



Pipeline Safety Division Investigation Report

Investigation regarding: City Of Berne Water Department

UPPAC Database Record ID: 3955

Investigator: Mike Orr

Report Date: 3/7/2013

Damage Date: 9/14/2012

Damage Address: 218 N Jefferson St

City: Berne

County: Adams

The Parties

Excavator: **City Of Berne Water Department**

Contact:

Address: 158 West Franklin Street, Berne, In, 46711

Telephone: (260)589-2811

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: City Of Berne Water Department

UPPAC Database Record ID: 3955

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: Water

Synopsis: Damage to a natural gas service occurred during a procedure to repair a water line.

Findings: Reported by Steve Noffsinger (NIPSCo); excavator did not respond to initial notice mailed 11/30/2012. Excavator was repairing a water line without having called IN811 to provide notice of excavation.

Conclusion: Excavator failed to provide notice 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 9, 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: City of Berne Water Department

Business address (*number and street*): 158 West Franklin Street

City, State, and ZIP code: Berne, IN, 46711

Telephone number (*area code*): (260)589-2811

Fax number (*area code*): (260)589-8120

E-mail address: WATER@CITYOFBERNE.COM

Excavation or Demolition Information

Excavator type: Municipality

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Water

Date and Location of Damage

Date of damage (*month, day, year*): Sep 14, 2012

County: Adams

City: Berne

Street address (*number and street, city, state, and ZIP code*):
218 N Jefferson St

Nearest intersection: E Washington St

Right of way where damage occurred: Private - Business

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*): 2

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 1209141750



150 West Market Street, Suite 600
Indianapolis, IN 46204

January 30, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3955
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3955

To Whom It May Concern:

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

Date of Event: 9/14/2012

Event Location: 218 N Jefferson St

Facility Owner: Northern Indiana Public Service Company

Excavator: City Of Berne Water Department

Other Party: N/A

Pipeline Division Case No. 3955

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. 3955	
Date of Event	9/14/2012
Event Location	218 N Jefferson St
Event City	Berne
Facility Owner	Northern Indiana Public Service Company
Excavator	City Of Berne Water Department
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	City of Berne
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	
CITY/ STATE/ZIP	
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	218 N Jefferson
CITY/STATE/ZIP	Berne, IN 46711
NEAREST INTERSECTION	E Washington 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.)	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	X
Boring/Drilling	
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	
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	X
Waterway Improvement	
Unknown/Other	
RELEASE OF PRODUCT (YES/NO)	Y
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	N
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	N

INDIANA 811 LOCATE TICKET NUMBER	N/A
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)	N
AMBULANCE RESPONSE (YES/NO)	N
ADDITIONAL INFORMATION/COMMENTS	
No notification made to one call center.	

Fact Based Investigation Report

NOTIFICATION ID: 01820120914007 DISTRICT: Northern IN
DAMAGE DATE: 9/14/2012 9:55:00 AM NOTIFICATION DATE: 9/14/2012 12:17:16 PM
NOTIFIED BY: NICOLE WADDELL Facility Owner
DAMAGE ADDRESS: 218 N JEFFERSON ST.
CITY: BERNE ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 09/14/2012
FROM: 12:25:00 TO: 12:45:00

EXCAVATOR INVOLVED: CITY OF BERNE
TYPE OF EXCAVATION: WATER REPAIR

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

DIG UP/DAMAGE REQ.: 1209141750 START DATE/TIME:

PICTURES TAKEN BY: PEREZ DATE/TIME: 9/14/2012 12:40:00 PM
PHOTOGRAPHY TYPE: Digital FRAME #:

INVESTIGATOR EMP#: 113185 INVESTIGATOR NAME: ROSS GILLESPIE
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120914007
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 Verified Existing Marks By Hooking Up

INVESTIGATOR STATEMENT/CAUSAL FACTORS:
No Locate Req. By Contractor

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:
NA

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

LIST ANY OTHER INDIVIDUALS ON SITE:
NA

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? Yes

EXTENT OF FACILITY DAMAGE SER

REPLACEMENT FOOTAGE 1

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? BACK HOE

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)
INDIANA UTILITY REGULATORY COMMISSION

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E-mail address: cludwig@nisource.com

Excavator Information, if known

Full name: City of Berne Water Department

Business address (*number and street*): 158 West Franklin Street

City, State, and ZIP code: Berne, IN, 46711

Telephone number (*area code*): (260)589-2811

Fax number (*area code*): (260)589-8120

E-mail address: WATER@CITYOFBERNE.COM

Excavation or Demolition Information

Excavator type: Municipality

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Water

Date and Location of Damage

Date of damage (month, day, year): Sep 14, 2012

County: Adams

City: Berne

Street address (number and street, city, state, and ZIP code):
218 N Jefferson St, Berne, IN, 46711

Nearest intersection: E Washington St

Right of way where damage occurred: Private - Business

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): 2

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 1209141750

LEAK INVESTIGATION FORM

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

CIS Ticket Number: 592494203 Date Reported: 9-14-12 Time Leak Reported (Military): 10:56
LOA: 220 GPS Coordinates: Latitude _____ N Longitude _____ W
City Name: BERNIA
Address or Location: 218 N JEFFERSON ST LA 198624

Leak Location: 1. No Leak Found 2. Customer Equip. 3. Main 4. Service 5. Meter Loop 6. Regulator Station
Leak Grade: 1. Hazardous 2. Non-Hazardous, Scheduled Repairs 3. Non-Hazardous, Monitored
Leak Resolution: 1. Leak Repaired 2. Pipe Replaced 3. Pipe Retired 4. Grade 2 or 3 Leak Not Repaired
Residual Gas Present: Yes No

1st Responder: User ID: 120277 JOHN HARTMAN Leak Referred to: _____

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

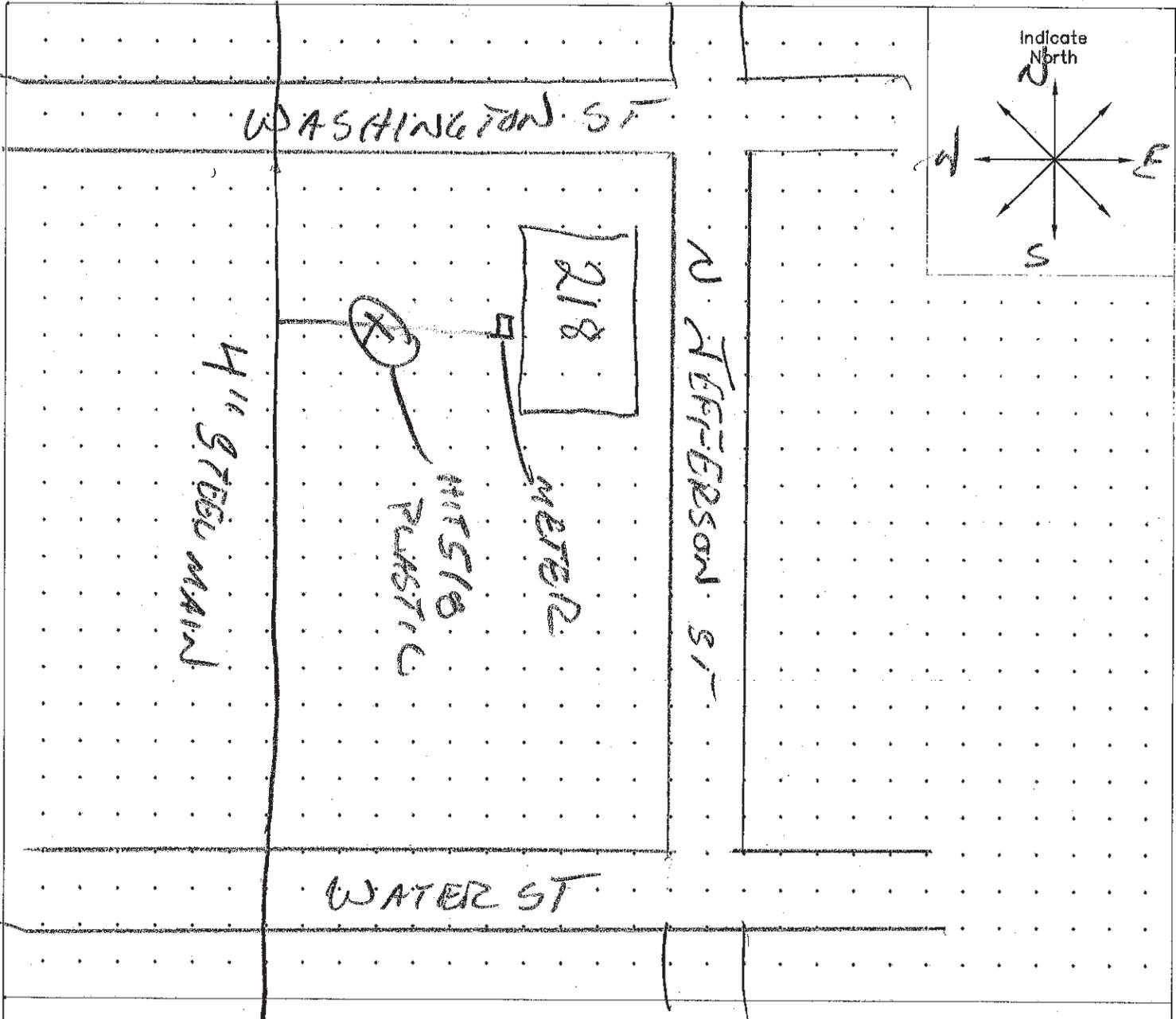
Comments: 417 518 SERVICE BY CITY OF BERNIA JO 514653

Repaired/Inspected: 9-14-12 Time: 12:45 (Military) User ID: 120277 JOHN HARTMAN

Cause of Leak: A. Material or Welds B. Corrosion C. Weather/Outside Forces D. Excavation E. Equipment Failure and Operations F. Other
CIS Grid Number: _____ Pipe Size: 12.5 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 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 # 8829980
Re-evaluation Comments: _____
Repaired/Re-evaluated: _____ Time: _____ (Military) User ID: _____



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: CITY OF BOZEMAN HI/ S/E SERVICE

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA FT, WAYNE MAXIMO WO # M557136
OPERATING AREA CONTACT JASON HANER JOB ORDER # 574163
TRACKING NUMBER 018-2012-0914-007 LOCATE REF #
Locate Performed By: NO LOCATIONS

DATE AND TIME OF ACCIDENT 9-14-12 10:56am 20 M DATE OF REPORT 9-14-12
PLACE OF DAMAGE (INCLUDE CITY) 218 N JEFFERSON ST BERNARD 46711

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) 18" PRESSURE (PSI) 48 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 10:56 am TIME SHUT OFF 11:45 am TIME RESTORED 1:00 PM

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

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

PARTY THAT CAUSED DAMAGES (NAME) CITY OF BERNARD

ADDRESS OF PARTY (INCLUDE CITY) ABOVE

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE ABOVE

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

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS: WATER DEPT OF CITY OF BREARIE HIT 5/8 SERVICE

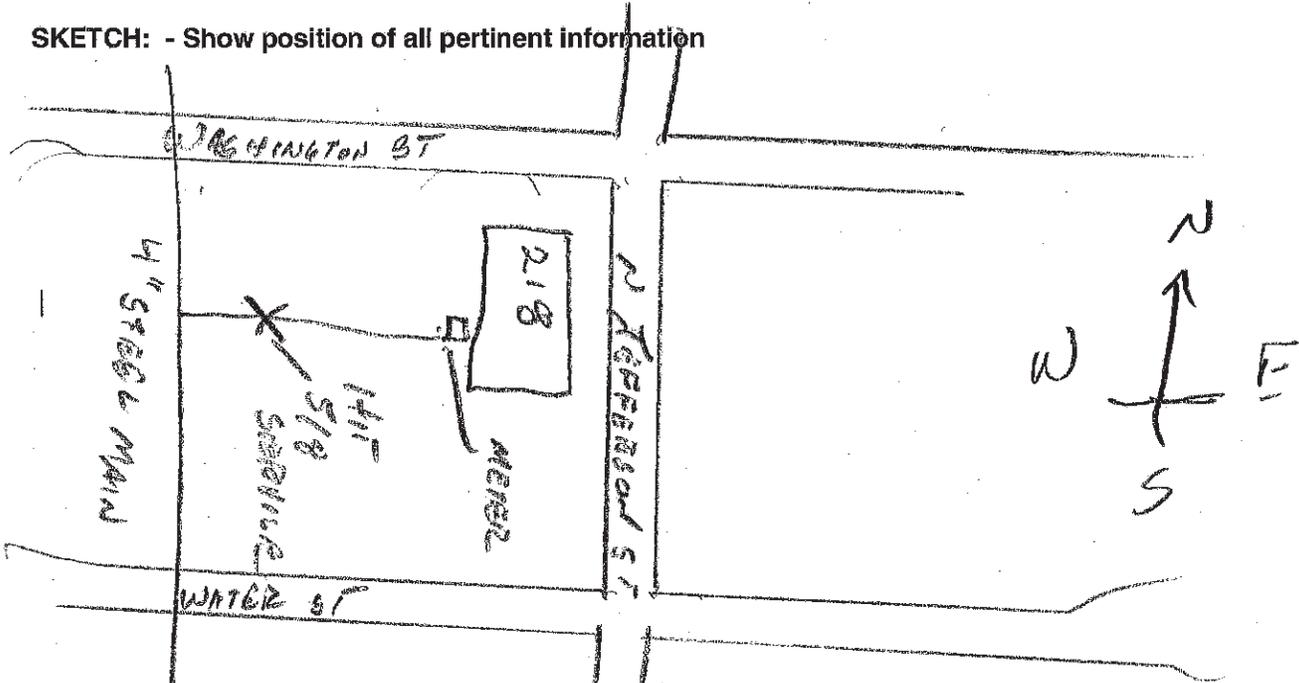
PERSON PREPARING REPORT Tom Charnand

FIELD SUPERVISOR JRH

FIELD MANAGER Rachel Dun

- 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: _____

Employee ID Number: U122277 NAME: JOHN WATZMAN DATE: 9/14/12 HRI NUMBER: 605-212- SST: 7:20

JOB DETAIL

ACTUAL HOURS	L	ACCOUNT NUMBER	ACTIVITY NUMBER	UPGRADE JOB NO.	DEPT.	HOURS				UNITS	VARIANCE			EQUIP. HRS.		
						MULT CODE	1	2	3		4	CODE	HOURS		Q#	
7:00	1	FOR BRUNNIG	15B6035		1031	N										
9:30	2	210 BEEKMAN DR	654522		1031	N										
10:05	3	OFFICE	654720		1031	N										
13:00	4	FOR STAFF	2011050		1031	N										
14:45	5	FOR STAFF	154720		1031	N										
15:00	6	FOR STAFF	154720		1031	N										
15:30	7	720 E LINDA ST	654720		1031	N										
17:30	8	2895 E ST RD	180000		1031	N										
00:50	9	ST NIGHT NOT TAKEN	1030917		1031	N										
TOTAL		10	8:05													
CLOCK HOURS TO BE PAID @		15	2:00													
AUTOMOTIVE EQUIPMENT		Q	#	EQUIPMENT NUMBER	ODOMETER READINGS	HOUR METER READINGS	CODE	SP. RATES	REPEATED RECORDS	NO. OF HOLIDAYS						
			1	81171	START	END		CD	RATE	DAY						



Tracking#, 218 N JEFFERSON ST. BERNE
Nicole Waddell to: Nipsco - USIC Fort Wayne
Cc: SLC Distribution Clerks

09/14/2012 12:17 PM

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

ADDRESS: 218 N. JEFFERSON ST.

CITY: BERNE

RESPONDING SERVICEMAN: JOHN HARTMAN

CIS SITE ID #: 714140009

USIC TRACKING NUMBER: 018 2012 0914 007

WMC ASSIGNER/DISPATCHER NAME: DAN LOPEZ

INDIANA 811 LOCATE # (if applicable): 120 914 1750

MAXIMO #

Updated 2-15-12

Nicole Waddell
WMC-Distribution Clerk
219-647-4863

PD.
LA 198624
9-14-12
592494203