



Pipeline Safety Division Investigation Report

Investigation regarding: **Ryan Schleman**

UPPAC Database Record ID: 3752

Investigator: Howard Friend

Report Date: 3/6/13

Damage Date: 8/4/2012

Damage Address: 2267 N 600 W

City: Wolcott

County: White

The Parties

Excavator: **Ryan Schleman**

Contact:

Address: 2267 North 600 West, Wolcott In 47995

Telephone: (219)863-3287

Facility Owner: NIPSCO

Contact: Kit Earle

Address: 150 W Market Street, Indianapolis, IN 46204

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Investigation regarding: Ryan Schleman

UPPAC Database Record ID: 3752

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: Backhoe/Trackhoe

Type of work performed: Water

Synopsis: A natural gas service was damaged by the home owner while digging up a water line with a backhoe.

Findings: Reported by NIPSCO; excavator's response to initial notice was received on 12/26/2012. The home owner reported he provide notice of excavation but failed to maintain the locate number. Records indicate the home owner provided emergency notice of excavation to repair a water line after he damaged the gas line.

Conclusion: Two violations with this damage. The home owner knowingly provided false notice of excavation by reporting emergency notification to repair a water line after cutting the gas line. The second is the home owner failed to provide notice of excavation two full working days prior to excavation.

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

IC 8-1-26-19(c): Knowingly provides false notice of an excavation.



150 West Market Street, Suite 600
Indianapolis, IN 46204

January 28, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3752
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3752

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: 8/4/2012

Event Location: 2267 N 600 W

Facility Owner: Northern Indiana Public Service Company

Excavator: Ryan Schleman

Other Party: N/A

Pipeline Division Case No. 3752

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. 3752	
Date of Event	8/4/2012
Event Location	2267 N 600 W
Event City	Wolcott
Facility Owner	Northern Indiana Public Service Company
Excavator	Ryan Schleman
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Ryan Schleman
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	2267 N 600 W
CITY/ STATE/ZIP	Wolcott, IN 47995
PREFERRED TELEPHONE	219-863-3287
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	
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	2267 N 600 W
CITY/STATE/ZIP	Wolcott, IN 47955
NEAREST INTERSECTION	W 200 N
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)	35
INTERRUPTION IN SERVICE (YES/NO)	Yes
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	0
REPAIR COST (IF KNOWN) (\$)	N/A
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	

Trancher	
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)	
Site Development	
Steam	
Storm Drain/Culvert	
Street Light	
Telecommunications	
Traffic Signal	
Traffic Sign	
Water	X
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)	No
LOCATE MARKS CORRECT (YES/NO)	No
EXCAVATOR "WHITE LINED" (YES/NO)	No
MAPS USED TO MARK FACILITIES (YES/NO)	No
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)	N/A
POLICE DEPARTMENT RESPONSE (YES/NO)	N/A
AMBULANCE RESPONSE (YES/NO)	N/A
ADDITIONAL INFORMATION/COMMENTS	
<p>No notification made to the one-call center. Called in emergency ticket 1208040152 AFTER damage occurred.</p>	

Fact Based Investigation Report

NOTIFICATION ID: 01820120804002

DISTRICT: Northern IN

DAMAGE DATE: 8/4/2012 11:40:00 AM

NOTIFICATION DATE: 8/4/2012 11:36:41 AM

NOTIFIED BY: ANGELA 219-252-4057 Other

DAMAGE ADDRESS: 2267 N. 600 W.

CITY: WOLCOTT

ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 08/04/2012

FROM: 12:45:00

TO: 13:10:00

EXCAVATOR INVOLVED: Homeowner

TYPE OF EXCAVATION: water-repair

ORIG. LOCATE REQ.:

START DATE/TIME:

TYPE OF TICKET:

LOCATE REQ. INFO N/A: Yes

DIG UP/DAMAGE REQ.: M59228049

START DATE/TIME: 8/4/2012 10:40:00 AM

PICTURES TAKEN BY: TimBednarz

DATE/TIME: 8/4/2012 12:45:00 PM

PHOTOGRAPHY TYPE: Digital

FRAME #:

INVESTIGATOR EMP#: 116288

INVESTIGATOR NAME: TimBednarz

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120804002

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF FACILITY ID: Gas Service

LOCATOR NAME & EMP #:

LOCATOR NOT KNOWN: Yes

CHECK ALL THAT APPLY TO INVESTIGATION:

No Locate Req. By Contractor

Other:

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

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

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

Homeowner-had-no-locate-request-was-putting-in-a-water-line-or-repair.Repairs-to-gas-line-prior-to-arrival.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:
N/A

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

LIST ANY OTHER INDIVIDUALS ON SITE:
Helpers-for-the-dig

WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL? No

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

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS? No

EXTENT OF FACILITY DAMAGE cut-thru

REPLACEMENT FOOTAGE 12-18"-splice

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED?

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)

NIPSCO 00043 IUPPSa 08/04/2012 12:55:57 1208040152-00A EMER NEW STRT

EMERGENCY EMERGENCY

Ticket : 1208040152 Date: 08/04/2012 Time: 12:50 Oper: JELEWITZ Chan:086

State: IN Cnty: WHITE Twp: PRINCETON
Cityname: WOLCOTT Inside: N Near: Y
Subdivision:

#3752

Address : 2267
Street : N 600 W
Cross 1 : W 200 N Within 1/4 mile: Y
Location: LOCATE THE FRONT OF THE ABOVE PROPERTY
:
Grids : 4046B8659D 4046A8659D 4047D8659D
Boundary: n 40.785755 s 40.779057 w -86.987274 e -86.985733

Work type : REPAIRING A BROKEN WATER LINE
Done for : RYAN SCHLEMAN
Start date: 08/04/2012 Time: 12:53 Hours notice: 0/0 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 1 DAY Depth: 4 FEET

Company : RYAN SCHLEMAN Type: HOME
Co addr : 2267 NORTH 600 WEST
City : WOLCOTT State: IN Zip: 47995
Caller : RYAN SCHLEMAN Phone: (219)863-3287
Contact : RYAN SCHLEMAN - CELL Phone:
BestTime:
Mobile : (219)863-3287

Remarks : All tickets are taken and processed on Eastern Daylight Time
CREW ON SITE

Will you be white-lining the dig site area? YES
:

Submitted date: 08/04/2012 Time: 12:50
Members: ID2034 ID7161 NIPSCO ID5857 SM

NO NOTIFICATION TO ONE-CALL.

THIS EMERGENCY CALLED IN

AFTER DAMAGE.



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: Ryan Schleman

Business address (number and street): 2267 NORTH 600 WEST

City, State, and ZIP code: WOLCOTT State: IN Zip: 47995

Telephone number (area code): (219)863-3287

Fax number (area code): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Water

Date and Location of Damage

Date of damage (month, day, year): Aug 4, 2012

County: White

City: Wolcott

Street address (number and street, city, state, and ZIP code):
2267 N 600 W, Wolcott, IN, 47995

Nearest intersection: W 200 N

Right of way where damage occurred: Private - Land Owner

Was there a release of product? Yes

If yes, was there an ignition of product? No

Were evacuations necessary as a result of release? No

If yes, how many evacuated? 0

Was there a customer service interruption? Yes

If yes, how many affected? 1

Time to restore service (in hours): 1

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? 20

Notification, Locating, Marking

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known: 1208040152 called in after the damage to gas line

Was the locate request completed within two working days? Unknown/Other

If locates were performed, were they done so by a contractor or pipeline employee? Unknown/Other

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

Were facility marks visible in the area of excavation? No

Were facilities marked correctly? Unknown/Other

Type of markings used: Other

If other, please specify: No locates

Was site marked by "White Lining"? No

Were special instructions part of the locate request? Unknown/Other

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

Were pipeline company representatives on site during excavation? No

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

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

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

Description of Cause

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

Additional Comments

No notification made to one call center

Called in an emergency ticket after gas line was damaged

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Monticello MAXIMO WO #

OPERATING AREA CONTACT David Prather JOB ORDER # 575030

TRACKING NUMBER LOCATE REF #
Locate Performed By:

DATE AND TIME OF ACCIDENT 8-4 2012, 1050 M DATE OF REPORT 8-4-12

PLACE OF DAMAGE (INCLUDE CITY) 2267 N 600 W, Wolcott

DAMAGE WAS TO:

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

OTHER (DESCRIBE)

GAS: SERVICE X MAIN () SIZE 98" MATERIAL: PLASTIC X STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE)

DEPTH OF FACILITY (inches) 20" PRESSURE (PSI) 35 Lbs.

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

INTERRUPTION OF SERVICE: YES X NO () NUMBER OF CUSTOMERS LOST: 1

DURATION OF INTERRUPTION: TIME REPORTED 1050 TIME SHUT OFF 1115 TIME RESTORED 1215

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 2' X 8'

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

PARTY THAT CAUSED DAMAGES (NAME) Ryan Shweeman (resident)

ADDRESS OF PARTY (INCLUDE CITY) 2267 N 600 W, Wolcott

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Ryan Shweeman

WITNESS NAME AND ADDRESS NA

WITNESS REMARKS

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

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

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

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

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

COMMENTS :

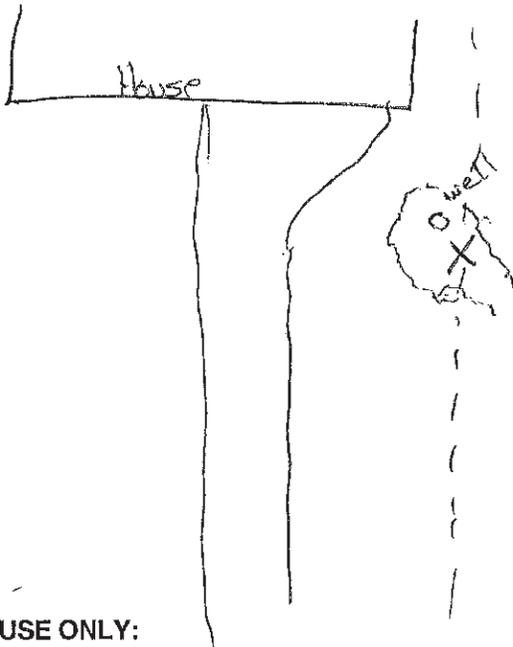
PERSON PREPARING REPORT Chris Hackett

FIELD SUPERVISOR David Prather

FIELD MANAGER John Todd

- 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: _____



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 (NIPSCo)

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: Ryan Schleman

Business address (*number and street*): 2267 NORTH 600 WEST

City, State, and ZIP code: WOLCOTT IN 47995

Telephone number (*area code*): (219)863-3287

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Water

Date and Location of Damage

Date of damage (*month, day, year*): Aug 4, 2012

County: White

City: Wolcott

Street address (*number and street, city, state, and ZIP code*):
2267 N 600 W

Nearest intersection: W 200 N

Right of way where damage occurred: Private - Land Owner

Was there a release of product? Yes

If yes, was there an ignition of product? No

Were evacuations necessary as a result of release? No

If yes, how many evacuated? 0

Was there a customer service interruption? Yes

If yes, how many affected? 1

Time to restore service (*in hours*): 1

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? 20

Notification, Locating, Marking

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known: 1208040152 called in after the damage to gas line

Was the locate request completed within two working days? Unknown/Other

If locates were performed, were they done so by a contractor or pipeline employee? Unknown/Other

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

Were facility marks visible in the area of excavation? No

Were facilities marked correctly? Unknown/Other

Type of markings used: Other

If other, please specify: No locates _____

Was site marked by "White Lining"? No

Were special instructions part of the locate request? Unknown/Other

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

Were pipeline company representatives on site during excavation? No

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

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

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

Description of Cause

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

Additional Comments

No notification made to one call center

Called in an emergency ticket after gas line was damaged

Excavator called for locates after damaging gas facility. MAO 8/27/2012.



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3752

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: Private land owner. Not a business. Not for Hire. Ryan Schleman

Responsible Party Personal Name: Ryan Schleman

Title (if any): Land owner

Address (number and street): 2267N 600W

City, State and ZIP Code: Wolcott, Indiana 47995

Preferred Telephone Number (area code): 219-279-4003

Cellular Telephone Number (area code): 219-863-3287

Email Address: ryanpschleman@gmail

Facility Information:

Business Name: We are not a business. We are land owners . Not a Excavating company.

Responsible Party Personal Name: Ryan Schleman

Title (if any): Land owner

Address (number and street): same as above

City, State and ZIP Code: same as above

Preferred Telephone Number (area code): same as above

Cellular Telephone Number (area code): same as above

Email Address: same as above

Locator Service Information:

Business Name: n/a

Responsible Party Personal Name: n/a

Title (if any): n/a

Address (number and street): n/a

City, State and ZIP Code: n/a

Preferred Telephone Number (area code): n/a

Cellular Telephone Number (area code): n/a

Email Address: n/a

Cause of Damage Information

Type of Equipment (select one): Backhoe/Trackhoe

Type of Work Performed (select one): Water

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

Personal Contact: none

Business/Organization Name: n/a

Title (if any): n/a

Address (number and street): n/a

City, State and ZIP Code: n/a

Preferred Telephone Number (area code): n/a

Cellular Telephone Number (area code): n/a

Email Address: n/a

Utility Line Impact

Location of Damage:

Address (*number and street*): same as above

City, State and ZIP Code: same as above

Nearest Intersection: 600W 100s

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Service/Drop

Size (Diameter/etc.): 3/4 low pressure

Pressure (PSIG/Inches): 8

Interruption in Service: Yes No **Number of Customers Affected:** 0

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

Repair Cost (if known): \$ 0

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: I no longer have this info

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

My name is Ryan Schleman. I am the land owner. I am not for hire. I was repairing a water line in my front yard when I dug too deep and pinched the Nipsco natural gas line that feeds my own home. I immediately called Nipsco and 911. Then I clamped the line so that there would be no chance of leakage. We have no employees and we are not for hire.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3752

Your Full Name: Ryan Paul Schleman

Full Name of Business / Entity (if applicable): none

Your Business Title (if applicable): none

Address (number and street): 2267W 600S

City: Wolcott State: IN ZIP Code: 47995

Your E-mail Address: ryanpschleman@gmail.com

Today's Date (month, day, year): December 26, 2012

Your Signature: _____ Title (if any) n/a

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3752
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov