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: B & D Regional Builders Llc

UPPAC Database Record ID: 3957

Report Date: 9/12/2013 Investigator: Mike Orr

Damage Date: 9/15/2012 Damage Address: 7310 E 103rd Avenue, Crown Point, Lake

The Parties

Excavator: **B & D Regional Builders Llc**

Address: 428 Orchard Drive, Crown Point, In 46307

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas Facility Function: Service/Drop

Type of Equipment: Auger Type of Work Performed: Fencing

Damage Impact

Product Release: Yes Ignition: Yes

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: Yes Indiana 811 Ticket Number: 1209120666 Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

Synopsis: Excavator struck and damaged an underground natural gas service while performing fencing work.

Findings: Reported by Oscar Rios (NIPSCo); excavator did not respond to initial notice mailed 3/27/2013. Excavator had a valid locate ticket; however, the gas operator self reported a failure to provide facility locate markings.

Conclusion: There was a failure to provide facility locate markings.

Violation: IC 8-1-26-18(f) Operator failed to locate or provided incorrect locate markings.

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: Oscar Rios (NIPSCo)

Business address *(number and street)*: 3511 E 15th Avenue

City, State, and ZIP code: Gary, IN, 46403

Telephone number *(area code)*: 219-962-0420

Fax number *(area code)*: 219-962-0404

E-mail address: cludwig@nisource.com

Excavator Information, if known

Full name: Fence Masters

Business address *(number and street)*: 1109 US Highway 30

City, State, and ZIP code: Valparaiso, IN, 46383

Telephone number *(area code)*: _____

Fax number *(area code)*: _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Auger

Type of work performed: Fencing

Date and Location of Damage

Date of damage (*month, day, year*): Sep 15, 2012

County: Lake

City: Crown Point, IN

Street address (*number and street, city, state, and ZIP code*):
7310 E 103rd Avenue

Nearest intersection: Nelson, St.

Right of way where damage occurred: Private - Land Owner

Was there a release of product? Yes

If yes, was there an ignition of product? Yes

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? 24

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: Marks were for electric only.

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

see ticket 1209120666 which was called in by a different excavator (electric)
NIPSCO emergency ticket 1209150320

Indications appear, Fencing excavator was attempting to piggy-back from another excavators locate markings. MAO 10/10/2012

150 West Market Street, Suite 600
Indianapolis, IN 46204

January 30, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3957
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3957

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: 9/15/2012

Event Location: 7310 E 103rd Avenue

Facility Owner: Northern Indiana Public Service Company

Excavator: Fence Masters

Other Party: N/A

Pipeline Division Case No. 3957

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. 3957	
Date of Event	9/15/2012
Event Location	7310 E 103rd Avenue
Event City	Crown Point
Facility Owner	Northern Indiana Public Service Company
Excavator	Fence Masters
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	B & D Regional Builders LLC
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	428 Orchard Dr
CITY/ STATE/ZIP	Crown Point, IN 46307
PREFERRED TELEPHONE	219 552 4848
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	
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	7310 E 103rd Ave
CITY/STATE/ZIP	Crown Point, IN 46307
NEAREST INTERSECTION	
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.)	
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	X
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scrapper	
Hand Tools	
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	X
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)	Y
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	N
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1209120666
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	
Not marked or mismarked Nipsco emergency repair ticket #: 1209150320	

Fact Based Investigation Report

NOTIFICATION ID: 01820120915007 **DISTRICT:** Northern IN
DAMAGE DATE: 9/15/2012 2:45:00 PM **NOTIFICATION DATE:** 9/15/2012 2:45:59 PM
NOTIFIED BY: Emily/Nipsco Other
DAMAGE ADDRESS: 7310 E 103rd Ave X Nelson St
CITY: Crown Pointe **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 09/15/2012
FROM: 15:05:00 **TO:** 16:10:00

EXCAVATOR INVOLVED: B & D EXCAVATION
TYPE OF EXCAVATION: Fence Installation

ORIG. LOCATE REQ.: 1209120666 **START DATE/TIME:** 9/14/2012 9:00:00 AM
TYPE OF TICKET: Routine **LOCATE REQ. INFO N/A:**

DIG UP/DAMAGE REQ.: 1209150320 **START DATE/TIME:** 9/15/2012 3:30:00 PM

PICTURES TAKEN BY: Nathan Wolf **DATE/TIME:** 9/15/2012 4:00:00 PM
PHOTOGRAPHY TYPE: Digital **FRAME #:** N/A

INVESTIGATOR EMP#: 112219 **INVESTIGATOR NAME:** Nathan Wolf
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? Possibly

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120915007
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: *(optional)*

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** Gas Service
LOCATOR NAME & EMP #: McNaughton Jason - 113375
LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:
Other

Other: Ticket pro lost ticket

CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):
Visual, Facility Exposed At Time Of Investigation,
Investigation Results Verified By Utility Representative

INVESTIGATOR STATEMENT/CAUSAL FACTORS:
Out of town technician was helping in the area. Corporate moved tickets before scheduled departure. Ticket was lost in the transition. Further investigation required.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:
Unknown-utilites were not marked

NAMES OF EXCAVATOR'S REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:
Unknown 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?	No
WAS THE EXCAVATION WITHIN THE TOLERENCE ZONE OF MARKS?	No
EXTENT OF FACILITY DAMAGE	Service cut in half
REPLACEMENT FOOTAGE	2'
WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?	No
WHAT CONTRACTOR EQUIPMENT WAS USED?	N/A
IS THE FACILITY SHOWN ON THE UTILITY RECORDS?	No
IF YES, PLEASE LIST RECORD #(S)	

NIPSCO 00190 IUPPSa 09/12/2012 08:57:18 1209120666-00A NORM NEW GRID

NORMAL NOTICE **CASE 3957**

Ticket : 1209120666 Date: 09/12/2012 Time: 08:50 Oper: CALEVI Chan:031

State: IN Cnty: LAKE Twp: WINFIELD
Cityname: WINFIELD Inside: Y Near: N
Subdivision: DOUBLETREE WEST ESTATES

Address : 7310
Street : E 103RD AVE
Cross 1 : NICKLAUS ST Within 1/4 mile: Y
Location: LOCATE FROM THE FRONT OF THE HOUSE THROUGH THE BACKYARD
:
Grids : 4125A8714C 4125A8714B 4125A8714A
Boundary: n 41.432369 s 41.429428 w -87.249260 e -87.238762

Work type : INSTALL A VINYL FENCE
Done for : MARK CHANCEY
Start date: 09/14/2012 Time: 09:00 Hours notice: 48/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 3 DAYS Depth: 36 INCHES

Company : B&D REGIONAL BUILDERS LLC Type: CONT
Co addr : 428 ORCHARD DRIVE
City : CROWN POINT State: IN Zip: 46307
Caller : BRIAN PAUSE Phone: (219)552-4848
Contact : BRIAN PAUSE-CELL- Phone:
BestTime:
Mobile : (219)552-4848
Email : BTPAUSE@YAHOO.COM

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

Submitted date: 09/12/2012 Time: 08:50
Members: COMCN IB ID2227 ID2511 ID8000 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA 030 MAXIMO WO # C0743556206

OPERATING AREA CONTACT M. Sukiessk JOB ORDER # 477209

TRACKING NUMBER 018 2012 0915 007 LOCATE REF # 1209120666

Locate Performed By: _____

DATE AND TIME OF ACCIDENT 9-15 2012 13:34 M DATE OF REPORT 9-15-12

PLACE OF DAMAGE (INCLUDE CITY) 7310 E 123rd Ave Crown Point 46307

DAMAGE WAS TO:

ELECTRIC - POLE / TRANSFORMER: # _____ SIZE _____ YEAR INSTALLED _____ BROKEN YES ( ) NO ( )

OTHER (DESCRIBE) _____

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

DEPTH OF FACILITY (inches) 24" PRESSURE (PSI) 45 Lbs.

RELEASE OF GAS: YES (X) NO ( ) IGNITION OF GAS: YES ( ) NO (X) EVACUATION REQUIRED: YES ( ) # ____ NO (X)

INTERRUPTION OF SERVICE: YES (X) NO ( ) NUMBER OF CUSTOMERS LOST: 1

DURATION OF INTERRUPTION: TIME REPORTED 13:34 TIME RESTORED _____

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

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

PARTY THAT CAUSED DAMAGES (NAME) Fence Masters Inc.

ADDRESS OF PARTY (INCLUDE CITY) 1109 U.S. Hwy 30 Valparaiso

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Brian Pause

WITNESS NAME AND ADRESS _____

WITNESS REMARKS _____

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

FIRE ( ) AGENCY _____ REPORT # _____

OTHER ( ) _____ Any Injuries? ( ) YES # ____ ( ) NO

PHOTOS TAKEN: YES ( ) NO (X) TAKEN BY: _____ (ATTACH PHOTOS TO REPORT)
MEDIA ON SITE YES ( ) NO (X)

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
(X) FENCING	( ) GRADING	( ) IRRIGATION	( ) MOWING
( ) LANDSCAPING	( ) PIPELINE	( ) MILLING	( ) OTHER _____
( ) POLE/SIGN POST	( ) ROAD WORK	( ) SEWER	

TYPE OF EQUIPMENT USED – CHECK APPROPRIATE CHOICE BELOW

(X) 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	(X) OTHER Gas only not located

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

SIN #110601 Rev. 5-12

J0477209

COMMENTS: everything locate sans gas sen.

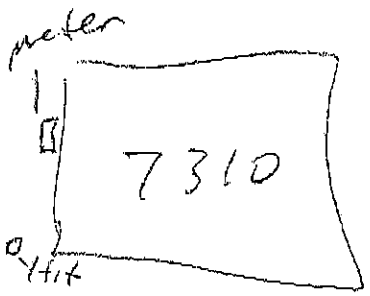
PERSON PREPARING REPORT: C. Gilliana

FIELD SUPERVISOR: Mel D. Schl

FIELD MANAGER

- 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 BEOFRE 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: _____

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: Oscar Rios

Business address *(number and street)*: 3511 E 15th Avenue

City, State, and ZIP code: Gary, IN, 46403

Telephone number *(area code)*: 219-962-0420

Fax number *(area code)*: 219-962-0404

E-mail address: cludwig@nisource.com

Excavator Information, if known

Full name: Fence Masters

Business address *(number and street)*: 1109 US Highway 30

City, State, and ZIP code: Valparaiso, IN, 46383

Telephone number *(area code)*:

Fax number *(area code)*:

E-mail address:

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Auger

Type of work performed: Fencing

Date and Location of Damage

Date of damage (*month, day, year*): Sep 15, 2012

County: Lake

City: Crown Point, IN

Street address (*number and street, city, state, and ZIP code*):
7310 E 103rd Avenue, Crown Point, IN , 46307

Nearest intersection: Nelson, St.

Right of way where damage occurred: Private - Land Owner

Was there a release of product? Yes

If yes, was there an ignition of product? Yes

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? 24

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: Marks were for electric only.

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

see ticket 1209120666 was called in by a different contractor
NIPSCO emergency ticket 1209150320

Fact Based Investigation Report

NOTIFICATION ID: 01820120915007 **DISTRICT:** Northern IN
DAMAGE DATE: 9/15/2012 2:45:00 PM **NOTIFICATION DATE:** 9/15/2012 2:45:59 PM
NOTIFIED BY: Emily/Nipsco Other
DAMAGE ADDRESS: 7310 E 103rd Ave X Nelson St
CITY: Crown Pointe **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 09/15/2012
FROM: 15:05:00 **TO:** 16:10:00

EXCAVATOR INVOLVED: B & D EXCAVATION
TYPE OF EXCAVATION: Fence Installation

ORIG. LOCATE REQ.: 1209120666 **START DATE/TIME:** 9/14/2012 9:00:00 AM
TYPE OF TICKET: Routine **LOCATE REQ. INFO N/A:**

DIG UP/DAMAGE REQ.: 1209150320 **START DATE/TIME:** 9/15/2012 3:30:00 PM

PICTURES TAKEN BY: Nathan Wolf **DATE/TIME:** 9/15/2012 4:00:00 PM
PHOTOGRAPHY TYPE: Digital **FRAME #:** N/A

INVESTIGATOR EMP#: 112219 **INVESTIGATOR NAME:** Nathan Wolf
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? Possibly

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120915007
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: *(optional)*

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** Gas Service
LOCATOR NAME & EMP #: McNaughton Jason - 113375
LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:
Other

Other: Ticket pro lost ticket

CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):
Visual, Facility Exposed At Time Of Investigation,
Investigation Results Verified By Utility Representative

INVESTIGATOR STATEMENT/CAUSAL FACTORS:
Out of town technician was helping in the area. Corporate moved tickets before scheduled departure. Ticket was lost in the transition. Further investigation required.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:
Unknown-utilites were not marked

NAMES OF EXCAVATOR'S REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:
Unknown 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?	No
WAS THE EXCAVATION WITHIN THE TOLERENCE ZONE OF MARKS?	No
EXTENT OF FACILITY DAMAGE	Service cut in half
REPLACEMENT FOOTAGE	2'
WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?	No
WHAT CONTRACTOR EQUIPMENT WAS USED?	N/A
IS THE FACILITY SHOWN ON THE UTILITY RECORDS?	No
IF YES, PLEASE LIST RECORD #(S)	

From: emhender@gmail.com on behalf of Eric Henderson
To: IURC PipelineDamageCase
Subject: Case #3957
Date: Thursday, December 13, 2012 2:36:17 PM

Hello,

Regarding this case number, FenceMasters has never performed work at the address listed. After speaking with the homeowner, he informed us that B&D Regional Builders performed the work. The contact name the homeowner had was Brian Pause. Brian's number is 219-552-4848. I am not sure how FenceMasters got involved. One of my sales associates gave the homeowner a bid in April, but we didn't get the job.

Thank you,
Eric

--
Eric Henderson | FenceMasters, Inc.
Project Manager, Residential Divison
20400 Cottage Grove Ave.
Chicago Heights, IL 60411
Cell: (708) 825-7363