



## Pipeline Safety Division Investigation Report

### Investigation regarding: Landmark Landscaping

UPPAC Database Record ID: 3868

Report Date: 9/11/2013

Investigator: Mike Orr

Damage Date: 9/25/2012 11:04:54 AM

Damage Address: Stonehedge Ln, South Bend, St Joseph

### The Parties

Excavator: **Landmark Landscaping**

Address: 10882 Mckinley Highway, Osceola, Indiana 46561

Facility Owner: **NIPSCO**

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Trencher

Type of Work Performed: Irrigation

### 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: 1209100699

Original Start Date:

Locate Instructions: LOCATE THE TREE LAWN BETWEEN THE CURB AND THE SIDEWALK AND THE FRONT AND BOTH SIDES OF PROPERTIES AT 1922 - 1924 - 1926 AND 1928 STONEHEDGE LANE

Follow-Up Locate Instructions (if applicable):

**Synopsis:** Excavator struck and damaged an underground natural gas service while performing irrigation work.

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 12/3/2012. Excavator had a valid locate ticket; however, the gas operator self reported a failure to provide accurate facility locate markings.

**Conclusion:** There was a failure to provide accurate facility locate markings.

**Violation: IC 8-1-26-18(f) Operator failed to locate or provided incorrect locate markings.**



150 West Market Street, Suite 600  
Indianapolis, IN 46204

January 29, 2012

*Via Electronic Transmission – [PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)*

Pipeline Safety Division – Case No. 3868  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3868

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: 9/25/2012

Event Location: Stonehedge Ln

Facility Owner: Northern Indiana Public Service Company

Excavator: Landmark Landscaping

Other Party: N/A

Pipeline Division Case No. 3868

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](mailto:cearle@nisource.com)

<b>IURC INFORMATION REQUEST</b>	
<b>Pipeline Safety Division Case No. 3868</b>	
Date of Event	9/25/2012
Event Location	Stonehedge Ln
Event City	South Bend
Facility Owner	Northern Indiana Public Service Company
Excavator	Landmark Landscaping
Date of IURC Information Request	12/5/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Landmark Landscaping
RESPONSIBLE PARTY PERSONAL NAME	Steve Soliday
TITLE (IF ANY)	
ADDRESS	10882 McKinley Highway
CITY/ STATE/ZIP	Osceola, IN 46561
PREFERRED TELEPHONE	574-674-8196
CELL PHONE TELEPHONE	574-340-8767
EMAIL ADDRESS	
<b>FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:</b>	
BUSINESS NAME	NORTHERN INDIANA PUBLIC SERVICE COMPANY
RESPONSIBLE PARTY PERSONAL NAME	LUKE SELKING
TITLE	
ADDRESS	1501 HALE AVENUE
CITY/STATE/ZIP	FORT WAYNE, IN 46802
PREFERRED TELEPHONE	260/439-1290
SECONDARY TELEPHONE	
EMAIL ADDRESS	LSELKING@NISOURCE.COM
<b>LOCATOR SERVICE INFORMATION</b>	
BUSINESS NAME	USIC
RESPONSIBLE PARTY PERSONAL NAME	Morgan Thompson
TITLE (IF ANY)	Claims Coordinator
ADDRESS	9045 N. River Rd. Suite 300
CITY/ STATE/ZIP	Indianapolis, IN 46240
PREFERRED TELEPHONE	1-317-538-7301
CELL PHONE TELEPHONE	
EMAIL ADDRESS	morganthompson@usicinc.com
<b>OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION</b>	
PERSONAL CONTACT	
BUSINESS/ORGANIZATION NAME	
TITLE (IF ANY)	

ADDRESS	
CITY/ STATE/ZIP	
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<b>UTILITY LINE IMPACT</b>	
<b>LOCATION OF DAMAGE</b>	
ADDRESS	1924 Stone Hedge LN
CITY/STATE/ZIP	South Bend, IN 46601
NEAREST INTERSECTION	
<b>PRODUCT TYPE (Select One)</b>	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
<b>FACILITY TYPE (Select One)</b>	
DISTRIBUTION	
GATHERING	
SERVICE/DROP	X
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	5/8"
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) (\$)	
<b>CAUSE OF DAMAGE INFORMATION:</b>	
<b>TYPE OF EQUIPMENT (Select One)</b>	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	
Probing Device	

Trancher	X
Vacuum Equipment	
Unknown/Other	
<b>TYPE OF WORK PERFORMED (Select One)</b>	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	
Bldg. Demolition	
Drainage	
Driveway	
Electric	
Engineering/Surveying	
Fencing	
Grading	
Irrigation	X
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 1209251356
<b>LOCATE INFORMATION:</b>	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1209100699
LOCATE MARKS VISIBLE (YES/NO)	Y
LOCATE MARKS CORRECT (YES/NO)	N
EXCAVATOR "WHITE LINED" (YES/NO)	N
MAPS USED TO MARK FACILITIES (YES/NO)	Y
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	N
<b>INCIDENT IMPACT INFORMATION</b>	
NUMBER OF OUTPATIENT TREATED	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FATALITIES	0
FIRE DEPARTMENT RESPONSE (YES/NO)	Y
POLICE DEPARTMENT RESPONSE (YES/NO)	N
AMBULANCE RESPONSE (YES/NO)	N
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
Facility marking or location not sufficient.	

**Fact Based Investigation Report**

**NOTIFICATION ID:** 01820120925004                      **DISTRICT:** Northern IN  
**DAMAGE DATE:** 9/25/2012 11:07:08 AM      **NOTIFICATION DATE:** 9/25/2012 11:10:12 AM  
**NOTIFIED BY:** ELLIS BUTLER  
**DAMAGE ADDRESS:** STONEHEDGE LN  
**CITY:** SOUTH BEND                      **ST:** IN    **ZIP:**

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**DAMAGED CUSTOMER:** NIPSCO

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**INVESTIGATION DATE:** 09/25/2012  
**FROM:** 12:00:00                                      **TO:** 12:20:00

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**EXCAVATOR INVOLVED:** LANDMARK LANDSCAPING  
**TYPE OF EXCAVATION:** Landscaping

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**ORIG. LOCATE REQ.:** 1209100699                      **START DATE/TIME:**  
**TYPE OF TICKET:**                                      **LOCATE REQ. INFO N/A:**

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**DIG UP/DAMAGE REQ.:** 1209251356                      **START DATE/TIME:**

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**PICTURES TAKEN BY:** Travis Waits      **DATE/TIME:** 9/25/2012 12:05:00 PM  
**PHOTOGRAPHY TYPE:** Digital                      **FRAME #:**

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**INVESTIGATOR EMP#:** 116375                      **INVESTIGATOR NAME:** Joe Hendrickson  
**BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?** No

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**Fact Based Investigation Customer Information**

**NOTIFICATION ID:** 01820120925004  
**SELECT A CUSTOMER:** NIPSCO  
**CUSTOMER #:** *(optional)*

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**FACILITY DESCRIPTION:** LOWPROF                      **FACILITY ID:** Gas Service  
**LOCATOR NAME & EMP #:** Waits Travis - 134075  
**LOCATOR NOT KNOWN:**

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**CHECK ALL THAT APPLY TO INVESTIGATION:**  
Other

**Other:** Did not mark entire scope

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

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**INVESTIGATOR STATEMENT/CAUSAL FACTORS:**

Marks on site for only in the parkway between the sidewalk and curb. The rest of the scope was not completed. Marks should have included the front yard and both sides of the houses. Marks ended with an arrow showing that the line went out into the side yard. The contractor hit the gas service 5 feet from the arrow.

**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

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

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

**WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS?** No

**EXTENT OF FACILITY DAMAGE** Cut gas service

**REPLACEMENT FOOTAGE** N/A

**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

NIPSCO 00162 IUPPSa 09/10/2012 09:17:23 1209100699-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1209100699 Date: 09/10/2012 Time: 09:07 Oper: AOWENS Chan:041

State: IN Cnty: ST JOSEPH Twp: CENTRE  
Cityname: SOUTH BEND Inside: N Near: Y  
Subdivision: SUMMER SQUARE

Case: 3869

Address :

Street : STONEHEDGE LN  
Cross 1 : ABERDEEN DR Within 1/4 mile: Y  
Location: LOCATE THE TREE LAWN BETWEEN THE CURB AND THE SIDEWALK AND THE FRONT  
AND BOTH SIDES OF PROPERTIES AT 1922 - 1924 - 1926 AND 1928 STONEHEDGE LANE

Grids : 4136B8612A 4136A8612A 4136B8613D 4136A8613D 4136B8613C  
Grids : 4136A8613C  
Boundary: n 41.613636 s 41.611519 w -86.222038 e -86.216057

Work type : INSTALLING OUTSIDE IRRIGATION  
Done for : SUMMER SQUARE HOA  
Start date: 09/12/2012 Time: 09:15 Hours notice: 48/48 Priority: NORM  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N  
Duration : 30 DAYS Depth: 3 FEET

Company : LANDMARK LANDSCAPING Type: CONT  
Co addr : 10882 MCKINLEY HIGHWAY  
City : OSCEOLA State: IN Zip: 46561  
Caller : ELLIS BUTLER Phone: (574)674-8196  
Contact : STEVE SOLIDAY - CELL Phone:  
BestTime:  
Mobile : (574)340-8767  
Fax : (574)674-6332  
Email : LANDMARK.LANDMARK@SBCGLOBAL.NET

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

Submitted date: 09/10/2012 Time: 09:07  
Members: AEPIN COMCN ID5610 NIPSCO SBCIN SM

NIPSCO 00426 IUPPSa 09/25/2012 11:04:54 1209251356-00A EMER DAMG GRID

DAMAGE DAMAGE

Ticket : 1209251356 Date: 09/25/2012 Time: 11:04 Oper: BBASTIN Chan:045

State: IN Cnty: ST JOSEPH Twp: CENTRE  
Cityname: SOUTH BEND Inside: N Near: Y  
Subdivision: SUMMER SQUARE

*CASE: 3868*

Address :

Street : STONEHEDGE LN

Cross 1 : ABERDEEN DR Within 1/4 mile: Y

Location: LOCATE THE TREE LAWN BETWEEN THE CURB AND THE SIDEWALK AND THE FRONT  
AND BOTH SIDES OF PROPERTIES AT 1922 - 1924 - 1926 AND 1928 STONEHEDGE LANE

:

Grids : 4136B8612A 4136A8612A 4136B8613D 4136A8613D 4136B8613C

Grids : 4136A8613C

Boundary: n 41.613636 s 41.611519 w -86.222038 e -86.216057

Work type : INSTALLING OUTSIDE IRRIGATION

Done for : SUMMER SQUARE HOA

Start date: 09/25/2012 Time: 11:04 Hours notice: 0/0 Priority: EMER

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

Duration : 30 DAYS Depth: 3 FEET

Company : LANDMARK LANDSCAPING Type: CONT

Co addr : 10882 MCKINLEY HIGHWAY

City : OSCEOLA State: IN Zip: 46561

Caller : ELLIS BUTLER Phone: (574)674-8196

Contact : STEVE SOLIDAY - CELL Phone:

BestTime:

Mobile : (574)340-8767

Fax : (574)674-6332

Email : LANDMARK.LANDMARK@SBCGLOBAL.NET

Remarks : All tickets are taken and processed on Eastern Daylight Time  
TICKET REPLACES TICKET NUMBER 1209251351 DUE TO WRONG NOTICE TYPE--A NIPSCO GAS  
LINE HAS BEEN HIT AT ADDRESS AT 1926 STONEHEDGE--GAS LINE IS NOT BLOWING--SIZE  
COLOR AND MATERIAL OF LINE IS UNKOWN--CALLER HAS CALLED NIPSCO AND THEY ARE ON  
SITE WITH CREW--PREV TICKET NUMBER IS 1209100699

Will you be white-lining the dig site area? NO

:

Submitted date: 09/25/2012 Time: 11:04

Members: AEPIN COMCN ID5610 NIPSCO SBCIN SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA 060 MAXIMO WO # CD-343656204
OPERATING AREA CONTACT TIM ARMSTRONG JOB ORDER # 575 943
TRACKING NUMBER 018 2012 0925 004 LOCATE REF # 1209100699
Locate Performed By: U.S.I.C.

DATE AND TIME OF ACCIDENT 9-25 2012 11:00AM DATE OF REPORT 9-25-12
PLACE OF DAMAGE (INCLUDE CITY) 1924 STONE HERVE LN, S BEND

DAMAGE WAS TO:

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

OTHER (DESCRIBE)

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

DEPTH OF FACILITY (inches) 11" 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 11:00 TIME RESTORED 13:00 GAS STOPPED 11:15

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

LOCATE MARKS ON SITE: YES (X) DISTANCE BETWEEN FACILITY AND LOCATE MARKS 6' NO ( )
HOW LOCATED: PAINT ( ) FLAGS ( ) BOTH (X) WHITE LINED ( )

PARTY THAT CAUSED DAMAGES (NAME) LANDMARK LANDSCAPING - KENNY RAINES

ADDRESS OF PARTY (INCLUDE CITY) 10882 MCKINLEY HWY, OSCEOLA IN 46561

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE KENNY RAINES 574-607-1182

WITNESS NAME AND ADDRESS N/A

WITNESS REMARKS N/A

AGENCIES NOTIFIED (X) ONSITE POLICE ( ) AGENCY REPORT #

FIRE (X) AGENCY S.B.F.D. REPORT #

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

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 (X) 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 (X) TRENCHER ( ) FARM EQUIPMENT
( ) VACCUUM EQUIPMENT ( ) GRADER ( ) OTHER

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

COMMENTS: CONTRACTOR DUG OUT OUTSIDE LOCATED AREA  
FAILED TO HAND EXPOSE

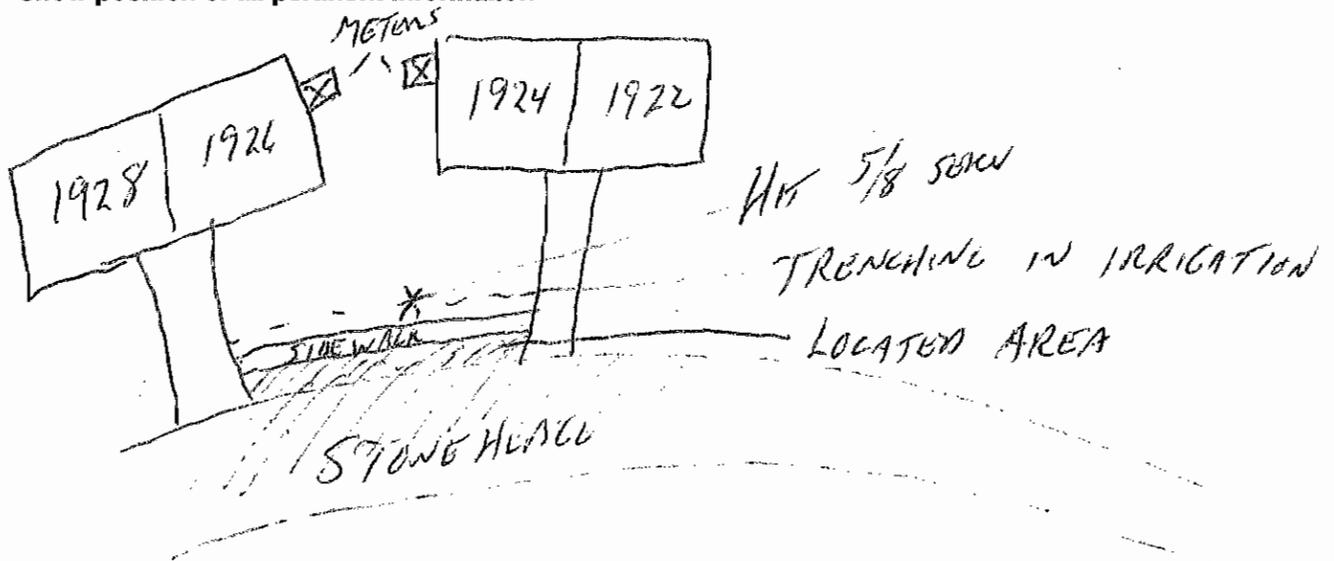
PERSON PREPARING REPORT [Signature] 121725

FIELD SUPERVISOR [Signature]

FIELD MANAGER [Signature]

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



## INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

**Case Number:** 3868

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

*Upon completion of answers select email button for submission.*

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### The Parties

#### Excavator Information:

Business Name: Pro Care Services, Inc. dba / Landmark Landscaping, Inc.

Responsible Party Personal Name: Steve J. Solliday

Title (if any): President

Address (number and street): 10882 McKinley Hwy

City, State and ZIP Code: Osceola, IN 46561

Preferred Telephone Number (area code): 574 - 674 - 8196

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: landmark.landmark@sbcglobal.net

#### Facility Information:

Business Name: \_\_\_\_\_

Responsible Party Personal Name: \_\_\_\_\_

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

Address (number and street): \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

Preferred Telephone Number (area code): \_\_\_\_\_

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Locator Service Information:**

Business Name: Pro Care Services, Inc. dba / Landmark Landscaping, Inc. \_\_\_\_\_

Responsible Party Personal Name: Steve J. Solliday \_\_\_\_\_

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

Address (number and street): 10882 McKinley Hwy \_\_\_\_\_

City, State and ZIP Code: Osceola, IN 46561 \_\_\_\_\_

Preferred Telephone Number (area code): 574 - 674 - 8196 \_\_\_\_\_

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: landmark.landmark@sbcglobal.net \_\_\_\_\_

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**Cause of Damage Information**

Type of Equipment (select one): Trencher

Type of Work Performed (select one): Irrigation

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

Personal Contact: Ken Raines \_\_\_\_\_

Business/Organization Name: Pro Care Services, Inc. dba / Landmark Landscaping, Inc. \_\_\_\_\_

Title (if any): none \_\_\_\_\_

Address (number and street): 10882 McKinley Hwy \_\_\_\_\_

City, State and ZIP Code: Osceola, IN 46561 \_\_\_\_\_

Preferred Telephone Number (area code): 574 - 674 - 8196 \_\_\_\_\_

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: landmark.landmark@sbcglobal.net

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### Utility Line Impact

#### Location of Damage:

Address (*number and street*): 1926 Stonehedge Lane

City, State and ZIP Code: South Bend, IN

Nearest Intersection: Aberdeen Drive

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Unknown/Other

Size (Diameter/etc.): \_\_\_\_\_

Pressure (PSIG/Inches): \_\_\_\_\_

Interruption in Service:     Yes         No    Number of Customers Affected: \_\_\_\_\_

Evacuation:                     Yes         No    If yes, How Many Evacuated? \_\_\_\_\_

Repair Cost (if known): \$ \_\_\_\_\_

Release of Product:         Yes         No

Ignition and/or Fire:        Yes         No

Excavator Notify 811:       Yes         No

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### Locate Information

Excavator Request Locate:    Yes         No

Indiana 811 Locate Ticket Number: 1209100699

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

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### Incident Impact Information

Number of Outpatient Treated: none

Number of Inpatient Treated: none

Number of Fatalities: none

Fire Department Response:  Yes  No

Police Department Response:  Yes  No

Ambulance Response:  Yes  No

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### Additional Information / Comments

Locate was requested as follows: "Locate the tree lawn between the curb and the sidewalk, along with the front, and both sides yards of each property listed."

Locator actually only located between curb and sidewalk - there were no locator marks between sidewalk and residence. Operator of trencher hit gas line in the area between the sidewalk and the residence, where he was trenching since there were no marks showing any utilities in that area.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3868

Your Full Name: Steven J Solliday

Full Name of Business / Entity (if applicable): Pro Care Services, Inc. dba / Landmark Landscaping, Inc.

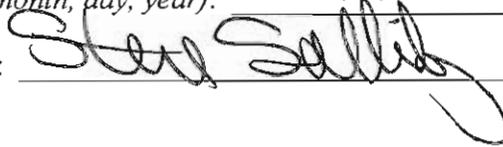
Your Business Title (if applicable): President

Address (number and street): 10882 McKinley Hwy

City: Osceola State: IN ZIP Code: 46561

Your E-mail Address: landmark.landmark@sbcglobal.net

Today's Date (month, day, year): December, 03, 2012

Your Signature:  Title (if any) President

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 3868**  
**Indiana Utility Regulatory Commission**  
**101 West Washington Street, 1500E**  
**Indianapolis, IN 46204**

Or scan the statement and Email to:

[PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)