



Pipeline Safety Division Investigation Report

Investigation regarding: Everdry Waterproofing

UPPAC Database Record ID: 3936

Investigator: Mike Orr

Report Date: 3/7/2013

Damage Date: 8/24/2012

Damage Address: 18133 Field Ct

City: South Bend

County: St. Joseph

The Parties

Excavator: **Everdry Waterproofing**

Contact: David Kaminsky

Address: 4647 W Cleveland Rd, South Bend, In, 46628

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: Everdry Waterproofing

UPPAC Database Record ID: 3936

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: Hand Tools

Type of work performed: Drainage

Synopsis: Damage to a natural gas service occurred during a procedure for drainage.

Findings: Reported by Steve Noffsinger (NIPSCo); excavator's response to initial notice was received on 12/6/2012. Excavator admits failing to request locates prior to commencing work causing a compromise of the underground facility.

Conclusion: Excavator failed to provide notice to of excavation.

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: Oct 8, 2012

Who is submitting this information?

Name of person providing this information: Steve Noffsinger (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: Everdry Waterproofing

Business address (*number and street*): 4647 W Cleveland Rd

City, State, and ZIP code: South Bend, IN, 46628

Telephone number (*area code*): _____

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Hand Tools

Type of work performed: Drainage

Date and Location of Damage

Date of damage (*month, day, year*): Aug 24, 2012

County: St. Joseph

City: South Bend

Street address (*number and street, city, state, and ZIP code*):
18133 Field Ct

Nearest intersection: Country Village

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*): 4

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? 18

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 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 1208241414



150 West Market Street, Suite 600
Indianapolis, IN 46204

January 30, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3936
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3936

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: 8/24/2012

Event Location: 18133 Field Ct

Facility Owner: Northern Indiana Public Service Company

Excavator: Everdry Waterproofing

Other Party: N/A

Pipeline Division Case No. 3936

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. 3936 | |
| Date of Event | 8/24/2012 |
| Event Location | 18133 Field Ct |
| Event City | South Bend |
| Facility Owner | Northern Indiana Public Service Company |
| Excavator | Everdry Waterproofing |
| Date of IURC Information Request | 12/5/2012 |
| THE PARTIES | |
| EXCAVATOR: | |
| BUSINESS NAME | Everdry Waterproofing |
| RESPONSIBLE PARTY PERSONAL NAME | |
| TITLE (IF ANY) | |
| ADDRESS | 4647 W Cleveland Rd |
| CITY/ STATE/ZIP | South Bend, IN 46628 |
| PREFERRED TELEPHONE | |
| CELL PHONE TELEPHONE | |
| 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 | 18133 Field Ct |
| CITY/STATE/ZIP | South Bend, IN 46637 |
| NEAREST INTERSECTION | Country Village |
| 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" 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 | |
| Directional Drilling | |
| Explosives | |
| Farm Equipment | |
| Grader/Scraper | |
| Hand Tools | X |
| 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 | X |
| Driveway | |
| Electric | |
| 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) | 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 |
| 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 made to the one-call center. Nipsco emergency repair ticket – 1208241414.</p> | |

Fact Based Investigation Report

NOTIFICATION ID: 01820120824005

DISTRICT: Northern IN

DAMAGE DATE: 8/24/2012 11:40:00 AM

NOTIFICATION DATE: 8/24/2012 11:44:12 AM

NOTIFIED BY: Patty Mendez Facility Owner

DAMAGE ADDRESS: 1835 Field Ct

CITY: South Bend (CLAY TWNSHP) ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 08/24/2012

FROM: 12:00:00

TO: 12:30:00

EXCAVATOR INVOLVED: EVERDRY WATERPROOFING

TYPE OF EXCAVATION: Drain tile

ORIG. LOCATE REQ.:

START DATE/TIME:

TYPE OF TICKET:

LOCATE REQ. INFO N/A: Yes

DIG UP/DAMAGE REQ.: M61562142

START DATE/TIME:

PICTURES TAKEN BY: Kevin Fox

DATE/TIME: 8/24/2012 12:05:00 PM

PHOTOGRAPHY TYPE: Digital

FRAME #:

INVESTIGATOR EMP#: 116375

INVESTIGATOR NAME: Joe Hendrickson

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120824005

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF FACILITY ID: Gas Service

LOCATOR NAME & EMP #:

LOCATOR NOT KNOWN: Yes

CHECK ALL THAT APPLY TO INVESTIGATION:

No Locate Req. By Contractor

Other:

CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):

Visual, Facility Exposed At Time Of Investigation

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

No ticket called in for this address. Ticket search verifies no ticket called in. Crew said that they were hand digging for a drain tile and punctured the gas service.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

Steve Hershburger - NIPSCO - stated the crew were hand digging without a locate and punctured the gas service.

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 gas service

REPLACEMENT FOOTAGE N/A

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No N/A

WHAT CONTRACTOR EQUIPMENT WAS USED? Shovel

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: Oct 8, 2012

Who is submitting this information?

Name of person providing this information: Steve Noffsinger

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: Everdry Waterproofing

Business address (*number and street*): 4647 W Cleveland Rd

City, State, and ZIP code: South Bend, IN, 46628

Telephone number (*area code*): _____

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Hand Tools

Type of work performed: Drainage

Date and Location of DamageDate of damage (*month, day, year*): Aug 24, 2012County: St. JosephCity: South BendStreet address (*number and street, city, state, and ZIP code*):
18133 Field Ct, South Bend, IN, 46637Nearest intersection: Country VillageRight 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*): 4Enter number of injuries, if applicable and known: 0Enter number of fatalities, if applicable and known: 0Property damage, Estimate \$

Affected Facility InformationWhat type of pipeline was damaged? Natural GasWhat was the affected facility? Service/DropWhat was the depth of the facility, in inches? 18

Notification, Locating, MarkingDid excavator request locates prior to commencing work? NoEnter 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 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 1208241414

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA 060 MAXIMO WO #
OPERATING AREA CONTACT Armstrong JOB ORDER # 595858
TRACKING NUMBER LOCATE REF #
Locate Performed By:

DATE AND TIME OF ACCIDENT 8-24 2012, 1115 M DATE OF REPORT 8-24-12
PLACE OF DAMAGE (INCLUDE CITY) 18133 Field Ct.

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

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

DEPTH OF FACILITY (inches) 18" PRESSURE (PSI) med 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 1115 TIME RESTORED 3:15
DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: Cut into

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

PARTY THAT CAUSED DAMAGES (NAME) Everyday Waterproofing
ADDRESS OF PARTY (INCLUDE CITY) 4647 W. Cleveland Rd, S. Bend, In 46628

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Daniel Hugo
WITNESS NAME AND ADDRESS Same as above

WITNESS REMARKS None

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

- TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW
() AUGER () HAND TOOLS () BACKHOE/TRACKHOE
() MILLING EQUIPMENT () PROBING DEVICE () BORING / DRILLING
() EXPLOSIVES () TRENCHER () FARM EQUIPMENT
() VACCUUM EQUIPMENT () GRADER () OTHER

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

COMMENTS :

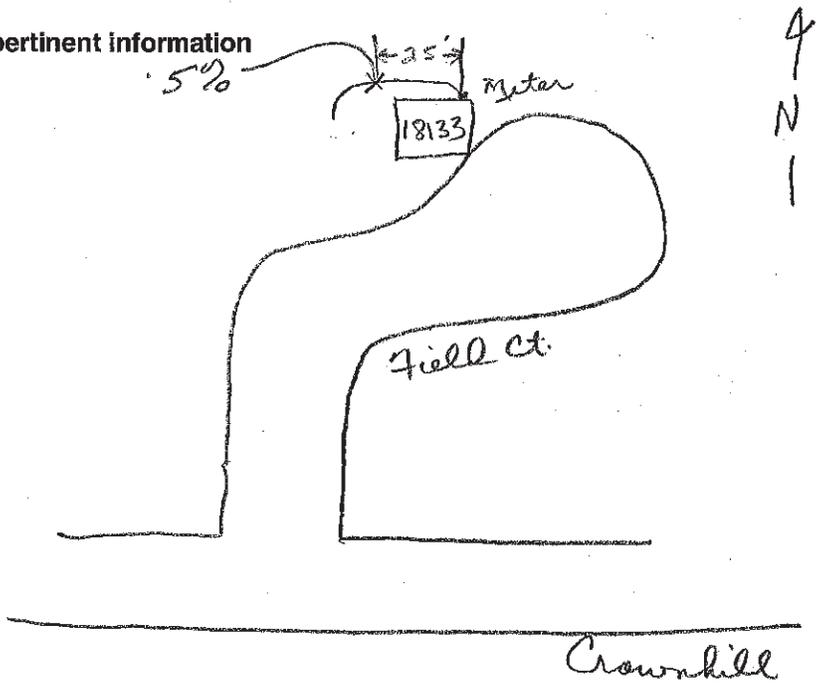
PERSON PREPARING REPORT L Mullins

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: 3936

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: Everdry Waterproofing

Responsible Party Personal Name: David Kaminsky

Title (if any): _____

Address (number and street): 4647 W Cleveland Rd

City, State and ZIP Code: South Bend, IN 46628

Preferred Telephone Number (area code): 574-272-3788

Cellular Telephone Number (area code): _____

Email Address: info@everdry-waterproofing.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*): Hand Tools

Type of Work Performed (*select one*): Drainage

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

Personal Contact: _____

Business/Organization 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: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): 18135 Field Ct _____

City, State and ZIP Code: South Bend, IN 46637 _____

Nearest Intersection: _____

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:** ¹ _____

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

Repair Cost (if known): \$ _____

Release of Product: Yes No

Ignition and/or Fire: Yes No

Excavator Notify 811: Yes No

Locate Information

Excavator Request Locate: Yes No

Indiana 811 Locate Ticket Number: _____

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

A new project manager failed to have the lines marked, we have reviewed procedures for having lines marked on all future projects.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3936

Your Full Name: David Kaminsky

Full Name of Business / Entity (*if applicable*): Kamin Industries, Inc dba Everdry Waterproofing

Your Business Title (*if applicable*): _____

Address (*number and street*): 4647 W Cleveland Rd

City: South Bend State: IN ZIP Code: 46628

Your E-mail Address: info@everdry-waterproofing.com

Today's Date (*month, day, year*): 12/06/2012

Your Signature: _____ Title (*if any*) _____

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3936
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov