVENUE |
| CITY/STATE/ZIP | FORT WAYNE, IN 46802 |
| PREFERRED TELEPHONE | 260/439-1290 |
| SECONDARY TELEPHONE | |
| EMAIL ADDRESS | LSELKING@NISOURCE.COM |
| LOCATOR SERVICE INFORMATION | |
| BUSINESS NAME | USIC 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 | 503 W. Church St |
| CITY/STATE/ZIP | Hebron, IN |
| NEAREST INTERSECTION | S Madison St |
| PRODUCT TYPE (Select One) | |
| NATURAL GAS | X |
| LIQUID PIPELINE | |
| UNKNOWN/OTHER | |
| FACILITY TYPE (Select One) | |
| DISTRIBUTION | |
| GATHERING | |
| SERVICE/DROP | X |
| TRANSMISSION | |
| UNKNOWN/OTHER | |
| SIZE (DIAMETER/ETC.) | 5/8 plastic |
| PRESSURE (PSIG/INCHES) | 50 |
| INTERRUPTION IN SERVICE (YES/NO) | Yes |
| NUMBER OF CUSTOMERS AFFECTED | 1 |
| EVACUATION (YES/NO) | No |
| IF YES, HOW MANY EVACUATED | 0 |
| REPAIR COST (IF KNOWN) (\$) | 330.68 |
| CAUSE OF DAMAGE INFORMATION: | |
| TYPE OF EQUIPMENT (Select One) | |
| Auger | |
| Backhoe/Trackhoe | X |
| Boring/Drilling | |
| Directional Drilling | |
| Explosives | |
| Farm Equipment | |
| Grader/Scraper | |
| Hand Tools | |
| 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 | X |
| 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) | Yes 1208012200 |
| LOCATE INFORMATION: | |
| EXCAVATOR REQUEST LOCATE (YES/NO) | No |

| | |
|--|-----|
| INDIANA 811 LOCATE TICKET NUMBER | N/A |
| LOCATE MARKS VISIBLE (YES/NO) | N/A |
| LOCATE MARKS CORRECT (YES/NO) | N/A |
| EXCAVATOR "WHITE LINED" (YES/NO) | |
| MAPS USED TO MARK FACILITIES (YES/NO) | N/A |
| OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO) | No |
| INCIDENT IMPACT INFORMATION | |
| NUMBER OF OUTPATIENT TREATED | 0 |
| NUMBER OF INPATIENT TREATED | 0 |
| NUMBER OF FATALITIES | 0 |
| FIRE DEPARTMENT RESPONSE (YES/NO) | |
| POLICE DEPARTMENT RESPONSE (YES/NO) | |
| AMBULANCE RESPONSE (YES/NO) | |
| ADDITIONAL INFORMATION/COMMENTS | |
| <p>Work performed on an expired locate ticket, and field markings from previous locate obscured. Compensation has been received from the excavator. Nipsco emergency repair ticket #: 1208012280</p> | |

Fact Based Investigation Report

NOTIFICATION ID: 01820120801009 **DISTRICT:** Northern IN
DAMAGE DATE: 8/1/2012 1:47:21 PM **NOTIFICATION DATE:** 8/1/2012 1:50:14 PM
NOTIFIED BY: JIM SHELHART
DAMAGE ADDRESS: W CHURCH ST
CITY: HEBRON **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 08/01/2012
FROM: 13:30:00 **TO:** 14:05:00

EXCAVATOR INVOLVED: TOWN OF HEBRON
TYPE OF EXCAVATION: Road Repairs

ORIG. LOCATE REQ.: 1206122103 **START DATE/TIME:** 6/14/2012 12:45:00 PM
TYPE OF TICKET: Routine **LOCATE REQ. INFO N/A:**

DIG UP/DAMAGE REQ.: 1208012280 **START DATE/TIME:** 8/1/2012 1:45:00 PM

PICTURES TAKEN BY: John Walker **DATE/TIME:** 8/1/2012 1:40:00 PM
PHOTOGRAPHY TYPE: Digital **FRAME #:** 1

INVESTIGATOR EMP#: 131788 **INVESTIGATOR NAME:** John Walker
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120801009
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: *(optional)*

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** Gas Service
LOCATOR NAME & EMP #: Cardenas Nicholas - 134731
LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:

Facility Marked Accurately,
Old Request,
Relocate Needed

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,
Investigation Results Verified By Utility Representative

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

The original locate was done around June 10th. Contractors were working today and caught a gas service in front of this address. They should have had a remark ticket called in to update locates. Marks barely visible.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

Nipsco contacted to make repairs needed.

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

Crew from Town of Hebron on site.

LIST ANY OTHER INDIVIDUALS ON SITE:

None.

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 gas service

REPLACEMENT FOOTAGE splice kit approx 4ft

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? N/A

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)

NIPSCO 00721 IUPPSa 08/01/2012 13:47:21 1208012200-00A EMER DAMG GRID

DAMAGE SEE REMARKS

Ticket : 1208012200 Date: 08/01/2012 Time: 13:46 Oper: SMCCLURE Chan:092

State: IN Cnty: PORTER Twp: BOONE
Cityname: HEBRON Inside: Y Near: N
Subdivision:

3536

Address :

Street : W CHURCH ST

Cross 1 : S MADISON ST Within 1/4 mile: Y

Location: FROM THE INTERSECTION LOCATE WEST 800 FEET ALONG THE NORTH SIDE OF
ROAD ENDING AT VAN BUREN STREET

:

Grids : 4119D8712C 4119D8712B

Boundary: n 41.318512 s 41.317066 w -87.208893 e -87.204773

Work type : REPAIR ROAD

Done for : TOWN OF HEBRON

Start date: 08/01/2012 Time: 13:46 Hours notice: 0/0 Priority: EMER

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

Duration : 2 DAYS Depth: 2 FEET

Company : TOWN OF HEBRON Type: OTHR

Co addr : PO BOX 478

City : HEBRON State: IN Zip: 46341

Caller : JIM SHELHART Phone: (219)996-4641

Contact : JIM SHELHART CELL Phone:

BestTime:

Mobile : (219)808-5885

Fax : (219)996-7494

Remarks : All tickets are taken and processed on Eastern Daylight Time
THIS TICKET REPLACES 1208012188 - PER JIM SHELHART - A GAS SERVICE LINE FOR
NIPSCO HAS BEEN DAMAGED - GAS CAN BE HEARD - NIPSCO HAS BEEN CONTACTED ADVISED
TO CALL 911 - LINE IS 1/2 INCH YELLOW PLASTIC - LINE WAS HIT ON THE NORTH SIDE
OF W CHURCH ST APPROX 50 FEET FROM S MADISON - CREW IS ON SITE - PREVIOUS TICKET
1206122103 - THANK YOU

Will you be white-lining the dig site area? YES

:

Submitted date: 08/01/2012 Time: 13:46

Members: COMCN ID2009 ID2757 NIPSCO SM

NIPSCO 00635 IUPPSa 06/12/2012 12:47:37 1206122103-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1206122103 Date: 06/12/2012 Time: 12:37 Oper: ABOND Chan:007

State: IN Cnty: PORTER Twp: BOONE
Cityname: HEBRON Inside: Y Near: N
Subdivision:

3536

Address :

Street : W CHURCH ST

Cross 1 : S MADISON ST Within 1/4 mile: Y

Location: FROM THE INTERSECTION LOCATE WEST 800 FEET ALONG THE NORTH SIDE OF
ROAD ENDING AT VAN BUREN STREET

:

Grids : 4119D8712C 4119D8712B

Boundary: n 41.318512 s 41.317066 w -87.208893 e -87.204773

Work type : REPAIR ROAD

Done for : TOWN OF HEBRON

Start date: 06/14/2012 Time: 12:45 Hours notice: 48/48 Priority: NORM

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

Duration : 2 DAYS Depth: 2 FEET

Company : TOWN OF HEBRON Type: OTHR

Co addr : PO BOX 478

City : HEBRON State: IN Zip: 46341

Caller : JIM SHELHART Phone: (219)996-4641

Contact : JIM SHELHART CELL Phone:

BestTime:

Mobile : (219)808-5885

Fax : (219)996-7494

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

Will you be white-lining the dig site area? YES

:

Submitted date: 06/12/2012 Time: 12:37

Members: COMCN ID2009 ID2757 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY

FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Albion MAXIMO WO # _____

OPERATING AREA CONTACT Valparaiso JOB ORDER # 581199-5

TRACKING NUMBER 018 25/2 J801 009 LOCATE REF # _____

Locate Performed By: _____

DATE AND TIME OF ACCIDENT _____

PLACE OF DAMAGE (INCLUDE CITY) _____

8/11 2012 12:30 PM DATE OF REPORT 8/1/12
503 W Church St - Hobron

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) 50 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 12:30 TIME RESTORED 1:13

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 5/8"

LOCATE MARKS ON SITE: YES () DISTANCE BETWEEN FACILITY AND LOCATE MARKS None NO

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

PARTY THAT CAUSED DAMAGES (NAME) Tower of Hobron

ADDRESS OF PARTY (INCLUDE CITY) 106 E Siskior Hobron IN 46341

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

WITNESS NAME AND ADDRESS None

WITNESS REMARKS _____

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY _____

REPORT # _____

FIRE AGENCY Fire Dept

REPORT # _____

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

PHOTOS TAKEN: YES NO () TAKEN BY: Eric Dept (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 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 checked="" 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 checked="" type="checkbox"/> AUTOMOTIVE ACCIDENT | <input type="checkbox"/> EXCAVATING BEFORE LOCATES DUE | <input type="checkbox"/> CARELESS MACHINE OPERATOR |
| <input checked="" type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED | <input type="checkbox"/> STUB |
| | | <input checked="" type="checkbox"/> OTHER <u>NO PHOTOS TAKEN</u> |

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 84122 (R2 / 7-11)
INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Aug 27, 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: Town of Hebron

Business address (*number and street*): 106 E. Sigler St

City, State, and ZIP code: Hebron, IN 46341

Telephone number (*area code*): 219-996-4641

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Municipality

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Road Work

Date and Location of Damage

Date of damage (*month, day, year*): Aug 1, 2012

County: Porter

City: Hebron

Street address (*number and street, city, state, and ZIP code*):
503 W Church St Hebron, IN 46341

Nearest intersection: S Madison St

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? _____

Was there a customer service interruption? Yes

If yes, how many affected? 1

Time to restore service (*in hours*): 0.5

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? 18

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1206122103

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? No

Were facilities marked correctly? No

Type of markings used: Other

If other, please specify: Ticket over 30 days old, failure to maintain marks

Was site marked by "White Lining"?

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

Description of Cause

Select from the list the most accurate cause for the damage: --Failure to maintain the marks

Additional Comments

Failure to maintain the marks (ticket over 30 days old)

Damage Ticket #1208012200

Nipsco Emergency Repair Ticket # 1208012280