



Pipeline Safety Division Investigation Report

Investigation regarding: **The Robert Henry Corporation**

UPPAC Database Record ID: 3705

Investigator: Howard Friend

Report Date: 12/27/2012

Damage Date: 9/5/2012 9:58:45 AM

Damage Address: Snowberry Dr

City: Fort Wayne

County: Allen

The Parties

Excavator: **The Robert Henry Corporation**

Contact: John Henry

Address: 404 South Francis Street, South Bend, In 46617

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: The Robert Henry Corporation

UPPAC Database Record ID: 3705

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 2

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$537

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1208230298

Type of Equipment: Hand Tools

Type of work performed: Electric

Synopsis: A natural gas service was damaged during excavation to install an electric line.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 10/4/2012. The excavator had a valid locate request and the operator provided accurate locate markings. The excavator damaged the line with a shovel trying to expose the facility.

Conclusion: The excavator failed to plan the excavation to avoid damage to underground facilities.

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



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3705

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

Upon completion of answers select email button for submission.

The Parties

Excavator Information:

Business Name: THE ROBERT HENRY CORPORATION

Responsible Party Personal Name: BEAU PRATER

Title (if any): FOREMAN

Address (number and street): 404 S. FRANCES STREET

City, State and ZIP Code: SOUTH BEND INDIANA 46617

Preferred Telephone Number (area code): (574) 232-2091

Cellular Telephone Number (area code): _____

Email Address: jhenry@roberthenrycorp.com

Facility Information:

Business Name: NIPSCO GAS

Responsible Party Personal Name: _____

Title (if any): _____

Address (number and street): 801 E. 86TH ST.

City, State and ZIP Code: MERRILLVILLE INDIANA 46410

Preferred Telephone Number (area code): (219) 647-4033

Cellular Telephone Number (area code): _____

Email Address: _____

Locator Service Information:

Business Name: _____

Responsible Party Personal Name: _____

Title (if any): _____

Address (number and street): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Cause of Damage Information

Type of Equipment (select one): SHOVEL / HAND TOOL

Type of Work Performed (select one): INSTALLING PRIMARY ELECTRIC

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

Personal Contact: FOREMAN - BEAU PRATER

Business/Organization Name: THE ROBERT HENRY CORPORATION

Title (if any): FOREMAN

Address (number and street): 404 S. FRANCES ST.

City, State and ZIP Code: SOUTH BEND INDIANA 46617

Preferred Telephone Number (area code): (574) 232-2091

Cellular Telephone Number (area code): _____

Email Address: jhenry@roberthencrycorp.com

Utility Line Impact

Location of Damage:

Address (number and street): SNOWBERRY DR & MAGNOLIA LN.

City, State and ZIP Code: FORT WAYNE, INDIANA

Nearest Intersection: _____

Product Type (select one): NATURAL GAS

Facility Type (select one): SERVICE DROP

Size (Diameter/etc.): ?

Pressure (PSIG/Inches): ?

Interruption in Service: Yes No Number of Customers Affected: 1

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

Repair Cost (if known): \$ 536.51

Release of Product: Yes No

Ignition and/or Fire: Yes No

Excavator Notify 811: Yes No

Locate Information

Excavator Request Locate: Yes No

Indiana 811 Locate Ticket Number: 1208230298

AFTER HIT NEW REQUEST # 1209051221

- Locate Marks Visible: Yes No
- Locate Marks Correct: Yes No
- Excavator "White Lined": Yes No
- Maps Used to Mark Facilities: Yes No ?
- Was Locate Provided within Two (2) Working Days: Yes No
- Operator Employees On-site during Excavation: Yes No

Incident Impact Information

Number of Outpatient Treated: 0

Number of Inpatient Treated: 0

Number of Fatalities: 0

Fire Department Response: Yes No

Police Department Response: Yes No ?

Ambulance Response: Yes No ?

Additional Information / Comments

SEE ATTACHED "UTILITY HIT REPORT"
 ANY ADDITIONAL QUESTIONS
 CALL JOHN HENRY AT (574) 232-2091

SENT 9-11-12

574-232-2091 Voice - 574-232-3979 Facsimile

Utility Hit Report

For Office Use Only: Indicate Apparently For Record Purpose Only by Checking Box

RHC Job Number 100642

Date 9-5-12 Time 10:00 am

Address/Location Snowberry dr + (Subdivision or

Magnolia Ln FORT WAYNE IN (City and State)

RHC Foreman on site _____ (Include Cell Phone #)

Other RHC crew personnel Beau Prater + Anthony Miller

Utility hit gas Service - NIPSCO

Contact in their office/name _____ ph# _____

Pictures taken? Yes _____ No

Were utility marks accurate? Yes No _____

If mislocated or not located, signature of utility locator at the site who takes responsibility for the damage:

Name _____ Signature _____

Utility _____ Date _____

Locate Ticket # 1208230298

New request # after hit 1209051221

Describe in detail how hit happened:

Hand digging spot of gas Service

locate hit Service with shovel

+ pop a hole in pipe

OVER IF NECESSARY

THIS REPORT MUST BE FILLED OUT & FAXED TO THE SOUTH BEND OFFICE THE DAY OF THE INCIDENT

Z:\UTILITY\Forms for Doug\Utility Hit Report form.doc

TOTAL P. 01



101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

October 24, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3705
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3705

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: 9/5/2012

Event Location: Snowberry Dr, Fort Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: The Robert Henry Corporation

Other Party: N/A

Pipeline Division Case No. 3705

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

IURC INFORMATION REQUEST	
Pipeline Safety Division Case No. 3705	
Date of Event	9/5/2012
Event Location	Snowberry Dr, Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	The Robert Henry Corporation
Date of IURC Information Request	9/18/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Robert Henry Corp
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	404 S. Francis St.
CITY/ STATE/ZIP	South Bend, IN 46624
PREFERRED TELEPHONE	574 232-2091
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
RESPONSIBLE PARTY PERSONAL NAME	Morgan Thompson
TITLE (IF ANY)	Claims Coordinator
ADDRESS	9045 N. River Rd. Suite 300
CITY/ STATE/ZIP	Indianapolis, IN 46240
PREFERRED TELEPHONE	1-317-538-7301
CELL PHONE TELEPHONE	Same
EMAIL ADDRESS	morganthompson@usicinc.com
OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION	
PERSONAL CONTACT	
BUSINESS/ORGANIZATION NAME	
TITLE (IF ANY)	

ADDRESS	
CITY/ STATE/ZIP	
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
UTILITY LINE IMPACT	
LOCATION OF DAMAGE	
ADDRESS	7101 Snowberry Drive
CITY/STATE/ZIP	Fort Wayne, IN 46814
NEAREST INTERSECTION	Magnolia Dr.
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)	45
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	2
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	0
REPAIR COST (IF KNOWN) (\$)	536.51
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	X
Milling Equipment	
Probing Device	

Trancher	
Vacuum Equipment	
Unknown/Other	
TYPE OF WORK PERFORMED (Select One)	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	
Bldg. Demolition	
Drainage	
Driveway	
Electric	X
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)	Y
IGNITION AND/OR FIRE (YES/NO)	No
EXCAVATOR NOTIFY 811 (YES/NO)	Y- 1209051221
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1208230298
LOCATE MARKS VISIBLE (YES/NO)	Y
LOCATE MARKS CORRECT (YES/NO)	Y
EXCAVATOR "WHITE LINED" (YES/NO)	N
MAPS USED TO MARK FACILITIES (YES/NO)	Y
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	No
INCIDENT IMPACT INFORMATION	
NUMBER OF OUTPATIENT TREATED	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FATALITIES	0
FIRE DEPARTMENT RESPONSE (YES/NO)	Y
POLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
ADDITIONAL INFORMATION/COMMENTS	
Excavator hit accurately located facility with hand tool	

Fact Based Investigation Report

NOTIFICATION ID: 01820120905003 **DISTRICT:** Northern IN
DAMAGE DATE: 9/5/2012 9:58:48 AM **NOTIFICATION DATE:** 9/5/2012 10:05:12 AM
NOTIFIED BY: BEAU PRATER
DAMAGE ADDRESS: SNOWBERRY DR
CITY: FORT WAYNE **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 09/05/2012
FROM: 10:15:00 **TO:** 10:30:00

EXCAVATOR INVOLVED: ROBERT HENRY
TYPE OF EXCAVATION: ELECTRIC

ORIG. LOCATE REQ.: 1208230298 **START DATE/TIME:**
TYPE OF TICKET: **LOCATE REQ. INFO N/A:**

DIG UP/DAMAGE REQ.: 1209051221 **START DATE/TIME:**

PICTURES TAKEN BY: RON STEPHENS **DATE/TIME:** 9/5/2012 10:20:00 AM
PHOTOGRAPHY TYPE: Digital **FRAME #:** N/A

INVESTIGATOR EMP#: 123132 **INVESTIGATOR NAME:** RON STEPHENS
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120905003
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: *(optional)*

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** Gas Service
LOCATOR NAME & EMP #: Stephens Ron - 123132
LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:
Facility Marked Accurately

Other:

CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):
Visual, Facility Exposed At Time Of Investigation

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

PAINT LINES UP WITH DAMAGE CUT WITH SHOVEL TRING TO EXPOSE

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

N/A

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? Yes

EXTENT OF FACILITY DAMAGE CUT SERVICE PLASTIS 5/8

REPLACEMENT FOOTAGE 2

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? N/A

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

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

NIPSCO 00425 IUPPSa 09/05/2012 09:58:45 1209051221-00A EMER DAMG STRT

DAMAGE DAMAGE

Ticket : 1209051221 Date: 09/05/2012 Time: 09:55 Oper: DWILSON Chan:006

State: IN Cnty: ALLEN Twp: ABOITE
Cityname: FORT WAYNE Inside: N Near: Y
Subdivision: BITTERSWEET TRAILS

#3705

Address :

Street : SNOWBERRY DR
Cross 1 : BITTERSWEET MOORS DR Within 1/4 mile: Y
Location: LOCATE FRONT EASEMENTS OF LOTS 610 AND 430 SNOWBERRY DR
***Boring Where = EASEMENTS AND ROADS
:
Grids : 4101D8517B 4101C8517B 4101D8517A
Boundary: n 41.021191 s 41.017124 w -85.297180 e -85.293022

Work type : INSTALL ELECTRIC
Done for : NORTHEASTERN REMC
Start date: 09/05/2012 Time: 09:56 Hours notice: 0/0 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: Y
Duration : 2 WEEKS Depth: 4 FEET

Company : THE ROBERT HENRY CORPORATION Type: CONT
Co addr : 404 SOUTH FRANCIS STREET
City : SOUTH BEND State: IN
Caller : BEAU PRATER Phone: (574)993-3349
Contact : BEAU PRATER - CELL Phone:
BestTime:
Mobile : (574)993-3349

Remarks : All tickets are taken and processed on Eastern Daylight Time
NIPSCO GAS LINE HAS BEEN DAMAGED--GAS IS BLOWING--CAN HEAR AND SMELL IT--FRONT
EASEMENT OF LOT 610--CANNOT DESCRIBE THE LINE--ADVISED TO CALL 911--CREW IS ON
SITE--WILL CALL NIPSCO--PREVIOUS TICKET 1208230298--
Will you be white-lining the dig site area? NO
:

Submitted date: 09/05/2012 Time: 09:55
Members: ARPIN AQUA CC FW ID6111 ID8000 NIPSCO SM

NIPSCO 00661 IUPPSa 08/27/2012 13:00:58 1208230298-01A NORM 2NDR STRT

SECOND NOTICE 2ND NOTICE

Ticket : 1208230298 Date: 08/27/2012 Time: 12:59 Oper: DWILSON Chan:006
Old Tkt: 1208230298 Date: 08/23/2012 Time: 08:23 Oper: LPORTER Rev: 00A

3705

State: IN Cnty: ALLEN Twp: ABOITE
Cityname: FORT WAYNE Inside: N Near: Y
Subdivision: BITTERSWEET TRAILS

Address :

Street : SNOWBERRY DR

Cross 1 : BITTERSWEET MOORS DR Within 1/4 mile: Y

Location: LOCATE FRONT EASEMENTS OF LOTS 610 AND 430 SNOWBERRY DR

***Boring Where = EASEMENTS AND ROADS

:

Grids : 4101D8517B 4101C8517B 4101D8517A

Boundary: n 41.021191 s 41.017124 w -85.297180 e -85.293022

Work type : INSTALL ELECTRIC

Done for : NORTHEASTERN REMC

Start date: 08/27/2012 Time: 08:45 Hours notice: 0/0 Priority: NORM

Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: N

Duration : 2 WEEKS Depth: 4 FEET

Company : THE ROBERT HENRY CORPORATION Type: CONT

Co addr : 404 S FRANCIS ST

City : SOUTH BEND State: IN

Caller : BEAU PRATER Phone: (574)993-3349

Contact : BEAU PRATER - CELL Phone:

BestTime:

Mobile : (574)993-3349

Remarks : All tickets are taken and processed on Eastern Daylight Time
STILL NEEDS THE WATER AND SEWER UTILITIES TO MARK THE PROPERTY--
Will you be white-lining the dig site area? NO

:

Submitted date: 08/27/2012 Time: 12:59

Members: AEPIN AQUA CC FW ID6111 ID8000 NIPSCO SM

COMMENTS :

PERSON PREPARING REPORT FELIPE SAUCEDO 121329

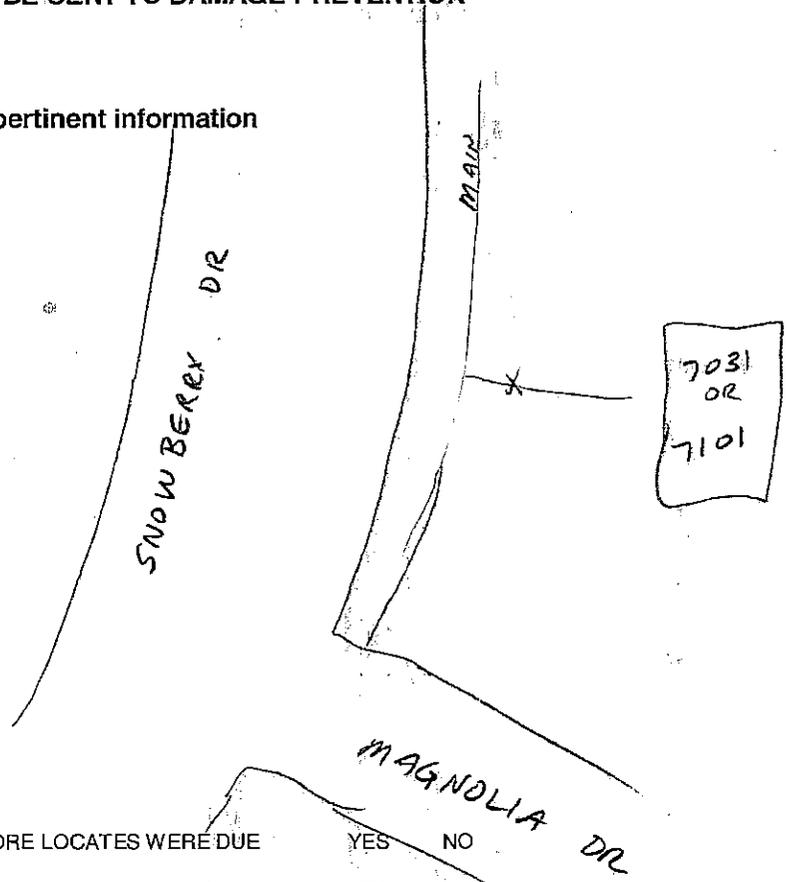
FIELD SUPERVISOR Jason O'P's

FIELD MANAGER _____

- 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 FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA FORT WAYNE MAXIMO WO# M549406

OPERATING AREA CONTACT JASON HANER JOB ORDER # 664432

TRACKING NUMBER 018 2012 0905 003 LOCATE REF # 120 905 1221

Locate Performed By: _____

DATE AND TIME OF ACCIDENT 09:13 9-5-12 2012 M DATE OF REPORT 9-5-12

PLACE OF DAMAGE (INCLUDE CITY) 7101 SNOWBERRY DR, FW

DAMAGE WAS TO:

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

OTHER (DESCRIBE) _____

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

DEPTH OF FACILITY (inches) 30" 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: 2

DURATION OF INTERRUPTION: TIME REPORTED 10:13 TIME SHUT OFF 11:57AM TIME RESTORED 1:30

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

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

PARTY THAT CAUSED DAMAGES (NAME) ROBERT HENRY CORP 574-232-2091

ADDRESS OF PARTY (INCLUDE CITY) 404 So. FRANCIS ST, SOUTH BEND IN

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

WITNESS NAME AND ADDRESS BEAU PRATER

WITNESS REMARKS HARD GROUND

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

FIRE AGENCY FWFD 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 checked="" 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 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 checked="" type="checkbox"/> CARELESS MACHINE OPERATOR |
| <input type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED | <input type="checkbox"/> STUB |
| | | <input checked="" type="checkbox"/> OTHER <u>HARD GROUND</u> |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM