STATE OF INDIANA

INDIANA UTILITY REGULATORY COMMISSION
101 W. WASHINGTON STREET, SUITE 1500E
INDIANAPOLIS, INDIANA 46204-3407

http://www.in.gov/iurc
Office: (317) 232-2701
Facsimile: (317) 232-6758

Pipeline Safety Division Investigation Report

Investigation regarding: R And C Fence Company

UPPAC Database Record ID: 3576

Investigator: Howard Friend

Report Date: 12/14/2012

Damage Date: 8/16/2012 8:41:53 AM

Damage Address: 734 W Wallen Rd

City: Fort Wayne

County: Allen

The Parties

Excavator: **R And C Fence Company**

Contact: Judy Brightbill

Address: 3326 Engle Road, Fort Wayne, In 46809

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: R And C Fence Company

UPPAC Database Record ID: 3576

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): $148

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1208102123

Type of Equipment: Hand Tools

Type of work performed: Fencing

Synopsis: A natural gas service was damaged during excavation for a fence post.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 10/5/2012. The excavator had a valid locate and the operator provided accurate locate marks.

Conclusion: The excavator hit an accurately marked gas service with hand tools; however, in this case, the excavator was trying to set the fence post rather than trying to expose the gas facility with hand tools.

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

INFORMATION REQUEST
State Form 54909 (2-12)
INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3576

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: R&C FENCE, INC.

Responsible Party Personal Name: ROBERT LITTLEJOHN

Title (*if any*): CREW FOREMAN

Address (*number and street*): 3326 ENGLE Rd.

City, State and ZIP Code: FORT WAYNE IN 46809

Preferred Telephone Number (area code): 260-478-7667

Cellular Telephone Number (area code): —

Email Address: —

Facility Information:

Business Name: NO. INDIANA PUBLIC SERVICE CO.

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: IUPPS & USIC

Responsible Party Personal Name: _____

Title (*if any*): _____

Address (*number and street*): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): 811 317-575-7860

Cellular Telephone Number (area code): _____

Email Address: _____

Cause of Damage Information

Type of Equipment ***(select one)***: HAND TOOLS - Shovel

Type of Work Performed ***(select one)***: reset fence & gate posts (Fencing)

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

Personal Contact: _____

Business/Organization Name: _____

Title (*if any*): _____

Address (*number and street*): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): 734 W. WALLEN Rd

City, State and ZIP Code: Ft WAYNE IN 46818

Nearest Intersection: Coldwater Rd.

Product Type ***(select one)***: NATURAL GAS

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

Size (Diameter/etc.): _____

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): $ 148.08

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: 1208102123

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

Fence crew was digging around existing gate post to reset it. There was a gas line locate mark between the gate posts. The line was hit between the gate post & the house.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3576

Your Full Name: Judy Brightbill

Full Name of Business / Entity (*if applicable*): R & C Fence, Inc.

Your Business Title (*if applicable*): _____

Address (*number and street*): 3326 ENGLE RD

City: FORT WAYNE State: IN ZIP Code: 46809

Your E-mail Address: judy@randcfence.com

Today's Date (*month, day, year*): Oct 5, 2012

Your Signature: Judy Brightbill Title (*if any*) _____

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3576
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov

Northern Indiana Public Service Company

DAMAGE CLAIM BILL

CLAIM NO.: 12 1939 JOB ORDER NO.: 574534 DATE: September 06, 2012

R & C Fence Inc.
3326 Engle Road
Fort Wayne, IN 46809

PAYMENT DUE 28 DAYS FROM ABOVE DATE.
PLEASE MAKE REMITTANCE PAYABLE TO:
NORTHERN INDIANA PUBLIC SERVICE COMPANY
801 E. 86TH AVENUE
MERRILLVILLE, INDIANA 46410-6271
ATTENTION: FACILITY DAMAGES RECOVERY

AMOUNT REMITTED	AMOUNT DUE
	$ 148.08

PLEASE DETACH HERE AND RETURN THIS PORTION WITH PAYMENT

DATE	DESCRIPTION	AMOUNT
08/16/12	Expense incurred as the result of damage to NIPSCO facilities located in the vicinity of 734 West Wallen Road, Fort Wayne, Indiana, by the above organization.	
	LABOR:	$ 125.81
	MATERIAL:	3.77
	EQUIPMENT:	10.00
	GAS LOSS:	8.50
	TOTAL EXPENSE:	**$ 148.08**

1-5019-104

If you have any questions regarding this bill, please contact Mary Lechowicz, Leader Facility Damages, at 219-647-4033 or 1-800-884-2684

811 Know what's below. Call before you dig.

Northern Indiana Public Service Company
DAMAGE CLAIM BILL

CLAIM NO.: 12 1939 JOB ORDER NO.: 574534 DATE: September 06, 2012

Underground Cable Report

Ticket # 1208102123 Job # HA 9-289 BlueSheet

Foreman: Robert Littlejohn

Date: 8-16-12

Customers Name: Anca Bayerizer

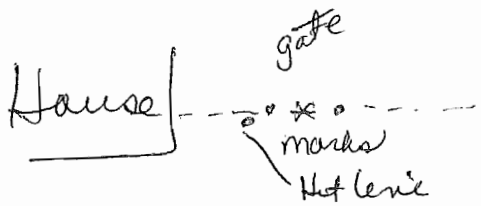
Address: 734 W. Wallen Rd 46818

Name of Utility hit: Nipsco drop

Was it marked? yes

How far from mark? 1 ft - with hand diggers

Who do you feel is responsible for repair cost? R+C



101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

October 17, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3576
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3576

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: 8/16/2012

Event Location: 734 W Wallen Rd, Fort Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: R and C Fence Company

Other Party: N/A

Pipeline Division Case No. 3576

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. 3576	
Date of Event	8/16/2012
Event Location	734 W Wallen Rd, Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	R and C Fence Company
Date of IURC Information Request	9/18/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	R&C Fence
RESPONSIBLE PARTY PERSONAL NAME	Robert Littlejohn
TITLE (IF ANY)	
ADDRESS	3326 Engle Road
CITY/ STATE/ZIP	Fort Wayne, IN 46809
PREFERRED TELEPHONE	260 478-7667
CELL PHONE TELEPHONE	
EMAIL ADDRESS	JUDY@RANDCFENCE.COM
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
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
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	734 W. Wallen Rd
CITY/STATE/ZIP	Fort Wayne, IN 46825
NEAREST INTERSECTION	Medallion Run
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)	44
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) ($)	148.08
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scrapper	
Hand Tools	X
Milling Equipment	
Probing Device	

Trancher	
Vaccuum Equipment	
Unknown/Other	
TYPE OF WORK PERFORMED (Select One)	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	
Bldg. Demolition	
Drainage	
Driveway	
Electric	
Engineering/Surveying	
Fencing	X
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)	No
EXCAVATOR NOTIFY 811 (YES/NO)	Y- 1208160582
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1208102123
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)	Y
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	N
INCIDENT IMPACT INFORMATION	
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)	
ADDITIONAL INFORMATION/COMMENTS	
Excavator hit accurately marked facility with a hand tool Careless post hole digging	

Fact Based Investigation Report

NOTIFICATION ID: 01820120816004 **DISTRICT:** Northern IN
DAMAGE DATE: 8/16/2012 8:41:58 AM **NOTIFICATION DATE:** 8/16/2012 8:45:17 AM
NOTIFIED BY: JUDY BRIGHTBILL
DAMAGE ADDRESS: 734 W WALLEN RD
CITY: FORT WAYNE **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 08/16/2012
FROM: 09:00:00 **TO:** 09:15:00

EXCAVATOR INVOLVED: R&C Fence
TYPE OF EXCAVATION: fence

ORIG. LOCATE REQ.: 1208102123 **START DATE/TIME:**
TYPE OF TICKET: **LOCATE REQ. INFO N/A:**

DIG UP/DAMAGE REQ.: 1208160582 **START DATE/TIME:**

PICTURES TAKEN BY: Ross Gillespie **DATE/TIME:** 8/16/2012 9:10:00 AM
PHOTOGRAPHY TYPE: Digital **FRAME #:**

INVESTIGATOR EMP#: 125397 **INVESTIGATOR NAME:** Stephen Sedik
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120816004
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: *(optional)*

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** Gas Service
LOCATOR NAME & EMP #: Sedik Stephen - 125397
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

INVESTIGATOR STATEMENT/CAUSAL FACTORS:
paint lines up with damage site

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

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 TOLERENCE ZONE OF MARKS?	Yes
EXTENT OF FACILITY DAMAGE	cut in 2
REPLACEMENT FOOTAGE	1'
WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?	No na
WHAT CONTRACTOR EQUIPMENT WAS USED?	shovel
IS THE FACILITY SHOWN ON THE UTILITY RECORDS?	No
IF YES, PLEASE LIST RECORD #(S)	na

NIPSCO 00147 IUPPSa 08/16/2012 08:41:58 1208160582-00A EMER DAMG STRT

DAMAGE SEE REMARKS

Ticket : 1208160582 Date: 08/16/2012 Time: 08:39 Oper: AHINES Chan:085

State: IN Cnty: ALLEN Twp: WASHINGTON #3576
Cityname: FORT WAYNE Inside: Y Near: N
Subdivision:

Address : 734
Street : W WALLEN RD
Cross 1 : COLDWATER RD Within 1/4 mile: Y
Location: LOCATE ALONG EXISTING FENCE ON WEST SIDE OF PROPERTY AT THE GATE POSTS
:
Grids : 4109B8508A 4109B8509D
Boundary: n 41.162334 s 41.161026 w -85.153275 e -85.147820

Work type : RESET GATE POSTS
Done for : ARICA BAYSINGER
Start date: 08/16/2012 Time: 08:39 Hours notice: 0/0 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 1 DAY Depth: 3 FEET

Company : R AND C FENCE COMPANY Type: CONT
Co addr : 3326 ENGLE ROAD
City : FORT WAYNE State: IN Zip: 46809
Caller : JUDY BRIGHTBILL Phone: (260)478-7667
Contact : JUDY BRIGHTBILL-OFFICE Phone:
BestTime:
Mobile : (260)478-7667
Fax : (260)747-7818
Email : JUDY@RANDCFENCE.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
A GAS LINE HAS BEEN DAMAGED - THE LINE BELONGS TO NIPSCO - LINE IS BLOWING - CAN HEAR AND SMELL IT - THE LINE WAS DAMAGED ON THE WEST SIDE OF THE PROPERTY BETWEEN THE HOUSE AND THE GATE - CALLER CANNOT DESCRIBE THE LINE - CALLER HAS CALLED 911 - CREW ON SITE - CALLER HAS CALLED UTILITY COMPANY -- PREVIOUS TICKET 1208102123

489-9397
HA9-289
Will you be white-lining the dig site area? NO
:

Submitted date: 08/16/2012 Time: 08:39
Members: AEPIN CC FW ID8000 NIPSCO SM

NIPSCO 00652 IUPPSa 08/10/2012 16:10:49 1208102123-00A NORM NEW STRT

NORMAL NOTICE

Ticket : 1208102123 Date: 08/10/2012 Time: 16:03 Oper: JUDY.BRIGHTBILL Chan:000

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

#3576

Address : 734
Street : W WALLEN RD
Cross 1 : COLDWATER RD Within 1/4 mile: Y
Location: LOCATE ALONG EXISTING FENCE ON WEST SIDE OF PROPERTY AT THE GATE POSTS
:
Grids : 4109B8508A 4109B8509D
Boundary: n 41.162334 s 41.161026 w -85.153275 e -85.147820

Work type : RESET GATE POSTS
Done for : ARICA BAYSINGER
Start date: 08/14/2012 Time: 16:30 Hours notice: 96/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 1 DAY Depth: 3 FEET

Company : R AND C FENCE COMPANY Type: CONT
Co addr : 3326 ENGLE ROAD
City : FORT WAYNE State: IN Zip: 46809
Caller : JUDY BRIGHTBILL Phone: (260)478-7667
Contact : JUDY BRIGHTBILL-OFFICE Phone:
BestTime:
Mobile : (260)478-7667
Fax : (260)747-7818
Email : JUDY@RANDCFENCE.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
489-9397
HA9-289
Will you be white-lining the dig site area? NO
:

Submitted date: 08/10/2012 Time: 16:03
Members: AEPIN CC FW ID8000 NIPSCO SM

DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Aug 29, 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: R and C Fence Company

Business address *(number and street)*: 3326 Engle Road

City, State, and ZIP code: Fort Wayne, IN, 46809

Telephone number *(area code)*: (260)478-7667

Fax number *(area code)*: (260)747-7818

E-mail address: JUDY@RANDCFENCE.COM

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Hand Tools

Type of work performed: Fencing

Date and Location of Damage

Date of damage (*month, day, year*): Aug 16, 2012

County: Allen

City: Fort Wayne

Street address (*number and street, city, state, and ZIP code*):
734 Wallen Rd, Fort Wayne, IN, 46825

Nearest intersection: Coldwater 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*): 1.25

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? 23

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1208102123

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

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

Description of Cause

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

Additional Comments

Excavator hit accurately marked facility with a hand tool
Damage ticket 1208160582

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA FT. WAYNE, IDA MAXIMO WO # M633856

OPERATING AREA CONTACT D. WAGNER JOB ORDER # 574534.22

TRACKING NUMBER 01820120816004 LOCATE REF # 1208102123

Locate Performed By: U.S.I.C.

DATE AND TIME OF ACCIDENT 08/16 2012, 07:31 AM C.S.T. DATE OF REPORT 08/16/12

PLACE OF DAMAGE (INCLUDE CITY) 734 W. WAYNE RD. Ft Wayne IN 46825

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) 23" PRESSURE (PSI) 44 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: ONE C.S.T.

DURATION OF INTERRUPTION: TIME REPORTED 07:31 C.S.T. am TIME SHUT OFF 08:12 am TIME RESTORED 09:30 C.S.T. am

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/2"

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

HOW LOCATED: PAINT (X) FLAGS ( ) BOTH ( ) WHITE LINED (X) AFTER HIT

PARTY THAT CAUSED DAMAGES (NAME) R. & C. FENCE, INC - 1-260-478-7667

ADDRESS OF PARTY (INCLUDE CITY) 3326 EAGLE RD. FT. WAYNE, IN. 46809

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE ROBT. LITTLEJOHN

WITNESS NAME AND ADRESS ROBT. LITTLEJOHN

WITNESS REMARKS THOUGHT DIGGING WAS FAR ENOUGH AWAY

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY _____ REPORT # _____

FIRE (X) AGENCY _____ REPORT # _____

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

PHOTOS TAKEN: YES (X) NO ( ) TAKEN BY: U.S.I.C. INC (ATTACH PHOTOS TO REPORT)

MEDIA ON SITE YES ( ) NO (X)

WORK IN PROGRESS WHEN FACILITY DAMAGED – CHECK APPROPRIATE CHOICE BELOW

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

TYPE OF EQUPMENT 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 CARELESS POST HOLE DIGGER

- **SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM**

SIN #110601 Rev. 6-12

COMMENTS: R.&C. FENCE, INC. WAS RETURNING TO THIS ADDRESS TO MOVE PREVIOUSLY INSTALLED GATE POST. GATE WAS NOT SWING PROPERLY. ROBT. LITTLEJOHN NICKED SERVICE W/ POST HOLE DIGGER. SERVICE WAS MARKED 12" FROM EXACT LOCATION.

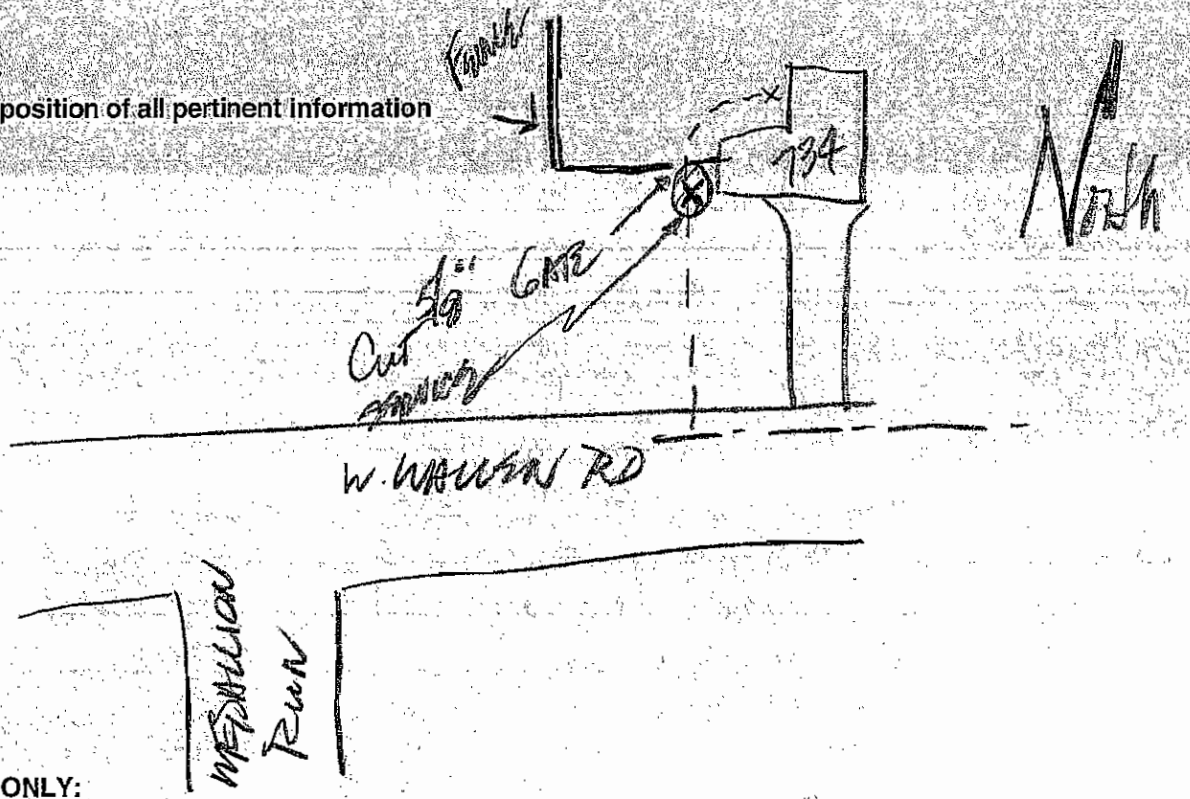
PERSON PREPARING REPORT C.R. INFORMATION - ID # 01128

FIELD SUPERVISOR Dwight Wagner

FIELD MANAGER R. DUNN Randall 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: _____ DATE: _____

332936200

LEAK INVESTIGATION FORM

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

CIS Ticket Number: 939084204 Date Reported: 08 – 16 – 12 (MO DAY YR) Time Leak Reported (Military): 07 : 31 (HR MIN)

LOA: FT WAYNE GPS Coordinates: Latitude __ . _____ N Longitude __ . _____ W

City Name: FT. WAYNE

Address or Location: 734 W. Wallen RD 826/82008 197003

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

For Services Only: Re-tested at 90 PSIG for 15 minutes

Leak Grade: 731 801
1 X Hazardous
2 ___ Non-Hazardous, Scheduled Repairs
3 ___ Non-Hazardous, Monitored

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

Leak Resolution: M533808 M533856
1. X Leak Repaired
2. ___ Pipe Replaced
3. ___ Pipe Retired
Leak Closed 468225
4. ___ Grade 2 or 3 Leak Not Repaired To be scheduled for re-evaluation/repair

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

1st Responder: User ID: 011248 CHAS. R. WATERMATH (FIRST NAME) (MI) (LAST NAME) Leak Referred to: MYSELF

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

Comments: R. & C. FENCE, INC, CUT 5/8" PLASTIC SERVICE TO ADDRESS LINE WAS LOCATED, HIT W/POST HOLE DIGGERS, APROX, 12" FROM MARK

Repaired/Inspected: 08 – 16 – 12 (MO DAY YR) Time: 10 : 00 (HR MIN) C.S.T. (Military) User ID: 011248 CHAS. R. WATERMATH (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 → Identificaton: → Locate Information:
___ 1. Company Crew
___ 2. Contractor Crew
X 3. Third Party

Contractor Crew: _____

Third Party Name: R. & C. FENCE, INC

1. ___ No Locate Request
2. ___ Request, No Locate
3. ___ Mislocated
4. X Accurate Locate

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)

CIS Grid Number: VH-02-C Pipe Size: .625 inches Soil Condition: X 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. X Leak Repaired
2. ___ Pipe Replaced
3. ___ Pipe Retired
4. ___ No Leak Found
Leak Closed
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. ___ Bore Steel
3. X Plastic
4. ___ Cast Iron
5. ___ Copper
6. ___ Wrought Iron

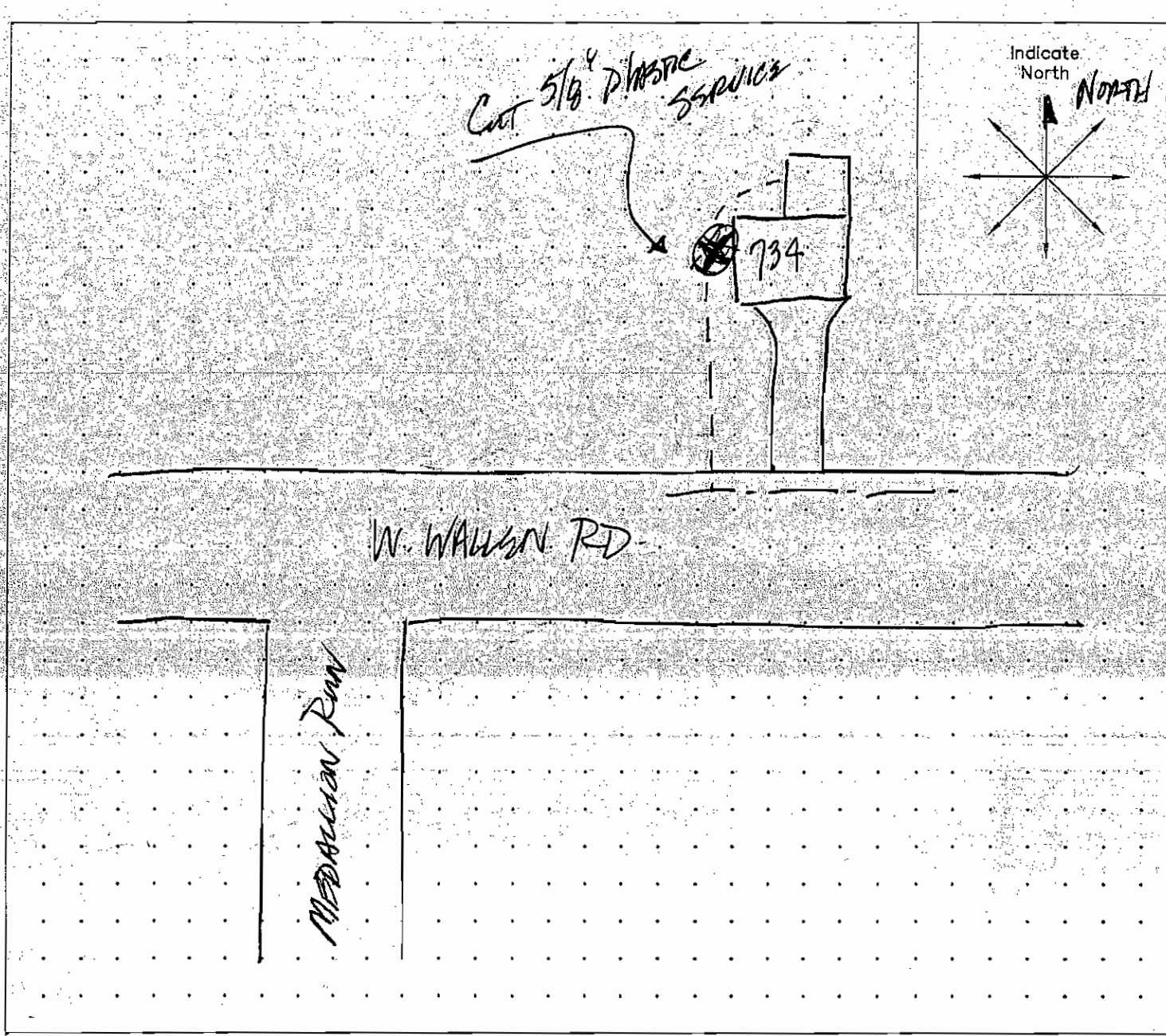
Pipeline Identifier:
1. X Distribution
2. ___ Transmission
3. ___ Transmission HCA

METER # 9452782 LOC #

Re-evaluation Comments: Repaired cut plastic line w/ 5/8" compliance

Repaired/Re-evaluated: 08 – 16 – 12 (MO DAY YR) Time: 10 : 00 (HR MIN) CST (Military) User ID: 011248 CHAS. R. WATERMATH (FIRST NAME) (MI) (LAST NAME)

SIN 110945 REV. 04-2008



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: _____

TRACKING# 0182012081 6004 S/D - 9:18 am 7:31 am C.S.T.

Northern Indiana Public Service Company

Gas Leak/Carbon Monoxide Investigation Report

Customer's Name AREA BAYSINGER CIS Ticket No. 939084204

Service Address 734 W. WALSH RD. City FT. WAYNE District 220

Date: 08/16/12 Arrival Time: 09 : 00 Departure Time: 11 : 00

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

Area Of	Room Location	PPM CO	% Gas	Area Of	Room Location	PPM CO	% Gas
Outside	NA			Space Heater			
Upon Entering					Bedroom #1		
Furnace/Boiler					Bedroom #2		
Water Heater					Bedroom #3		
Range/Oven					Garage		
Gas Dryer				Other ✓	SERVICE		90%
Fireplace				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: R & C. FENCE, INC. CUT 5/8" plastic SERVICE TO AREA - LINE WAS LOCATED, but W/ POST HOLE DIGGER, I WILL REPAIR

Customer: ___ (signature) date: 08/16/12 Serviceman: [signature] (signature) # 011248 (ID number)

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

SIN 111170

Retention – 10 years

TIME IN: 0730 TIME OUT: 1600

NIPSCO INDIVIDUAL EMPLOYEE DAILY RECORD (SD-1)

Employee ID Number	NAME	DATE	HRI NUMBER	SUPV. NO.	AUTH.
011248	CHARLES WATERMATT	08/16/12	605-212-0020		
		SST 0730			

JOB DETAIL

ACTUAL HOURS	LOC	ACCOUNT NUMBER	ACTIVITY NUMBER	UPGRADE JOB NO.	DEPT.	HOURS MULT CODE	BONUS CODES 1	2	3	4	UNITS	I	VARIANCE CODE	VARIANCE HOURS	EQUIP. Q#	EQUIP. HRS.
0730 0800	1	SAFETY BRIEFING	1586035			1031										
0830	2	MISC. WORK	6597200			1031										
1000	3	1/2 JO 574534 734 W. WALLEN RD	2016585			1031					1				1	
1030	4	1/2 JO 574534 734 W. WALLEN RD	6597200			1031					1				1	
1045	5	1/4 JO 574534 734 W. WALLEN RD	M533808			1031					1				1	
1100	6	1/4 JO 574534 734 W. WALLEN RD	M533850			1031					1				1	
1200	7	BATTERY DEMO - CALLED GRAYLE	6837200			1031									1	
1215	8	1132 FOX ORCHARD RUN	6596522			1031					1				1	
1245	9	LUNCH	1039966			00										
1315	A	W.O. 70002-22 9811 LINN RD	6526513			1031					1				1	
1345	B	W.O. 70002-22 8903 FRONT ST.	6596513			1031					1				1	
1415	C	8610 MEDICINE BOW RUN	6596522			1031					1				1	
1445	D	W.O. 70002-22 708 E. DUPONT RD.	6526573			1031					1				1	
	E	3820 SUPERIOR RIDGE DR	2015004			1031					1				1	

◄ TOTAL 8.0

CLOCK HOURS TO BE PAID @	
10	8.0
12	
15	00.50
20	
25	

AUTOMOTIVE EQUIPMENT

Q #	EQUIPMENT NUMBER	ODOMETER READINGS	HOUR METER READINGS	CODE
1	31624-22	START 7798	602.0	
		END 7846	612.0	
		START		
		END		

◄ TOTAL 11

SP. RATES CD	RATE

REPEATED RECORDS			
DAY	1	/	/
DAY		/	/
NO. OF HOLIDAYS			

GAS ODOR WEAK GOOD STRONG

SIN 112006

TRACKING # 734 W WALLEN RD FORT WAYNE
Mark Dilosa to: Nipsco - USIC Fort Wayne 08/16/2012 08:50 AM
Cc: SLC Distribution Clerks

INDIANA 811 AND TRACKING NUMBERS FOR HIT LINES
EFFECTIVE 2/15/12

ADDRESS: 734 W WALLEN RD

CITY: FORT WAYNE

RESPONDING SERVICEMAN: CHARLES WALTEMATH

CIS SITE ID #:826582008

USIC TRACKING NUMBER:018 2012 0816 004

WMC ASSIGNER/DISPATCHER NAME: TODD BOROWY/LAKISHA VANCE

INDIANA 811 LOCATE # (if applicable): 939084204

MAXIMO # la 197003

Updated 2/15/12 JURWO M533808

JOWO M533856

Mark Dilosa
WMC- Distrubution Clerk
219-647-4806

NIPSCO Jobbing Order ☐ SAWO (S -) ☑ Jobbing (JO-) No 574534

Customer Name: R & C Fence Date: 08/16/12 Customer Acct No:
Service Address: 3326 Engle Rd. City: Ft W In 46819
Work Description: R. & C. Fence, Inc cut 5/8" plastic service line was marked approx. 12" from cut. Repaired.

Type: ☐ Appliance Repair ☐ Purchase Material ☐ Relocate Services ☑ Temporary Service ☐ Energy Invest
☐ Long Term JO ☐ Contribution in Aid of Construction
Claims: ☐ Insurance ☐ Vehicle ☒ Damage Number:

Reason: ☐ No Charge - ESP ☐ No Charge ☐ No Charge-Call Back ☐ Purchase Material ☐ Temporary Serv
☒ Time & Material ☐ T & M - ESP ☐ Firm Estimate ☐ Flat Rate ☐ Void
☐ Other: CIS939084204 Doc # 018-2012-08165004

Plant Id: ☐ Regular Customer ☐ State Body ☐ Municipality ☐ Other:
Plant Desc ☐ Gas Main Ext ☐ Gas Service Ext ☐ Electric Line Ext ☐ Electric Service Ext ☐ Street Light Serv
☐ Elect Power Serv ☐ Undgnd Elect Serv ☐ Undgnd Distribution ☐ Public Improvement

General Ledger Class Code: ☐ Gas Jobbing General ☐ Gas Retirement WO ☐ Gas Specific WO
Work Order No: ☐ Elect Jobbing General ☐ Elect Retirement WO ☐ Elect Specific WO ☐ Elect Temp Serv

Appliance Serviced: Serial No: Model No:
Manufacturer: Location: Comments:

LABOR
(Please use straight time hours & show conversion Rate)

ID No & Name	Hours	Hr Rate	Labor $
011248 - C. Wattenmaath	2.5	32.41	

2½ hr St.

Labor Subtotal (c)
Plus ____ % Payroll Tax (a)
Total Labor Cost

EQUIPMENT

Equip #	Hrs	Rate	Equip $
31624-22			

Total

Engineering Firm E
Pre-Pa

Del to Dist 8-17
RD 8-20

PARTS

SIN #	Quantity	Size	Manufacturer	Description	Unit Price	Parts $
301507	(1)	5/8		5/8" Couplers		

Parts Subtotal (d)
Plus ____ % Overhead (e)
Total Parts Cost

CHARGES:
Service
(c) Labor
(a) Payroll Tax
(d) Material
(b) Equipment
(e) Overhead
(f) Additional
Material Sales Tax
TOTAL

Additional Charges

Type	Amount
Meals	
Police Report	
Gas Loss	
Total Add'l Charge	(f)

Credit Card Name Number Expiration Date: / /
Customer Acknowledgement: Authorization No:

111708 REV. 7-95 WHITE — DEPT./STOREROOM PINK — CUSTOMER GOLDENROD — REMAINS IN BOOK

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA 220 MAXIMO WO # M533960

OPERATING AREA CONTACT Jason Hamer JOB ORDER # 574555

TRACKING NUMBER 018201208116007 LOCATE REF # _____

Locate Performed By: _____

DATE AND TIME OF ACCIDENT 8/16/12 ~~at~~ 0858 CST A-M DATE OF REPORT 8/16/12

PLACE OF DAMAGE (INCLUDE CITY) 8168 Community Lane lot 26 FTW 46809

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) no gas loss – has shut valve in service

DEPTH OF FACILITY (inches) 6" PRESSURE (PSI) 45 Lbs.

RELEASE OF GAS: YES ( ) NO (X) 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 0858 CST TIME SHUT OFF N/A 0858 CST TIME RESTORED 1100 CST

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/2"

LOCATE MARKS ON SITE: YES (X) DISTANCE BETWEEN FACILITY AND LOCATE MARKS 5 feet NO ( )

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

PARTY THAT CAUSED DAMAGES (NAME) Berryit Inc – Kokomo IN

ADDRESS OF PARTY (INCLUDE CITY) _____

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Austin Semer (260) 413-9819

WITNESS NAME AND ADRESS _____

WITNESS REMARKS _____

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY NONE REPORT # _____

FIRE ( ) AGENCY ↓ REPORT # _____

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

PHOTOS TAKEN: YES ( ) NO (X) TAKEN BY: _____ (ATTACH PHOTOS TO REPORT)

MEDIA ON SITE YES ( ) NO (X)

WORK IN PROGRESS WHEN FACILITY DAMAGED – CHECK APPROPRIATE CHOICE BELOW

( ) AGRIGULTURE/FARMING	(X) 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 EQUPMENT USED – CHECK APPROPRIATE CHOICE BELOW

( ) AUGER	( ) HAND TOOLS	( ) BACKHOE/TRACKHOE
( ) MILLING EQUIPMENT	( ) PROBING DEVICE	( ) BORING / DRILLING
( ) EXPLOSIVES	(X) 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 inaccurate locates

- **SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM**

COMMENTS : service was not properly marked, found another service 3 houses south that was marked wrong & had the contractor call in for locates & stop work

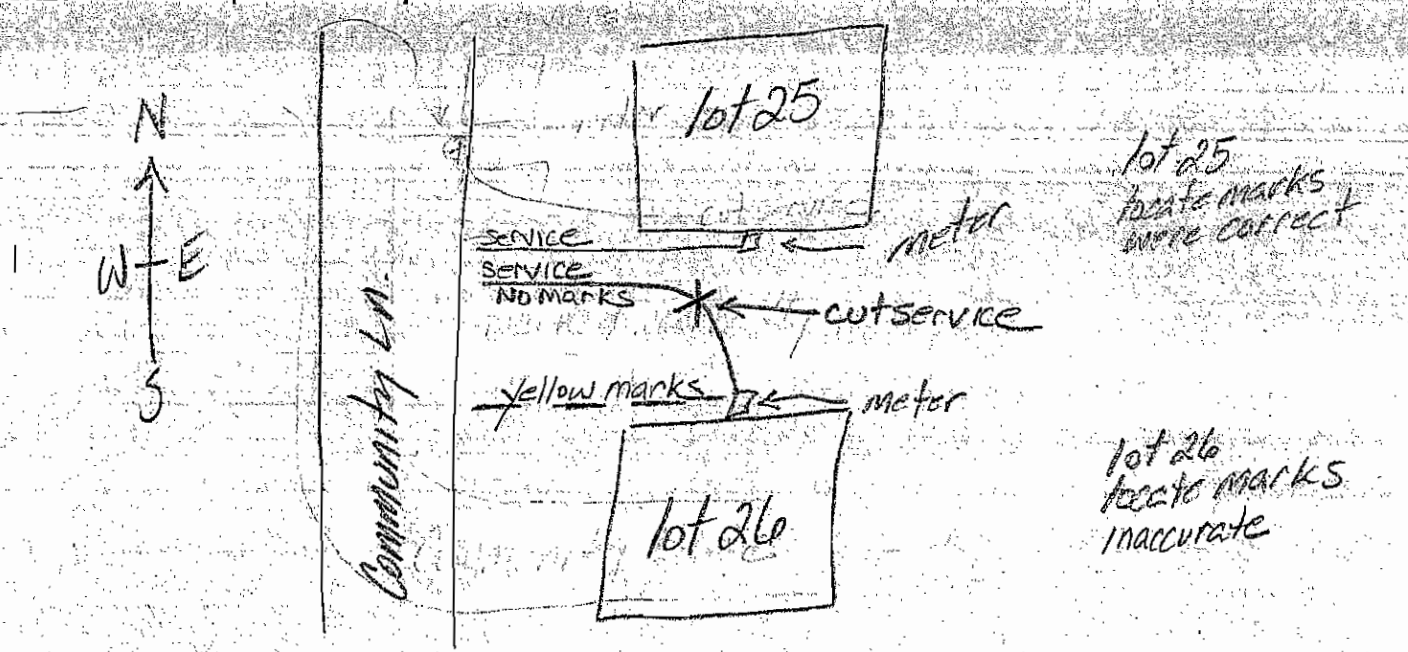
PERSON PREPARING REPORT JOE PRUETT

FIELD SUPERVISOR [illegible]

FIELD MANAGER Rachel 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: _____ DATE: _____

Track# 018-2012-0816-007 LEAK INVESTIGATION FORM JO# 574555

384546207

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

CIS Ticket Number: 780884207 Date Reported: 8-16-12 (MO-DAY-YR) Time Leak Reported (Military): 08:58 (HR MIN)

LOA: 220 GPS Coordinates: Latitude __ . _____ N Longitude __ . _____ W

City Name: Ft. Wayne

Address or Location: 8168 Community Ln. lot 26 714521005 197005

Leak Location:
1. ___ No Leak Found
2. ___ Customer Equip.
3. ___ Main
4. (X) Service → For Services Only: Re-tested at 95 PSIG for 15 minutes
5. ___ Meter Loop (Lockwing and above)
6. ___ Regulator Station

Leak Grade: 930 944
1. (X) Hazardous
2. ___ Non-Hazardous, Scheduled Repairs
3. ___ Non-Hazardous, Monitored

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

Leak Resolution WO 533943 WO 533960 46819
1. (X) Leak Repaired } Leak Closed
2. ___ Pipe Replaced } Leak Closed
3. ___ Pipe Retired } Leak Closed
4. ___ Grade 2 or 3 Leak Not Repaired To be scheduled for re-evaluation/repair

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

1st Responder: User ID: 118272 JOE PRUETT (FIRST NAME) (MI) (LAST NAME) Leak Referred to: N/A

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

Comments: Contractor boring cable I.V. cut mislocated 5/8" service, repairs completed, relit appliances JO 574555

Repaired/Inspected: 8-16-12 (MO-DAY-YR) Time: 12:15 EST (HR MIN) (Military) User ID: 118272 JOE PRUETT (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 → Identificaton: → Locate Information:
- ___ 1. Company Crew
- ___ 2. Contractor Crew
- (X) 3. Third Party

Contractor Crew: _____

Third Party Name: Berryit Inc. Kokomo, IN

1. ___ No Locate Request
2. ___ Request, No Locate
3. (X) Mislocated
4. ___ Accurate Locate

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)

CIS Grid Number: VI-34-~~B~~C Pipe Size: 0.625 inches Soil Condition: (X) dry ___ moist ___ wet

Corrasion 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 } Leak Closed
2. ___ Pipe Replaced } Leak Closed
3. ___ Pipe Retired } Leak Closed
4. ___ No Leak Found } Leak Closed
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. X Plastic
4. ___ Cast Iron
5. ___ Copper
6. ___ Wrought Iron

Pipeline Identifier:
1. X Distribution
2. ___ Transmission
3. ___ Transmission HCA

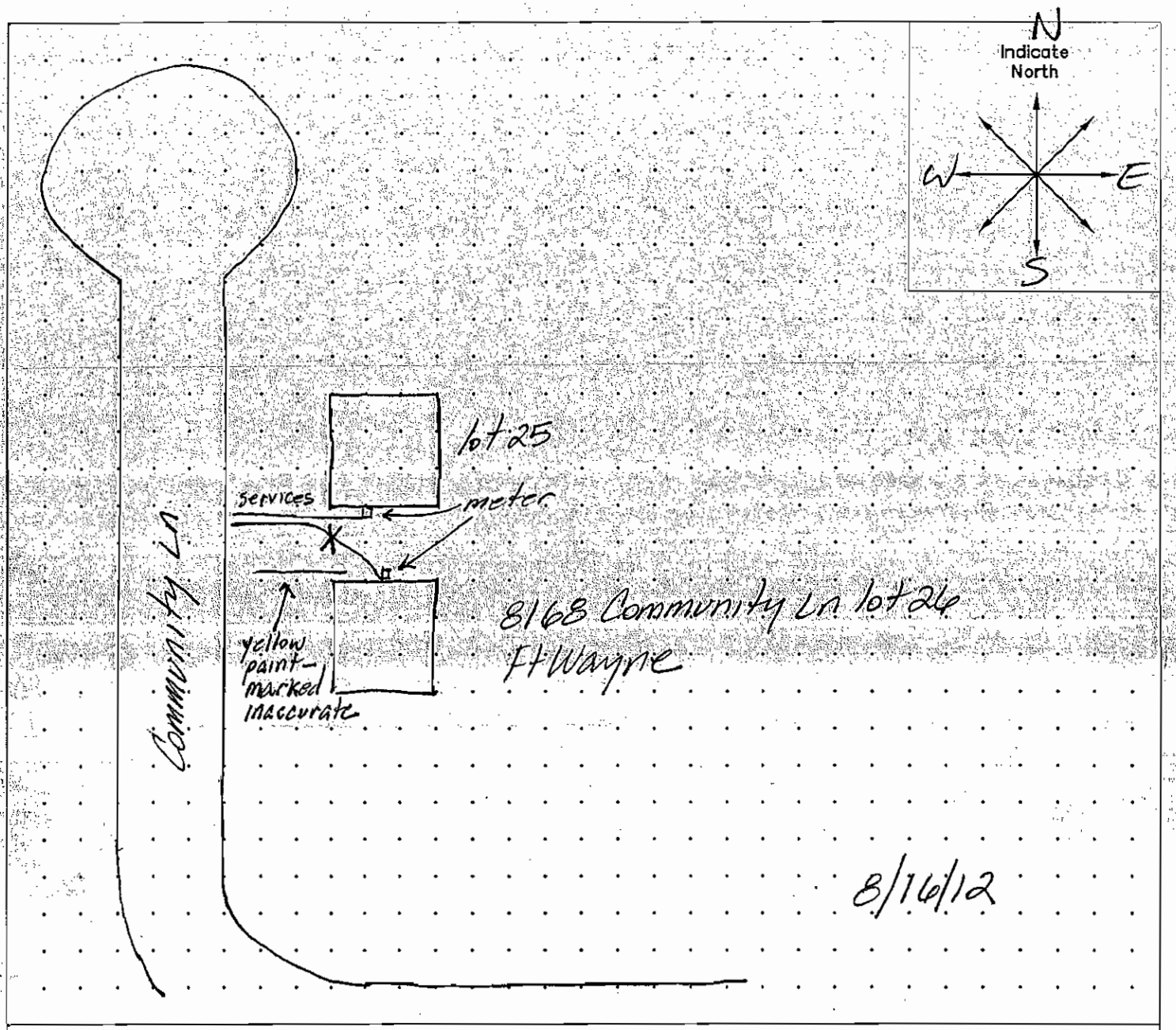
METER # 9994713

2

Re-evaluation Comments: _____

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

SIN 110945 REV. 04-2008



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: service cut by contractor, locate marks were very inaccurate.

NIPSCO Jobbing Order ☐ SAWO (S -) ☒ Jobbing (JO-) No 574555

Customer Name: c. Berryhill Ona Date: 8/16/12 Customer Acct No:
Service Address: City: Kokomo In
Work Description: repaired cut service, restored service to 1 customer, line was mislocated - do not bill homeowner

Type: ☐ Appliance Repair ☐ Purchase Material ☐ Relocate Services ☐ Temporary Service ☐ Energy Invest
☐ Long Term JO ☐ Contribution in Aid of Construction
Claims: ☐ Insurance ☐ Vehicle ☒ Damage Number:

Reason: ☐ No Charge - ESP ☐ No Charge ☐ No Charge-Call Back ☐ Purchase Material ☐ Temporary Serv
☒ Time & Material ☐ T & M - ESP ☐ Firm Estimate ☐ Flat Rate ☐ Void
☐ Other: C/S 780884207 tracking # 018-2012-0816007

Plant Id: ☐ Regular Customer ☐ State Body ☐ Municipality ☐ Other:

Plant Desc ☐ Gas Main Ext ☐ Gas Service Ext ☐ Electric Line Ext ☐ Electric Service Ext ☐ Street Light Serv
☐ Elect Power Serv ☐ Undgnd Elect Serv ☐ Undgnd Distribution ☐ Public Improvement

General Ledger Class Code: ☐ Gas Jobbing General ☐ Gas Retirement WO ☐ Gas Specific WO
Work Order No: ☐ Elect Jobbing General ☐ Elect Retirement WO ☐ Elect Specific WO ☐ Elect Temp Serv

Appliance Serviced: Gas Service Serial No: Model No:
Manufacturer: Location: yard Comments:

LABOR
(Please use straight time hours & show conversion Rate)

ID No & Name	Hours	Hr Rate	Labor $
118272 Pruett	2½	32.41	

2½ hr @ St

Labor Subtotal (c)
Plus ____ % Payroll Tax (a)
Total Labor Cost

EQUIPMENT

Equip #	Hrs	Rate	Equip $
31170	2½		

Total Equipment (b)

Engineering Firm Estimate:
Pre-Paid Total:

PARTS

SIN #	Quantity	Size	Manufacturer	Description	Unit Price	Parts $
3015007	2		Continental	5/8" stab coupling		
285520	1 foot		truck stock	5/8" pipe		

Parts Subtotal (d)
Plus ____ % Overhead (e)
Total Parts Cost

CHARGES:
Service
(a) Payroll Tax
(b) Equipment
(f) Additional
(c) Labor
(d) Material
(e) Overhead
Material Sales Tax
TOTAL

Additional Charges

Type	Amount
Meals	
Police Report	
Gas Loss	
Total Add'l Charge	(f)

Credit Card Name Number Expiration Date: / /

Customer Acknowledgement: Authorization No:

111708 REV. 7-95 WHITE — DEPT./STOREROOM PINK — CUSTOMER GOLDENROD — REMAINS IN BOOK

Aug CI @ 8176 Community

TRACKING# 8168 COMMUNITY LN LOT 26 FORT WAYNE
Jamila Martin to: Nipsco - USIC Fort Wayne 08/16/2012 11:23 AM
Cc: SLC Distribution Clerks

INDIANA 811 AND TRACKING NUMBERS FOR HIT LINES
EFFECTIVE 2-15-12

ADDRESS: 8168 COMMUNITY LN LOT 26

CITY: FORT WAYNE

RESPONDING SERVICEMAN: JOSEPH PRUETT

CIS SITE ID #: 719527005

USIC TRACKING NUMBER: 01820120816007

WMC ASSIGNER/DISPATCHER NAME: TODD BOROWY

INDIANA 811 LOCATE # (if applicable):

MAXIMO #

Updated 2-15-12

see attached for info
CIS 780884207
SR 384546207
LA 197005
WO 533943
FDWO M 533960

111

TIME IN: 0730 TIME OUT: 1600

NIPSCO INDIVIDUAL EMPLOYEE DAILY RECORD (SD-1)

PAGE 1 OF 1 PAGES

Employee ID Number	NAME	DATE	HRI NUMBER	SUPV. NO.	AUTH:
118272	JOE PRUETT	8/16/12	605-212-000		D. Wagner
		SST 0730			

JOB DETAIL DEPT.

ACTUAL HOURS	LOC	ACCOUNT NUMBER	ACTIVITY NUMBER	UPGRADE JOB NO.	HOURS MULT CODE	BONUS CODES 1	2	3	4	UNITS	i	VARIANCE CODE	HOURS	EQUIP. Q#	HRS.
0730 0745	1	Safety Brief	T160619		1031					—				1	
0745 0845	2	3926 Avondale Dr.	~~20~~ 6546522		1031					1				1	
0845 0930	3	Sonp's	2016524		1031					3				1	
0930 1000	4	1122 E. Rudisill Blvd.	6546522		1031					1				1	
1000 1030	5	JO# 574555 8176 Community Ln. lot 25	2016585		1031					1				1	
1030 1200	6	JO# 574555 8168 Community Ln. lot 26	2016585		1031					1				1	
1200 1230	7	JO# 574555 8168 Community Ln. lot 26	6547200		1031					2				1	
1230 1300	8	Lunch	~~6546100~~ 1039960		—										
1300 1400	9	2508 Drexel Ave.	6546100		1031					1				1	
1400 1515	A	SAWO 40002-22 1324 Colerick St.	7156511	Gas odor Good	1031					2				1	
1515 1600	B	SAWO 40002 1324 Colerick St.	6546522		1031					1				1	
	C														
	D														
	E														

◄ TOTAL

CLOCK HOURS TO BE PAID @		
	10	8 00
	12	
	15	
	20	
	25	

AUTOMOTIVE EQUIPMENT	Q #	EQUIPMENT NUMBER	ODOMETER READINGS	HOUR METER READINGS	CODE
		31170	START 74160		
			END		
			START		
			END		

◄ TOTAL

SP. RATES	
CD	RATE

REPEATED RECORDS			
DAY	1	/	/
DAY		/	/
NO. OF HOLIDAYS			

TIME CLOCK MUST CONTINUE

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Fort Wayne MAXIMO WO # M 523453

OPERATING AREA CONTACT Fort Wayne JOB ORDER # 573860

TRACKING NUMBER 018 2012 08 02006 LOCATE REF #

Locate Performed By: USIC CIS 556774202

DATE AND TIME OF ACCIDENT 8/2/ 2012, M DATE OF REPORT 8/2/12

PLACE OF DAMAGE (INCLUDE CITY) 1955 E Boot RD Columbia City, In 46725

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) 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 13:23 TIME SHUT OFF off when I got there TIME RESTORED 2:40 PM

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: cut in half

LOCATE MARKS ON SITE: YES (✓) DISTANCE BETWEEN FACILITY AND LOCATE MARKS 1" NO ( )

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

PARTY THAT CAUSED DAMAGES (NAME) Columbia City Electric Dept

ADDRESS OF PARTY (INCLUDE CITY)

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

WITNESS NAME AND ADRESS

WITNESS REMARKS

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY REPORT #

FIRE ( ) AGENCY REPORT #

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

PHOTOS TAKEN: YES (✓) NO ( ) TAKEN BY: USIC (ATTACH PHOTOS TO REPORT)

MEDIA ON SITE YES ( ) NO (✓)

WORK IN PROGRESS WHEN FACILITY DAMAGED – CHECK APPROPRIATE CHOICE BELOW

( ) AGRIGULTURE/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 EQUPMENT 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: They did hand expose. Just dirt dirt with trencher

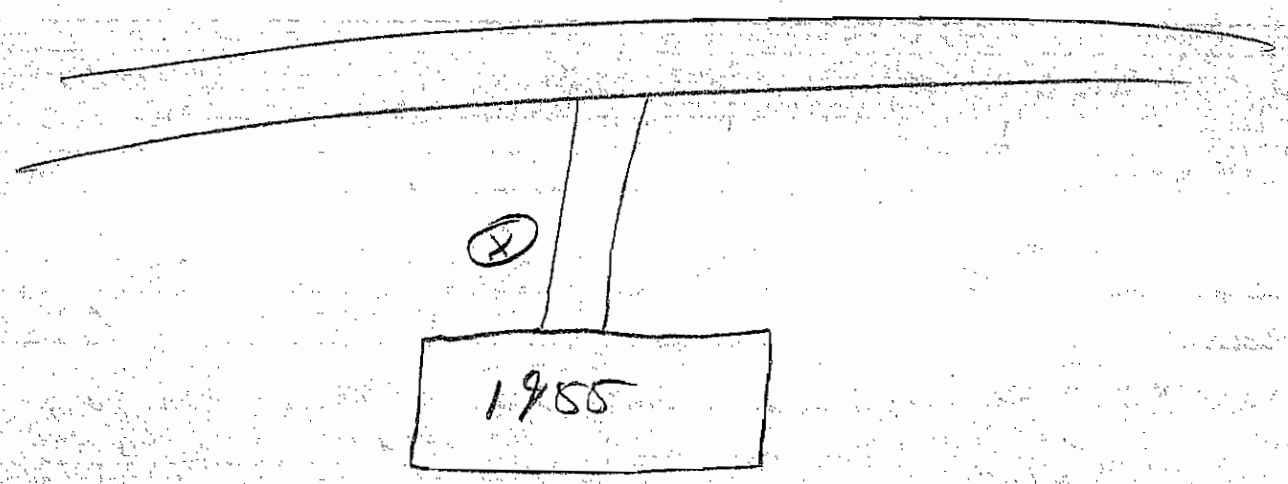
PERSON PREPARING REPORT E. Hathaway

FIELD SUPERVISOR Dwight Hagman

FIELD MANAGER Randy 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: _____ DATE: _____

LEAK INVESTIGATION FORM

546336208

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

CIS Ticket Number: 556774202 Date Reported: 8 – 2 – 12 (MO DAY YR) Time Leak Reported (Military): 13 : 23 (HR MIN)

LOA: Fort Wayne GPS Coordinates: Latitude __ . _____ "N Longitude __ . _____ "W

City Name: Columbia City

Address or Location: 1955 E Bair RD 52153000/ 196192

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

For Services Only: Re-tested at 90 PSIG for 15 minutes

Leak Grade: 1223
1. X Hazardous
2. ___ Non-Hazardous, Scheduled Repairs 1302
3. ___ Non-Hazardous, Monitored

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

Leak Resolution M523418
1. X Leak Repaired } Leak Closed M523463
2. ___ Pipe Replaced
3. ___ Pipe Retired 46725
4. ___ Grade 2 or 3 Leak Not Repaired To be scheduled for re-evaluation/repair

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

1st Responder: User ID: 123032 E Hallam (FIRST NAME) (MI) (LAST NAME) Leak Referred to: _____

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

Comments: Repaired out Service

JO 573860

Repaired/Inspected: 8 – 2 – 12 (MO DAY YR) Time: 15 : 00 (HR MIN) (Military) User ID: 123032 E Hallam (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 → Identification: → Locate Information:
- ___ 1. Company Crew
- ___ 2. Contractor Crew
- ✓ 3. Third Party

Contractor Crew: _____

Third Party Name: Columbia City Electric Dept.

Locate Information:
1. ___ No Locate Request
2. ___ Request, No Locate
3. ___ Mislocated
4. X Accurate Locate

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)

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
} Leak Closed
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

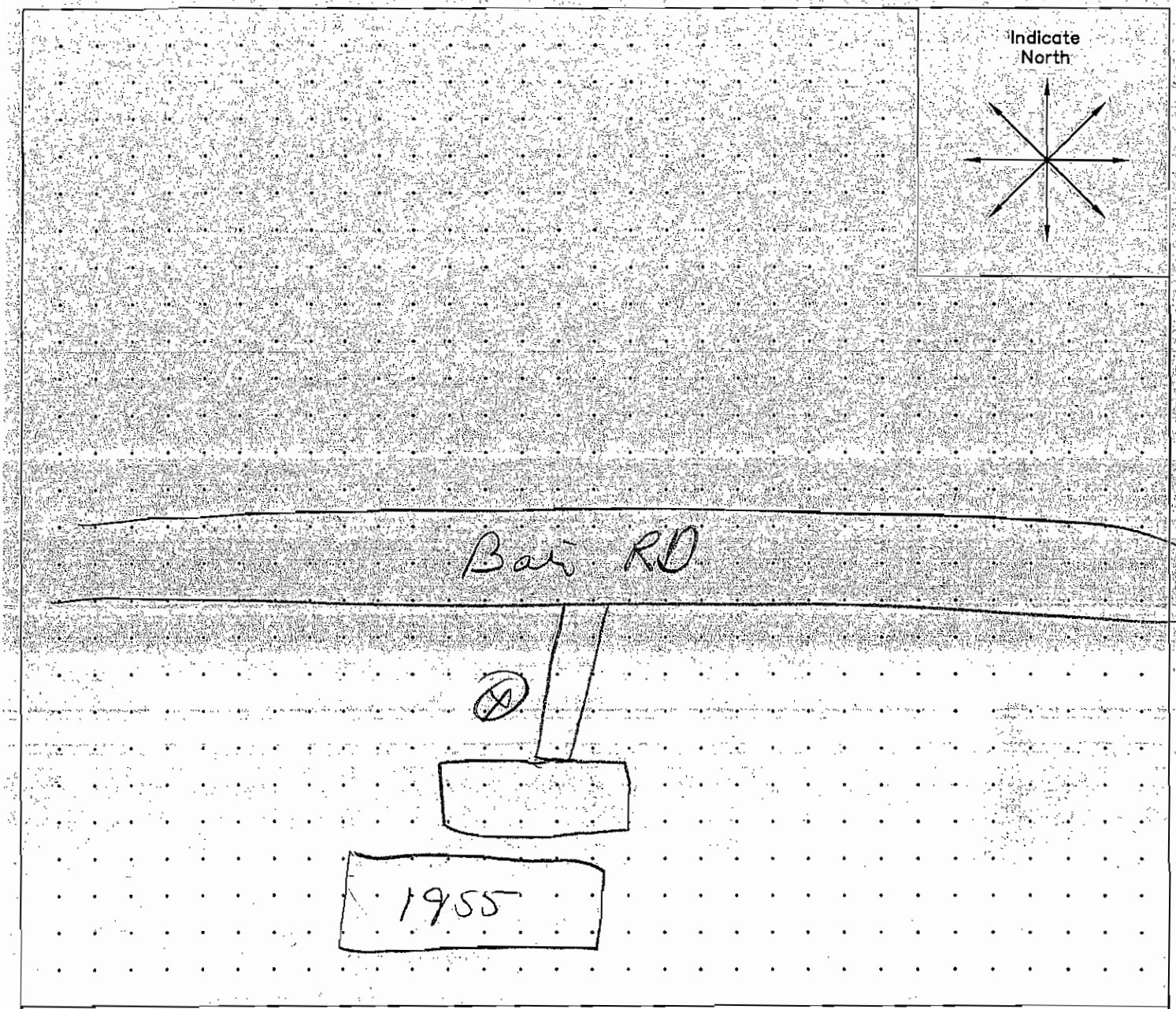
Pipeline Identifier:
1. ✓ Distribution
2. ___ Transmission
3. ___ Transmission HCA

METER #

Re-evaluation Comments: _____

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

SIN 110945 REV. 04-2008



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 Bosin
- ⊖ Utility Pole
- ▨ Leak Area

Comments: _____

NIPSCO Jobbing Order ☐ SAWO (S -) ☑ Jobbing (JO-) No 573860

Customer Name: Columbia City Electric Date: Sept 8 2 / 12 Customer Acct No:
Service Address: City: Columbia City
Work Description: Repaired curb service at 1955 E Bass RD Columbia City In 46725

Type: ☐ Appliance Repair ☐ Purchase Material ☐ Relocate Services ☐ Temporary Service ☐ Energy Invest
☐ Long Term JO ☐ Contribution in Aid of Construction
Claims: ☐ Insurance ☐ Vehicle ☑ Damage Number:

Reason: ☐ No Charge - ESP ☐ No Charge ☐ No Charge-Call Back ☐ Purchase Material ☐ Temporary Serv
☑ Time & Material ☐ T & M - ESP ☐ Firm Estimate ☐ Flat Rate ☐ Void
☐ Other: CIS 556774202 Tracking # 018-2012-09-12-006

Plant Id: ☐ Regular Customer ☐ State Body ☐ Municipality ☐ Other:

Plant Desc: ☐ Gas Main Ext ☐ Gas Service Ext ☐ Electric Line Ext ☐ Electric Service Ext ☐ Street Light Serv
☐ Elect Power Serv ☐ Undgnd Elect Serv ☐ Undgnd Distribution ☐ Public Improvement

General Ledger Class Code: ☐ Gas Jobbing General ☐ Gas Retirement WO ☐ Gas Specific WO
Work Order No: ☐ Elect Jobbing General ☐ Elect Retirement WO ☐ Elect Specific WO ☐ Elect Temp Serv

Appliance Serviced: Serial No: Model No:
Manufacturer: Location: Comments:

LABOR
(Please use straight time hours & show conversion Rate)

ID No & Name	Hours	Hr Rate	Labor $
123032	3	33.45	

Labor Subtotal (c)
Plus ____ % Payroll Tax (a)
Total Labor Cost

EQUIPMENT

Equip #	Hrs	Rate	Equip $
31283	3		

Total Equipment (b)

Engineering Firm Estimate:
Pre-Paid Total:

PARTS

SIN #	Quantity	Size	Manufacturer	Description	Unit Price	Parts $
301507	2			5/8 STAB Coupling		
285520	2			5/8 Pipe		

Parts Subtotal (d)
Plus ____ % Overhead (e)
Total Parts Cost

CHARGES:
Service
(c) Labor
(a) Payroll Tax
(d) Material
(b) Equipment
(e) Overhead
(f) Additional
Material Sales Tax
TOTAL

Additional Charges

Type	Amount
Meals	
Police Report	
Gas Loss	
Total Add'l Charge	(f)

Credit Card Name Number Expiration Date: / /

Customer Acknowledgement: Authorization No:

111708 REV. 7-95 WHITE — DEPT./STOREROOM PINK — CUSTOMER GOLDENROD — REMAINS IN BOOK

TIME IN: TIME OUT:

NIPSCO INDIVIDUAL EMPLOYEE DAILY RECORD (SD-1)

PAGE OF PAGES

Employee ID Number	NAME	DATE	HRI NUMBER	SUPV. NO.	AUTH.
U123032	ERIC HATHAWAY	8 12 12	605 – 212 – 000		
		SST			

JOB DETAIL

DEPT.

ACTUAL HOURS		LOC	ACCOUNT NUMBER	ACTIVITY NUMBER	UPGRADE JOB NO.	HOURS MULT CODE	BONUS CODES 1	2	3	4	UNITS	i	VARIANCE CODE	VARIANCE HOURS	EQUIP. Q#	EQUIP. HRS.
730	745	1	Safety Meeting	1586035		1031	N				1					
9	30	2	Doctor			1031	N				1					
10	30	3	Truck restock	1039927		1031	N				1					
11	30	4	70002 6925 E 575 N LOT 10	6546513		1031	N				1					
12	30	5	6369 US 33	2016585		1031	N				1					
13	30	6	4083 S ST RD 9	6546522		1031	N				1					
15	30	7	SAW 573860 1955 E Bar RD	2016585		1031	N				1					
16	30	8	SAW 573860 1955 E Bar RD	6547200		1550	N				1					
17	30	9	709 N Browning	2016535		1550	N				1					
00	50	A	Meal NOT TAKEN	1039917		1550	N				1					
18	30	B	005 W Elkhorth	6546522		1550	N				1					
		C														
		D														
		E														

◄ TOTAL

CLOCK HOURS TO BE PAID @			
	10	8	00
	12		
	15	3	50
	20		
	25		

AUTOMOTIVE EQUIPMENT

Q #	EQUIPMENT NUMBER	ODOMETER READINGS	HOUR METER READINGS	CODE
		START		
		END		
		START		
		END		

◄ TOTAL

SP. RATES	
CD	RATE

REPEATED RECORDS			
DAY	1	/	/
DAY		/	/
NO. OF HOLIDAYS			

SIN 112006

GAS ODOR WEAK GOOD STRONG

No RW
8-3

Tracking #/ 1955 E Bair Rd, Columbia City
Patricia Mendez to: Nipsco - USIC Fort Wayne
Cc: SLC Distribution Clerks

08/02/2012 12:33 PM

INDIANA 811 AND TRACKING NUMBERS FOR HIT LINES
EFFECTIVE 2/15/12

8-2-12
Hathaway
#556774202
LA196192

ADDRESS: 1955 E Bair Rd

CITY:Columbia City

RESPONDING SERVICEMAN:Eric Hathaway

WO M523418
FDWO M523453

CIS SITE ID #:521530001

USIC TRACKING NUMBER:018 2012 0802 006

WMC ASSIGNER/DISPATCHER NAME:Jeff Kors

INDIANA 811 LOCATE # (if applicable):

MAXIMO #

Updated 2/15/12

Patty Mendez
Work Mgmt Center
Distribution Clerk
219.647.5418 p.