



Pipeline Safety Division Investigation Report

Investigation regarding: Mwm Inc C/o Mike Larkey

UPPAC Database Record ID: 3895

Investigator: Howard Friend

Report Date: 3/6/13

Damage Date: 7/30/2012

Damage Address: Pettit Ave

City: Fort Wayne

County: Allen

The Parties

Excavator: **Mwm Inc C/o Mike Larkey**

Contact: Mike Larkey, Vice President

Address: 5607 E 1000 S, Roanoke, In 46783

Telephone: 260 396 2369

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: Mwm Inc C/o Mike Larkey

UPPAC Database Record ID: 3895

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: Boring

Type of work performed: Electric

Synopsis: A natural gas service was damaged during a boring operation to install fiber optics.

Findings: Reported by Carrie Ludwig (NIPSCo); excavator's response to initial notice was received on 12/4/2012. The excavator reported a locate number called in on 6/27/12 and damaged the line 34 days later. They also reported the line was not located. The operator reported the excavator did not have a locate request in their name.

Conclusion: There was a failure to provide notice of excavation.

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



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Nov 6, 2012

Who is submitting this information?

Name of person providing this information: Carrie Ludwig (NIPSCo)

Business address (*number and street*): 3511 East 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: MWM Inc c/o Mike Larkey

Business address (*number and street*): 5607 E 1000 S

City, State, and ZIP code: Roanoke, IN 46783

Telephone number (*area code*): 260 396 2369

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Boring

Type of work performed: Electric

Date and Location of Damage

Date of damage (*month, day, year*): Jul 30, 2012 _____

County: Allen _____

City: Fort Wayne _____

Street address (*number and street, city, state, and ZIP code*):
Pettit Ave _____

Nearest intersection: Calhoun St _____

Right of way where damage occurred: Unknown/Other

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*): 1.5 _____

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? 21 _____

Notification, Locating, Marking

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known: _____

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? Data Not Collected

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

Nipsco emergency repair ticket #: 1207301137

Ticket # 120601050 found for different excavator at 4832 Calhoun St

Unable to find one for at fault excavator



150 West Market Street, Suite 600
Indianapolis, IN 46204

February 4, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3895
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3895

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: 7/30/2012

Event Location: Pettit Ave

Facility Owner: Northern Indiana Public Service Company

Excavator: Mwm Inc C/o Mike Larkey

Other Party:

Pipeline Division Case No. 3895

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. 3895	
Date of Event	7/30/2012
Event Location	Pettit Ave
Event City	Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	Mwm Inc C/o Mike Larkey
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	MWM Inc
RESPONSIBLE PARTY PERSONAL NAME	Mike Larkey
TITLE (IF ANY)	
ADDRESS	5607 E 1000 S
CITY/ STATE/ZIP	Roanoke, IN 46783
PREFERRED TELEPHONE	260-410-4081
CELL PHONE TELEPHONE	260-410-4081
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	Pettit Ave
CITY/STATE/ZIP	Fort Wayne, IN 46807
NEAREST INTERSECTION	Calhoun St
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.)	1 1/8" plastic
PRESSURE (PSIG/INCHES)	N/A
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	
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)	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)	Yes
LOCATE MARKS CORRECT (YES/NO)	No
EXCAVATOR "WHITE LINED" (YES/NO)	No
MAPS USED TO MARK FACILITIES (YES/NO)	Yes
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 to the one-call center.</p> <p>Only ticket for this area for a different contractor from two months earlier.</p> <p>Nipsco emergency repair ticket – 1207301137.</p>	

Fact Based Investigation Report

NOTIFICATION ID: 01820120730004 **DISTRICT:** Northern IN
DAMAGE DATE: 7/30/2012 9:45:00 AM **NOTIFICATION DATE:** 7/30/2012 10:36:20 AM
NOTIFIED BY: NICHOLE Facility Owner
DAMAGE ADDRESS: CALHOUN X PETTIT AVE
CITY: FORT WAYNE **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 07/30/2012
FROM: 10:30:00 **TO:** 12:00:00

EXCAVATOR INVOLVED: UKN
TYPE OF EXCAVATION: boring in new fiber

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

DIG UP/DAMAGE REQ.: 1207301137 **START DATE/TIME:**

PICTURES TAKEN BY: Ross Gillespie **DATE/TIME:** 7/30/2012 11:00:00 AM
PHOTOGRAPHY TYPE: Digital **FRAME #:** n/a

INVESTIGATOR EMP#: 112319 **INVESTIGATOR NAME:** Richard R. Ferguson
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120730004
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** Gas Service
LOCATOR NAME & EMP #: Jones Karl - 131772
LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:
Other

Other: Unusual route

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,
Investigation Results Verified By Utility Representative

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

Drew a picture and attached it to damage ticket. The service that received damage came from a building out of the scope of the locate request and went past a main across the street, down the road paralleling the main that was crossed and tied into a marked main in the scope of the locate request.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

Roger Brown-Nipsco LOA. I am writing this up as an unusual route and we are going to reengineer this service no one will get billed for this one.

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

n/a-none

LIST ANY OTHER INDIVIDUALS ON SITE:

n/a-none

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

WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA? No

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS? No

EXTENT OF FACILITY DAMAGE 5/8 pl service

REPLACEMENT FOOTAGE 2'

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No n/a

WHAT CONTRACTOR EQUIPMENT WAS USED? none

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S) n/a

NORTHERN INDIANA PUBLIC SERVICE COMPANY

FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA 220 / FTW MAXIMO WO # M 519495
OPERATING AREA CONTACT J. Haner JOB ORDER # 504412
TRACKING NUMBER 018 2012 0730004 LOCATE REF # 1201232337
Locate Performed By:

DATE AND TIME OF ACCIDENT 7/30 2012 10:00 AM DATE OF REPORT 7-30-12
PLACE OF DAMAGE (INCLUDE CITY) Pettitt/Calhoun FTW 4832 S Calhoun 46806

DAMAGE WAS TO:
ELECTRIC - POLE / TRANSFORMER: # SIZE YEAR INSTALLED BROKEN YES () NO ()
OTHER (DESCRIBE)

GAS: SERVICE MAIN () SIZE 1 1/8" MATERIAL: PLASTIC () STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE)

DEPTH OF FACILITY (Inches) 21" 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 10:00 AM TIME SHUT OFF 11:30 AM TIME RESTORED 11:30 AM

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1 inch

LOCATE MARKS ON SITE: YES () DISTANCE BETWEEN FACILITY AND LOCATE MARKS not marked NO ()
HOW LOCATED: PAINT () FLAGS () BOTH () WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) MWM Inc Mike Larkus

ADDRESS OF PARTY (INCLUDE CITY) not listed Cell 260-410-4081 5607 E 1000S
off. ce 260-396-2309 for more info 46783

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Mike Larkus

WITNESS NAME AND ADDRESS

WITNESS REMARKS

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

PHOTOS TAKEN: YES () NO () TAKEN BY: USIC (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 unmarked

COMMENTS: hit in street on Calhoun North
of Pettit unusual path for service
No way for locate service to know

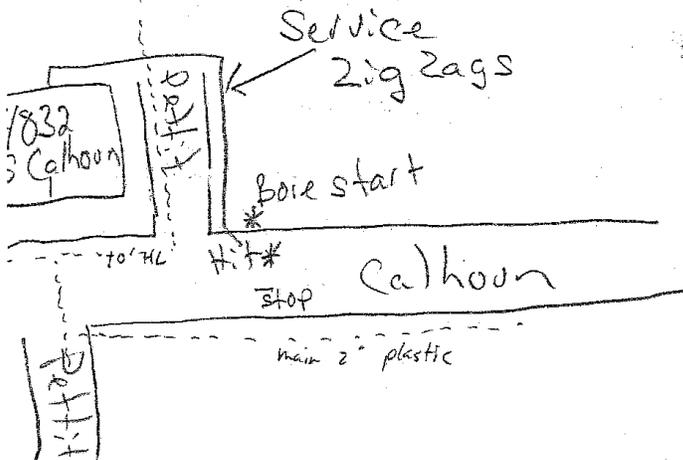
PERSON PREPARING REPORT Hunter/

FIELD SUPERVISOR R Roger Brown

FIELD MANAGER Ronald 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 | <input checked="" type="checkbox"/> NO |
| • NO IN 811 LOCATE CALLED IN | YES | <input checked="" type="checkbox"/> NO |
| • DAMAGE CAUSED FROM EXCAVATION WITHIN 24" ZONE | YES | <input checked="" type="checkbox"/> NO |
| • EXPIRED LOCATE | YES | <input checked="" type="checkbox"/> NO |
| • WAS WHITE LINING INDICATED ON LOCATE REQUEST | YES | <input checked="" type="checkbox"/> 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: Nov 6, 2012

Who is submitting this information?

Name of person providing this information: Carrie Ludwig

Business address (*number and street*): 3511 East 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: MWM Inc (Mike Larkey)

Business address (*number and street*): 5607 E 1000 S

City, State, and ZIP code: Roanoke, IN 46783

Telephone number (*area code*): 260 396 2369

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Boring

Type of work performed: Electric

Date and Location of DamageDate of damage (*month, day, year*): Jul 30, 2012

County: Allen

City: Fort Wayne

Street address (*number and street, city, state, and ZIP code*):
Pettit Ave & Calhoun St

Nearest intersection: Calhoun St

Right of way where damage occurred: Unknown/Other

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*): 1.5

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? 21

Notification, Locating, Marking

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known:

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? Data Not Collected

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

Nipsco emergency repair ticket #: 1207301137

Ticket # 120601050 found for different excavator at 4832 Calhoun St

Unable to find one for at fault excavator

From: [Mike Larkey](#)
To: [IURC PipelineDamageCase](#)
Subject: case number 3895
Date: Tuesday, December 04, 2012 7:36:43 PM
Importance: High

Attached is the documentation requested. Please confirm receipt.

Thanks,

Mike Larkey
MWM, Inc.
SubSurface Construction
Roanoke IN 46783
260-396-2369
260-410-4081 cell
260-396-2375 Fax



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3895

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: MWM Inc

Responsible Party Personal Name: Mike Larkey

Title (if any): VP

Address (number and street): 5607 E 1000 S-92

City, State and ZIP Code: Roanoke IN 46783

Preferred Telephone Number (area code): 260-410-4081

Cellular Telephone Number (area code): 260-410-4081

Email Address: ssclarkey@embarqmail.com

Facility Information:

Business Name: NIPSCO

Responsible Party Personal Name: unknown

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: unknown _____

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*): Directional Drilling

Type of Work Performed (*select one*): Traffic Signal

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

Personal Contact: Brent Spindler _____

Business/Organization Name: City of Fort Wayne-Traffic Operations _____

Title (*if any*): _____

Address (*number and street*): 1730 S Lafayette Street _____

City, State and ZIP Code: Fort Wayne IN 46803 _____

Preferred Telephone Number (area code): 260-427-1223 _____

Cellular Telephone Number (area code): _____

Email Address: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): Pettit Ave and Calhoun Street

City, State and ZIP Code: Fort Wayne IN

Nearest Intersection: Calhoun Street

Product Type (*select one*): Natural Gas

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

Size (Diameter/etc.): unknown

Pressure (PSIG/Inches): unknown

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

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

Repair Cost (if known): \$ unknown

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: 1206272111

- 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

Gas service was not located. Locating company failed to locate gas service. NIPSCO had no record of service existing. I personally spoke to 3 NIPSCO representatives on site during incident and they admitted that they were not aware of their facilities being in this area. This was witnessed by several City of Fort Wayne employees as well. Any questions contact Susan at NIPSCO 260-439-1242.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3895

Your Full Name: Mike Larkey

Full Name of Business / Entity (if applicable): MWM, Inc

Your Business Title (if applicable): VP

Address (number and street): 5607 E 1000 S-92

City: Roanoke State: IN ZIP Code: 46783

Your E-mail Address: ssclarkey@embarqmail.com

Today's Date (month, day, year): December 4, 2012

Your Signature:  Title (if any) VP

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3895
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov