



Pipeline Safety Division Investigation Report

Investigation regarding: **Gatlin Plumbing And Heating Inc**

UPPAC Database Record ID: 3670

Investigator: Howard Friend

Report Date: 12/13/2012

Damage Date: 8/6/2012

Damage Address: 2070 West 81st Ave

City: Merrillville

County: Lake

The Parties

Excavator: **Gatlin Plumbing And Heating Inc**

Contact: Mathew Murphy, Project Manager

Address: 1111 East Main Street, Griffith, In 46319

Telephone: (219)924-6972

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: Gatlin Plumbing And Heating Inc

UPPAC Database Record ID: 3670

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$265

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1207232214

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Sewer

Synopsis: A natural gas service was damaged during excavation for a storm sewer.

Findings: Reported by NIPSCO; excavator's response to initial notice was received on 10/3/2012. The excavator had a valid locate request and reports the locate marks had been completed and accurate. They indicated they tried to hand excavate to expose the gas facility but the road base was just too hard. The operator reports the locate marks had been graded out.

Conclusion: The excavator failed to use hand or air excavation tools to expose the facility.

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

Information Request
Pipeline Safety Division
Indiana Utility Regulatory Commission

Case No. 3670

The Pipeline Safety Division of the Indiana Utility Regulatory Commission requests any and all information you can provide regarding the following criteria:

The Parties:

Excavator Information: Gatlin Plumbing & Heating, Inc.
Responsible Party Personal Name: Mathew Murphy
Title (if any): Estimator / Project Manager
Address: 1111 E. Main Street
City, State Zip: Griffith, IN 46319-2897
Preferred Telephone: 219-924-6972
Cell Phone Number: 219-228-0776
Email Address: gatlinplumbing@comcast.net

Facility Information:

Business Name: Nipsco
Responsible Party Personal Name: Unknown
Title (if any): Unknown
Address: 801 E. 86th Avenue
City, State Zip: Merrillville, IN 46410
Preferred Telephone: Unknown
Cell Phone Number: Unknown
Email Address: Unknown

Locator Service Information:

Business Name: USIC
Responsible Party Personal Name: Unknown
Title (if any): Unknown
Address: Unknown
City, State Zip: Unknown
Preferred Telephone: Unknown
Cell Phone Number: Unknown
E-mail Address: Unknown

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

Personal Contact: None

Business / Organization Name:

Title (if any): Unknown

Address: Unknown

City, State Zip: Unknown

Preferred Telephone: Unknown

Cell Phone Number: Unknown

E-mail Address: Unknown

Utility Line Impact:

Location of Damage: Lake County

Address: 2070 W. 81st Avenue

City, State Zip: Merrillville, IN 46410

Nearest Intersection: Cleveland Street

Product Type (circle one):

Natural Gas

Facility Type (circle one):

Service Line

Size (Diameter /etc): 1"

Pressure (PSIG/Inches): Unknown

Interruption in Service: Yes Number of Customers Affected: One

Evacuation: No If yes, How Many Evacuated? None

Repair Cost (if known): \$264.55

Cause of Damage Information:

Type of Equipment : John Deere 240 Excavator

Type of Work Performed: Storm Sewer Installation

Release of Product: Yes

Ignition and/or Fire: No

Excavator Notify 811: Yes

Locate Information:

Excavator Request Locate: Yes
Indiana 811 Locate Ticket Number: 1107232209 and 1107232214
Locate Marks Visible: Yes
Locates Marks Correct: Yes
Excavator "White Lined": Yes
Maps Used to Mark Facilities:
Was Locate Provided within Two (2) Working Days: Yes
Operator Employees On-site during Excavation: No

Incident Impact Information:

Number of Outpatient Treated: None
Number of Inpatient Treated: None
Number of Fatalities: None
Fire Department Response: Yes
Police Department Response: No
Ambulance Response: No

Additional Information:

We were installing storm sewer on Frontage Road on US 30, INDOT R-32589. We were removing curb on the north side of frontage road and asphalt grindings and slag sub base. Our excavator dug too deep into the sub base and hit the gas service. We attempted to pothole for the service but were unable to hand dig through the subbase of the road. We had current locate tickets called in and had met with USIC and they had located the service.

Crew on site: John Fasnacht. – Excavator Operator Larry Spoljoric – Loader Operator
John Love - Laborer Tim Angel - Laborer Brian Waldo - Laborer

YOUR PIPELINE SAFETY DIVISION CASE NO: 3670

YOUR FULL NAME: MATHEW MURPHY

FULL NAME OF BUSINESS ENTITY: GATLIN PLUMBING & HEATING, INC.

YOUR BUSINESS TITLE: ESTIMATOR / PROJECT MANAGER

ADDRESS: 1111 E. MAIN STREET

CITY: GRIFFITH STATE: IN ZIP CODE: 46319

YOUR TELEPHONE NUMBER: 219-924-6972 CELL NO: 219-228-0776

YOUR EMAIL ADDRESS: GATLINPLUMBING@COMCAST.NET

TODAY'S DATE: OCTOBER 3, 2012

YOUR SIGNATURE:

TITLE IF ANY: ESTIMATOR/PROJECT MANAGER

Please return your Narrative Statement and Answers to the above questions to:

Pipeline Safety Division – Case No. 3670

Indiana Utility Regulatory Commission

101 West Washington Street, #1500E

Indianapolis, IN 46204

Or scan document(s) and Email to:

PipelineDamageCase@urc.in.gov



101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

October 22, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3670
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3670

To Whom It May Concern:

Attached please find Northern Indiana Public Service Company's ("NIPSCO") written information, and supporting documentation, relating to the following event:

Date of Event: 8/6/2012

Event Location: 2070 West 81st Ave, Merrillville

Facility Owner: Northern Indiana Public Service Company

Excavator: Gatlin Plumbing

Other Party: N/A

Pipeline Division Case No. 3670

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



101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

October 22, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3667
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3667

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: 2611 E Broadway, Logansport

Facility Owner: Northern Indiana Public Service Company

Excavator: Central Paving Inc.

Other Party: N/A

Pipeline Division Case No. 3667

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. 3667 | |
| Date of Event | 8/7/2012 |
| Event Location | 2611 E Broadway, Logansport |
| Facility Owner | Northern Indiana Public Service Company |
| Excavator | Central Paving Inc. |
| Date of IURC Information Request | 9/18/2012 |
| THE PARTIES | |
| EXCAVATOR: | |
| BUSINESS NAME | Central Paving |
| RESPONSIBLE PARTY PERSONAL NAME | Kurt Brandstatler |
| TITLE (IF ANY) | |
| ADDRESS | 2403 S CR 150 E. |
| CITY/ STATE/ZIP | Logansport, IN 46947 |
| PREFERRED TELEPHONE | |
| 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 | 2611 E. Broadway |
| CITY/STATE/ZIP | Logansport, IN 46947 |
| NEAREST INTERSECTION | 26 th |
| PRODUCT TYPE (Select One) | |
| NATURAL GAS | X |
| LIQUID PIPELINE | |
| UNKNOWN/OTHER | |
| FACILITY TYPE (Select One) | |
| DISTRIBUTION | |
| GATHERING | |
| SERVICE/DROP | X |
| TRANSMISSION | |
| UNKNOWN/OTHER | |
| SIZE (DIAMETER/ETC.) | 5/8 plastic |
| PRESSURE (PSIG/INCHES) | 50 |
| INTERRUPTION IN SERVICE (YES/NO) | Yes |
| NUMBER OF CUSTOMERS AFFECTED | 1 |
| EVACUATION (YES/NO) | No |
| IF YES, HOW MANY EVACUATED | |
| REPAIR COST (IF KNOWN) (\$) | 2,108.93 |
| 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 | X |
| Driveway | |
| Electric | |
| Engineering/Surveying | |
| Fencing | |
| Grading | |
| Irrigation | |
| Landscaping | |
| Liquid Pipeline | |
| Milling | |
| Natural Gas | |
| Pole | |
| Public Transit Authority | |
| Railroad Maintenance | |
| Road Work | |
| Sewer (Sanitary/Storm) | |
| Site Development | |
| Steam | |
| Storm Drain/Culvert | |
| Street Light | |
| Telecommunications | |
| Traffic Signal | |
| Traffic Sign | |
| Water | |
| Waterway Improvement | |
| Unknown/Other | |
| | |
| RELEASE OF PRODUCT (YES/NO) | Yes |
| IGNITION AND/OR FIRE (YES/NO) | No |
| EXCAVATOR NOTIFY 811 (YES/NO) | No |
| LOCATE INFORMATION: | |

| | |
|---|------------|
| EXCAVATOR REQUEST LOCATE (YES/NO) | Yes |
| INDIANA 811 LOCATE TICKET NUMBER | 1208012327 |
| LOCATE MARKS VISIBLE (YES/NO) | Yes |
| LOCATE MARKS CORRECT (YES/NO) | No |
| EXCAVATOR "WHITE LINED" (YES/NO) | No |
| MAPS USED TO MARK FACILITIES (YES/NO) | Yes |
| 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 | |
| <p>USIC submitted "untoneable", so facility was located with NIPSCO assistance using maps. Maps were inaccurate (off by about 35").</p> <p>Nipsco emergency repair ticket #: 1208071775</p> | |

NIPSCO 00774 IUPPSa 08/01/2012 14:13:42 1208012327-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1208012327 Date: 08/01/2012 Time: 14:12 Oper: BBASTIN Chan:045

#3667

State: IN Cnty: CASS Twp: EEL
Cityname: LOGANSPORT Inside: Y Near: N
Subdivision:

Address : 2611
Street : E BROADWAY /
Cross 1 : 26TH ST Within 1/4 mile: Y
Location: LOCATE ENTIRE PROPERTY
:
Grids : 4045B8619A 4045B8620D
Boundary: n 40.760696 s 40.758850 w -86.334915 e -86.329720

Work type : INSTALL DRAINAGE PIPE
Done for : JOHN NYES
Start date: 08/03/2012 Time: 14:30 Hours notice: 48/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 3 DAYS Depth: 4 FEET

Company : CENTRAL PAVING INC Type: CONT
Co addr : 2403 SOUTH CO RT 150 EAST
City : LOGANSPORT State: IN Zip: 46947
Caller : KURT BRANDSTATTER Phone: (574)722-4727
Contact : KURT BRANDSTATTER - CELL Phone:
BestTime:
Mobile : (574)721-1907
Fax : (574)753-6335
Email : KURT@CPILOGANSPORT.COM

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

Submitted date: 08/01/2012 Time: 14:12
Members: ID3043 ID6231 ID8000 NIPSCO SM

Fact Based Investigation Report

NOTIFICATION ID: 01820120807005 **DISTRICT:** Northern IN
DAMAGE DATE: 8/7/2012 11:00:00 AM **NOTIFICATION DATE:** 8/7/2012 12:35:07 PM
NOTIFIED BY: CARLA BEASON Facility Owner
DAMAGE ADDRESS: 2611 E BROADWAY X 26TH ST
CITY: LOGANSPORT **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 08/07/2012
FROM: 13:00:00 **TO:** 13:35:00

EXCAVATOR INVOLVED: CENTRAL PAVING
TYPE OF EXCAVATION: STORM SEWER

ORIG. LOCATE REQ.: 1208071775 **START DATE/TIME:**
TYPE OF TICKET: **LOCATE REQ. INFO N/A:**

DIG UP/DAMAGE REQ.: M59503183 **START DATE/TIME:**

PICTURES TAKEN BY: MIKE CADE **DATE/TIME:** 8/7/2012 1:20:00 PM
PHOTOGRAPHY TYPE: Digital **FRAME #:** N/A

INVESTIGATOR EMP#: 112161 **INVESTIGATOR NAME:** MIKE CADE
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120807005
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** Gas Service
LOCATOR NAME & EMP #: Cade Mike - 112161
LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:
Other

Other: TURNED IN AN UNTOANABLE NIPSCO WAS ON SITE @ TIME

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:

MARKED SERV PER MEASUREMENTS, TURNED IN AN UNTOANABLE , DOUG EASTER W/NIPSCO WAS ON SITE AT TIME OF DAMAGE. MEASUREMENTS ARE OFF BY 38" AT DAMAGE

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

DOUG EASTER

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

N/A

LIST ANY OTHER INDIVIDUALS ON SITE:

N/A

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? No

EXTENT OF FACILITY DAMAGE PULLED

REPLACEMENT FOOTAGE 80' THEY RAN NEW SERV

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No N/A

WHAT CONTRACTOR EQUIPMENT WAS USED? N/A

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S) N/A



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: Central Paving Inc

Business address (*number and street*): 2403 S 150 E

City, State, and ZIP code: Logansport, IN, 46947

Telephone number (*area code*): (574)722-4727

Fax number (*area code*): (574)753-6335

E-mail address: KURT@CPILOGANSPORT.COM

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Storm Drain/Culvert

Date and Location of Damage

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

County: Cass

City: Logansport

Street address (number and street, city, state, and ZIP code):
2611 E Broadway, Logansport, IN 46947

Nearest intersection: 26th St

Right of way where damage occurred: Private - Land Owner

Was there a release of product? Yes

If yes, was there an ignition of product? No

Were evacuations necessary as a result of release? No

If yes, how many evacuated? 0

Was there a customer service interruption? Yes

If yes, how many affected? 1

Time to restore service (in hours): 0.75

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? 25

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1208012327

Was the locate request completed within two working days? Yes

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

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

Were facility marks visible in the area of excavation? Yes

Were facilities marked correctly? No

Type of markings used: Paint and Flags

If other, please specify: _____

Was site marked by "White Lining"? No

Were special instructions part of the locate request? No

Were maps used to complete the locate request? Yes

Were pipeline company representatives on site during excavation? No

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

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

Did the excavator notify 911 in the event of a release of product? Unknown/Other

Description of Cause

Select from the list the most accurate cause for the damage: --Incorrect facility records/maps

Additional Comments

Nipsco internal reports shows locate was located by measurements
Nipsco emergency repair ticket 1208071775

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Peru MAXIMO WO# M526460
OPERATING AREA CONTACT D. Palmer JOB ORDER # 561488
TRACKING NUMBER 018 2012 0807 005 LOCATE REF # 1208012327
Locate Performed By:

DATE AND TIME OF ACCIDENT 8/7 2012, 11:45 AM DATE OF REPORT 8/7/12
PLACE OF DAMAGE (INCLUDE CITY) 2611 E. Broadway

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

OTHER (DESCRIBE)

GAS: SERVICE MAIN () SIZE 5/8 MATERIAL: PLASTIC () STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE) Insert

DEPTH OF FACILITY (inches) 25 PRESSURE (PSI) 50 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 11:45 AM TIME SHUT OFF 12:30 PM TIME RESTORED

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 3 1/8" - old service to be buried - new service w/bc ran

LOCATE MARKS ON SITE: YES () DISTANCE BETWEEN FACILITY AND LOCATE MARKS 3 1/2 Ft. NO ()
HOW LOCATED: PAINT () FLAGS () BOTH () WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) Central Paving

ADDRESS OF PARTY (INCLUDE CITY) 2403 S CR. 150 E. Logansport

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

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 mislocated?

COMMENTS:

per contractor + USIC locates were 3 1/2 ft off. Located off measurements

PERSON PREPARING REPORT

Scott McAllen

FIELD SUPERVISOR

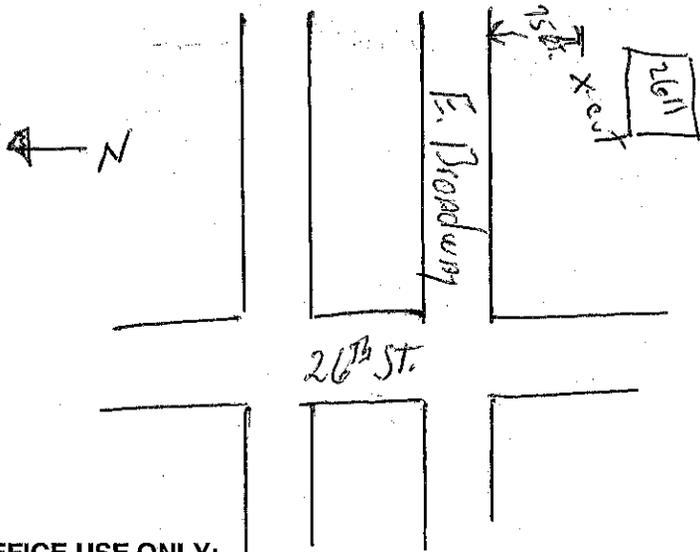
D. Palmer

FIELD MANAGER

D. Salmon

- 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:

Scott McAllen

DATE:

8/7/12

| IURC INFORMATION REQUEST | |
|---|---|
| Pipeline Safety Division Case No. 3670 | |
| Date of Event | 8/6/2012 |
| Event Location | 2070 West 81st Ave, Merrillville |
| Facility Owner | Northern Indiana Public Service Company |
| Excavator | Gatlin Plumbing |
| Date of IURC Information Request | 9/18/2012 |
| THE PARTIES | |
| EXCAVATOR: | |
| BUSINESS NAME | Gatlin Plumbing |
| RESPONSIBLE PARTY PERSONAL NAME | John Love |
| TITLE (IF ANY) | |
| ADDRESS | 1111 E. Main St |
| CITY/ STATE/ZIP | Griffith, IN 46319 |
| PREFERRED TELEPHONE | |
| 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 | 2070 W 81 st Avenue |
| CITY/STATE/ZIP | Merrillville, IN |
| NEAREST INTERSECTION | Taft St |
| 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.) | 1 1/8 plastic |
| PRESSURE (PSIG/INCHES) | 42 |
| INTERRUPTION IN SERVICE (YES/NO) | Yes |
| NUMBER OF CUSTOMERS AFFECTED | 1 |
| EVACUATION (YES/NO) | No |
| IF YES, HOW MANY EVACUATED | |
| REPAIR COST (IF KNOWN) (\$) | 264.55 |
| 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 | |
| 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) | Yes |
| IGNITION AND/OR FIRE (YES/NO) | No |
| EXCAVATOR NOTIFY 811 (YES/NO) | 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 | |
| Facilities not properly located. | |

NIPSCO 00643 IUPPSa 07/23/2012 13:18:54 1207232214-00A NORM NEW GRID

NORMAL NOTICE JOB EXTENSION

Ticket : 1207232214 Date: 07/23/2012 Time: 13:13 Oper: LSTEVENSON Chan:018

#3670

State: IN Cnty: LAKE Twp: ROSS
Cityname: MERRILLVILLE Inside: Y Near: N
Subdivision:

Address :
Street : W 81ST AVE
Cross 1 : CLEVELAND PL Within 1/4 mile: Y
Location: FROM THE ABOVE INTERSECTION LOCATE 300 FEET WEST FROM RIGHT OF WAY TO
RIGHT OF WAY ON BOTH SIDES OF W 81ST AVE

:
Grids : 4128D8721B 4128C8721B 4128D8721A 4128C8721A
Boundary: n 41.471794 s 41.470695 w -87.364067 e -87.361519

Work type : STORM SEWER INSTALLATION
Done for : INDOT
Start date: 07/25/2012 Time: 13:30 Hours notice: 48/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 1 MONTH Depth: 12 FOOT

Company : GATLIN PLUMBING Type: CONT
Co addr : 1111 EAST MAIN STREET
City : GRIFFITH State: IN Zip: 46319
Caller : MATT MURPHY Phone: (219)924-6972
Contact : MATT MURPHY - CELL Phone:
BestTime:
Mobile : (219)228-0776
Fax : (219)924-1401
Email : GATLINPLUMBING@COMCAST.NET

Remarks : All tickets are taken and processed on Eastern Daylight Time
REMARK AS NEEDED---PREVIOUS TICKET NUMBER IS 1207062511---THANK YOU!
Will you be white-lining the dig site area? YES
:

Submitted date: 07/23/2012 Time: 13:13
Members: COMCN IB ID2227 ID3996 ID6784 NIPSCO SM

Fact Based Investigation Report

NOTIFICATION ID: 01820120806011 **DISTRICT:** Northern IN
DAMAGE DATE: 8/6/2012 12:25:00 PM **NOTIFICATION DATE:** 8/6/2012 12:41:32 PM
NOTIFIED BY: MARK DILOSA Facility Owner
DAMAGE ADDRESS: 2060 W 81ST AVE
CITY: MERRYVILLE **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 08/06/2012
FROM: 11:20:00 **TO:** 11:35:00

EXCAVATOR INVOLVED: GATLIN PLUMBING
TYPE OF EXCAVATION: storm sewer

ORIG. LOCATE REQ.: 1207232214 **START DATE/TIME:** 7/25/2012 12:30:00 PM
TYPE OF TICKET: Ongoing Project **LOCATE REQ. INFO N/A:**

DIG UP/DAMAGE REQ.: M59317161 **START DATE/TIME:** 8/6/2012 1:45:00 PM

PICTURES TAKEN BY: jonathan linn **DATE/TIME:** 8/6/2012 11:20:00 AM
PHOTOGRAPHY TYPE: Digital **FRAME #:**

INVESTIGATOR EMP#: 125982 **INVESTIGATOR NAME:** jonathan linn
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120806011
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** Gas Service
LOCATOR NAME & EMP #: Linn Jonathon - 125982
LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:
Other

Other: Not Marked

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:

gas service hit, not marked. USIC at fault

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

na

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

na

LIST ANY OTHER INDIVIDUALS ON SITE:

na

WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL? Yes

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

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS? No

EXTENT OF FACILITY DAMAGE cut service

REPLACEMENT FOOTAGE 4 ft

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? backhoe

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Aug 27, 2012

Who is submitting this information?

Name of person providing this information: Steve Noffsinger

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

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

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

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

E-mail address: cludwig@nisource.com

Excavator Information, if known

Full name: Gatlin Plumbing

Business address (number and street): 1111 East Main Street

City, State, and ZIP code: Griffith, IN 46319

Telephone number (area code): (219)924-6972

Fax number (area code): (219)924-1401

E-mail address: GATLINPLUMBING@COMCAST.NET

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Sewer (Sanitary/Storm)

Date and Location of DamageDate of damage (*month, day, year*): Aug 6, 2012County: LakeCity: MerrillvilleStreet address (*number and street, city, state, and ZIP code*):
2070 West 81st Ave, Merrillville, IN, 46410Nearest intersection: Cleveland PlRight of way where damage occurred: Private - BusinessWas there a release of product? YesIf yes, was there an ignition of product? NoWere evacuations necessary as a result of release? NoIf yes, how many evacuated? 0Was there a customer service interruption? YesIf yes, how many affected? 1Time to restore service (*in hours*): 3Enter number of injuries, if applicable and known: 0Enter number of fatalities, if applicable and known: 0Property damage, Estimate \$

Affected Facility InformationWhat type of pipeline was damaged? Natural GasWhat was the affected facility? Service/DropWhat was the depth of the facility, in inches? 32

Notification, Locating, MarkingDid excavator request locates prior to commencing work? YesEnter Indiana 811 ticket number, if known: 1207232214

Was the locate request completed within two working days? Yes

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

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

Were facility marks visible in the area of excavation? No

Were facilities marked correctly? Unknown/Other

Type of markings used: Other

If other, please specify: Unknown

Was site marked by "White Lining"? Yes

Were special instructions part of the locate request? No

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

Were pipeline company representatives on site during excavation? No

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

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

Did the excavator notify 911 in the event of a release of product? Unknown/Other

Description of Cause

Select from the list the most accurate cause for the damage: --Failure to maintain the marks

Additional Comments

Nipsco internal report shows no locates
Contractor should have call for more locates

NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Gary MAXIMO WO # _____
OPERATING AREA CONTACT Wheeler Stanley JOB ORDER # 475863
TRACKING NUMBER 01820120806011 LOCATE REF # _____
Locate Performed By: _____

DATE AND TIME OF ACCIDENT 8-6-12 20____ M DATE OF REPORT 8-6-12
PLACE OF DAMAGE (INCLUDE CITY) Merrillville 2070 W. 81ST AVE

DAMAGE WAS TO:

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

OTHER (DESCRIBE) _____

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

DEPTH OF FACILITY (inches) 37" PRESSURE (PSI) 42 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 12⁰⁰ TIME RESTORED 3⁰⁰ pm

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: _____

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

PARTY THAT CAUSED DAMAGES (NAME) Gallin Plumbing

ADDRESS OF PARTY (INCLUDE CITY) 1111 E main st Griffith 46319

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

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

- | | | | |
|--|-------------------------------------|---|---|
| <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 type="checkbox"/> HAND TOOLS | <input checked="" 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 checked="" type="checkbox"/> AUTOMOTIVE ACCIDENT | <input type="checkbox"/> EXCAVATING BEFORE LOCATES DUE | <input type="checkbox"/> CARELESS MACHINE OPERATOR | |
| <input checked="" type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED | <input type="checkbox"/> STUB | <input type="checkbox"/> OTHER <u>No Locates</u> |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM