



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Louthain M R & Assoc.**

UPPAC Database Record ID: 3922

Investigator: Howard Friend

Report Date: 3/6/13

Damage Date: 8/23/2012

Damage Address: 4125 E Market St

City: Logansport

County: Cass

### The Parties

Excavator: **Louthain M R & Assoc.**

Contact: Merrill R. Louthain II

Address: 5101 E Division Rd., Logansport, In 46947

Telephone: 574-753-8513

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: Louthain M R & Assoc.**

UPPAC Database Record ID: 3922

**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: Landscaping

**Synopsis:** A natural gas service was damaged during excavation of a concrete slab.

**Findings:** Reported by Tommy Buher (NIPSCO); excavator's response to initial notice was received on 12/10/2012. The excavator failed to provide notice of excavation. The excavator stated he was helping out a friend and not being paid for the work and the homeowner takes full responsibility for the damage.

**Conclusion:** The excavator is responsible to provide notice of excavation and in this case there was a failure to provide that notice.

**Violation: IC 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: Sep 26, 2012

---

### Who is submitting this information?

Name of person providing this information: Tommy Buher (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: Louthain M R & Assoc.

Business address (*number and street*): 5101 E Division Rd.

City, State, and ZIP code: Logansport, IN 46947

Telephone number (*area code*): 574-753-8513

Fax number (*area code*): \_\_\_\_\_

E-mail address: \_\_\_\_\_

---

### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Landscaping

---

**Date and Location of Damage**

Date of damage (*month, day, year*): Aug 23, 2012

County: Cass

City: Logansport

Street address (*number and street, city, state, and ZIP code*):  
4125 E Market St

Nearest intersection: \_\_\_\_\_

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*): \_\_\_\_\_

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? 16

---

**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? 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 locate requested \_\_\_\_\_

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**



150 West Market Street, Suite 600  
Indianapolis, IN 46204

January 29, 2012

*Via Electronic Transmission – PipelineDamageCase@urc.in.gov*

Pipeline Safety Division – Case No. 3922  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3922

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: 8/23/2012

Event Location: 4125 E Market St

Facility Owner: Northern Indiana Public Service Company

Excavator: Louthain M R & Assoc.

Other Party: N/A

Pipeline Division Case No. 3922

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. 3922</b>	
Date of Event	8/23/2012
Event Location	4125 E Market St
Event City	Logansport
Facility Owner	Northern Indiana Public Service Company
Excavator	Louthain M R & Assoc.
Date of IURC Information Request	12/5/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Louthain M R & Assoc.
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	5101 E Division Rd.
CITY/ STATE/ZIP	Logansport, IN 46947
PREFERRED TELEPHONE	574-753-8513
CELL PHONE TELEPHONE	
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	<a href="mailto:morganthompson@usicinc.com">morganthompson@usicinc.com</a>
<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	4125 E Market St.
CITY/STATE/ZIP	Logansport, IN 46947
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.)	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
<b>CAUSE OF DAMAGE INFORMATION:</b>	
<b>TYPE OF EQUIPMENT (Select One)</b>	
Auger	
Backhoe/Trackhoe	X
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	
Probing Device	

Trancher	
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	
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)	Yes
IGNITION AND/OR FIRE (YES/NO)	No
EXCAVATOR NOTIFY 811 (YES/NO)	No
<b>LOCATE INFORMATION:</b>	
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
<b>INCIDENT IMPACT INFORMATION</b>	
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
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
No notification made to the one-call center.	



---

**INVESTIGATOR STATEMENT/CAUSAL FACTORS:**  
NO LOCATE CALLED

**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?** 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

**REPLACEMENT FOOTAGE** 2"

**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



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Sep 26, 2012

---

### Who is submitting this information?

Name of person providing this information: Tommy Buher

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: Louthain M R & Assoc.

Business address (*number and street*): 5101 E Division Rd.

City, State, and ZIP code: Logansport, IN 46947

Telephone number (*area code*): 574-753-8513

Fax number (*area code*): \_\_\_\_\_

E-mail address: \_\_\_\_\_

---

### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Landscaping

---

**Date and Location of Damage**Date of damage (*month, day, year*): Aug 23, 2012County: CassCity: LogansportStreet address (*number and street, city, state, and ZIP code*):  
4125 E Market St, Logansport, IN 46947

Nearest intersection: \_\_\_\_\_

Right of way where damage occurred: Private - Land OwnerWas there a release of product? YesIf yes, was there an ignition of product? NoWere evacuations necessary as a result of release? NoIf yes, how many evacuated? 0Was there a customer service interruption? YesIf yes, how many affected? 1Time to restore service (*in hours*): \_\_\_\_\_Enter number of injuries, if applicable and known: 0Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ \_\_\_\_\_

---

**Affected Facility Information**What type of pipeline was damaged? Natural GasWhat was the affected facility? Service/DropWhat was the depth of the facility, in inches? 16

---

**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? 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 locate requested

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**

NORTHERN INDIANA PUBLIC SERVICE COMPANY  
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Peru MAXIMO WO # M5J9768  
OPERATING AREA CONTACT D. Palmer JOB ORDER # 561491  
TRACKING NUMBER 01820120823014 LOCATE REF # \_\_\_\_\_  
Locate Performed By: \_\_\_\_\_

DATE AND TIME OF ACCIDENT 8/23 2012 12:45 PM DATE OF REPORT 8/23/12  
PLACE OF DAMAGE (INCLUDE CITY) 4125 E. Market St, Logansport

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) 16" PRESSURE (PSI) 50 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 12:45 pm TIME SHUT OFF 12:45 pm TIME RESTORED \_\_\_\_\_

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: Severed in half

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

PARTY THAT CAUSED DAMAGES (NAME) Louthain M R & Assoc

ADDRESS OF PARTY (INCLUDE CITY) 5101 E. Division Rd. Logansport, IN

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Bill Louthain

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: \_\_\_\_\_ (ATTACH PHOTOS TO REPORT)  
MEDIA ON SITE YES ( ) NO

WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW

- |   |                                     |  |   |
|---|-------------------------------------|--|---|
| <input type="checkbox"/> AGRICULTURE/FARMING    | <input type="checkbox"/> CABLE TV   | <input type="checkbox"/> CURB/SIDEWALK | <input type="checkbox"/> TELECOMMUNICATIONS |
| <input type="checkbox"/> BLDG CONSTRUCTION      | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> DRAINAGE      | <input type="checkbox"/> WATER              |
| <input type="checkbox"/> DRIVEWAY               | <input type="checkbox"/> ELECTRIC   | <input type="checkbox"/> SURVEYING     | <input type="checkbox"/> DRAINS/CULVERTS    |
| <input type="checkbox"/> FENCING                | <input type="checkbox"/> GRADING    | <input type="checkbox"/> IRRIGATION    | <input type="checkbox"/> MOWING             |
| <input checked="" type="checkbox"/> LANDSCAPING | <input type="checkbox"/> PIPELINE   | <input type="checkbox"/> MILLING       | <input type="checkbox"/> OTHER _____        |
| <input type="checkbox"/> POLE/SIGN POST         | <input type="checkbox"/> ROAD WORK  | <input type="checkbox"/> SEWER         |   |

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> AUGER             | <input type="checkbox"/> HAND TOOLS     | <input checked="" type="checkbox"/> BACKHOE/TRACKHOE |
| <input type="checkbox"/> MILLING EQUIPMENT | <input type="checkbox"/> PROBING DEVICE | <input type="checkbox"/> BORING / DRILLING           |
| <input type="checkbox"/> EXPLOSIVES        | <input type="checkbox"/> TRENCHER       | <input type="checkbox"/> FARM EQUIPMENT              |
| <input type="checkbox"/> VACCUUM EQUIPMENT | <input type="checkbox"/> GRADER         | <input type="checkbox"/> OTHER _____                 |

REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> AUTOMOTIVE ACCIDENT | <input type="checkbox"/> EXCAVATING BEFORE LOCATES DUE | <input type="checkbox"/> CARELESS MACHINE OPERATOR |
| <input checked="" type="checkbox"/> NO NOTIFICATION     | <input type="checkbox"/> MARKS DISTURBED               | <input type="checkbox"/> STUB                      |
|   |  | <input type="checkbox"/> OTHER _____               |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

SIN #110601 Rev. 6-12

COMMENTS :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

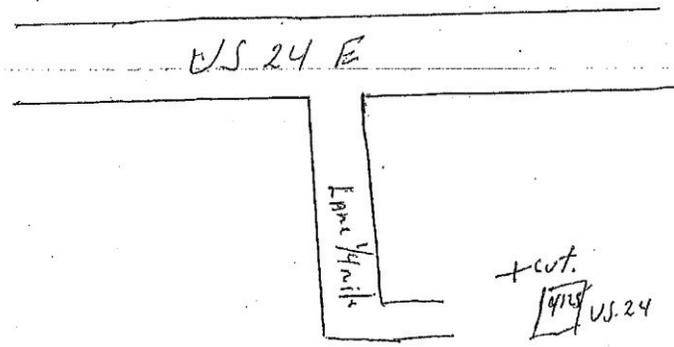
PERSON PREPARING REPORT Scott McWilliam

FIELD SUPERVISOR D. Palmer

FIELD MANAGER D. Salmon

- 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:

Scott McWilliam

DATE:

8/23/12



## INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3992

---

*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: \_\_\_\_\_

Responsible Party Personal Name: Merrill R. Louthain11

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

Address (number and street): 4650E CR75N

City, State and ZIP Code: Logansport, Indiana 46947

Preferred Telephone Number (area code): 574-721-0177

Cellular Telephone Number (area code): 574-721-0177

Email Address: merrill.louthain@gmail.com

#### 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: \_\_\_\_\_

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): Backhoe/Trackhoe

Type of Work Performed (select one): Unknown/Other

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

Personal Contact: Rick Scott \_\_\_\_\_

Business/Organization Name: Home OWNER \_\_\_\_\_

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

Address (number and street): 4125E Market \_\_\_\_\_

City, State and ZIP Code: Logansport,Indiana 46947 \_\_\_\_\_

Preferred Telephone Number (area code): 574-721-1820 \_\_\_\_\_

Cellular Telephone Number (area code): 574-721-1820

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

---

**Utility Line Impact**

**Location of Damage:**

Address (number and street): 4125E. Market

City, State and ZIP Code: Logansport, Indiana 46947

Nearest Intersection: E Market and Yorktown Rd

**Product Type (select one):** Natural Gas

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

**Size (Diameter/etc.):** 3/4"

**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

---

**Locate Information**

**Excavator Request Locate:**       Yes       No

**Indiana 811 Locate Ticket Number:** \_\_\_\_\_

- 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:** N/A

**Number of Inpatient Treated:** N/A

**Number of Fatalities:** N/A

- Fire Department Response:**  Yes  No  
**Police Department Response:**  Yes  No  
**Ambulance Response:**  Yes  No

**Additional Information / Comments**

I was removing a piece of 5" thick concrete for a friend at his home. The line was cut as I was sliding the concrete sideways. This was not a paid job and there was no digging involved. The gas line was at the surface. Before starting I asked the home owner about locates and he told me there was nothing in that area. The home owner takes full responsibility for this incident. I also explained all of the above to the gas company. My fathers co. was not involved in the incident!

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 3922

Your Full Name: Merrill Robert Louthain11

Full Name of Business / Entity (if applicable): \_\_\_\_\_

Your Business Title (if applicable): \_\_\_\_\_

Address (number and street): 4650E Cr75n

City: Logansport State: In ZIP Code: 46947

Your E-mail Address: merrill.louthain@gmail.com

Today's Date (month, day, year): 12/09/2012

Your Signature: Merrill R. Louthain # Title (if any) \_\_\_\_\_

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 3922**  
**Indiana Utility Regulatory Commission**  
**101 West Washington Street, 1500E**  
**Indianapolis, IN 46204**

Or scan the statement and Email to:

**PipelineDamageCase@urc.in.gov**