



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Walters Excavating**

UPPAC Database Record ID: 3550

Investigator: Howard Friend

Report Date: 12/21/2012

Damage Date: 8/6/2012 11:46:18 AM

Damage Address: 5557 W 101st Ave

City: Crown Point

County: Lake

### The Parties

Excavator: **Walters Excavating**

Contact: William Walters

Address: 854 Kennedy Avenue, Schererville, In 46375

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: Walters Excavating**

UPPAC Database Record ID: 3550

**Damage Impact**

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$114

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

Excavator request locates: No    Indiana 811 ticket Number:

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Curb / Sidewalk

**Synopsis:** A natural gas service was damaged during excavation to remove a concrete curb.

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 9/25/2012. The excavator failed to provide notice of excavation prior to removing concrete curb.

**Conclusion:** There was a failure to provide notice of excavation.

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

September 25, 2012

Case No. 3550

Initial Documents-Excavator

From: William A. Walters Vice President

Wm. Walters Excavating

854 Kennedy Ave

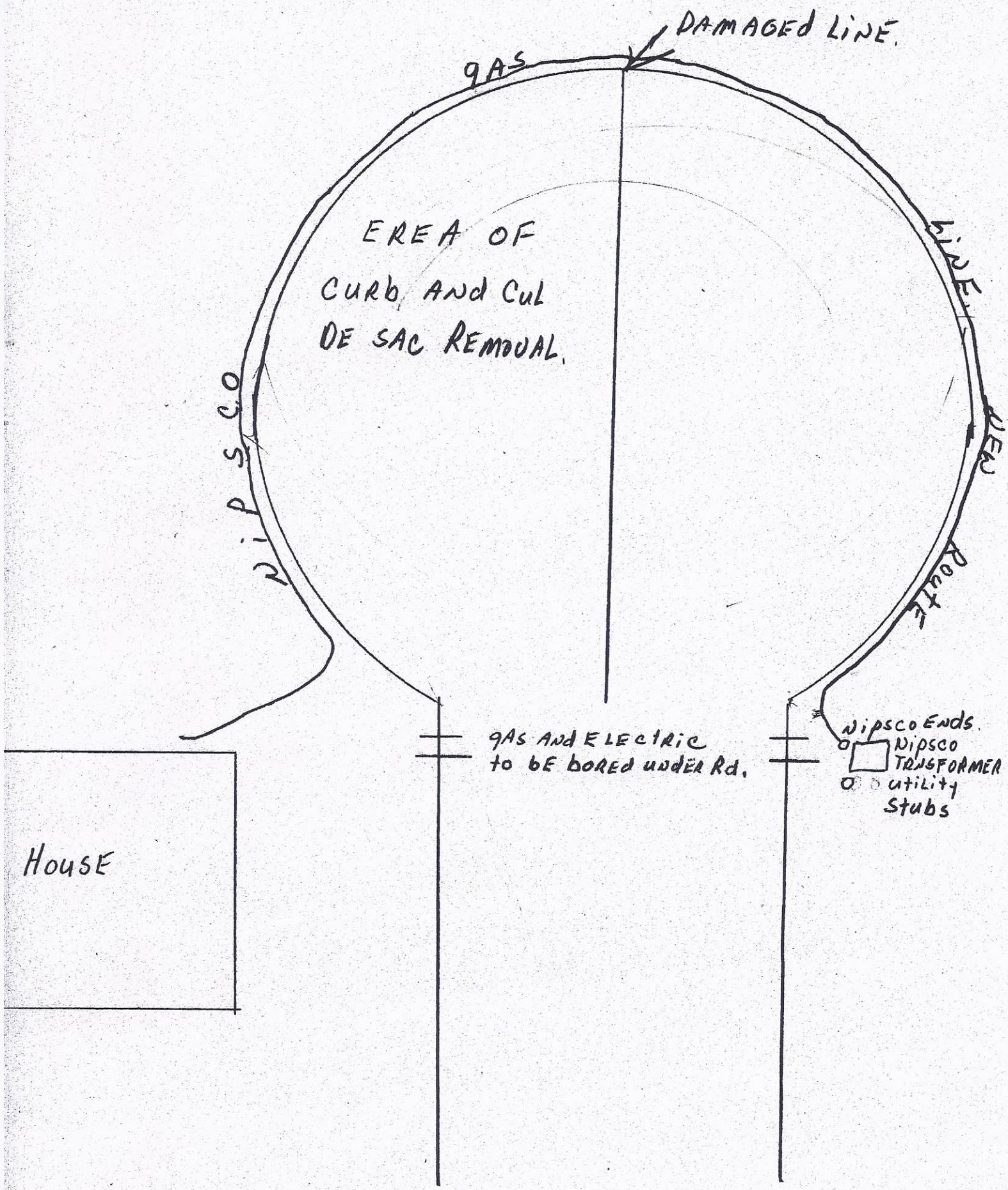
Schererville, IN 46375

To Whom It May Concern:

This is in response to your letter dated 8/6/2012 and location of 5557 W. 101<sup>st</sup> Ave. Crown Point, Lake County, IN. The new residence sits on 83 acres and is approximately ½ mile back from 101<sup>st</sup> Ave on a private road. Construction began in June of 2011. The home sits on the east side of a cul de sac and the owner decided to have us remove ½ of the cul de sac including the curbs to create a larger front yard. I have enclosed a drawing of the cul de sac, where we were told the utilities were, and where the gas line was actually installed. Though admittedly we did not call for locates, the locates were previously marked on the curb and still existing. The drawing will show how the gas line was installed. The NIPSCO line was 12” below existing grade lying approximately 8” from the cul de sac curb. NIPSCO repaired the line. We received and paid the repair bill for \$125.00. We diligently call for located on all of our excavations and I hope the drawing will help understand this particular situation.

Sincerely,

William A. Walters



GAS

DAMAGED LINE

AREA OF  
CURB AND CUL  
DE SAC REMOVAL.

NIPSCO

NEW ROUTE

NEW ROUTE

HOUSE

GAS AND ELECTRIC  
TO BE BORED UNDER RD.

NIPSCO ENDS.  
NIPSCO  
TRANSFORMER  
UTILITY  
STUBS



101 West Ohio Street, Suite 1707  
Indianapolis, IN 46204

October 22, 2012

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

Pipeline Safety Division – Case No. 3550  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3550

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: 8/6/2012

Event Location: 5557 W 101st Ave, Crown Point

Facility Owner: Northern Indiana Public Service Company

Excavator: Walters Excavating

Other Party: N/A

Pipeline Division Case No. 3550

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,

A handwritten signature in black ink, appearing to read "Christopher Earle".

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. 3550</b>                 |   |
| Date of Event   | 8/6/2012                                |
| Event Location  | 5557 W 101st Ave, Crown Point           |
| Facility Owner  | Northern Indiana Public Service Company |
| Excavator   | Walters Excavating                      |
| Date of IURC Information Request                              | 9/18/2012                               |
| <b>THE PARTIES</b>  |   |
| <b>EXCAVATOR:</b>   |   |
| BUSINESS NAME   | Wm. Walters Excavating                  |
| RESPONSIBLE PARTY PERSONAL NAME                               | William                                 |
| TITLE (IF ANY)  |   |
| ADDRESS   | 854 Kennedy Avenue                      |
| CITY/ STATE/ZIP   | Schererville, IN                        |
| PREFERRED TELEPHONE   | 219 808-0007                            |
| 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                               | 5557 W. 101 <sup>st</sup> Avenue |
| CITY/STATE/ZIP                        | Crown Point, IN 46307            |
| NEAREST INTERSECTION                  | Clark Rd                         |
| <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 1/8 plastic                    |
| PRESSURE (PSIG/INCHES)                | 40                               |
| INTERRUPTION IN SERVICE (YES/NO)      | Yes                              |
| NUMBER OF CUSTOMERS AFFECTED          | 1                                |
| EVACUATION (YES/NO)                   | No                               |
| IF YES, HOW MANY EVACUATED            |                                  |
| REPAIR COST (IF KNOWN) (\$)           | 114.22                           |
| <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                              | X              |
| 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                                      |                |
| Waterway Improvement                       |                |
| Unknown/Other                              |                |
|  |                |
| RELEASE OF PRODUCT (YES/NO)                | Yes            |
| IGNITION AND/OR FIRE (YES/NO)              | No             |
| EXCAVATOR NOTIFY 811 (YES/NO)              | Yes 1208061857 |
| <b>LOCATE INFORMATION:</b>                 |                |

|  |     |
|--|-----|
| 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  |
| <b>INCIDENT IMPACT INFORMATION</b>   |     |
| NUMBER OF OUTPATIENT TREATED   | 0   |
| NUMBER OF INPATIENT TREATED  | 0   |
| NUMBER OF FATALITIES   | 0   |
| FIRE DEPARTMENT RESPONSE (YES/NO)  |     |
| POLICE DEPARTMENT RESPONSE (YES/NO)  |     |
| AMBULANCE RESPONSE (YES/NO)  |     |
| <b>ADDITIONAL INFORMATION/COMMENTS</b>   |     |
| <p>No notification made to the one-call center<br/> Compensation has been received from the excavator.<br/> Nipsco emergency repair ticket #: 1208062119</p> |     |

NIPSCO 00624 IUPPSa 08/06/2012 11:46:24 1208061857-00A EMER DAMG GRID

DAMAGE SEE REMARKS

Ticket : 1208061857 Date: 08/06/2012 Time: 11:35 Oper: SHARRIS Chan:089

State: IN Cnty: LAKE Twp: CENTER  
Cityname: CROWN POINT Inside: Y Near: N  
Subdivision:

#3550

Address : 5557  
Street : W 101ST AVE  
Cross 1 : CLARK RD Within 1/4 mile: Y  
Location: LOCATE THE ENTIRE PROPERTY  
:  
Grids : 4125A8723A 4126D8723A 4125A8724D 4126D8724D 4125A8724C  
Grids : 4126D8724C  
Boundary: n 41.437336 s 41.432945 w -87.404793 e -87.399185

Work type : GRADING AROUND HOUSE  
Done for : IMPACT CONSTRUCTION  
Start date: 08/06/2012 Time: 11:41 Hours notice: 0/0 Priority: EMER  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
Duration : UNKNOWN Depth: UNKNOWN

Company : WALTERS EXCAVATING Type: CONT  
Co addr : 854 KENNEDY AVENUE  
City : SCHERERVILLE State: IN Zip: 46375  
Caller : JENNIFER BOGUSZ Phone: (219)865-2392  
Contact : BILL WALTERS - OFFICE Phone:  
BestTime:  
Mobile : (219)865-2392  
Fax : (219)864-9159

Talked to Jennifer  
about no ticket

Remarks : All tickets are taken and processed on Eastern Daylight Time  
A NIPSCO GAS LINE HAS BEEN DAMAGED AT 5557 101ST AVE - CALLER UNSURE IF GAS LINE  
IS BLOWING - UNKNOWN IF GAS CAN BE HEARD - UNKNOWN IF GAS CAN BE SMELLED - SIZE  
UNKNOWN - MATERIAL UNKNOWN - COLOR UNKNOWN - CALLER HAS CALLED 911 AND NIPSCO -  
CREW IS ON SITE NO PREVIOUS TICKET NUMBER GIVEN  
Will you be white lining the dig site area? YES  
:

Submitted date: 08/06/2012 Time: 11:35  
Members: COMCN IB ID7053 NIPSCO SM

**Fact Based Investigation Report**

**NOTIFICATION ID:** 01820120806005                      **DISTRICT:** Northern IN  
**DAMAGE DATE:** 8/6/2012 11:25:00 AM    **NOTIFICATION DATE:** 8/6/2012 11:25:16 AM  
**NOTIFIED BY:** CARLA BEESON Facility Owner  
**DAMAGE ADDRESS:** 5557 W 101ST AVE  
**CITY:** CROWN POINTE    **ST:** IN    **ZIP:**

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**DAMAGED CUSTOMER:** NIPSCO

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**INVESTIGATION DATE:** 08/06/2012  
**FROM:** 12:00:00    **TO:** 12:20:00

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**EXCAVATOR INVOLVED:** WALTERS EXCAVATING  
**TYPE OF EXCAVATION:** grading

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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.:** 1208062888                      **START DATE/TIME:** 8/6/2012 2:15:00 PM

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**PICTURES TAKEN BY:** reggie fleminings    **DATE/TIME:** 8/6/2012 12:00:00 PM  
**PHOTOGRAPHY TYPE:** Digital                      **FRAME #:**

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**INVESTIGATOR EMP#:** 129675                      **INVESTIGATOR NAME:** reggie fleminings  
**BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?** No

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**Fact Based Investigation Customer Information**

**NOTIFICATION ID:** 01820120806005  
**SELECT A CUSTOMER:** NIPSCO  
**CUSTOMER #:** *(optional)*

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**FACILITY DESCRIPTION:** LOWPROF    **FACILITY ID:** Gas Service  
**LOCATOR NAME & EMP #:**  
**LOCATOR NOT KNOWN:** Yes

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**CHECK ALL THAT APPLY TO INVESTIGATION:**  
No Locate Req. By Contractor

**Other:**

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**CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):**  
Visual, Facility Exposed At Time Of Investigation

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**INVESTIGATOR STATEMENT/CAUSAL FACTORS:**

contractor hit gas line, did not have ticket. usic not at fault

**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

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**WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL?** No

**WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA?** No

**WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS?** No

**EXTENT OF FACILITY DAMAGE** unknown

**REPLACEMENT FOOTAGE** unknown

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

**WHAT CONTRACTOR EQUIPMENT WAS USED?** unknown

**IS THE FACILITY SHOWN ON THE UTILITY RECORDS?** No

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



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (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: Steve Noffsinger

Business address (*number and street*): 3511 E 15th Ave

City, State, and ZIP code: Gary, IN, 46403

Telephone number (*area code*): (219)962-0422

Fax number (*area code*): (219)962-0404

E-mail address: cludwig@nisource.com

### Excavator Information, if known

Full name: Walters Excavating

Business address (*number and street*): 854 Kennedy Ave

City, State, and ZIP code: Schererville, IN, 46375

Telephone number (*area code*): (219)865-2392

Fax number (*area code*): (219)864-9159

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

### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Curb/Sidewalk

**Date and Location of Damage**

Date of damage (month, day, year): Aug 6, 2012

County: Lake

City: Crown Point

Street address (number and street, city, state, and ZIP code):  
5557 W 101st Ave, Crown Point, IN, 46307

Nearest intersection: Clark Rd

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? 0

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? No

Enter Indiana 811 ticket number, if known:

Was the locate request completed within two working days? Unknown/Other

If locates were performed, were they done so by a contractor or pipeline employee? Unknown/Other

If a contractor locator, enter the company name, if known: \_\_\_\_\_

Were facility marks visible in the area of excavation? No

Were facilities marked correctly? Unknown/Other

Type of markings used: Other

If other, please specify: No locates \_\_\_\_\_

Was site marked by "White Lining"? No

Were special instructions part of the locate request? No

Were maps used to complete the locate request? Unknown/Other

Were pipeline company representatives on site during excavation? No

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

Did the excavator notify Indiana 811 in the event of this damage? 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: --No notification made to the one-call center

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**Additional Comments**

Contractor emergency ticket 1208062888 was called in after gas line damage  
Nipsco emergency repair ticket 1208062119  
Damage ticket 1208061857

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA 030 MAXIMO WO #

OPERATING AREA CONTACT STAN LEWIS JOB ORDER # 572966

TRACKING NUMBER 018 2012-080605 LOCATE REF # H040
Locate Performed By:

DATE AND TIME OF ACCIDENT 8-6 10:12 2012 A M DATE OF REPORT 8-6-12
PLACE OF DAMAGE (INCLUDE CITY) 5557 N. 101ST AVE Crown Point

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

GAS: SERVICE MAIN ( ) SIZE 1/8 MATERIAL: PLASTIC ( ) STEEL ( ) METER ( ) REG STATION ( ) STUB ( )
OTHER (DESCRIBE)

DEPTH OF FACILITY (Inches) 18" 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 10:12 TIME RESTORED 10:40

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: CUT IN HALF

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

PARTY THAT CAUSED DAMAGES (NAME) W.M. WALTERS EXCAVATING INC. 219-865-259

ADDRESS OF PARTY (INCLUDE CITY) 854 KENNEDY AVE SCARVILLE

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE WILLIAM - 219-808-0007

WITNESS NAME AND ADDRESS
WITNESS REMARKS

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY REPORT #
FIRE ( ) AGENCY Crown Point 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

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM SIN #110601 Rev. 5-12

JO 572964

COMMENTS: NO LOCATE REQUEST

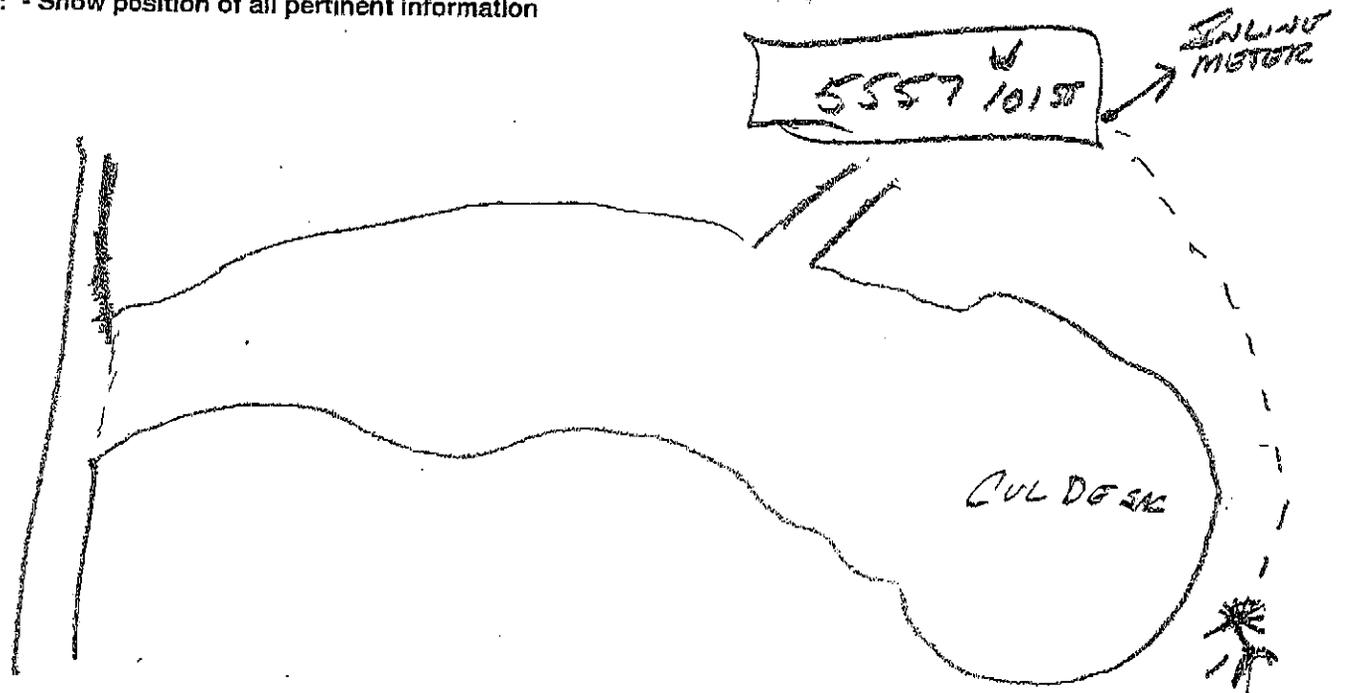
PERSON PREPARING REPORT JAMES A. BROWN

FIELD SUPERVISOR \_\_\_\_\_

FIELD MANAGER \_\_\_\_\_

- 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                    | <input checked="" type="radio"/> YES | NO |
| • DAMAGE CAUSED FROM EXCAVATION WITHIN 24" ZONE | YES                                  | NO |
| • EXPIRED LOCATE                                | YES                                  | NO |
| • WAS WHITE LINING INDICATED ON LOCATE REQUEST  | YES                                  | NO |

1 1/8" SERVICE CUT IN HALF HERE

COMPLETED BY: [Signature] DATE: 8-6-12