STATE OF INDIANA

INDIANA UTILITY REGULATORY COMMISSION
101 W. WASHINGTON STREET, SUITE 1500E
INDIANAPOLIS, INDIANA 46204-3407

http://www.in.gov/iurc
Office: (317) 232-2701
Facsimile: (317) 232-6758

Pipeline Safety Division Investigation Report

Investigation regarding: Cultured Gardens

UPPAC Database Record ID: 3872

Investigator: Mike Orr

Report Date: 3/7/2013

Damage Date: 9/26/2012 10:44:06 AM

Damage Address: 2222 Kensington Blvd

City: Fort Wayne

County: Allen

The Parties

Excavator: **Cultured Gardens**

Contact: Jack Maxwell

Address: 2921 North Anthony Blvd, Fort Wayne, In 46805

Telephone:

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: Cultured Gardens

UPPAC Database Record ID: 3872

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: 1208081420

Type of Equipment: Hand Tools

Type of work performed: Landscaping

Synopsis: Damage to a natural gas service occurred during a procedure to perform landscaping.

Findings: Reported by Indiana 811; excavator did not respond to initial notice mailed 11/30/2012. The gas operator reported the excavator was utilizing hand tools; however, the excavator had not provided notice of excavation.

Conclusion: Excavator failed to provide notice of excavation.

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

150 West Market Str
Indianapolis, IN 462(

January 29, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3872
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3872

To Whom It May Concern:

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

Date of Event: 9/26/2012

Event Location: 2222 Kensington Blvd

Facility Owner: Northern Indiana Public Service Company

Excavator: Cultured Gardens

Other Party: N/A

Pipeline Division Case No. 3872

NIPSCO has reviewed its recovery and damage prevention files for this matter an provided answers, when known, to the list of questions set forth in the Information Reques the extent available, NIPSCO is also providing a copy of the Damage Information Rep Pipeline Safety Division previously submitted by NIPSCO to IURC Pipeline Safety as w additional documentation relating to this Event Location.

Upon completion of the investigation, NIPSCO requests that it be provided with a of the Pipeline Division's Investigation Report with findings that will be forwarded t Underground Plant Protection Advisory Committee. If there are any additional questions, p 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. 3872	
Date of Event	9/26/2012
Event Location	2222 Kensington Blvd
Event City	Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	Cultured Gardens
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Cultured Gardens
RESPONSIBLE PARTY PERSONAL NAME	Mo Palmer
TITLE (IF ANY)	
ADDRESS	2921 North Anthony Blvd
CITY/ STATE/ZIP	Fort Wayne, IN 46805
PREFERRED TELEPHONE	260-484-0861
CELL PHONE TELEPHONE	260-413-1674
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	2222 Kensington Blvd
CITY/STATE/ZIP	Fort Wayne, IN 46805
NEAREST INTERSECTION	E State Blvd
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	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scrapper	
Hand Tools	X
Milling Equipment	
Probing Device	

Trancher	
Vaccuum 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	X
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 1209261426
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1208081420
LOCATE MARKS VISIBLE (YES/NO)	N
LOCATE MARKS CORRECT (YES/NO)	N
EXCAVATOR "WHITE LINED" (YES/NO)	N
MAPS USED TO MARK FACILITIES (YES/NO)	N
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)	N
POLICE DEPARTMENT RESPONSE (YES/NO	Y
AMBULANCE RESPONSE (YES/NO)	Y
ADDITIONAL INFORMATION/COMMENTS	
Failure to maintain the marks. Ticket 1208081420 was expired needed to call in a remark ticket.	

Fact Based Investigation Report

NOTIFICATION ID: 01820120926002 **DISTRICT:** Northern IN
DAMAGE DATE: 9/26/2012 9:45:00 AM **NOTIFICATION DATE:** 9/26/2012 10:44:52 AM
NOTIFIED BY: MARICA KING Facility Owner
DAMAGE ADDRESS: 2222 KINGSINTON BLVD X E. STATE BLVD
CITY: FT. WAYNE **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 09/26/2012
FROM: 00:00:00 **TO:** 00:05:00

EXCAVATOR INVOLVED: CULTURED GARDENS
TYPE OF EXCAVATION: landscaping

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

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

PICTURES TAKEN BY: jesse thomas **DATE/TIME:** 9/26/2012 12:00:00 AM
PHOTOGRAPHY TYPE: Digital **FRAME #:**

INVESTIGATOR EMP#: 129852 **INVESTIGATOR NAME:** Jesse Thomas
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120926002
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: *(optional)*

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** service - 5/8"
LOCATOR NAME & EMP #: Sedik Stephen - 125397
LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:

Facility Marked Accurately,
Old Request,
Relocate Needed

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:

dup 6003

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 TOLERENCE ZONE OF MARKS?	Yes
EXTENT OF FACILITY DAMAGE	cut svc line
REPLACEMENT FOOTAGE	n/a
WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?	No
WHAT CONTRACTOR EQUIPMENT WAS USED?	shovel
IS THE FACILITY SHOWN ON THE UTILITY RECORDS?	Yes
IF YES, PLEASE LIST RECORD #(S)	nipsco

NIPSCO 00463 IUPPSa 08/08/2012 11:16:22 1208081420-00A NORM NEW STRT

NORMAL NOTICE

Ticket : 1208081420 Date: 08/08/2012 Time: 11:11 Oper: DMEYER Chan:034

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

CASe: 3872

Address : 2222
Street : KENSINGTON BLVD
Cross 1 : E STATE BLVD Within 1/4 mile: Y
Location: LOCATE THE ENTIRE FRONT OF THE PROPERTY FROM THE FENCE OUT TO THE ROAD
:
Grids : 4105B8506A 4105A8506A
Boundary: n 41.097279 s 41.094467 w -85.114983 e -85.113220

Work type : LANDSCAPE
Done for : BORNDRAN
Start date: 08/10/2012 Time: 11:30 Hours notice: 48/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 1 DAY Depth: 2 FEET

Company : CULTURED GARDENS Type: CONT
Co addr : 2921 NORTH ANTHONY BLVD
City : FORT WAYNE State: IN Zip: 46805
Caller : MO PALMER Phone: (260)484-0861
Contact : MO PALMER - CELL Phone:
BestTime:
Mobile : (260)413-1674
Email : MO@CULTUREDGARDENS.NET

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

Submitted date: 08/08/2012 Time: 11:11
Members: AEPIN CC FW ID4866 ID8000 ID9275 NIPSCO SM

NIPSCO 00381 IUPPSa 09/26/2012 10:44:22 1209261426-00A EMER DAMG STRT

DAMAGE SEE REMARKS

Ticket : 1209261426 Date: 09/26/2012 Time: 10:41 Oper: SPOPE Chan:044

CASe 13872

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

Address : 2222
Street : KENSINGTON BLVD
Cross 1 : E STATE BLVD Within 1/4 mile: Y
Location: LOCATE THE ENTIRE FRONT OF THE PROPERTY FROM THE FENCE OUT TO THE ROAD
:
Grids : 4105B8506A 4105A8506A
Boundary: n 41.097279 s 41.094467 w -85.114983 e -85.113220

Work type : LANDSCAPE
Done for : BORNDRAN
Start date: 09/26/2012 Time: 10:42 Hours notice: 0/0 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 1 DAY Depth: 2 FEET

Company : CULTURED GARDENS Type: CONT
Co addr : 2921 NORTH ANTHONY BLVD
City : FORT WAYNE State: IN Zip: 46805
Caller : JACK MAXWELL Phone: (260)484-0861
Contact : MO PALMER - CELL Phone:
BestTime:
Mobile : (260)413-1674
Email : MO@CULTUREDGARDENS.NET

Remarks : All tickets are taken and processed on Eastern Daylight Time
NIPSCO GAS LINE HAS BEEN CUT--NIPSCO EN ROUTE--LINE IS BLOWING--FIRE DEPT ON SITE--LINE WAS CUT ON THE SOUTHSIDE OF PROPERTY--PINK/ORANGE LINE--APPROX 1 INCH--CREW ON SITE--PREV TICKET 1208081420--THANK YOU
Will you be white-lining the dig site area? NO
:

Submitted date: 09/26/2012 Time: 10:41
Members: AEPIN CC FW ID4866 ID8000 ID9275 NIPSCO SM

SR 358666207

LEAK INVESTIGATION FORM

Section 1 – To be Completed by the First Responder (Information known during initial investigation)

CIS Ticket Number: 1371052 0754005200 Date Reported: 9-26-12 (MO-DAY-YR) Time Leak Reported (Military): 9:50 (HR:MIN)

LOA: FTW GPS Coordinates: Latitude __ . ____ N Longitude __ . ____ W

City Name: FTW

Address or Location: 2222 Kensington

Leak Location:
1. ___ No Leak Found
2. ___ Customer Equip.
3. ___ Main
4. ✓ Service
5. ___ Meter Loop (Lockwing and above)
6. ___ Regulator Station

For Services Only: Re-tested at 90 PSIG for 15 minutes

Leak Grade:
1 ✓ Hazardous
2 ___ Non-Hazardous, Scheduled Repairs
3 ___ Non-Hazardous, Monitored

If marked and not making repairs you must complete bold box below. If repairs are made, complete all Section 2.

Leak Resolution
1. ✓ Leak Repaired
2. ___ Pipe Replaced
3. ___ Pipe Retired
} Leak Closed
4. ___ Grade 2 or 3 Leak Not Repaired To be scheduled for re-evaluation/repair

199256
M 567887
M 570059

Residual Gas Present: ___ Yes ✓ No (Grade 1 Leak Only)

1st Responder: User ID: 121631 MO (FIRST NAME) (MI) Orlis (LAST NAME) Leak Referred to: Ser.

Section 2 – To be Completed by the Person Making Repairs to a Grade 1, 2 or 3 Leak

GAS 20:100

Comments: Repaired w/ T 5/8 service, ... CGI

J0564746

Repaired/Inspected: 9-26-12 (MO-DAY-YR) Time: 12:00 (HR:MIN) (Military) User ID: 121631 MO (FIRST NAME) (MI) Orlis (LAST NAME)

.10

Cause of Leak:

A. Material or Welds
- ___ 1. Faulty weld, dent, gouge, excess stress
- ___ 2. Manufacturing defect

B. Corrosion
- ___ 1. External
- ___ 2. Internal
- ___ 3. Stress Corrosion Cracking (must be confirmed by Corrosion group)

C. Weather/Outside Forces
- ___ 1. Natural Forces (weather, washouts, frost heave, frozen equipment etc.)
- ___ 2. Other Outside Forces (fire, explosion, vandalism etc.) (explain in comments)

D. Excavation → Identificaton: → Locate Information:
- ___ 1. Company Crew
- ___ 2. Contractor Crew
- ___ 3. Third Party

Contractor Crew: Jack Maxwell

Third Party Name: Cultured Gardens

1. ___ No Locate Request
2. ___ Request, No Locate
3. ___ Mislocated
4. ✓ Accurate Locate, expired

E. Equipment Failure and Operations
- ___ 1. Inadequate or failure to follow correct procedures
- ___ 2. Equipment Malfunction (i.e. gasket/o-ring failure, stripped threads etc.)

F. ___ Other (Explain in comments) (includes thread leaks)

Initial AC

Rechecked date 9-28-12 10-3-12

CIS Grid Number: WH-31-C Pipe Size: .6625 Inches Soil Condition: ___ dry ✓ moist ___ wet

Corrosion CP Section Number (Steel): ____-____-____-____ Transmission Line section ____-____

Section 3 – For Reporting Results of a Scheduled Re-inspection or Repair ONLY.

Re-evaluated Leak Resolution
1. ___ Leak Repaired
2. ___ Pipe Replaced
3. ___ Pipe Retired
4. ___ No Leak Found
} Leak Closed
5. ___ Leak Re-classified
6. ___ Grade 2 or 3 Leak, Schedule for repair/re-evaluation

Re-classified Leak Grade:
1 ___ Hazardous
2 ___ Non-Hazardous, Scheduled Repairs
3 ___ Non-Hazardous, Monitored

Material:
1. ___ Coated Steel
2. ___ Bare Steel
3. ✓ Plastic
4. ___ Cast Iron
5. ___ Copper
6. ___ Wrought Iron

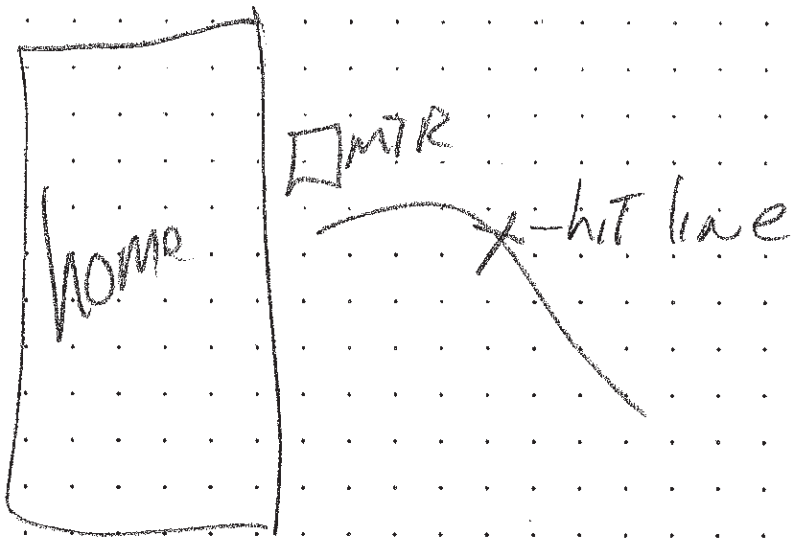
Pipeline Identifier:
1. ✓ Distribution
2. ___ Transmission
3. ___ Transmission HCA

METER # 3647151

Re-evaluation Comments: ____

Repaired/Re-evaluated: ____-____-____ (MO-DAY-YR) Time: ____:____ (HR:MIN) (Military) User ID: ____ (FIRST NAME) (MI) (LAST NAME)

Indicate North



Instructions:

1. Locate leak point and mark with X
2. Provide dimensions from centerlines, utility poles, curb lines etc.
3. Outline leak migration perimeter, provide dimensions and indicate % gas from leak point to 0%..

LEGEND

- X Centered Leak
- O Valve or Curb Box
- △ Manhole
- Conduit Manhole
- □ Catch Basin
- Utility Pole
- Leak Area

Comments: _____

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA FTW **MAXIMO WO #** M567887

OPERATING AREA CONTACT Jason Hamer **JOB ORDER #** 564746 S-AWO

TRACKING NUMBER _____ **LOCATE REF #** _____

Locate Performed By: _____

DATE AND TIME OF ACCIDENT 9/26/12 2012 AM DATE OF REPORT 9/26/12

PLACE OF DAMAGE (INCLUDE CITY) 2222 Lexington FTW IN 46805

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) 16" 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: 1

DURATION OF INTERRUPTION: TIME REPORTED 850 TIME SHUT OFF 10:13 TIME RESTORED 11:00pm (c)

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

LOCATE MARKS ON SITE: YES ( ) DISTANCE BETWEEN FACILITY AND LOCATE MARKS 0" NO ( )

HOW LOCATED: PAINT (✓) FLAGS ( ) BOTH ( ) WHITE LINED ( )

PARTY THAT CAUSED DAMAGES (NAME) Cultured Gardens (Jack Maxwell)

ADDRESS OF PARTY (INCLUDE CITY) 2921 N. Anthony, FTW

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Jack Maxwell

WITNESS NAME AND ADRESS _____

WITNESS REMARKS _____

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

FIRE (✓) AGENCY _____ REPORT # _____

OTHER ( ) _____ Any Injuries? ( ) YES # _____ (X) 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

( ) AGRIGULTURE/FARMING	( ) CABLE TV	( ) CURB/SIDEWALK	( ) TELECOMMUNICATIONS
( ) BLDG CONSTRUCTION	( ) DEMOLITION	( ) DRAINAGE	( ) WATER
( ) DRIVEWAY	( ) ELECTRIC	( ) SURVEYING	( ) DRAINS/CULVERTS
( ) FENCING	( ) GRADING	( ) IRRIGATION	( ) MOWING
(X) LANDSCAPING	( ) PIPELINE	( ) MILLING	( ) OTHER _____
( ) POLE/SIGN POST	( ) ROAD WORK	( ) SEWER	

TYPE OF EQUPMENT USED – CHECK APPROPRIATE CHOICE BELOW

( ) AUGER	(X) 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 (X) OTHER Expired OLD locates

- **SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM**

COMMENTS : OID locates / new called in, not marked yet

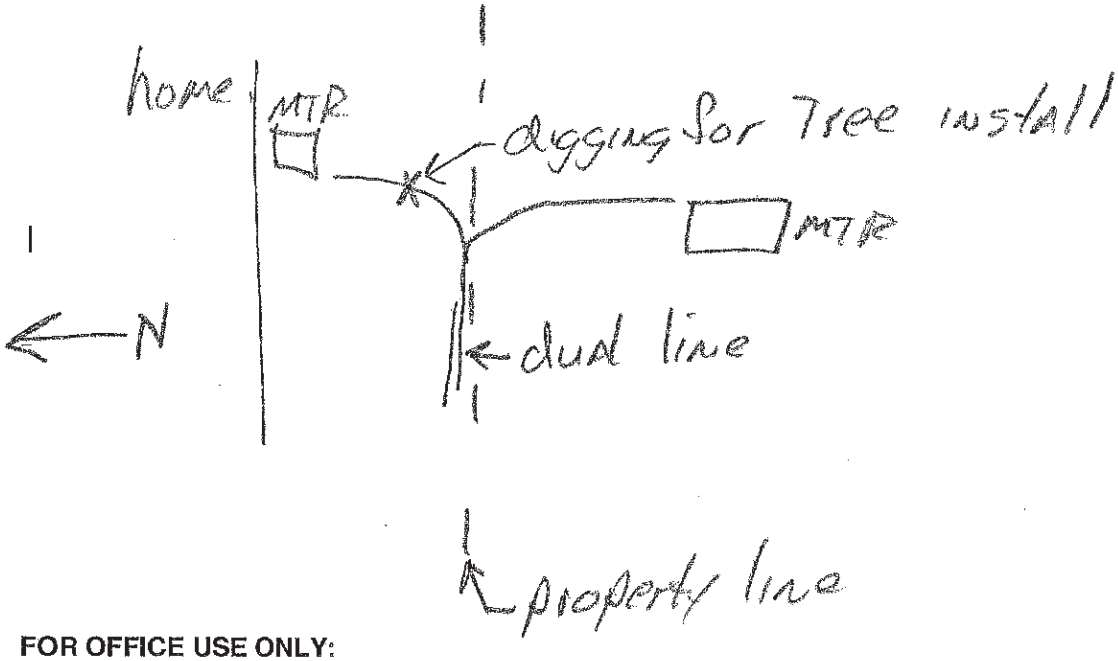
PERSON PREPARING REPORT [illegible]

FIELD SUPERVISOR [illegible]

FIELD MANAGER Rachel Dunn

- **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: _____

NIPSCO Jobbing Order

☐ SAWO (S -) ☒ Jobbing (JO-) No - 564746 -

Customer Name: Cultured Gardens Date: 9/26/12 Customer Acct No:
Service Address: 2921 N Anthony Blvd City: Ft W In. 46805
Work Description: Repair hit 1.625 service @ 2222 Kensington Ft Wayne In 46805

Type: ☐ Appliance Repair ☐ Purchase Material ☐ Relocate Services ☐ Temporary Service ☐ Energy Invest
☐ Long Term JO ☐ Contribution in Aid of Construction
Claims: ☐ Insurance ☐ Vehicle ☒ Damage Number:

Reason: ☐ No Charge - ESP ☐ No Charge ☐ No Charge-Call Back ☐ Purchase Material ☐ Temporary Serv
☒ Time & Material ☐ T & M - ESP ☐ Firm Estimate ☐ Flat Rate ☐ Void
☐ Other: CIS 137105201 tracking # 018-2012-0926-002

Plant Id: ☐ Regular Customer ☐ State Body ☐ Municipality ☐ Other:
Plant Desc: ☐ Gas Main Ext ☐ Gas Service Ext ☐ Electric Line Ext ☐ Electric Service Ext ☐ Street Light Serv
☐ Elect Power Serv ☐ Undgnd Elect Serv ☐ Undgnd Distribution ☐ Public Improvement

General Ledger Class Code: ☐ Gas Jobbing General ☐ Gas Retirement WO ☐ Gas Specific WO
Work Order No: ☐ Elect Jobbing General ☐ Elect Retirement WO ☐ Elect Specific WO ☐ Elect Temp Serv

Appliance Serviced: Serial No: Model No:
Manufacturer: Location: Comments:

LABOR

(Please use straight time hours & show conversion Rate)

ID No & Name	Hours	Hr Rate	Labor $
12163 Morris	2	30.11	

Labor Subtotal (c)
Plus ____ % Payroll Tax (a)
Total Labor Cost

2 hrs @ St.

EQUIPMENT

Equip #	Hrs	Rate	Equip $
30873	2		

Total Equipment (b)

Engineering Firm Estimate:
Pre-Paid Total:

PARTS

SIN #	Quantity	Size	Manufacturer	Description	Unit Price	Parts $
301507	1	5/8	stab coupler	stab coupler .625		

Parts Subtotal (d)
Plus ____ % Overhead (e)
Total Parts Cost

CHARGES:

Service
(a) Payroll Tax
(b) Equipment
(f) Additional
(c) Labor
(d) Material
(e) Overhead
Material Sales Tax
TOTAL

Additional Charges

Type	Amount
Meals	
Police Report	
Gas Loss	
Total Add'l Charge	(f)

Credit Card Name Number Expiration Date: / /
Customer Acknowledgement: Authorization No:

111708 REV. 7-95 WHITE — DEPT./STOREROOM PINK — CUSTOMER GOLDENROD — REMAINS IN BOOK

TIME IN: TIME OUT:

NIPSCO INDIVIDUAL EMPLOYEE DAILY RECORD (SD-1)

PAGE 1 OF PAGES

Employee ID Number	NAME	DATE	HRI NUMBER	SUPV. NO.	AUTH.
800121631	MOrtiz	9 12 6 1/2	605-212-000		JTR
		SST			

JOB DETAIL

DEPT.

ACTUAL HOURS	LOC	ACCOUNT NUMBER	ACTIVITY NUMBER	UPGRADE JOB NO.	HOURS MULT CODE	BONUS CODES 1	2	3	4	UNITS	VARIANCE i	CODE	HOURS	EQUIP. Q#	HRS.
7 30/45	1	SAfety	1039903		10-31										
8 30	2	stock	1039927		10-31										
9 00	3	1825 Clodi TMAr TIL	65465222		10-31										
9 45	4	1823 "	65465212		10-31										
10 45	5	1914 STMAr/S	65465222		10-31										
12 45	6	2222 Kensington JO 5647446	20165585		10-31										
13 15	7	lunch			~~[illegible]~~										
13 40	8	516 Curdes	65465222		10-31										
14 00	9	2318 Kentucky	"		10-31										
16 00	A	1860 for PMIT TIL	20165585		10-31										
	B														
	C														
	D														
	E														

8 00 ◄ TOTAL

CLOCK HOURS TO BE PAID @		
	10	8 00
	12	
	15	
	20	
	25	

AUTOMOTIVE EQUIPMENT

Q #	EQUIPMENT NUMBER	ODOMETER READINGS	HOUR METER READINGS	CODE
		START		
		END		
		START		
		END		

◄ TOTAL

SP. RATES	
CD	RATE

REPEATED RECORDS			
DAY	1	/	/
DAY		/	/
NO. OF HOLIDAYS			

SIN 112006

TRACKING # / 2222 KENSINGTON BLVD, FORT WAYNE
Marcia King to: Nipsco - USIC Fort Wayne 09/26/2012 10:45 AM
Cc: SLC Distribution Clerks

INDIANA 811 AND TRACKING NUMBERS FOR HIT LINES
EFFECTIVE 2/15/12

137105201
9-26-12 LA 199256

FURWO M567887
FDFURWO M570059

ADDRESS: 2222 Kensington Blvd

CITY: Fort Wayne

RESPONDING SERVICEMAN: Mel Ortiz

CIS SITE ID #: 386240005

USIC TRACKING NUMBER: 01820120926002

WMC ASSIGNER/DISPATCHER NAME: Todd Borowy

INDIANA 811 LOCATE # (if applicable):

MAXIMO #

Updated 2/15/12