



Pipeline Safety Division Investigation Report

Investigation regarding: **City Of Fort Wayne Utilities**

UPPAC Database Record ID: 3652

Investigator: Howard Friend

Report Date: 1/2/2013

Damage Date: 8/7/2012

Damage Address: 4740 Bowser Ave

City: Fort Wayne

County: Allen

The Parties

Excavator: **City Of Fort Wayne Utilities**

Contact: Lindsey M. Jackson, Associate City Attorney

Address: 200 E Berry St., Fort Wayne, In 46802

Telephone: 260-427-6123

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: City Of Fort Wayne Utilities

UPPAC Database Record ID: 3652

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$119

Excavator Activities/Cause of damage information:

Excavator request locates: No Indiana 811 ticket Number:

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Road Work

Synopsis: Damage to a natural gas service occurred during excavation for road/curb work.

Findings: Reported by NIPSCO; excavator's response to initial notice was received on 10/12/2012. The excavator reports "Fort Wayne City Utilities has no record of work performed at the address provided, 4740 Bowser Ave., Fort Wayne, IN or on Bowser Avenue on or around August 7, 2012." The operator provided documentation that the excavator admitted "the City did request the proper locates and did hand dig. However, the service was buried too shallow". We have not been able to produce a valid locate request for this address.

Conclusion: With admission from the excavator having caused the facility damage and having a lack of ability to produce a valid locate request; then, the resulting determination was a failure to provide notice of excavation.

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



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: City of Fort Wayne Utilities

Business address (*number and street*): 515 East Wallace Street

City, State, and ZIP code: Fort Wayne, IN 46803

Telephone number (*area code*): 260-427-6123

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Utility

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Road Work

Date and Location of Damage

Date of damage (*month, day, year*): Aug 7, 2012

County: Allen

City: Fort Wayne

Street address (*number and street, city, state, and ZIP code*):
4740 Bowser Ave

Nearest intersection: Maple Grove Ave

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*): 1.5

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? 12

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? Unknown/Other

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? No

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: --No notification made to the one-call center

Additional Comments



101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

October 22, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3652
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3652

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: 8/7/2012

Event Location: 4740 Bowser Ave, Fort Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: City of Fort Wayne Utilities

Other Party: N/A

Pipeline Division Case No. 3652

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. 3652	
Date of Event	8/7/2012
Event Location	4740 Bowser Ave, Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	City of Fort Wayne Utilities
Date of IURC Information Request	9/18/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	City of Fort Wayne Water Department
RESPONSIBLE PARTY PERSONAL NAME	John Boom
TITLE (IF ANY)	
ADDRESS	515 East Wallace St
CITY/ STATE/ZIP	Fort Wayne, IN
PREFERRED TELEPHONE	260 427-6123
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:	
BUSINESS NAME	NORTHERN INDIANA PUBLIC SERVICE COMPANY
RESPONSIBLE PARTY PERSONAL NAME	LUKE SELKING
TITLE	
ADDRESS	1501 HALE AVENUE
CITY/STATE/ZIP	FORT WAYNE, IN 46802
PREFERRED TELEPHONE	260/439-1290
SECONDARY TELEPHONE	
EMAIL ADDRESS	LSELKING@NISOURCE.COM
LOCATOR SERVICE INFORMATION	
BUSINESS NAME	USIC Locating Service
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	9045 North River Road, Suite 300
CITY/ STATE/ZIP	Indianapolis, IN 46240
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION	
PERSONAL CONTACT	
BUSINESS/ORGANIZATION NAME	

TITLE (IF ANY)	
ADDRESS	
CITY/ STATE/ZIP	
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
UTILITY LINE IMPACT	
LOCATION OF DAMAGE	
ADDRESS	4740 Bowser Avenue
CITY/STATE/ZIP	Fort Wayne, IN 46806
NEAREST INTERSECTION	Maple Grove Ave
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
PRESSURE (PSIG/INCHES)	45
INTERRUPTION IN SERVICE (YES/NO)	Yes
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	
REPAIR COST (IF KNOWN) (\$)	119.03
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	X
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	

Probing Device	
Trencher	
Vacuum Equipment	
Unknown/Other	
TYPE OF WORK PERFORMED (Select One)	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	
Bldg. Demolition	
Drainage	
Driveway	
Electric	
Engineering/Surveying	
Fencing	
Grading	
Irrigation	
Landscaping	
Liquid Pipeline	
Milling	
Natural Gas	
Pole	
Public Transit Authority	
Railroad Maintenance	
Road Work	X
Sewer (Sanitary/Storm)	
Site Development	
Steam	
Storm Drain/Culvert	
Street Light	
Telecommunications	
Traffic Signal	
Traffic Sign	
Water	
Waterway Improvement	
Unknown/Other	
RELEASE OF PRODUCT (YES/NO)	Yes
IGNITION AND/OR FIRE (YES/NO)	No
EXCAVATOR NOTIFY 811 (YES/NO)	
LOCATE INFORMATION:	

EXCAVATOR REQUEST LOCATE (YES/NO)	No
INDIANA 811 LOCATE TICKET NUMBER	N/A
LOCATE MARKS VISIBLE (YES/NO)	N/A
LOCATE MARKS CORRECT (YES/NO)	N/A
EXCAVATOR "WHITE LINED" (YES/NO)	
MAPS USED TO MARK FACILITIES (YES/NO)	N/A
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	No
INCIDENT IMPACT INFORMATION	
NUMBER OF OUTPATIENT TREATED	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FATALITIES	0
FIRE DEPARTMENT RESPONSE (YES/NO)	
POLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
ADDITIONAL INFORMATION/COMMENTS	
No notification made to the one-call center	

Fact Based Investigation Report

NOTIFICATION ID: 01820120807002 **DISTRICT:** Northern IN
DAMAGE DATE: 8/7/2012 10:45:00 AM **NOTIFICATION DATE:** 8/7/2012 11:42:57 AM
NOTIFIED BY: DAWN GALAMBUS Facility Owner
DAMAGE ADDRESS: 4751 BOWSER AVE X E PETIT AVE
CITY: FT WAYNE **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 08/07/2012
FROM: 12:00:00 **TO:** 12:15:00

EXCAVATOR INVOLVED: UKN
TYPE OF EXCAVATION: curbs

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

DIG UP/DAMAGE REQ.: M59478026 **START DATE/TIME:**

PICTURES TAKEN BY: Karl Jones **DATE/TIME:** 8/7/2012 12:05:00 PM
PHOTOGRAPHY TYPE: Digital **FRAME #:**

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

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120807002
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: (optional)

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

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

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:

no ticket called in prior to damage

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? No

WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA? Yes

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS? No

EXTENT OF FACILITY DAMAGE cut in 2

REPLACEMENT FOOTAGE 1'

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

WHAT CONTRACTOR EQUIPMENT WAS USED? unk

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S) na



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

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Telephone number (*area code*): 260-427-6123

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Utility

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Road Work

Date and Location of Damage

Date of damage (month, day, year): Aug 7, 2012

County: Allen

City: Fort Wayne

Street address (number and street, city, state, and ZIP code):
4740 Bowser Ave, Fort Wayne, IN, 46806

Nearest intersection: Maple Grove Ave

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): 1.5

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? 12

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? Unknown/Other

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? No

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: --No notification made to the one-call center

Additional Comments

CIS Ticket Number: 723874201 Date Reported: 8-7-12 Time Leak Reported (Military): 11:04
 LOA: 220 GPS Coordinates: Latitude _____ N Longitude _____ W
 City Name: FTW
 Address or Location: 4740 Bowser / 196356

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

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

Leak Grade:
 1. Hazardous
 2. Non-Hazardous, Scheduled Repairs
 3. Non-Hazardous, Monitored

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

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

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

1st Responder: User ID: 121235 Larry Hunter Leak Referred to: Repaired
 (FIRST NAME) (MI) (LAST NAME)

Section 2 - To be Completed by the Person Making Repairs to a Grade 1, 2 or 3 Leak
 Comments: City of FTW hit s/s Plastic service
No locator TO 564969

Repaired/Inspected: 8-7-12 Time: 12:20 (Military) User ID: 121235 Larry Hunter
 (MO) (DAY) (YR) (HR) (MIN) (FIRST NAME) (MI) (LAST NAME)

Cause of Leak:

A. Material or Welds
 1. Faulty weld, dent, gouge, excess stress
 2. Manufacturing defect

B. Corrosion
 1. External
 2. Internal
 3. Stress Corrosion Cracking (must be confirmed by Corrosion group)

C. Weather/Outside Forces
 1. Natural Forces (weather, washouts, frost heave, frozen equipment etc.)
 2. Other Outside Forces (fire, explosion, vandalism etc.) (explain in comments)

D. Excavation: Identification: _____
 1. Company Crew Contractor Crew: _____
 2. Contractor Crew
 3. Third Party Third Party Name: City of FTW

E. Equipment Failure and Operations
 1. Inadequate or failure to follow correct procedures
 2. Equipment Malfunction (i.e. gasket/a-ring failure, stripped threads etc.)
 F. Other (Explain in comments) (includes thread leaks)

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

CIS Grid Number: _____ Pipe Size: _____ inches Soil Condition: dry moist wet
 Corrosion CP Section Number (Steel): _____ Transmission Line section _____

Section 3 - For Reporting Results of a Scheduled Re-inspection or Repair ONLY.

Re-evaluated Leak Resolution:
 1. Leak Repaired
 2. Pipe Replaced
 3. Pipe Retired
 4. No Leak Found
 5. Leak Re-classified
 6. Grade 2 or 3 Leak, Schedule for repair/re-evaluation

Re-classified Leak Grade:
 1. Hazardous
 2. Non-Hazardous, Scheduled Repairs
 3. Non-Hazardous, Monitored

Material:
 1. Coated Steel
 2. Bore Steel
 3. Plastic
 4. Cast Iron
 5. Copper
 6. Wrought Iron

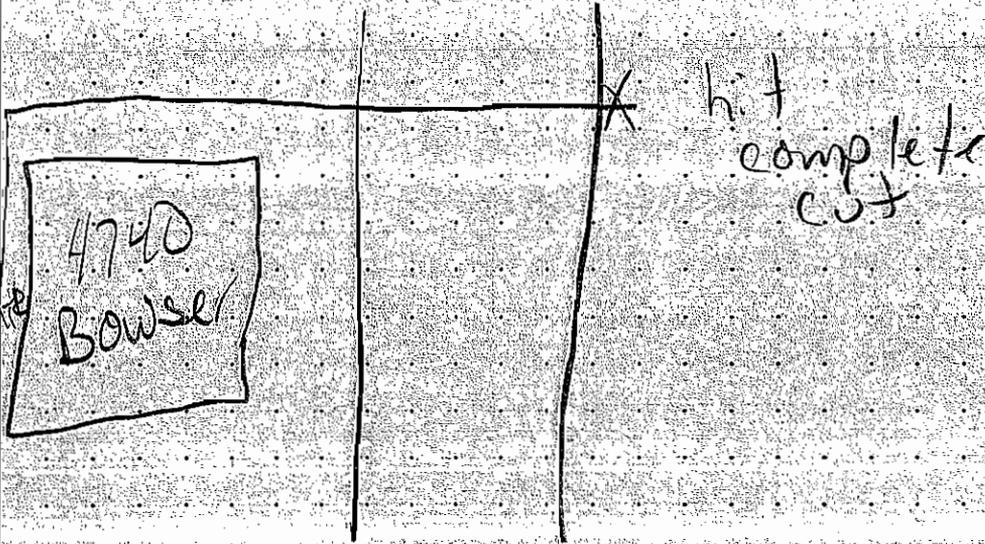
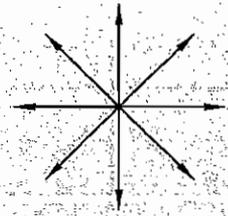
Pipeline Identifier:
 1. Distribution
 2. Transmission
 3. Transmission HCA

METER #
9597471
3732

Re-evaluation Comments: _____

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

Indicate North



Instructions:

1. Locate leak point and mark with X
2. Provide dimensions from centerlines, utility poles, curb lines etc.
3. Outline leak migration perimeter, provide dimensions and indicate % gas from leak point to 0%.

LEGEND

- X Centered Leak
- O Valve or Curb Box
- △ Manhole
- △ Conduit Manhole
- Catch Basin
- ⊕ Utility Pole
- ▨ Leak Area

Comments: _____

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA FtW 220 MAXIMO WO# M 526383
OPERATING AREA CONTACT Jason Hank JOB ORDER# 564969
TRACKING NUMBER 0182012080700 LOCATE REF# No Locate
Locate Performed By: 015 723874201

DATE AND TIME OF ACCIDENT 8-7 2012 M DATE OF REPORT 8-7-12
PLACE OF DAMAGE (INCLUDE CITY) 4740 Bowser Ave FtW IN 46806

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) 12" PRESSURE (PSI) 45 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: 1

DURATION OF INTERRUPTION: TIME REPORTED 11:30 AM TIME SHUT OFF 12:05 PM TIME RESTORED 13:30

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

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

PARTY THAT CAUSED DAMAGES (NAME) City of FtW Water/Street

ADDRESS OF PARTY (INCLUDE CITY) City of FtW Street Dept

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE John Boon on sight

WITNESS NAME AND ADDRESS Supervisor Curt Roberts 427-6123

WITNESS REMARKS

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY REPORT #

FIRE X 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
() 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 X ROAD WORK () SEWER

- TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW
() AUGER () HAND TOOLS X BACKHOE/TRACKHOE
() MILLING EQUIPMENT () PROBING DEVICE () BORING / DRILLING
() EXPLOSIVES () TRENCHER () FARM EQUIPMENT
() VACCUUM EQUIPMENT () GRADER () OTHER

- REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW
X AUTOMOTIVE ACCIDENT () EXCAVATING BEFORE LOCATES DUE X CARELESS MACHINE OPERATOR
() NO NOTIFICATION () MARKS DISTURBED () STUB () OTHER

COMMENTS: No Locates called

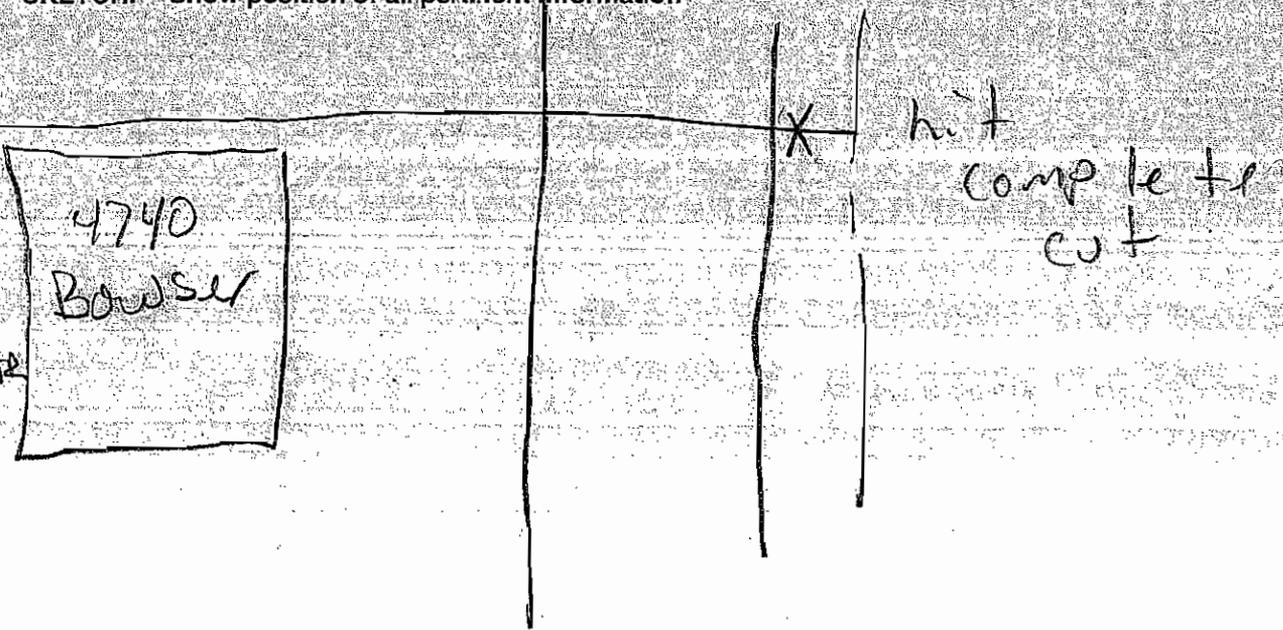
PERSON PREPARING REPORT Hunter

FIELD SUPERVISOR JPP

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: _____

NIPSCO Jobbing Order

SAWO (S -)

Jobbing (JO -)

No **564969**

Customer Name: City FTW Date: 8/7/12 Customer Acct No: _____
 Service Address: _____ City: FTW
 Work Description: repaired hit s/8 plastic service
Red, 110 @ 4740 Bawson Ave. - FTW area on 46806

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: _____ 015 723874201 tracking # 018-2012-0807.002
 Plant Id: Regular Customer State Body Municipality Other: _____
 Plant Gas Main Ext Gas Service Ext Electric Line Ext Electric Service Ext Street Light Serv
 Desc 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)				EQUIPMENT			
ID No & Name	Hours	Hr Rate	Labor \$	Equip #	Hrs	Rate	Equip \$
<u>Hunter</u>	<u>2</u>	<u>32.41</u>		<u>31552</u>	<u>2</u>	<u>1</u>	
<u>121235</u>							
Labor Subtotal (c) _____ Plus % Payroll Tax (a) _____ Total Labor Cost _____				Total Equipment (b) _____ Engineering Firm Estimate: _____ Pre-Paid Total: _____			

PARTS						
SIN #	Quantity	Size	Manufacturer	Description	Unit Price	Parts \$
<u>285520</u>	<u>1</u>	<u>s/8</u>		<u>coupling</u>		
<u>31507</u>	<u>1</u>	<u>s/8</u>				
Parts Subtotal (d) _____ Plus % Overhead (e) _____ Total Parts Cost _____					Additional Charges Type Amount Meals _____ Police Report _____ Gas Loss _____ Total Add'l Charge (f) _____	

CHARGES:

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

Credit Card Name _____ Number _____ Expiration Date: ____/____/____

Customer Acknowledgement: _____ Authorization No: _____

Employee ID Number: 121235 NAME: Larry Hunter DATE: 8/27/12 HRI NUMBER: 1005-212-212-212 SUPV. NO. AUTH. [Signature]

JOB DETAIL

DEPT. Serv

ACTUAL HOURS	L O C	ACCOUNT NUMBER	ACTIVITY NUMBER	UPGRADE JOB NO.	HOURS				UNITS	VARIANCE		EQUIP. HRS.
					MULT	CODE	1	2		3	4	
7:30-7:45	1	Safety	1586055		103				2			
7:45-9:15	2	8130 Samp	20116524		103				2			
9:15-10:15	3	on/off	6546582		103				2			
10:15-11:30	4	Samp	20116524		103				4			
11:30-12:00	5	7751 Bourse	2016585		103				1			
12:00-1:30	6	4740 Bourse	2016585		103				8			
1:30-1:45	7	6235 South Coast	6546582		103				1			
1:45-1:55	8	6235 Barbara Jean ct	6546582		103				1			
1:55-1:59	9											
	A											
	B											
	C											
	D											
	E											
TOTAL		10	8	01								
CLOCK HOURS TO BE PAID @		12										
		15										
		20										
		25										

SIN 112006

Edoo



TRACKING 4751 BOWSER FORT WAYNE
Dawn Galambus to: Nipsco - USIC Fort Wayne
Cc: SLC Distribution Clerks

08/07/2012 10:43 AM

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

ADDRESS: 4751 BOWSER

CITY: FORT WAYNE

RESPONDING SERVICEMAN: LARRY HUNTER

CIS SITE ID #: 837470001

USIC TRACKING NUMBER: 01820120807002

WMC ASSIGNER/DISPATCHER NAME: JEFFREY KORS

INDIANA 811 LOCATE # (if applicable):

MAXIMO #

Updated 2/15/12

Dawn Galambus
Work Management Center
Phone: 219-647-4806

110584205
SIB
U740 Bowser
723874201
8-7-12
LA196356
FURWO M526365
FDFURWO M526383



12-1893

CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

3652

October 16, 2012

Mary Lechowicz
NIPSCO
801 E. 86th Avenue
Merrillville, IN 46410

Re: File Number: 12-177GL
Date of Incident: 8/7/2012
Location: 4740 Bowser Avenue

Ms. Lechowicz:

We are in receipt of the Notice of Tort Claim that you filed against the City of Fort Wayne and have conducted an investigation of the facts. Based on our investigation, we have determined that your claim must be denied.

Our investigation indicates that the City did request the proper locates and did hand dig. However, the service was buried too shallow. There is no evidence of any negligence on the part of the City of Fort Wayne or its employees. Therefore, we must deny your claim.

If you have further questions regarding this claim, please contact Nancy McAfee, Director of Risk Management, at (260) - 427 - 1176, Monday - Friday, 8am - 5pm.

Sincerely,

Troy Kiefer,
Associate City Attorney
City of Fort Wayne

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An Equal Opportunity Employer

Ticket Detail: M59478026



***** Manual Ticket *****

Ticket Number: M59478026
Ticket Type: EMERGENCY
Feed: MAN-IN

Address: 4751 BOWSER AVE X E PETIT AVE
Intersection:
City: FT WAYNE
County: ALLEN
State: IN
ZIP:

Call Date: Tue Aug 07 10:45:23 CDT 2012
Work Date: Tue Aug 07 10:45:23 CDT 2012
Due Date: Tue Aug 07 12:45:23 CDT 2012

Caller: DAWN GALAMBUS
Phone: 800-322-2806
Fax:
Email:
Mobile:

Excavator: NIPSCO
Excavator Contact: DAWN GALAMBUS
Excavator Phone: 800-322-2806
Excavator Fax:
Excavator Email:
Excavator Mobile:

Type Of Work: DIG UP
Work Done For:
Map Location /
Legal Land Description:

Utility: NLOC (MAN-IN)

Additional Information:
HIT SERVICE

Ticket Detail: M59478026



Ticket Position: 39.9771201,-86.8359375



Attachments

Attached to	Name	Upload Date	Uploaded by	Created	Position
Ticket M59478026	20120807125510_10 07230.jpg	Aug 14, 2012 9.16 AM CDT	Jones, Karl	8/7/12 12:55 PM	



Property of United States Infrastructure Corporation
Photo taken on 8/7/2012 12:55:10 PM

Ticket Detail: M59478026



Attached to	Name	Upload Date	Uploaded by	Created	Position
Ticket M59478026	20120807125514_10 07231.jpg	Aug 14, 2012 9.15 AM CDT	Jones, Karl	8/7/12 12:55 PM	



Property of United States Infrastructure Corporation
Photo taken on 8/7/2012 12:55:14 PM

Ticket Detail: M59478026



Attached to	Name	Upload Date	Uploaded by	Created	Position
Ticket M59478026	20120807125518_10 07232.jpg	Aug 14, 2012 9.15 AM CDT	Jones, Karl	8/7/12 12:55 PM	



Property of United States Infrastructure Corporation
Photo taken on 8/7/2012 12:55:18 PM

Ticket Detail: M59478026



Attached to	Name	Upload Date	Uploaded by	Created	Position
Ticket M59478026	20120807125524_10 07233.jpg	Aug 14, 2012 9.15 AM CDT	Jones, Karl	8/7/12 12:55 PM	



Property of United States Infrastructure Corporation
Photo taken on 8/7/2012 12:55:24 PM

Ticket Detail: M59478026



Attached to	Name	Upload Date	Uploaded by	Created	Position
Ticket M59478026	20120807125534_10 07234.jpg	Aug 14, 2012 9.15 AM CDT	Jones, Karl	8/7/12 12:55 PM	



Property of United States Infrastructure Corporation
Photo taken on 8/7/2012 12:55:34 PM

Ticket Detail: M59478026



Attached to	Name	Upload Date	Uploaded by	Created	Position
Ticket M59478026	20120807125536_10 07235.jpg	Aug 14, 2012 9.15 AM CDT	Jones, Karl	8/7/12 12:55 PM	



Property of United States Infrastructure Corporation
Photo taken on 8/7/2012 12:55:36 PM

Ticket Detail: M59478026



Attached to	Name	Upload Date	Uploaded by	Created	Position
Ticket M59478026	20120807125538_10 07236.jpg	Aug 14, 2012 9.15 AM CDT	Jones, Karl	8/7/12 12:55 PM	



Property of United States Infrastructure Corporation
Photo taken on 8/7/2012 12:55:38 PM

Ticket Detail: M59478026



Attached to	Name	Upload Date	Uploaded by	Created	Position
Ticket M59478026	20120807125542_10 07237.jpg	Aug 14, 2012 9.15 AM CDT	Jones, Karl	8/7/12 12:55 PM	



Property of United States Infrastructure Corporation
Photo taken on 8/7/2012 12:55:42 PM

Ticket Detail: M59478026



Attached to	Name	Upload Date	Uploaded by	Created	Position
Ticket M59478026	20120807125546_10 07238.jpg	Aug 14, 2012 9.15 AM CDT	Jones, Karl	8/7/12 12:55 PM	



Property of United States Infrastructure Corporation
Photo taken on 8/7/2012 12:55:46 PM

Ticket Detail: M59478026



Attached to	Name	Upload Date	Uploaded by	Created	Position
Ticket M59478026	20120807125624_10 06788.jpg	Aug 7, 2012 1.24 PM CDT	Jones, Karl	8/7/12 12:56 PM	



Property of United States Infrastructure Corporation
Photo taken on 8/7/2012 12:56:24 PM

Ticket Detail: M59478026



Attached to	Name	Upload Date	Uploaded by	Created	Position
Ticket M59478026	callout_2012-08-07-10-52-32.mp3	Aug 7, 2012 11.13 AM CDT	Jones, Karl		
Ticket M59478026	callout_2012-08-07-10-59-00.mp3	Aug 7, 2012 11.12 AM CDT	Jones, Karl		



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3652

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: Fort Wayne City Utilities

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: _____

Facility Information:

Business Name: NIPSCO

Responsible Party Personal Name: _____

Title (if any): _____

Address (number and street): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Locator Service Information:

Business Name: _____

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: _____

Cause of Damage Information

Type of Equipment (*select one*):

Type of Work Performed (*select one*):

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*): _____

City, State and ZIP Code: _____

Nearest Intersection: _____

Product Type (*select one*):

Facility Type (*select one*):

Size (Diameter/etc.): _____

Pressure (PSIG/Inches): _____

Interruption in Service: Yes No **Number of Customers Affected:** _____

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

Repair Cost (if known): \$ _____

Release of Product: Yes No

Ignition and/or Fire: Yes No

Excavator Notify 811: Yes No

Locate Information

Excavator Request Locate: Yes No

Indiana 811 Locate Ticket Number: _____

- 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: _____

Number of Inpatient Treated: _____

Number of Fatalities: _____

Fire Department Response: Yes No

Police Department Response: Yes No

Ambulance Response: Yes No

Additional Information / Comments

Fort Wayne City Utilities has no record of work performed at the address provided, 4740 Bowser Ave., Fort Wayne, IN or on Bowser Avenue on or around August 7, 2012.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3652

Your Full Name: Lindsey M. Jackson

Full Name of Business / Entity (if applicable): Fort Wayne City Utilities

Your Business Title (if applicable): Associate City Attorney

Address (number and street): 200 East Berry St

City: Fort Wayne State: IN ZIP Code: 46802

Your E-mail Address: lindsey.jackson@cityoffortwayne.org

Today's Date (month, day, year): October 12, 2012

Your Signature: _____ Title (if any) Associate City Attorney

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3652
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov