



## Pipeline Safety Division Investigation Report

### Investigation regarding: **S&s Directional Boring Ltd**

UPPAC Database Record ID: 3656

Investigator: Howard Friend

Report Date: 12/14/2012

Damage Date: 8/23/2012

Damage Address: 7010 Laura Ln

City: Fort Wayne

County: Allen

### The Parties

Excavator: **S&s Directional Boring Ltd**

Contact: Tod Schlachter

Address: 01116 Cr 17, Bryan, Ohio 43506

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: S&s Directional Boring Ltd**

UPPAC Database Record ID: 3656

**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: No    Indiana 811 ticket Number:

Type of Equipment: Hand Tools

Type of work performed: Sewer

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

**Findings:** Reported by NIPSCO; excavator's response to initial notice was received on 9/17/2012. The excavator was using hand tools to expose a properly marked gas line when the shovel hit the line and caused the damage. The gas line had been located for Ironclad Excavating. The excavator causing the damage did not have a valid locate request.

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

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



## INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3656

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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: S&S Directional Boring, Ltd

Responsible Party Personal Name: Tod Schlachter

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

Address (number and street): 01 116 County Road 17

City, State and ZIP Code: Bryan, OH 43506

Preferred Telephone Number (area code): 419-630-0726

Cellular Telephone Number (area code): N/A

Email Address: ssdb1tod@williams-net.com

#### Facility 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: \_\_\_\_\_

**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: \_\_\_\_\_

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**Cause of Damage Information**

**Type of Equipment (*select one*):** Hand Tools

**Type of Work Performed (*select one*):** Natural Gas

**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: \_\_\_\_\_

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### Utility Line Impact

#### Location of Damage:

Address (*number and street*): 7010 Laura Lane \_\_\_\_\_

City, State and ZIP Code: Fort Wayne, IN \_\_\_\_\_

Nearest Intersection: Hazelhurst Ave \_\_\_\_\_

**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:** <sup>1</sup> \_\_\_\_\_

**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

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### 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

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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

OUR EMPLOYEE NICKED THE SIDE OF THE PLASTIC GAS SERVICE WITH A SHOVEL WHILE HAND DIGGING IN HARD SOIL TO LOCATE THE GAS SERVICE.

PLEASE NOTE THAT OUR COMPANY NAME IS S&S DIRECTIONAL BORING, LTD AND NOT S&S BORING, INC. AS SHOW ON YOUR NOTICE OF PRELIMINARY DETERMINATION OF VIOLATION / I'M NOT SURE WHERE THIS INFORMATION WAS SUPPLIED FROM, BUT IT WAS NOT FROM ONE OF OUR EMPLOYEES OR LETTERING ON OUR EQUIPMENT OR TRUCKS.

SINCERELY,

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 3656

Your Full Name: Tod Schlachter

Full Name of Business / Entity (if applicable): S&S Directional Boring, Ltd.

Your Business Title (if applicable): Member

Address (number and street): 01 116 County Road 17

City: Bryan State: OH ZIP Code: 43506

Your E-mail Address: ssdb1tod@williams-net.com

Today's Date (month, day, year): 9/17/12

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

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 3656**  
**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. 3656  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3656

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: 8/23/2012

Event Location: 7010 Laura Ln, Fort Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: S&S Boring, Inc.

Other Party: N/A

Pipeline Division Case No. 3656

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

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

Very truly yours,

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

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

<b>IURC INFORMATION REQUEST</b>	
<b>Pipeline Safety Division Case No. 3656</b>	
Date of Event	8/23/2012
Event Location	7010 Laura Ln, Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	S&S Boring, Inc.
Date of IURC Information Request	9/18/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	S&S Boring
RESPONSIBLE PARTY PERSONAL NAME	Jake Nafziger
TITLE (IF ANY)	
ADDRESS	01116 CR 17
CITY/ STATE/ZIP	Bryan, OH 43506
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<b>FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:</b>	
BUSINESS NAME	NORTHERN INDIANA PUBLIC SERVICE COMPANY
RESPONSIBLE PARTY PERSONAL NAME	LUKE SELKING
TITLE	
ADDRESS	1501 HALE AVENUE
CITY/STATE/ZIP	FORT WAYNE, IN 46802
PREFERRED TELEPHONE	260/439-1290
SECONDARY TELEPHONE	
EMAIL ADDRESS	LSELKING@NISOURCE.COM
<b>LOCATOR SERVICE INFORMATION</b>	
BUSINESS NAME	USIC
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
<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	7010 Laura Lane
CITY/STATE/ZIP	Fort Wayne, IN 46804
NEAREST INTERSECTION	Hazelhurst Drive
<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.)	5/8 plastic
PRESSURE (PSIG/INCHES)	45
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) (\$)	116.75
<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	X
Milling Equipment	

Probing Device	
Trancher	
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	
Landscaping	
Liquid Pipeline	
Milling	
Natural Gas	
Pole	
Public Transit Authority	
Railroad Maintenance	
Road Work	
Sewer (Sanitary/Storm)	X
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)	N
EXCAVATOR NOTIFY 811 (YES/NO)	N
<b>LOCATE INFORMATION:</b>	

EXCAVATOR REQUEST LOCATE (YES/NO)	N
INDIANA 811 LOCATE TICKET NUMBER	
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)	
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	N
<b>INCIDENT IMPACT INFORMATION</b>	
NUMBER OF OUTPATIENT TREATED	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FATALITIES	0
FIRE DEPARTMENT RESPONSE (YES/NO)	
POLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
<p>No notification made to the one-call center  Working under Ironclad Excavating ticket 1208141424</p>	

**Fact Based Investigation Report**

**NOTIFICATION ID:** 01820120823010                      **DISTRICT:** Northern IN  
**DAMAGE DATE:** 8/23/2012 10:05:00 AM    **NOTIFICATION DATE:** 8/23/2012 11:03:29 AM  
**NOTIFIED BY:** PATTY MENDAIZ Facility Owner  
**DAMAGE ADDRESS:** 7010 LAURA LANE X HAZEL HURST  
**CITY:** FT. WAYNE                      **ST:** IN    **ZIP:**

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**DAMAGED CUSTOMER:** NIPSCO

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**INVESTIGATION DATE:** 08/23/2012  
**FROM:** 00:00:00    **TO:** 00:00:00

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**EXCAVATOR INVOLVED:** IRONCLAD EXCAVATING INC  
**TYPE OF EXCAVATION:** SWER INST

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

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

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**PICTURES TAKEN BY:** ROSS GILLESPIE                      **DATE/TIME:** 8/23/2012 12:00:00 AM  
**PHOTOGRAPHY TYPE:** Digital    **FRAME #:**

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**INVESTIGATOR EMP#:** 113185    **INVESTIGATOR NAME:** ROSS GILLESPIE  
**BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?** No

**Fact Based Investigation Customer Information**

**NOTIFICATION ID:** 01820120823010  
**SELECT A CUSTOMER:** NIPSCO  
**CUSTOMER #:** (optional)

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**FACILITY DESCRIPTION:** LOWPROF    **FACILITY ID:** service - 5/8"  
**LOCATOR NAME & EMP #:** Gillespie Ross - 113185  
**LOCATOR NOT KNOWN:**

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**CHECK ALL THAT APPLY TO INVESTIGATION:**  
Facility Marked Accurately

**Other:**

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**CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):**

Visual, Facility Exposed At Time Of Investigation,  
Investigator Verified Existing Marks By Hooking Up

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**INVESTIGATOR STATEMENT/CAUSAL FACTORS:**

PAINT AND FLAGS LINE UP WITH DAMAGE SITE- CONT HIT WITH A SHOVEL WHILE TRYING TO EXPOSE-  
SCRATCHED LINE ONLY NO GAS LOSS- NIPSCO SPLICED SER FOR INTEGRITY PURPOSE ONLY

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

MARK 2IN OFF

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

NA

**LIST ANY OTHER INDIVIDUALS ON SITE:**

NA

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**WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL?** 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** 5/8 PL SER

**REPLACEMENT FOOTAGE** 1

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

**WHAT CONTRACTOR EQUIPMENT WAS USED?** SHOVEL

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

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

**TRACKING # 018-2012-0823-018X INVESTIGATION FORM**

Section 1 - To be Completed by the First Responder (information known during initial investigation) side id 539752007 C.S.T.

CIS Ticket Number: 541484203 Date Reported: 08 23 12 Time Leak Reported (Military): 09:43  
 MO DAY YR HR MIN  
 LDA: FT WAYS GPS Coordinates: Latitude \_\_\_\_\_ N Longitude \_\_\_\_\_ W  
 City Name: FT WAYS  
 Address or Location: 17010 LAURA LN. W/539658

**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 95 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
- Leak Closed

197378

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

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

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

Section 2 - To be Completed by the Person Making Repairs to a Grade 1, 2 or 3 Leak JO 574537

Comments: Contractor cut 3/8" plastic service while digging  
spotter hole - I will repair

Repaired/Inspected: 08 23 12 Time: 12:00 C.S.T. (Military) User ID: 011248 CHAS. R. WACZMART  
 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**

- 1. Company Crew
- 2. Contractor Crew
- 3. Third Party

**Identificaton:**

Contractor Crew: \_\_\_\_\_

Third Party Name: \_\_\_\_\_

S&S DIRECTIONAL DRILLING, INC.  
.625

**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)**

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

CIS Grid Number: VI-19-A Pipe Size: .625 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
- Leak Closed

**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

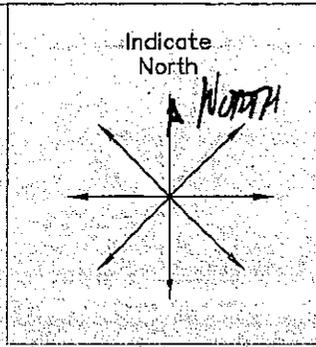
**METER #**  
9952618

LCC (1)

Re-evaluation Comments: \_\_\_\_\_

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

7010



HAGERMAN DR.

LANTA LN



2" PL. 1/2" SW  
 CUT 5/8"  
 TO VAC. SERVICE

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**USIC LOCATING  
SERVICES, INC.**

**ROSS GILLESPIE**

NIN SE Supervisor

3572 US Hwy 30 East

Warsaw, IN 46580

C: 574.320.4065

O: 574.269.6966

F: 574.269.6967

[rossgillespie@usinc.com](mailto:rossgillespie@usinc.com)

[www.usinc.com](http://www.usinc.com)

1208141424

# NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

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

FDFURWO  
(Repair)

REPORTING OPERATING AREA FT. WAYNE LOA MAXIMO WO # M539650 / M539717  
 OPERATING AREA CONTACT JASON HANER JOB ORDER # 574 536  
 TRACKING NUMBER 018-2012-0823-010 LOCATE REF # 120814142D  
 Locate Performed By: SMP, INC. (ASIC) (SMP Employee # 14510)

DATE AND TIME OF ACCIDENT 08/23 2012 10:10 AM C.S.T. DATE OF REPORT 08/23/12  
 PLACE OF DAMAGE (INCLUDE CITY) Service to 7010 Laura Ln, Ft. Wayne, IN 46804

**DAMAGE WAS TO:**  
**ELECTRIC** - POLE / TRANSFORMER: # \_\_\_\_\_ SIZE \_\_\_\_\_ YEAR INSTALLED \_\_\_\_\_ BROKEN YES ( ) NO ( )

OTHER (DESCRIBE) \_\_\_\_\_

**GAS:** SERVICE  MAIN ( ) SIZE 625 MATERIAL: PLASTIC  STEEL ( ) METER ( ) REG STATION ( ) STUB ( )  
 OTHER (DESCRIBE) \_\_\_\_\_

DEPTH OF FACILITY (inches) 12" PRESSURE (PSI) 45 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) 12 C.S.T.

DURATION OF INTERRUPTION: TIME REPORTED 09:43 AM C.S.T. TIME SHUT OFF 10:00 AM TIME RESTORED 11:30 AM C.S.T.

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/4"

LOCATE MARKS ON SITE: YES  DISTANCE BETWEEN FACILITY AND LOCATE MARKS 3" NO ( )  
 HOW LOCATED: PAINT ( ) FLAGS ( ) BOTH  WHITE LINED

PARTY THAT CAUSED DAMAGES (NAME) S. & S. BORING, INC

ADDRESS OF PARTY (INCLUDE CITY) 01116 CR-17, BRYAN OAK, 43506

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

WITNESS NAME AND ADDRESS SAME AS ABOVE

WITNESS REMARKS ENLARGING HOLE, CUT SERVICE

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY \_\_\_\_\_ REPORT # \_\_\_\_\_

FIRE ( ) AGENCY \_\_\_\_\_ REPORT # \_\_\_\_\_

OTHER  S.M.P. INC Any Injuries? ( ) YES # \_\_\_\_\_  NO

PHOTOS TAKEN: YES  NO ( ) TAKEN BY: S.M.P. INC (ASIC) (ATTACH PHOTOS TO REPORT)  
 MEDIA ON SITE YES ( ) NO

- WORK IN PROGRESS WHEN FACILITY DAMAGED** - CHECK APPROPRIATE CHOICE BELOW
- |  |                                     |   |   |
|--|-------------------------------------|---|---|
| <input type="checkbox"/> AGRICULTURE/FARMING | <input type="checkbox"/> CABLE TV   | <input type="checkbox"/> CURB/SIDEWALK    | <input type="checkbox"/> TELECOMMUNICATIONS |
| <input type="checkbox"/> BLDG CONSTRUCTION   | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> DRAINAGE         | <input type="checkbox"/> WATER              |
| <input type="checkbox"/> DRIVEWAY            | <input type="checkbox"/> ELECTRIC   | <input type="checkbox"/> SURVEYING        | <input type="checkbox"/> DRAINS/CULVERTS    |
| <input type="checkbox"/> FENCING             | <input type="checkbox"/> GRADING    | <input type="checkbox"/> IRRIGATION       | <input type="checkbox"/> MOWING             |
| <input type="checkbox"/> LANDSCAPING         | <input type="checkbox"/> PIPELINE   | <input type="checkbox"/> MILLING          | <input type="checkbox"/> OTHER _____        |
| <input type="checkbox"/> POLE/SIGN POST      | <input type="checkbox"/> ROAD WORK  | <input checked="" type="checkbox"/> SEWER |   |

- TYPE OF EQUIPMENT USED** - CHECK APPROPRIATE CHOICE BELOW
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> AUGER             | <input checked="" type="checkbox"/> HAND TOOLS | <input type="checkbox"/> BACKHOE/TRACKHOE  |
| <input type="checkbox"/> MILLING EQUIPMENT | <input type="checkbox"/> PROBING DEVICE        | <input type="checkbox"/> BORING / DRILLING |
| <input type="checkbox"/> EXPLOSIVES        | <input type="checkbox"/> TRENCHER              | <input type="checkbox"/> FARM EQUIPMENT    |
| <input type="checkbox"/> VACCUUM EQUIPMENT | <input type="checkbox"/> GRADER                | <input type="checkbox"/> OTHER _____       |

- REASON DAMAGE OCCURRED** - CHECK APPROPRIATE CHOICE BELOW
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> AUTOMOTIVE ACCIDENT | <input type="checkbox"/> EXCAVATING BEFORE LOCATES DUE | <input type="checkbox"/> CARELESS MACHINE OPERATOR                  |
| <input type="checkbox"/> NO NOTIFICATION     | <input type="checkbox"/> MARKS DISTURBED               | <input checked="" type="checkbox"/> OTHER <u>Cut Line w/ shovel</u> |

Accurate locate

COMMENTS: Contractor digging spotter hole for directional  
probe, cut 5/8" plastic service to 7010 Laura Ln. w/  
shovel/spade

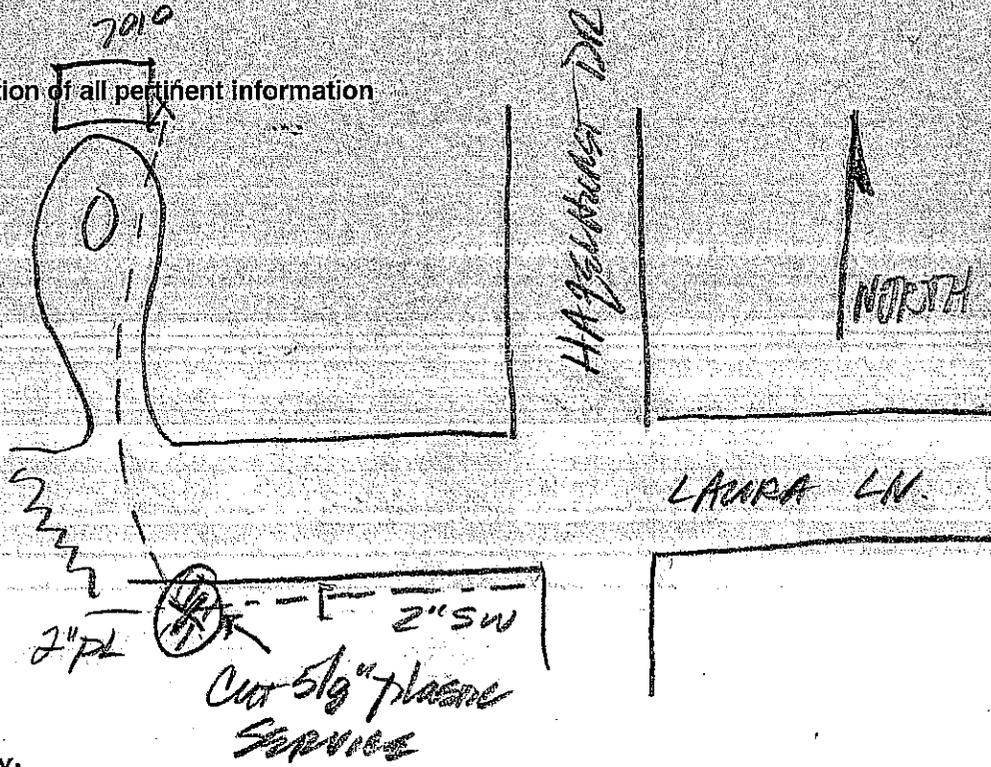
PERSON PREPARING REPORT: Charles Wierzbinski - OREG

FIELD SUPERVISOR: JASON HANSEN JPH

FIELD MANAGER: RANDALL DREW RadelD um

- 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: \_\_\_\_\_



Northern Indiana Public Service Company

Time in: 0943 CST off 11:17 am

Gas Leak/Carbon Monoxide Investigation Report

Customer's Name Luis DEVYRA CIS Ticket No. 541984203
Service Address 7010 LAURA LN. City FT. WAYNE District 220
Date: 08/23/12 Arrival Time: 11:11 Departure Time: 13:00

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

Table with 8 columns: Area Of, Room Location, PPM CO, % Gas, Area Of, Room Location, PPM CO, % Gas. Includes rows for Outside, Upon Entering, Furnace/Boiler, Water Heater, Range/Oven, Gas Dryer, Fireplace, Space Heater, Bedroom #1-3, Garage, and 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.

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: Contractor digging spotter hole cut 5/8" plastic service to this address, I will repair

Customer: (signature) date: 08/23/12 Serviceman: (signature) # 011208 (ID number)

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

NIPSCO Jobbing Order

SAWO (S-)

Jobbing (JO-)

No 574537

Customer Name: S+S Directional Boring Inc Date: 08/23/12

Customer Acct No:

Service Address: 01116 CRT

City: Bryan Ohio 43506

Work Description: BORING CONTRACTOR (S.S.S. BORING INC) DIGGING SPOTTER  
HOLE W/ SHOVEL, CUT 3/8" PLASTIC SERVICE 7010 Landa #420 416804

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 15 541484203 Tracking 018-2012-0823-010

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)

ID No & Name	Hours	Hr Rate	Labor \$
<u>011248 -</u>	<u>1/2</u>	<u>32.41</u>	
<u>C. Wattmuth</u>	<u>2.0</u>		

**EQUIPMENT**

Equip #	Hrs	Rate	Equip \$
<u>31624-22</u>			

Labor Subtotal (c) \_\_\_\_\_

Total Equipment (b) \_\_\_\_\_

Plus \_\_\_\_\_ % Payroll Tax (a) \_\_\_\_\_

Total Labor Cost \_\_\_\_\_

Engineering Firm Estimate: \_\_\_\_\_

Pre-Paid Total: \_\_\_\_\_

**PARTS**

SIN #	Quantity	Size	Manufacturer	Description	Unit Price	Parts \$
<u>301507</u>	<u>(1)</u>	<u>5/8"</u>		<u>Compline, 5/8"</u>		

**CHARGES:**

Service \_\_\_\_\_ (c) Labor \_\_\_\_\_

(a) Payroll Tax \_\_\_\_\_ (d) Material \_\_\_\_\_

(b) Equipment \_\_\_\_\_ (e) Overhead \_\_\_\_\_

(f) Additional \_\_\_\_\_ Material Sales Tax \_\_\_\_\_

TOTAL \_\_\_\_\_

Parts Subtotal (d) \_\_\_\_\_

Plus \_\_\_\_\_ % Overhead (e) \_\_\_\_\_

Total Parts Cost \_\_\_\_\_

**Additional Charges**

Type Amount

Meals \_\_\_\_\_

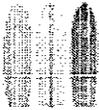
Police Report \_\_\_\_\_

Gas Loss \_\_\_\_\_

Total Add'l Charge (f) \_\_\_\_\_

Credit Card Name \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Customer Acknowledgement: \_\_\_\_\_ Authorization No: \_\_\_\_\_



Tracking #/ 7010 Laura Ln, Ft Wayne  
Patricia Mendez to: Nipsco - USIC Fort Wayne  
Cc: SLC Distribution Clerks

08/23/2012 11:06 AM

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

**ADDRESS:7010 Laura Ln**

**CITY:Fort Wayne**

**RESPONDING SERVICEMAN: Charles Waltemath**

**CIS SITE ID #:539752007**

**USIC TRACKING NUMBER:018 2012 0823 010**

**WMC ASSIGNER/DISPATCHER NAME: Todd Borowy**

**INDIANA 811 LOCATE # (if applicable):**

**MAXIMO #**

**Updated 2/15/12**

Patty Mendez  
Work Mgmt Center  
Distribution Clerk  
219.647.5418.p

8.23

LA 197378

FURWO M539658

FDFURWO M539717

ACTUAL HOURS	LOC	ACCOUNT NUMBER	ACTIVITY NUMBER	UPGRADE JOB NO.	BONUS CODES				UNITS	VARIANCE		EQUIP. HRS.
					HOURS MULT CODE	1	2	3		4	I CODE	
0730	1	1586035	1586035		1031							
0730	2	6596522	6596522		1031							
1100	3	2016585	2016585		1031							
1145	3	6597200	6597200		1031							
1145	4	17539658	17539658		1031							
1500	6	17539717	17539717		1031							
1500	7	10382260	10382260		020							
1600	8	2016520	2016520 (overhead)		1031							
1605	9	2737 W. WASH. CRT. RD - LOT 224			1031							
1545	A	574538	2035714		1031							
1600	B	1631 Colchester	2016520		1031							
1700	C	322 SALTWIDE	15823 KARR LN		1550				2			
1730	D	1653 KESSELCOTT	2035716		1550							
0730	E	meal not taken	10389910		1555							

DEPT. \_\_\_\_\_

SP. RATES  
 CD RATE  
 DAY 1 / 1 / 1

REPEATED RECORDS  
 DAY 1 / 1 / 1

NO. OF HOLIDAYS

← TOTAL 16

ODOMETER READINGS  
 START 85713  
 END 8641

EQUIPMENT NUMBER  
 1 316 24-22

HOURLY METER READINGS  
 648.7  
 652.2

← TOTAL 10 12 15 20 25

CLOCK HOURS TO BE PAID @  
 0730 0600 0550

# SR 796446201 LEAK INVESTIGATION FORM

site id 213084001  
EST

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

CIS Ticket Number: 702784/202 Date Reported: 8-23-12 Time Leak Reported (Military): 07:52  
 LOA: FW GPS Coordinates: Latitude \_\_\_\_\_ N Longitude \_\_\_\_\_ W  
 City Name: 10421 Yoder Rd SAWO 574121  
 Address or Location: Ramoth TK #018 20120823001  
LA197364

**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 FURWO M539525
- 2.  Pipe Replaced } Leak Closed
- 3.  Pipe Retired } FDFURWO M539641
- 4.  Grade 2 or 3 Leak Not Repaired To be scheduled for re-evaluation/repair

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

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

1st Responder: User ID: 118126 CRAIG 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: Repaired cut service - 5/8 plastic 100%  
Severed/was pinched off

Repaired/Inspected: 8-23-12 Time: 11:30 EST User ID: 118126 CRAIG  
 (MO) (DAY) (YR) (HR) (MIN) (Military) (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**

- 1. Company Crew
- 2. Contractor Crew
- 3. Third Party

**Identificaton:**

Contractor Crew: \_\_\_\_\_

Third Party Name: Steve Miller

260-724-4999

**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 locates bathread leaks)**

- Locate Information: 10520 Yoder Rd
- 1.  No Locate Request
  - 2.  Request, No Locate
  - 3.  Mislocated
  - 4.  Accurate Locate

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
  - 5.  Leak Re-classified
  - 6.  Grade 2 or 3 Leak, Schedule for repair/re-evaluation
- } Leak Closed

**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

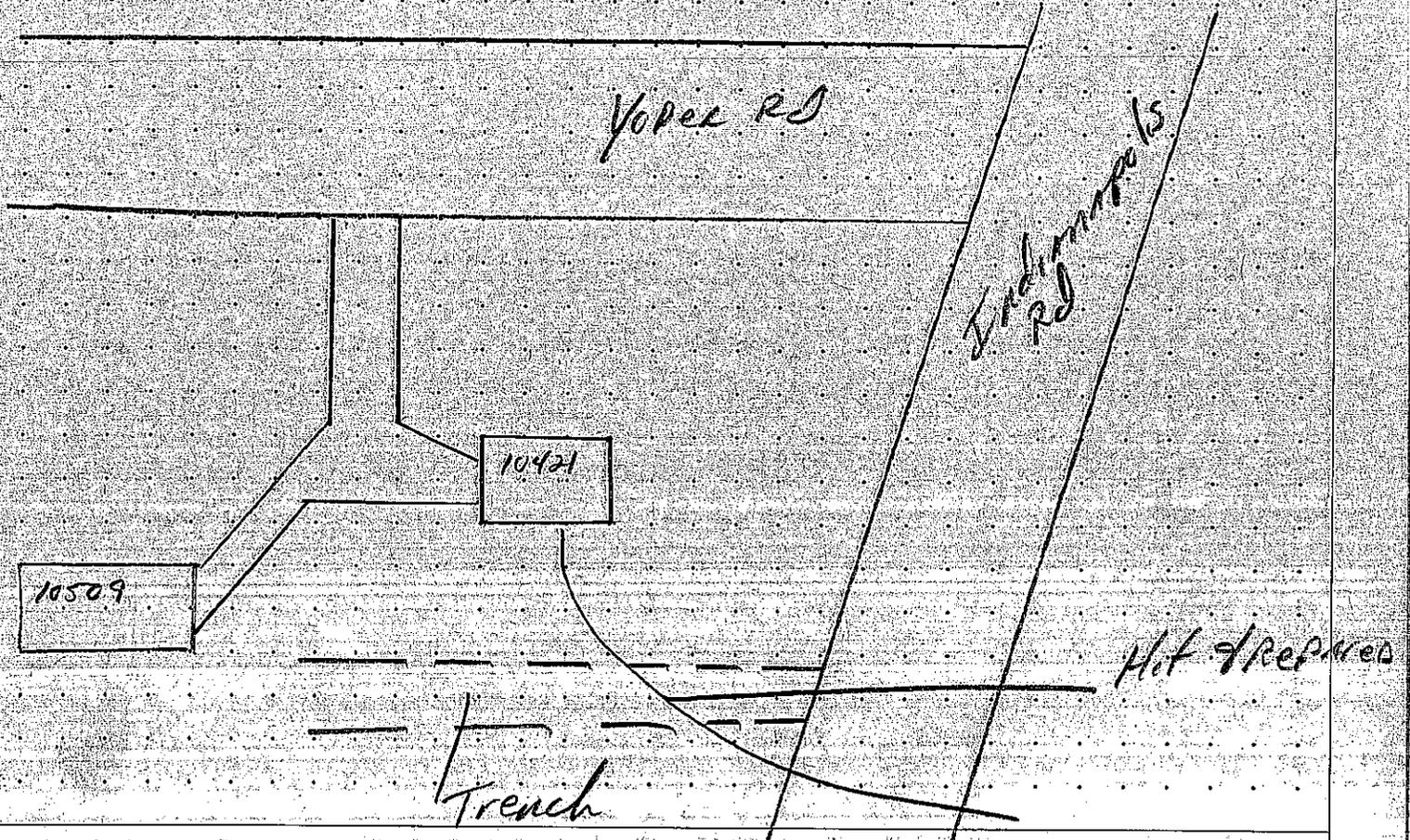
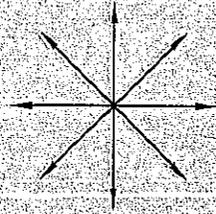
**METER #**

8003255

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:

New sewer being excavated to 10509 Yopex RD  
of damaged 78 plastic to 10421 Yopex RD Parrotte  
sewered was pinched off

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA FW 220 MAXIMO WO # M 539641

OPERATING AREA CONTACT Jim CRAIG JOB ORDER # 574121

TRACKING NUMBER 018 2012 0823 001 LOCATE REF #
Locate Performed By: USIC

DATE AND TIME OF ACCIDENT 8/23/2012 2012 0752A DATE OF REPORT 8/23/12

PLACE OF DAMAGE (INCLUDE CITY) 10421 Yaden Rd Rossmore In 46783

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

OTHER (DESCRIBE)

GAS: SERVICE MAIN ( ) SIZE 1 1/2 MATERIAL: PLASTIC ( ) STEEL ( ) METER ( ) REG STATION ( ) STUB ( )

DEPTH OF FACILITY (Inches) 19" PRESSURE (PSI) 43 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 0852 EST TIME SHUT OFF was punched off TIME RESTORED 1100 EST

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: Severed

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

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

PARTY THAT CAUSED DAMAGES (NAME) Steve Miller Construction

ADDRESS OF PARTY (INCLUDE CITY) 724 4999

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

WITNESS NAME AND ADDRESS

WITNESS REMARKS

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY REPORT #
FIRE ( ) AGENCY REPORT #
OTHER ( ) Any Injuries? ( ) YES # ( ) NO

PHOTOS TAKEN: YES ( ) NO ( ) TAKEN BY: (ATTACH PHOTOS TO REPORT)
MEDIA ON SITE YES ( ) NO ( )

- WORK IN PROGRESS WHEN FACILITY DAMAGED -- CHECK APPROPRIATE CHOICE BELOW
( ) AGRICULTURE/FARMING ( ) CABLE TV ( ) CURB/SIDEWALK ( ) TELECOMMUNICATIONS
( ) BLDG CONSTRUCTION ( ) DEMOLITION ( ) DRAINAGE ( ) WATER
( ) DRIVEWAY ( ) ELECTRIC ( ) SURVEYING ( ) DRAINS/CULVERTS
( ) FENCING ( ) GRADING ( ) IRRIGATION ( ) MOWING
( ) LANDSCAPING ( ) PIPELINE ( ) MILLING ( ) OTHER
( ) POLE/SIGN POST ( ) ROAD WORK ( ) SEWER

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

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

COMMENTS: Steve Miller excavating across back of property  
of 10421 Yoder rd to run new sewer to 10509  
Yoder rd

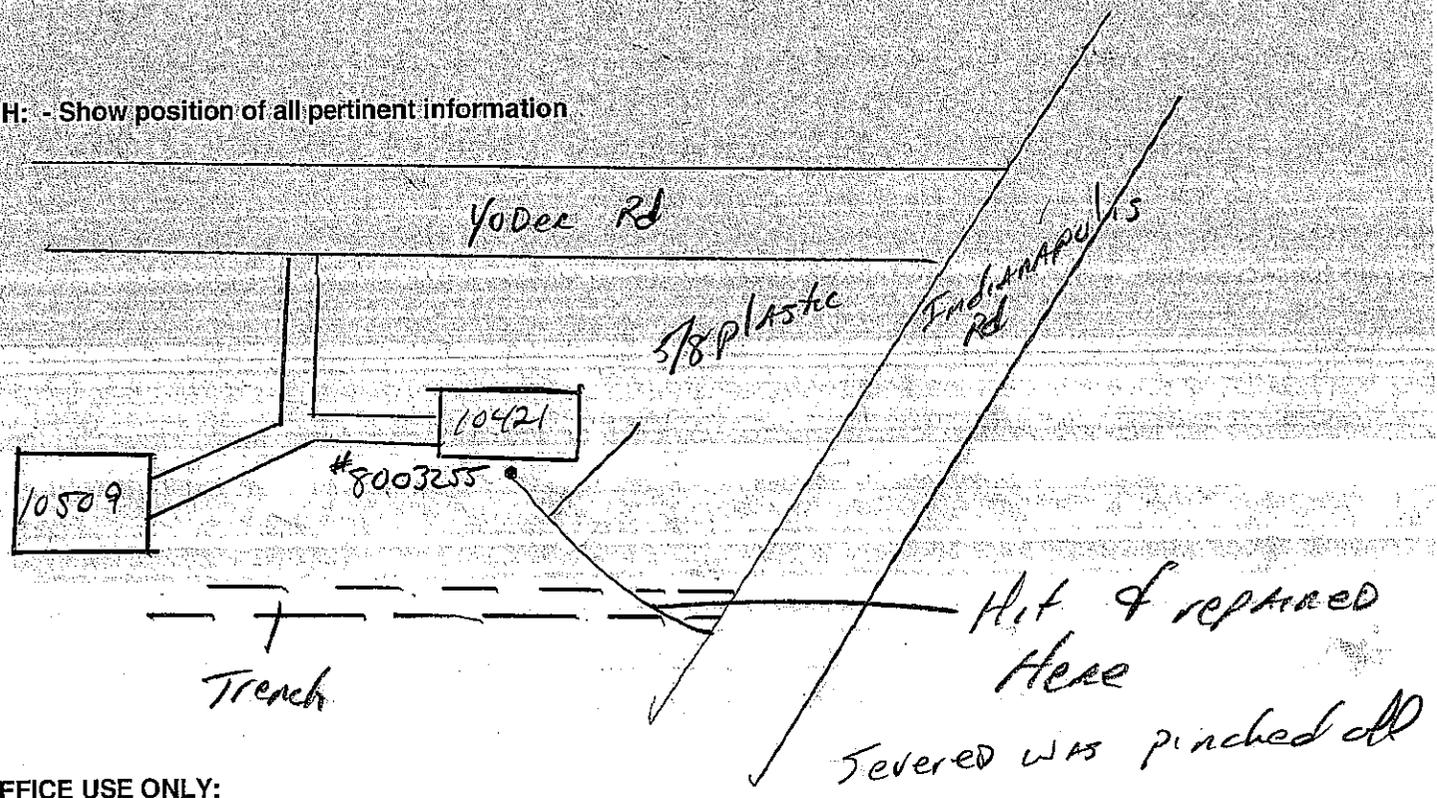
PERSON PREPARING REPORT Jim CRAIG

FIELD SUPERVISOR Hansen JRH

FIELD MANAGER Donna Rodell 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 574121

Customer Name: Steve Miller Const. Co. Date: 8/23/12 Customer Acct No: \_\_\_\_\_

Service Address: \_\_\_\_\_ City: \_\_\_\_\_

Work Description: Repaired cut 5/8 plastic - Steve Miller Construction  
Sewer work for 10509 Yoder Rd / 10421 Yoder Rd Reamake Dr 46783

Type:  Appliance Repair  Purchase Material  Relocate Services  Temporary Service  Energy Invest  
 Long Term JO  Contribution in Aid of Construction  
 Claims:  Insurance  Vehicle  Damage Number: 702784202

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 702784202 Tracking 018-2012-08-23-001

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: 5/8 service Serial No: \_\_\_\_\_ Model No: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Location: \_\_\_\_\_ Comments: \_\_\_\_\_

**LABOR**

(Please use straight time hours & show conversion Rate)

ID No & Name	Hours	Hr Rate	Labor \$
<u>118126</u>	<u>2 3/4</u>	<u>32.41</u>	
<u>PRAB</u>			

**EQUIPMENT**

Equip #	Hrs	Rate	Equip \$
<u>31347</u>			

23/4 hr @ \$t. 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>301507</u>	<u>2</u>	<u>5/8</u>		<u>Couplings</u>		
<u>285520</u>	<u>4'</u>	<u>7/8</u>		<u>Tubing</u>		

**CHARGES:**

Service \_\_\_\_\_ (c) Labor \_\_\_\_\_

(a) Payroll Tax \_\_\_\_\_ (d) Material \_\_\_\_\_

(b) Equipment \_\_\_\_\_ (e) Overhead \_\_\_\_\_

(f) Additional \_\_\_\_\_ Material Sales Tax \_\_\_\_\_

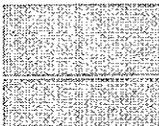
**TOTAL** \_\_\_\_\_

Parts Subtotal (d) \_\_\_\_\_  
 Plus \_\_\_\_\_ % Overhead (e) \_\_\_\_\_  
 Total Parts Cost \_\_\_\_\_

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

Credit Card Name \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Customer Acknowledgement: \_\_\_\_\_ Authorization No: \_\_\_\_\_



TRACKING # 10421 YODER RD ROANOKE-FTW  
Mark Dilosa to: Nipsco - USIC Fort Wayne  
Cc: SLC Distribution Clerks

08/23/2012 09:10 AM

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

**ADDRESS: 10421 YODER RD**

**CITY: ROANOKE**

**RESPONDING SERVICEMAN: JAMES CRAIG**

**CIS SITE ID #: 213084001**

**USIC TRACKING NUMBER: 018 2012 08 23 001**

**WMC ASSIGNER/DISPATCHER NAME: TODD BOROWY**

**INDIANA 811 LOCATE # (if applicable):**

**MAXIMO #**

**Updated 2-15-12**

Mark Dilosa  
WMC- Distribution Clerk  
219-647-4806

*J-23*  
*Craig*  
*702784202*  
*Od*  
*To PW P-24*  
*LA 197364*  
*FURWO M539525*  
*FD FURWO M539641*

Employee ID Number: 118126 NAME: Staves A Crais DATE: 8/23/12 HRI NUMBER: 605-212- SUPV. NO. \_\_\_\_\_ AUTH. \_\_\_\_\_

JOB DETAIL: \_\_\_\_\_ DEPT: \_\_\_\_\_

ACTUAL HOURS	L C	ACCOUNT NUMBER	ACTIVITY NUMBER	UPGRADE JOB NO.	HOURS MULT CODE	BONUS CODES				UNITS	VARIANCE		EQUIP. HRS.
						1	2	3	4		CODE	HOURS	
07:30 07:45	1	Safety Rr	1586035		1031					1			
09:00	2	3602 Carvage Hc	6546522		1031					1			
10:30	3	702784202 <del>574121</del>	2016585	5M 574121	1031					1			
11:45	4	10421 Yoder Rd	6547200	Route 7c 08/20/12 0825001	1031					1			
12:15	5	10421 Yoder Rd	6547200	Route	1031					1			
12:45	6	1425 Sinclair	2016524		1031					1			
13:30	7	1917 High	6546572		1031					1			
14:00	8	1917 High	6547200		1031					1			
14:30	9	1424 Springs	6547200		1031					1			
15:00	A	1424 Springs	6546522		1031					1			
16:00	B	1317 Elm	6546522		1031					1			
	C												
	D												
	E												
8 - TOTAL										9			

CLOCK HOURS TO BE PAID @

10	8
12	
15	
20	
25	

AUTOMOTIVE EQUIPMENT

Q #	EQUIPMENT NUMBER	ODOMETER READINGS	HOUR METER READINGS	CODE
	31347	START 115738 END	2055	

SP. RATES

CD	RATE	REPEATED RECORDS	NO. OF HOLIDAYS
DAY	1	1	1
DAY	1	1	1

**DR 757446206 CIS Down** **LEAK INVESTIGATION FORM** **883690003**  
 Section 1 - To be Completed by the First Responder (Information known during initial investigation)

CIS Ticket Number: 588584200 Date Reported: 08-26-12 Time Leak Reported (Military): 9:00  
 LOA: FT WAYNE GPS Coordinates: Latitude \_\_\_\_\_ N Longitude \_\_\_\_\_ W  
 City Name: FT. WAYNE  
 Address or Location: 703 3rd St. 197637

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

**For Services Only:**  
 Re-tested at \_\_\_\_\_ PSIG for \_\_\_\_\_ minutes  
NO MA COPPED

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

**Leak Resolution:** FURWO M541558  
 1.  Leak Repaired } EDFURWO M541564  
 2.  Pipe Replaced } Leak Closed  
 3.  Pipe Retired }  
 4.  Grade 2 or 3 Leak Not Repaired To be scheduled for re-evaluation/repair

If marked and not making repairs Gas 99% you must complete bold box below.  
 If repairs are made, complete all Section 2.

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

1st Responder: User ID: 011248 CHRIS. R. WATSON Leak Referred to: MUSEK  
 (FIRST NAME) (MI) (LAST NAME)

Section 2 - To be Completed by the Person Making Repairs to a Grade 1, 2 or 3 Leak JO 574542  
 Comments: CUSTOMER CUT 3/4" SERVICE LINE TO ADDRESS (NO METER)  
I COPPED OFF - C/M TO RETURN - NO LOCATE REQUESTED

Repaired/Inspected: 08-26-12 Time: 12:30 EST (Military) User ID: 011248 CHRIS. R. WATSON  
 (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: \_\_\_\_\_ Contractor Crew: \_\_\_\_\_  
 \_\_\_ 1. Company Crew  
 \_\_\_ 2. Contractor Crew  
 3. Third Party  
 Third Party Name: HENRY Saylor

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)

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

CIS Grid Number: \_\_\_\_\_ Pipe Size: .625 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.  Bare Steel  
 3.  Plastic  
 4.  Cast Iron  
 5.  Copper  
 6.  Wrought Iron

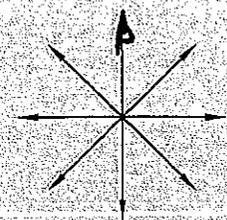
**Pipeline Identifier:**  
 1.  Distribution  
 2.  Transmission  
 3.  Transmission HCA

**METER #**  
No meter

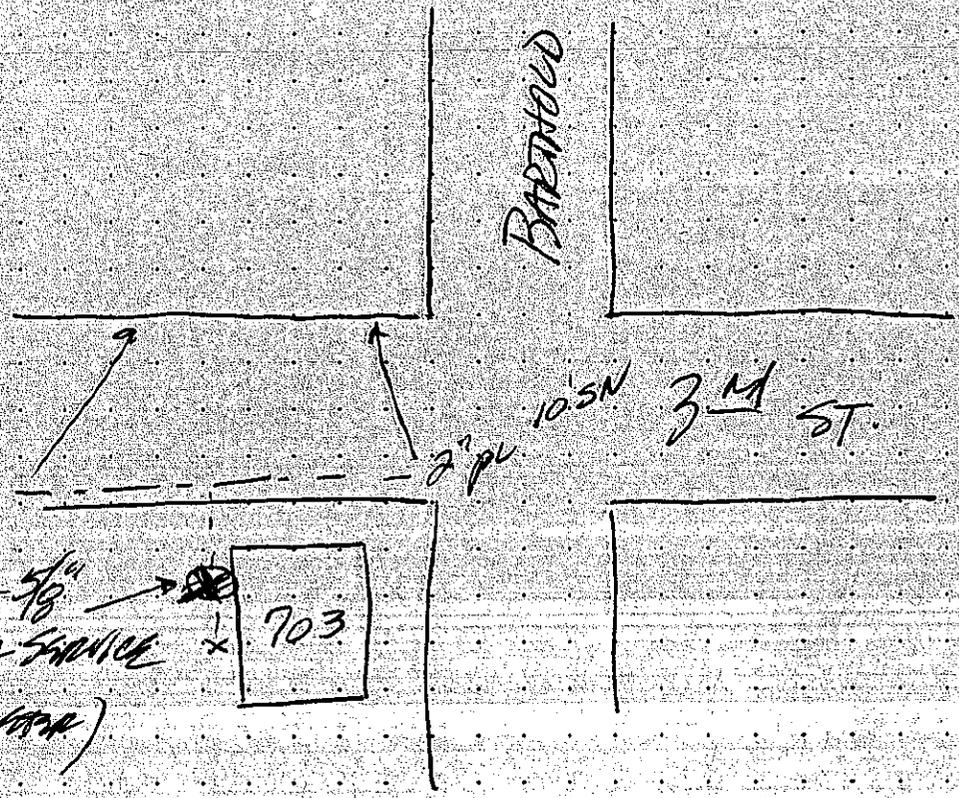
Re-evaluation Comments: \_\_\_\_\_

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

Indicate North



BATHOLD ST



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

C.I.S. (was) Down

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

REPORTING OPERATING AREA FT. WAYNE - LOA MAXIMO WO # M541558 / M541564
OPERATING AREA CONTACT Jason Haner JOB ORDER # 574542
TRACKING NUMBER 018-2012-0826-003 LOCATE REF # No locate request
Locate Performed By: USIC

DATE AND TIME OF ACCIDENT 8/26 2012 M DATE OF REPORT 08/26/12
PLACE OF DAMAGE (INCLUDE CITY) 703 3rd St. Ft Wayne In 46808

DAMAGE WAS TO:

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

OTHER (DESCRIBE)

GAS: SERVICE MAIN ( ) SIZE 78" MATERIAL: PLASTIC ( ) STEEL ( ) METER ( ) REG STATION ( ) STUB ( )

DEPTH OF FACILITY (inches) 29" PRESSURE (PSI) N/A Lbs. - capped line

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

INTERRUPTION OF SERVICE: YES ( ) NO ( ) NUMBER OF CUSTOMERS LOST: 0 - No meter

DURATION OF INTERRUPTION: TIME REPORTED N/A TIME SHUT OFF 1 30 min TIME RESTORED

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/4" E.S.T.

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

PARTY THAT CAUSED DAMAGES (NAME) Henry Saylor - 1-200-480-5290

ADDRESS OF PARTY (INCLUDE CITY) 703 3rd St. Wayne, IN. 46808

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Henry Saylor (Homeowner)

WITNESS NAME AND ADDRESS

WITNESS REMARKS Since no meter here, he thought service was restored

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY REPORT #

FIRE ( ) AGENCY REPORT #

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

PHOTOS TAKEN: YES ( ) NO ( ) TAKEN BY: (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 ( ) IRRIGATION ( ) MOWING
( ) LANDSCAPING ( ) PIPELINE ( ) MILLING ( ) OTHER
( ) POLE/SIGN POST ( ) ROAD WORK ( ) SEWER

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

- ( ) AUGER ( ) HAND TOOLS ( ) BACKHOE/TRACKHOE
( ) MILLING EQUIPMENT ( ) PROBING DEVICE ( ) BORING / DRILLING
( ) EXPLOSIVES ( ) TRENCHER ( ) FARM EQUIPMENT
( ) VACCUUM EQUIPMENT ( ) GRADER ( ) OTHER

REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW

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

COMMENTS:

Customer (Henry Szyrak) Digging up water line, nicked 5/8" plastic service - no meter piece, he thought service was repaired. I capped off; informed Rick Williams (supervisor) - to have service repaired

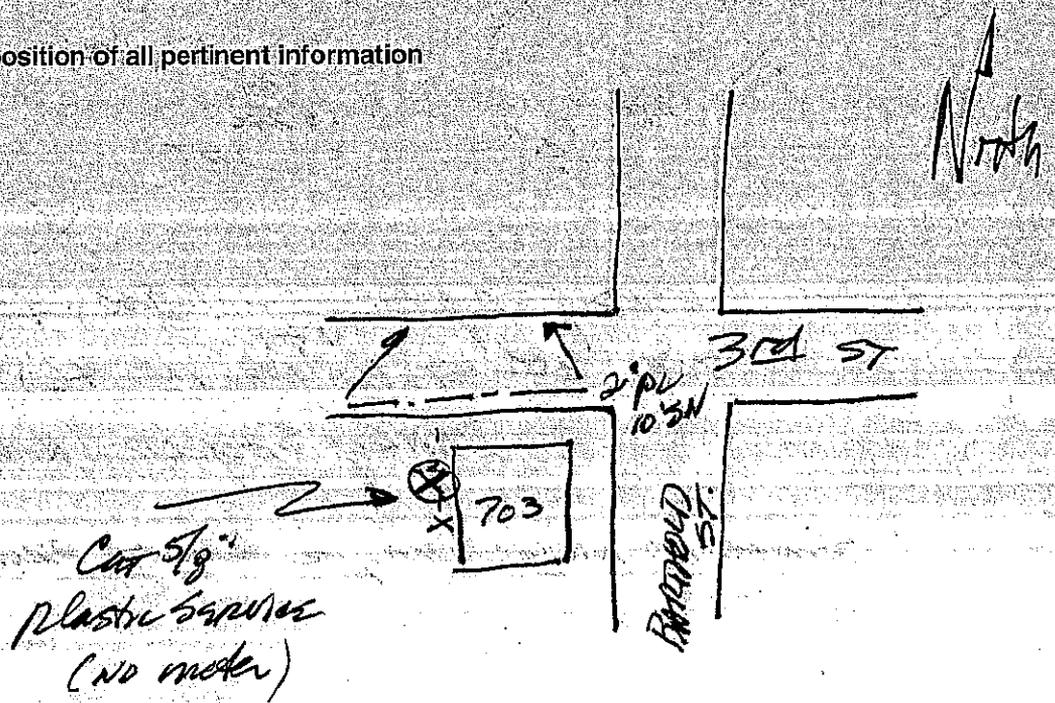
PERSON PREPARING REPORT Charles Wetherwath - # 011248

FIELD SUPERVISOR JRK

FIELD MANAGER Richard D. [unclear]

- 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: \_\_\_\_\_



Northern Indiana Public Service Company

**Gas Leak/Carbon Monoxide Investigation Report**

Customer's Name Henry Saylor CIS Ticket No. 588584200  
 Service Address 703 3rd St. City FT. LAUDERDALE District 220  
 Date: 08/26/12 Arrival Time: 11:22 Departure Time: 12:30

**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 <input checked="" type="checkbox"/>	Cost 5'g" plastic		99%
Fireplace				Other <input type="checkbox"/>	LINE		

**Unsafe Condition Notice**

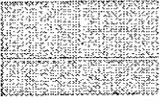
( ) On the date and time listed above, a NIPSCO representative observed your equipment at the above listed address to be operating with the following unsafe condition: \_\_\_\_\_  
 In the interest of your safety, our serviceman has turned off the gas/electricity supplying this equipment. A red tag indicating 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: Customer Dug up water line, nicked 5/8" plastic service (no meter) - replacement service was required, I capped "off" - R. Williams to have service returned

Customer: \_\_\_\_\_ date: 08/26/12 Serviceman: Chris Smith # 011248  
 (signature) (signature) (ID number)

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





**USIC TRACKING NUMBER**  
Jeffrey Kors to: Nipsco - USIC Fort Wayne

08/26/2012 11:20 AM

**TRACKING NUMBERS FOR HIT LINES**

**ADDRESS: 703 3RD ST**

**CITY: FORT WAYNE**

**RESPONDING SERVICEMAN: CHARLIE WALTEMATH**

**CIS SITE ID #: N/A - CIS DOWN**

**USIC TRACKING NUMBER: 018 2012 0826 003**

**WMC ASSIGNER/DISPATCHER NAME: JEFFREY KORS**

**INDIANA 811 LOCATE # (if applicable):**

LA 197637

FURWA M541558

FDFURWA - M 541564





# DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Aug 30, 2012

## 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

## Excavator Information, if known

Full name: S&S Boring, Inc

Business address (number and street): 01116 CR 17

City, State, and ZIP code: Bryan, Ohio 43506

Telephone number (area code): N/A

Fax number (area code): N/A

E-mail address: N/A

## Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Hand Tools

Type of work performed: Sewer (Sanitary/Storm)

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**Date and Location of Damage**Date of damage (*month, day, year*): Aug 23, 2012County: AllenCity: Fort WayneStreet address (*number and street, city, state, and ZIP code*):  
7010 Laura Ln, Fort Wayne, IN 46804Nearest intersection: Hazelhurst DrRight of way where damage occurred: Public - City StreetWas 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*): 2Enter 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? 12

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**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? 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? 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? Unknown/Other

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### **Description of Cause**

Select from the list the most accurate cause for the damage: --No notification made to the one-call center

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### **Additional Comments**

Working under Ironclad Excavatings ticket 1208141424