



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Dons Lawn Service And Landscaping Inc**

UPPAC Database Record ID: 3646

Investigator: Howard Friend

Report Date: 11/7/2012

Damage Date: 6/21/2012

Damage Address: 5406 Sorrento Blvd

City: Fort Wayne

County: Allen

### The Parties

Excavator: **Dons Lawn Service And Landscaping Inc**

Contact: Don Scheumann, President

Address: 8721 Droege Rd, Decatur, In, 46733

Telephone: 260-639-6389

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: Dons Lawn Service And Landscaping Inc**

UPPAC Database Record ID: 3646

**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: 1206151328

Type of Equipment: Trencher

Type of work performed: Irrigation

**Synopsis:** A natural gas line was damaged during excavation for irrigation.

**Findings:** Reported by NIPSCO; excavator's response to initial notice was received on 10/14/2012. The excavator had a valid locate request and the operator provided accurate locate marks.

**Conclusion:** There was a failure to maintain two (2) feet of clearance with mechanized equipment.

**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: 3646

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*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.*

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### The Parties

#### Excavator Information:

Business Name: Dons Lawn Service & Landscaping Inc.

Responsible Party Personal Name: Donald Scheumann

Title (if any): President

Address (number and street): 8721 Droege Rd

City, State and ZIP Code: Decatur Indiana In 46733

Preferred Telephone Number (area code): 260 639 6389

Cellular Telephone Number (area code): 260 740 1465

Email Address: don@dons-lawn.com

#### Facility Information:

Business Name: same as above

Responsible Party Personal Name: Don Scheumann

Title (if any): president

Address (number and street): 8721 Droege Rd

City, State and ZIP Code: Decatur Indiana 46733

Preferred Telephone Number (area code): 260 639 6389

Cellular Telephone Number (area code): 260 740 1465

Email Address: don@dons-lawn.com

**Locator Service Information:**

Business Name: Indiana Underground

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: \_\_\_\_\_

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**Cause of Damage Information**

Type of Equipment (*select one*): Unknown/Other

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

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

Personal Contact: Tom Koegel

Business/Organization Name: home owner

Title (*if any*): \_\_\_\_\_

Address (*number and street*): 5406 Sorrent0 Blvd.

City, State and ZIP Code: Ft Wayne Indiana 46845

Preferred Telephone Number (area code): 260 471 4289

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

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### Utility Line Impact

#### Location of Damage:

Address (*number and street*): 5406 Sorrento Blvd \_\_\_\_\_

City, State and ZIP Code: Ft Wayne In 46835 \_\_\_\_\_

Nearest Intersection: Tonkel Rd \_\_\_\_\_

**Product Type (*select one*):** Natural Gas

**Facility Type (*select one*):** Unknown/Other

**Size (Diameter/etc.):** 1 inch \_\_\_\_\_

**Pressure (PSIG/Inches):** unknown \_\_\_\_\_

**Interruption in Service:**  Yes  No **Number of Customers Affected:** <sup>1</sup> \_\_\_\_\_

**Evacuation:**  Yes  No **If yes, How Many Evacuated?** \_\_\_\_\_

**Repair Cost (if known):** \$ <sup>142.87</sup> \_\_\_\_\_

**Release of Product:**  Yes  No

**Ignition and/or Fire:**  Yes  No

**Excavator Notify 811:**  Yes  No

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### Locate Information

**Excavator Request Locate:**  Yes  No

**Indiana 811 Locate Ticket Number:** 1206151328 \_\_\_\_\_

**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

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### Incident Impact Information

**Number of Outpatient Treated:** none

**Number of Inpatient Treated:** none

**Number of Fatalities:** none

**Fire Department Response:**  Yes  No

**Police Department Response:**  Yes  No

**Ambulance Response:**  Yes  No

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### Additional Information / Comments

The gas line was less than 8 inches underground. Clamped the gas line immediately.

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 3647

Your Full Name: Donald E Scheumann

Full Name of Business / Entity (if applicable): Don's Lawn Service & Landscaping Inc.

Your Business Title (if applicable): President

Address (number and street): 8721 Droege Rd

City: Decatur State: In ZIP Code: 46733

Your E-mail Address: don@dons-lawn.com

Today's Date (month, day, year): Oct 13 2012

Your Signature: \_\_\_\_\_ Title (if any) president

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 3646**  
**Indiana Utility Regulatory Commission**  
**101 West Washington Street, 1500E**  
**Indianapolis, IN 46204**

Or scan the statement and Email to:

[PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)



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. 3646  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3646

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: 6/21/2012

Event Location: 5406 Sorrento Blvd, Fort Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: Dons Lawn Service and Landscaping Inc.

Other Party: N/A

Pipeline Division Case No. 3646

NIPSCO has reviewed its recovery and damage prevention files for this matter and has provided answers, when known, to the list of questions set forth in the Information Request. To the extent available, NIPSCO is also providing a copy of the Damage Information Report – Pipeline Safety Division previously submitted by NIPSCO to IURC Pipeline Safety as well as additional documentation relating to this Event Location.

Upon completion of the investigation, NIPSCO requests that it be provided with a copy of the Pipeline Division's Investigation Report with findings that will be forwarded to the Underground Plant Protection Advisory Committee. If there are any additional questions, please contact the undersigned.

Very truly yours,

Christopher C. (Kit) Earle  
NiSource Corporate Services - Legal  
Phone: 317-684-4904  
Fax: 317-684-4918  
Email: [cearle@nisource.com](mailto:cearle@nisource.com)

<b>IURC INFORMATION REQUEST</b>	
<b>Pipeline Safety Division Case No. 3646</b>	
Date of Event	6/21/2012
Event Location	5406 Sorrento Blvd, Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	Dons Lawn Service and Landscaping Inc.
Date of IURC Information Request	9/18/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Don's Lawn Service & Landscaping Inc.
RESPONSIBLE PARTY PERSONAL NAME	Don Scheumann
TITLE (IF ANY)	
ADDRESS	8721 Droege Rd
CITY/ STATE/ZIP	Decatur, IN 46733
PREFERRED TELEPHONE	260/639-6389
CELL PHONE TELEPHONE	260/639-6389
EMAIL ADDRESS	don@dons-lawn.com
<b>FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:</b>	
BUSINESS NAME	NORTHERN INDIANA PUBLIC SERVICE COMPANY
RESPONSIBLE PARTY PERSONAL NAME	LUKE SELKING
TITLE	
ADDRESS	1501 HALE AVENUE
CITY/STATE/ZIP	FORT WAYNE, IN 46802
PREFERRED TELEPHONE	260/439-1290
SECONDARY TELEPHONE	
EMAIL ADDRESS	LSELKING@NISOURCE.COM
<b>LOCATOR SERVICE INFORMATION</b>	
BUSINESS NAME	USIC
RESPONSIBLE PARTY PERSONAL NAME	Morgan Thompson
TITLE (IF ANY)	Claims Coordinator
ADDRESS	9045 N. River Rd. Suite 300
CITY/ STATE/ZIP	Indianapolis, IN 46240
PREFERRED TELEPHONE	1-317-538-7301
CELL PHONE TELEPHONE	
EMAIL ADDRESS	<a href="mailto:morganthompson@usicinc.com">morganthompson@usicinc.com</a>
<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	5406 Sorrento Blvd
CITY/STATE/ZIP	Fort Wayne, IN 46845
NEAREST INTERSECTION	Tonkel 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.)	¾ 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	0
REPAIR COST (IF KNOWN) (\$)	142.87
<b>CAUSE OF DAMAGE INFORMATION:</b>	
<b>TYPE OF EQUIPMENT (Select One)</b>	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	

Probing Device	
Trancher	X
Vacuum Equipment	
Unknown/Other	
<b>TYPE OF WORK PERFORMED (Select One)</b>	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	
Bldg. Demolition	
Drainage	
Driveway	
Electric	
Engineering/Surveying	
Fencing	
Grading	
Irrigation	X
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)	No
<b>LOCATE INFORMATION:</b>	

EXCAVATOR REQUEST LOCATE (YES/NO)	Yes
INDIANA 811 LOCATE TICKET NUMBER	1206151328
LOCATE MARKS VISIBLE (YES/NO)	Yes
LOCATE MARKS CORRECT (YES/NO)	Yes
EXCAVATOR "WHITE LINED" (YES/NO)	No
MAPS USED TO MARK FACILITIES (YES/NO)	Yes
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	No
<b>INCIDENT IMPACT INFORMATION</b>	
NUMBER OF OUTPATIENT TREATED	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FATALITIES	0
FIRE DEPARTMENT RESPONSE (YES/NO)	No
POLICE DEPARTMENT RESPONSE (YES/NO)	No
AMBULANCE RESPONSE (YES/NO)	No
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
<p>Compensation has been received from the excavator.  Failure to verify location by test-hole (pot-holing).</p>	

NIPSCO 00319 IUPPSa 06/15/2012 11:00:16 1206151328-00A NORM NEW STRT

NORMAL NOTICE

Ticket : 1206151328 Date: 06/15/2012 Time: 10:54 Oper: LSTEVENSON Chan:018

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

CASE #  
3646

Address : 5406  
Street : SORRENTO BLVD  
Cross 1 : TONKEL RD Within 1/4 mile: Y  
Location: LOCATE THE ENTIRE PROPERTY

Grids : 4112C8504B 4112C8504A  
Boundary: n 41.206234 s 41.204948 w -85.080811 e -85.076492

Work type : INSTALL LAWN IRRIGATION  
Done for : TOM KOEGEL  
Start date: 06/19/2012 Time: 11:15 Hours notice: 96/48 Priority: NORM  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N  
Duration : 2 WEEKS Depth: 2 FEET

Company : DONS LAWN SERVICE AND LANDSCAPING INCORP Type: CONT  
Co addr : 8721 DROEGE ROAD  
City : DECATUR State: IN Zip: 46733  
Caller : TERESA SCHEUMANN Phone: (260)639-6389  
Contact : DON SCHEUMANN--OFFICE Phone:  
BestTime:  
Mobile : (260)639-6389  
Fax : (260)639-7265  
Email : DON@DONS-LAWN.COM

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

Submitted date: 06/15/2012 Time: 10:54  
Members: AEPIN FW ID2885 ID5693 ID8000 NIPSCO SM

# Fact Based Investigation Report

01820120621007  
Northern IN  
6/21/2012 11:40:00 AM  
6/21/2012 11:41:24 AM  
Joel Facility Owner  
5406 Sorrento Blvd Lot 235  
Ft. Wayne (Perry twnshp)  
**ST: IN ZIP:**

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

NIPSCO

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**DAMAGED CUSTOMER:**

06/21/2012  
12:25:00  
12:45:00

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**INVESTIGATION DATE:**  
**FROM:**  
**TO:**

DON'S LAWN SERVICE  
IRRIGATION

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**EXCAVATOR INVOLVED:**  
**TYPE OF EXCAVATION:**

1206151328

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

M54263501

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

JACK LANE  
6/21/2012 12:30:00 PM  
Digital  
N/A

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

118012

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**INVESTIGATOR EMP#:**  
**INVESTIGATOR NAME:**

JACK LANE  
**BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?**  
No

## Fact Based Investigation Customer Information

01820120621007

NIPSCO

*(optional)*

**NOTIFICATION ID:**

**SELECT A CUSTOMER:**

**CUSTOMER #:**

LOWPROF

Gas Service

Hadden Gregory - 134866

**FACILITY DESCRIPTION:**

**FACILITY ID:**

**LOCATOR NAME & EMP #:**

**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:**

6-21-2012 / JACK LANE / CONTRACTOR CUT A PLASTIC NIPSCO GAS SERVICE INSTALLING IRRIGATION SYSTEM.  
MARKED PROPERLY INVESTIGATED BY JACK LANE.

**NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:**

TRK 31446 - MARKED PROPERLY WILL BILL CONTRACTOR

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

NONE

**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 IN HALF

**REPLACEMENT FOOTAGE**

1 FT

**WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?**

No

**WHAT CONTRACTOR EQUIPMENT WAS USED?**

**IS THE FACILITY SHOWN ON THE UTILITY RECORDS?**

No

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



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

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

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### Who is submitting this information?

Name of person providing this information: Tommy Buher

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

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

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

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

E-mail address: cludwig@nisource.com

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### Excavator Information, if known

Full name: Dons Lawn Service and Landscaping Inc

Business address (*number and street*): 8721 Droege Rd

City, State, and ZIP code: Decatur, IN, 46733

Telephone number (*area code*): 260-639-6389

Fax number (*area code*): 260-639-7265

E-mail address: don@dons-lawn.com

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### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Trencher

Type of work performed: Irrigation

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**Date and Location of Damage**Date of damage (*month, day, year*): Jun 21, 2012County: AllenCity: Fort WayneStreet address (*number and street, city, state, and ZIP code*):  
5406 Sorrento Blvd, Fort Wayne, INNearest intersection: Tonkel RdRight of way where damage occurred: Private - Land OwnerWas there a release of product? YesIf yes, was there an ignition of product? NoWere evacuations necessary as a result of release? No

If yes, how many evacuated? \_\_\_\_\_

Was there a customer service interruption? YesIf yes, how many affected? 1Time to restore service (*in hours*): 1Enter number of injuries, if applicable and known: 0Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ \_\_\_\_\_

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**Affected Facility Information**What type of pipeline was damaged? Natural GasWhat was the affected facility? Service/DropWhat was the depth of the facility, in inches? 20

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**Notification, Locating, Marking**Did excavator request locates prior to commencing work? YesEnter Indiana 811 ticket number, if known: 1206151328

Was the locate request completed within two working days? Yes

If locates were performed, were they done so by a contractor or pipeline employee? Contract Locator

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

Were facility marks visible in the area of excavation? Yes

Were facilities marked correctly? Yes

Type of markings used: Paint and Flags

If other, please specify: \_\_\_\_\_

Was site marked by "White Lining"? No

Were special instructions part of the locate request? No

Were maps used to complete the locate request? Yes

Were pipeline company representatives on site during excavation? No

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

Did the excavator notify Indiana 811 in the event of this damage? No

Did the excavator notify 911 in the event of a release of product? No

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### Description of Cause

Select from the list the most accurate cause for the damage: --Failure to verify location by test-hole (pot-holing)

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### Additional Comments

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Anzola MAXIMO WO # 60937216201 M490830

OPERATING AREA CONTACT Joe Thomas JOB ORDER # 563609

TRACKING NUMBER 018-2012-0621-007 LOCATE REF # 01820120621008
Locate Performed By: Dispatch

DATE AND TIME OF ACCIDENT Thursday June 21 2012 11:15 AM DATE OF REPORT SAME

PLACE OF DAMAGE (INCLUDE CITY) 5406 Sorrento Blvd Ft. Wayne IN

DAMAGE WAS TO:

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

OTHER (DESCRIBE)

GAS: SERVICE MAIN ( ) SIZE 3/4 MATERIAL: PLASTIC (X) STEEL ( ) METER ( ) REG STATION ( ) STUB ( )

DEPTH OF FACILITY (Inches) 20 PRESSURE (PSI) 40 Lbs.

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

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

DURATION OF INTERRUPTION: TIME REPORTED 11:15 am TIME RESTORED 12:30 pm

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 3/4

LOCATE MARKS ON SITE: YES (X) DISTANCE BETWEEN FACILITY AND LOCATE MARKS Right on NO ( )

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

PARTY THAT CAUSED DAMAGES (NAME) Don's Lawn Service + Landscaping

ADDRESS OF PARTY (INCLUDE CITY) 8721 Proese RD Decatur IN 46733

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

WITNESS NAME AND ADDRESS

WITNESS REMARKS

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

FIRE ( ) AGENCY AV REPORT #

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

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

WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW

- ( ) AGRICULTURE/FARMING ( ) CABLE TV ( ) CURB/SIDEWALK ( ) TELECOMMUNICATIONS
( ) BLDG CONSTRUCTION ( ) DEMOLITION ( ) DRAINAGE ( ) WATER
( ) DRIVEWAY ( ) ELECTRIC ( ) SURVEYING ( ) DRAINS/CULVERTS
( ) FENCING ( ) GRADING (X) 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 (X) TRENCHER ( ) FARM EQUIPMENT
( ) VACCUUM EQUIPMENT ( ) GRADER ( ) OTHER

REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW

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

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS: Locates were right on. Contactor failed  
to expose the line before he started.

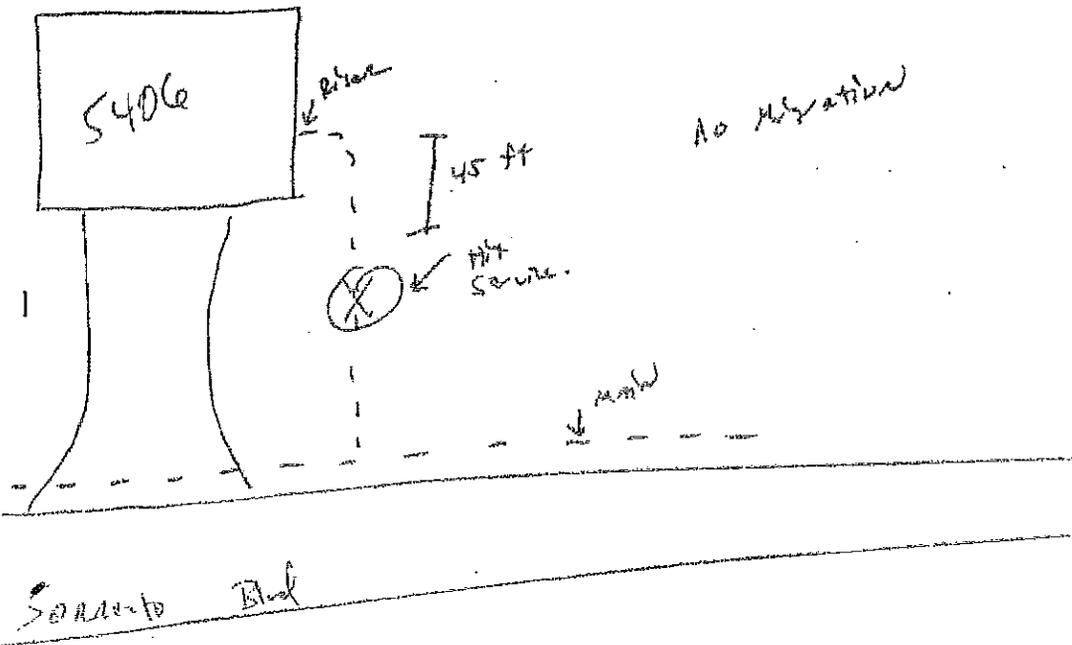
PERSON PREPARING REPORT C Smith 022718

FIELD SUPERVISOR Joe Thomas

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: \_\_\_\_\_