



Pipeline Safety Division Investigation Report

Investigation regarding: Robert Henry Corporation

UPPAC Database Record ID: 3859

Report Date: 03/11/2013

Investigator: William Boyd

Damage Date: 9/21/2012 1:13:10 PM

Damage Address: 610 S Shore Dr, Culver, Marshall

The Parties

Excavator: Robert Henry Corporation

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

Facility Owner: NIPSCO

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Boring

Type of Work Performed: Electric

Service/Drop

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: Yes

Indiana 811 Ticket Number: 1209111370

Original Start Date:

Locate Instructions: LOCATE A 15 FOOT RADIUS OF THE STAKE ON THE EASTSIDE OF THE PROPERTY GOING NORTH TO METER BASE--APPROX 120 FEET

Follow-Up Locate Instructions (if applicable):

Synopsis: Excavator struck and damaged an underground natural gas service during a boring procedure to install an electric line.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 12/6/2012. Excavator failed to maintain required clearance from the gas service during the procedure.

Conclusion: Excavator failed to maintain the required clearance from the gas facility.

Violation: 8-1-26-20(a)(2) Failure to maintain two (2) feet clearance with mechanized equipment.



150 West Market Street, Suite 600
Indianapolis, IN 46204

January 29, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3859
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3859

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: 9/21/2012

Event Location: 610 S Shore Dr

Facility Owner: Northern Indiana Public Service Company

Excavator: Robert Henry Corporation

Other Party: N/A

Pipeline Division Case No. 3859

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. 3859	
Date of Event	9/21/2012
Event Location	610 S Shore Dr
Event City	Culver
Facility Owner	Northern Indiana Public Service Company
Excavator	Robert Henry Corporation
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Robert Henry Corporation
RESPONSIBLE PARTY PERSONAL NAME	Tom Henry
TITLE (IF ANY)	
ADDRESS	404 S Frances Street
CITY/ STATE/ZIP	South Bend, IN 46617
PREFERRED TELEPHONE	574-232-2091
CELL PHONE TELEPHONE	574-993-3303
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	610 S Shore Dr
CITY/STATE/ZIP	Culver, IN 46511
NEAREST INTERSECTION	
PRODUCT TYPE (Select One)	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
FACILITY TYPE (Select One)	
DISTRIBUTION	
GATHERING	
SERVICE/DROP	X
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	5/8"
PRESSURE (PSIG/INCHES)	
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	N
IF YES, HOW MANY EVACUATED	
REPAIR COST (IF KNOWN) (\$)	
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	X
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	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)	N
EXCAVATOR NOTIFY 811 (YES/NO)	Y 1209211818
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1209111370
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)	N
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)	N
AMBULANCE RESPONSE (YES/NO)	Y
ADDITIONAL INFORMATION/COMMENTS	
<p>Failure to use hand tools where required. NIPSCO emergency ticket 1209211894</p>	

Fact Based Investigation Report

NOTIFICATION ID: 01820120921013 **DISTRICT:** Northern IN
DAMAGE DATE: 9/21/2012 12:00:00 PM **NOTIFICATION DATE:** 9/21/2012 1:33:01 PM
NOTIFIED BY: joel Facility Owner
DAMAGE ADDRESS: 615 S SHORE DR X S SYCAMORE RD
CITY: CULVER **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 09/21/2012
FROM: 14:30:00 **TO:** 15:00:00

EXCAVATOR INVOLVED: ROBERT HENRY
TYPE OF EXCAVATION: ELECTRIC INSTALL

ORIG. LOCATE REQ.: 1209111370 **START DATE/TIME:**
TYPE OF TICKET: **LOCATE REQ. INFO N/A:**

DIG UP/DAMAGE REQ.: 1209211818 **START DATE/TIME:**

PICTURES TAKEN BY: JIM HOSTETLER **DATE/TIME:** 9/21/2012 2:45:00 PM
PHOTOGRAPHY TYPE: Digital **FRAME #:** NA

INVESTIGATOR EMP#: 125835 **INVESTIGATOR NAME:** JIM HOSTETLER
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120921013
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: *(optional)*

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** Gas Service
LOCATOR NAME & EMP #: Irwin Bradley - 132791
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:

CONTRACTOR BORED INTO A PL. GAS SERVICE THAT WAS MARKED ACCURATLY.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

NA

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

MARKS WERE GOOD, BORE HEAD MUST OF HIT A ROCK AND SENT IT INTO SERVICE.

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? Yes

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS? Yes

EXTENT OF FACILITY DAMAGE CUT PL. SERVICE

REPLACEMENT FOOTAGE 2 FT

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? NA

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)

NIPSCO 00380 IUPPSa 09/11/2012 10:36:06 1209111370--00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1209111370 Date: 09/11/2012 Time: 10:33 Oper: SLUCAS Chan:060

State: IN Cnty: MARSHALL Twp: UNION
Cityname: CULVER Inside: N Near: Y
Subdivision:

CASE: 2959

Address : 610
Street : S SHORE DR
Cross 1 : SYCAMORE RD Within 1/4 mile: Y
Location: LOCATE A 15 FOOT RADIUS OF THE STAKE ON THE EASTSIDE OF THE PROPERTY
GOING NORTH TO METER BASE--APPROX 120 FEET
***Boring Where = UNDER THE GRASS

:
Grids : 4111D8623A 4111D8624D
Boundary: n 41.186050 s 41.184696 w -86.401947 e -86.397606

Work type : INSTALL UTILITY POLE AND ELECTRIC SERVIC
Done for : MARSHALL COUNTY REMC
Start date: 09/13/2012 Time: 10:45 Hours notice: 48/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: N
Duration : 1 DAY Depth: 6 FEET

Company : ROBERT HENRY CORPORATION Type: CONT
Co addr : 404 SOUTH FRANCES STREET
City : SOUTH BEND State: IN Zip: 46617
Caller : TOM HENRY Phone: (574)232-2091
Contact : TOM HENRY - CELL Phone:
BestTime:
Mobile : (574)993-3303
Fax : (574)239-2024
Email : THENRY@ROBERTHENRYCORP.COM

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

Submitted date: 09/11/2012 Time: 10:33
Members: ID2963 ID3161 ID7634 NIPSCO SBCIN SM

NIPSCO 00533 IUPPSa 09/21/2012 13:13:13 1209211818-00A EMER DAMG GRID

DAMAGE SEE REMARKS

Ticket : 1209211818 Date: 09/21/2012 Time: 13:10 Oper: ASCHLICHTER Chan:042

State: IN Cnty: MARSHALL Twp: UNION
Cityname: CULVER Inside: N Near: Y
Subdivision:

Case: 3859

Address : 610
Street : S SHORE DR
Cross 1 : SYCAMORE RD Within 1/4 mile: Y
Location: LOCATE A 15 FOOT RADIUS OF THE STAKE ON THE EASTSIDE OF THE PROPERTY
GOING NORTH TO METER BASE--APPROX 120 FEET
***Boring Where = UNDER THE GRASS

Grids : 4111D8623A 4111D8624D
Boundary: n 41.186050 s 41.184696 w -86.401947 e -86.397606

Work type : INSTALL UTILITY POLE AND ELECTRIC SERVIC
Done for : MARSHALL COUNTY REMC
Start date: 09/21/2012 Time: 13:10 Hours notice: 0/0 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: Y
Duration : 1 DAY Depth: 6 FEET

Company : ROBERT HENRY CORPORATION Type: CONT
Co addr : 404 SOUTH FRANCES STREET
City : SOUTH BEND State: IN Zip: 46617
Caller : DOUG MILLER Phone: (574)232-2091
Contact : TOM HENRY - CELL Phone:
BestTime:
Mobile : (574)993-3303
Fax : (574)239-2024
Email : THENRY@ROBERTHENRYCORP.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
A NIPSCO GAS LINE WAS DAMAGED APPROX 40 FEET SOUTH OF THE METER BASE LOCATION ON
THE WEST SIDE OF THE PROPERTY - GAS CAN BE SMELLED AND HEARD - LINE IS APPROX
1/2 INCH IN DIAMETER AND TAN/BROWN IN COLOR AND MATERIAL APPEARS TO BE PLASTIC -
NIPSCO HAS BEEN NOTIFIED - 911 HAS NOT BEEN CALLED BUT CALLER HAS BEEN ADVISED
TO - CREW IS ON SITE - PREVIOUS TICKET NUMBER 1209111370
Will you be white-lining the dig site area? NO

Submitted date: 09/21/2012 Time: 13:10
Members: ID2963 ID3161 ID7634 NIPSCO SBCIN SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Plymouth MAXIMO WO #

OPERATING AREA CONTACT Bob Somers JOB ORDER # 566 224

TRACKING NUMBER 01820120921013 LOCATE REF #
Locate Performed By: USIC

DATE AND TIME OF ACCIDENT 9/21 2012 12:07 PM DATE OF REPORT 9/21/12

PLACE OF DAMAGE (INCLUDE CITY) 615 S. Shore Dr. Culver

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 ()

DEPTH OF FACILITY (inches) 26" PRESSURE (PSI) 40 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 12:07 TIME SHUT OFF 12:45 TIME RESTORED PENDING RELOCATION

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

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

PARTY THAT CAUSED DAMAGES (NAME) The Robert Henry Corp. Bldg Utility Contractors

ADDRESS OF PARTY (INCLUDE CITY) South Bend In 574-232-2091

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

WITNESS NAME AND ADDRESS

WITNESS REMARKS

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY REPORT #

FIRE () AGENCY REPORT #

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

PHOTOS TAKEN: YES () NO () TAKEN BY: B. Somers (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

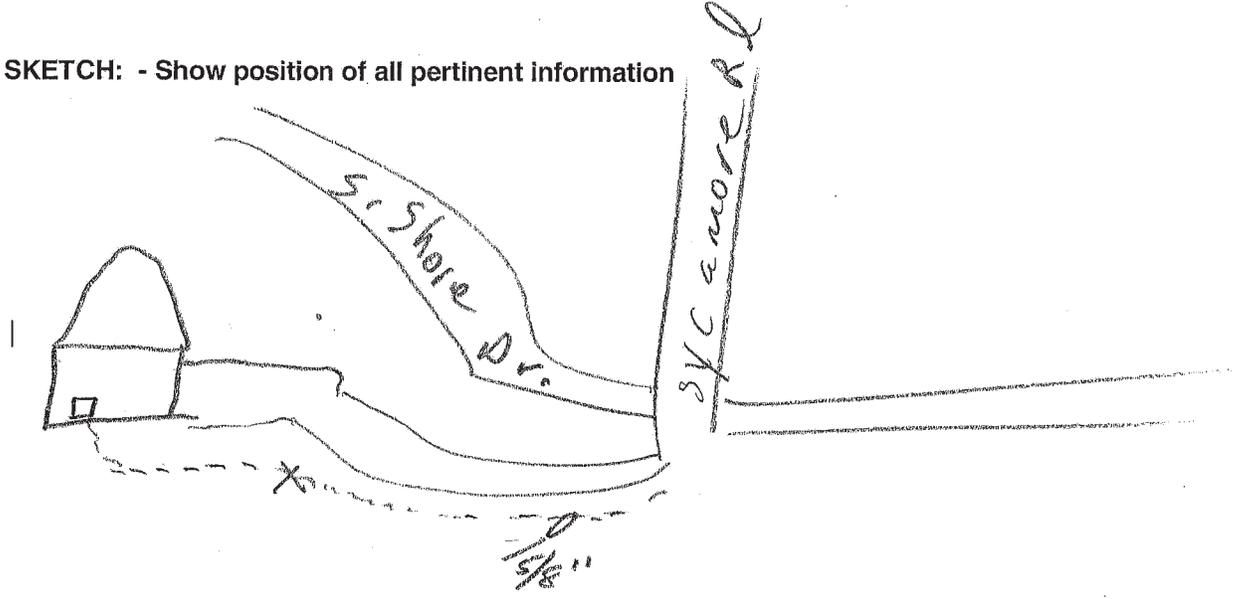
COMMENTS: Bore hit to service while boring
electric

PERSON PREPARING REPORT David Lempecki

FIELD SUPERVISOR Bob Somers

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



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: David Lempecki DATE: 9/22/12



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION - PIPELINE SAFETY DIVISION

Case Number: 3859

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 SOUTH. FRANCES ST.

City, State and ZIP Code: SOUTH BEND IN. 46617

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

Cellular Telephone Number (area code): _____

Email Address: jhenry@roberthencorp.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): BORING/DRILLING

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 IN 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): 610 SOUTH SHORE DR.

City, State and ZIP Code: CUCVER INDIANA, MARSHALL COUNTY

Nearest Intersection: _____

Product Type (select one): NATURAL GAS

Facility Type (select one): SERVICE

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): \$?

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: 1209111370

RELOCATE # 1209211818

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

Incident Impact Information

Number of Outpatient Treated: _____

Number of Inpatient Treated: _____

Number of Fatalities: _____

Fire Department Response: Yes No

Police Department Response: Yes No

Ambulance Response: Yes No

Additional Information / Comments

SEE ATTACHED HIT REPORT 2 PAGES

E-MAILED
9-28-12

The Robert Henry Corporation
404 S. Frances Street, PO Box 1407, South Bend, IN 46624
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 100645
Date 9-21-12 Time 12:56 am : pm
Address/Location 610 South Shore DR (Subdivision/Lot)
CULVERIN (City and State)

RHC Foreman on site Beau PRATTER Include Cell Phone #
Other RHC crew personnel Doug miller
Utility hit NIPSCO GAS
Contact in their office/name _____ ph# 1-800-634-3524
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 # 1209111370
New request # after hit 1209211818

Describe in detail how hit happened:
Directional Drilling APPDX-30' deep SERVICE
WAS SPOTTED. TRYING TO STEER DRILL HEAD
GROUND ALL ROCKS AND BOULDERS. I THINK
WHILE STEERING WE FORCED A ROCK INTO
GAS SERVICE CAUSING IT TO LEAK. NIPSCO DUG
DOWN AT A DIFFERENT AREA AND CAPPED SERVICE
DID NOT REPAIR. REROUTE SERVICE AT A LATER DATE.
NO PICTURES HIT AREA NEVER EXPOSED.

OVER IF NECESSARY

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

E-MAILED
9-28-12

INDIANA UNDERGROUND FAX-A LOCATE FORM



ATTENTION: PROCESSING REQUIRES FORM BE COMPLETED IN ITS ENTIRELY.

CONTRACTOR'S PHONE NUMBER WITH AREA CODE 574-936-3161

CALLER NAME Tom B. EXT _____

CONTRACTOR NAME RGMC

CONTRACTOR ADDRESS _____ M/U/C/I/O/R _____

CITY _____ STATE _____ ZIP _____ FAX _____

MOBILE _____ EXT _____ BEST CALLBACK TIME _____

COUNTY MARSHALL TOWNSHIP UNION

SUBDIVISION _____ LOT# _____

ADDRESS 610 S. SHORE DR

CROSS STREET E/O SYCAMORE RD WITHIN 1/4 MILE Y OR N

SECOND CROSS STREET 0

CITY/TOWN CULVER

LOCATION: LOCATE 15' RADIUS OF STAKE ON EAST SIDE OF PROPERTY THEN GO NORTH 120 FT TO METG BASE

BLASTING? YES OR NO _____ BORING? YES OR NO RAILROAD NEAR SITE? YES OR NO _____

START DATE: 9-11-12 TIME: 2:00pm DURATION 4 hrs DEPTH: 6'

WORK TYPE INSTALL POLYSTYRENE SERVICE DONE FOR RGMC

NAME OF CONTRACTOR'S REP. ON SITE? Tom B. PHONE _____ EXT _____

HEADER _____

REMARKS DAMAGE TICKET#
1209092252 (1209211818) NIPSCO-
1209111370 1209111370 TH HWT GAS 12:56

COMMENTS Start date 9/13/12

ORIGINAL TICKET NUMBER TO BE UPDATED 1-800-634-3524

TIME OF FAX _____ AM _____ PM