



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Master Built Construction**

UPPAC Database Record ID: 3971

Investigator: Howard Friend

Report Date: 3/7/13

Damage Date: 9/7/2012

Damage Address: 526 E Coliseum Blvd

City: Fort Wayne

County: Allen

### The Parties

Excavator: **Master Built Construction**

Contact: Ronald Huser, President

Address: Po Box 758, 415 W Pearl St., Lebanon, In 46052

Telephone: 765 482 7148

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: Master Built Construction**

UPPAC Database Record ID: 3971

### **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: Yes    Indiana 811 ticket Number: 1208310348

Type of Equipment: Auger

Type of work performed: Construction

**Synopsis:** A natural gas line was damaged during excavation during building construction.

**Findings:** Reported by Carrie Ludwig (NIPSCo); excavator's response to initial notice was received on 1/7/2013. The excavator had a valid locate request and the operator provided accurate locate markings. The excavator failed to maintain the marks and damaged the line with mechanized equipment.

**Conclusion:** There was a failure to maintain two (2) feet of clearance with mechanized equipment.

**Violation: IC 8-1-26-20(a)(1): Failure to plan excavation to avoid damage or interference with underground facilities.**



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Oct 29, 2012

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### 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

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### Excavator Information, if known

Full name: Master Built Construction

Business address (*number and street*): PO Box 758

City, State, and ZIP code: Lebanon, IN 46052

Telephone number (*area code*): 765 482 7148

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

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

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### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Fencing

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**Date and Location of Damage**

Date of damage (*month, day, year*): Sep 7, 2012

County: Allen

City: Fort Wayne

Street address (*number and street, city, state, and ZIP code*):  
526 E Coliseum Blvd

Nearest intersection: Coldwater Rd

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 \$

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**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? 28

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**Notification, Locating, Marking**

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1208310348

Was the locate request completed within two working days? Yes

If locates were performed, were they done so by a contractor or pipeline employee? Contract Locator

If a contractor locator, enter the company name, if known: USIC \_\_\_\_\_

Were facility marks visible in the area of excavation? Yes

Were facilities marked correctly? Yes

Type of markings used: Paint

If other, please specify: \_\_\_\_\_

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? Yes

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

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### **Description of Cause**

Select from the list the most accurate cause for the damage: --Failure to use hand tools where required

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### **Additional Comments**

Nipsco emergency repair ticket #: 1209071175



150 West Market Street, Suite 600  
Indianapolis, IN 46204

January 30, 2013

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

Pipeline Safety Division – Case No. 3971  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3971

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: 9/7/2012

Event Location: 526 E Coliseum Blvd

Facility Owner: Northern Indiana Public Service Company

Excavator: Master Built Construction

Other Party: N/A

Pipeline Division Case No. 3971

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. 3971</b>	
Date of Event	9/7/2012
Event Location	526 E Coliseum Blvd
Event City	Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	Master Built Construction
Date of IURC Information Request	12/5/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Master Built Construction
RESPONSIBLE PARTY PERSONAL NAME	Ron Chew
TITLE (IF ANY)	
ADDRESS	P.O. BOX 758
CITY/ STATE/ZIP	Lebanon, IN 46052
PREFERRED TELEPHONE	765-482-7148
CELL PHONE TELEPHONE	317-395-6528
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	Same
EMAIL ADDRESS	morganthompson@usicinc.com
<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	526 E Coliseum Blvd
CITY/STATE/ZIP	Fort Wayne, In 46801
NEAREST INTERSECTION	Coldwater Rd
<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 ¼"
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) (\$)	
<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	
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	X
RELEASE OF PRODUCT (YES/NO)	Y
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	N
<b>LOCATE INFORMATION:</b>	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1208310348
LOCATE MARKS VISIBLE (YES/NO)	Y
LOCATE MARKS CORRECT (YES/NO)	Y
EXCAVATOR "WHITE LINED" (YES/NO)	N
MAPS USED TO MARK FACILITIES (YES/NO)	Y
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	N
<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
POLICE DEPARTMENT RESPONSE (YES/NO)	N
AMBULANCE RESPONSE (YES/NO)	N
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
<p>Failure to use hand tools where required</p> <p>NIPSCO emergency Ticket 1209071175</p>	

**Fact Based Investigation Report**

**NOTIFICATION ID:** 01820120907005                      **DISTRICT:** Northern IN  
**DAMAGE DATE:** 9/7/2012 9:55:00 AM    **NOTIFICATION DATE:** 9/7/2012 10:54:17 AM  
**NOTIFIED BY:** MARCIEA KING Facility Owner  
**DAMAGE ADDRESS:** 526 COLISEUM BLVD X COLDWATER RD  
**CITY:** FORT WAYNE    **ST:** IN    **ZIP:**

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**DAMAGED CUSTOMER:** NIPSCO

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**INVESTIGATION DATE:** 09/07/2012  
**FROM:** 11:20:00    **TO:** 11:45:00

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**EXCAVATOR INVOLVED:** master built  
**TYPE OF EXCAVATION:** renovation

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**ORIG. LOCATE REQ.:** 1208310348                      **START DATE/TIME:**  
**TYPE OF TICKET:**    **LOCATE REQ. INFO N/A:**

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**DIG UP/DAMAGE REQ.:** M63083090                      **START DATE/TIME:**

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**PICTURES TAKEN BY:** Ron Marcum    **DATE/TIME:** 9/7/2012 11:40:00 AM  
**PHOTOGRAPHY TYPE:** Digital                      **FRAME #:**

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**INVESTIGATOR EMP#:** 125397                      **INVESTIGATOR NAME:** Ron Marcum  
**BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?** No

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**Fact Based Investigation Customer Information**

**NOTIFICATION ID:** 01820120907005  
**SELECT A CUSTOMER:** NIPSCO  
**CUSTOMER #:** *(optional)*

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**FACILITY DESCRIPTION:** LOWPROF                      **FACILITY ID:** Gas Main  
**LOCATOR NAME & EMP #:** Sedik Stephen - 125397  
**LOCATOR NOT KNOWN:**

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**CHECK ALL THAT APPLY TO INVESTIGATION:**  
Facility Marked Accurately

**Other:**

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

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**INVESTIGATOR STATEMENT/CAUSAL FACTORS:**

paint lines up with damage site

**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

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**WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL?** Yes

**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** cut in 2

**REPLACEMENT FOOTAGE** 1'

**WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?** No na

**WHAT CONTRACTOR EQUIPMENT WAS USED?** unk

**IS THE FACILITY SHOWN ON THE UTILITY RECORDS?** No

**IF YES, PLEASE LIST RECORD #(S)** na

NIPSCO 00084 IUPPSa 08/31/2012 08:47:17 1208310348-00A NORM NEW STRT

NORMAL NOTICE

Ticket : 1208310348 Date: 08/31/2012 Time: 08:37 Oper: JSMITH Chan:088

State: IN Cnty: ALLEN Twp: WASHINGTON  
Cityname: FORT WAYNE Inside: Y Near: N  
Subdivision:

# 3971

Address : 526  
Street : E COLISEUM BLVD  
Cross 1 : COLDWATER RD Within 1/4 mile: Y  
Location: LOCATE THE ENTIRE PERIMETER OF THE BUILDING OUT APPROX 30 FEET IN ALL  
DIRECTIONS

Grids : 4107D8507A 4107D8508D  
Boundary: n 41.119022 s 41.117695 w -85.136040 e -85.130585

Work type : INSTALLING FOOTERS  
Done for : PANERA BREAD  
Start date: 09/05/2012 Time: 08:45 Hours notice: 120/48 Priority: NORM  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N  
Duration : 1 MONTH Depth: 6 FEET

Company : MASTER BUILT CONSTRUCTION Type: CONT  
Co addr : PO BOX 758  
City : LEBANON State: IN Zip: 46052  
Caller : PAULINE ASHLEY Phone: (765)482-7148  
Contact : RON CHEW--CELL Phone:  
BestTime:  
Mobile : (317)395-6528  
Fax : (765)482-4855  
Email : MBCITEAM@AOL.COM

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

:

Submitted date: 08/31/2012 Time: 08:37  
Members: AEPIN CC FW ID4866 ID7151 ID8000 NIPSCO SM

# NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Ft. Wayne MAXIMO WO # M 198254  
OPERATING AREA CONTACT Jason Otis JOB ORDER # 564936  
TRACKING NUMBER 018-2012-0907-005 LOCATE REF # 1208310348  
Locate Performed By: USIC # 1208310348

DATE AND TIME OF ACCIDENT 9-7-12 2012 11:00 AM DATE OF REPORT 9-7-12  
PLACE OF DAMAGE (INCLUDE CITY) 526 E. Callahan Blvd. Ft. Wayne, IN, 46805

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

OTHER (DESCRIBE) \_\_\_\_\_  
GAS: SERVICE  MAIN ( ) SIZE 1/2" MATERIAL: PLASTIC  STEEL ( ) METER ( ) REG STATION ( ) STUB ( )  
OTHER (DESCRIBE) \_\_\_\_\_

DEPTH OF FACILITY (inches) 28" 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 11:00 AM TIME SHUT OFF 12:20 PM TIME RESTORED 1:00 PM

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/2"

LOCATE MARKS ON SITE: YES  DISTANCE BETWEEN FACILITY AND LOCATE MARKS 2-3' NO ( )  
HOW LOCATED: PAINT  FLAGS ( ) BOTH ( ) WHITE LINED ( )

PARTY THAT CAUSED DAMAGES (NAME) Master Built Constr.

ADDRESS OF PARTY (INCLUDE CITY) P.O. Box 758 Lebanon, IN 46052

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Ron Huser - 765-482-7148

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  
( ) AGRICULTURE/FARMING ( ) CABLE TV ( ) CURB/SIDEWALK ( ) TELECOMMUNICATIONS  
( ) BLDG CONSTRUCTION ( ) DEMOLITION ( ) DRAINAGE ( ) WATER  
( ) DRIVEWAY ( ) ELECTRIC ( ) SURVEYING ( ) DRAINS/CULVERTS  
( ) FENCING ( ) GRADING ( ) IRRIGATION ( ) MOWING Installed Rebar for  
( ) LANDSCAPING ( ) PIPELINE ( ) MILLING ( ) OTHER Fence Gates  
( ) 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

*Chad Evans*

FIELD SUPERVISOR

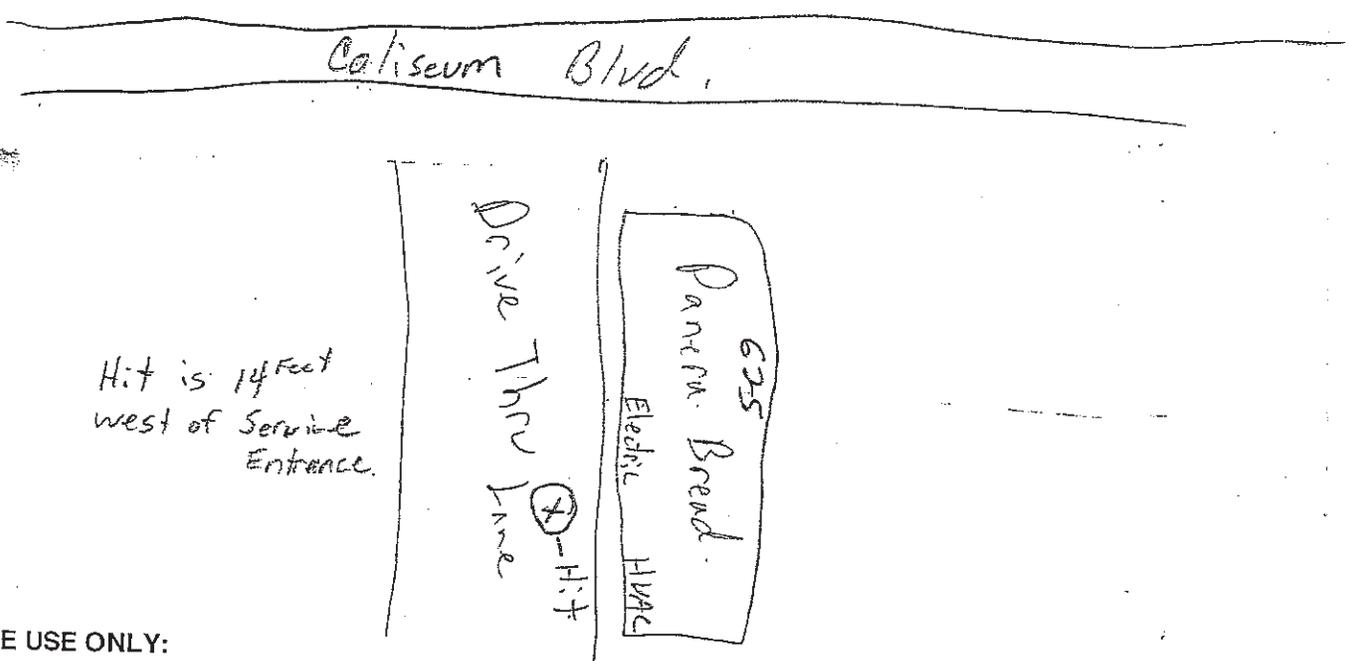
*[Signature]*

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 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: \_\_\_\_\_



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Oct 29, 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: Master Built Construction

Business address (*number and street*): PO Box 758

City, State, and ZIP code: Lebanon, IN 46052

Telephone number (*area code*): 765 482 7148

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

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

### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Fencing

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**Date and Location of Damage**Date of damage (*month, day, year*): Sep 7, 2012County: AllenCity: Fort WayneStreet address (*number and street, city, state, and ZIP code*):526 E Coliseum Blvd Fort Wayne INNearest intersection: Coldwater RdRight of way where damage occurred: Private - BusinessWas 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*): 2Enter number of injuries, if applicable and known: 0Enter number of fatalities, if applicable and known: 0Property damage, Estimate \$ 

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**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? 28

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**Notification, Locating, Marking**Did excavator request locates prior to commencing work? YesEnter Indiana 811 ticket number, if known: 1208310348

Was the locate request completed within two working days? Yes

If locates were performed, were they done so by a contractor or pipeline employee? Contract Locator

If a contractor locator, enter the company name, if known: USIC

Were facility marks visible in the area of excavation? Yes

Were facilities marked correctly? Yes

Type of markings used: Paint

If other, please specify: \_\_\_\_\_

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? Yes

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

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### **Description of Cause**

Select from the list the most accurate cause for the damage: --Failure to use hand tools where required

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### **Additional Comments**

Nipsco emergency repair ticket #: 1209071175



## INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3971

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*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.*

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### The Parties

#### Excavator Information:

Business Name: Master Built Construction, Inc.

Responsible Party Personal Name: Ronald Huser

Title (if any): President

Address (number and street): 415 West Pearl Street

City, State and ZIP Code: Lebanon, IN 46052

Preferred Telephone Number (area code): 765 482 7148

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: mbcitem@aol.com

#### Facility Information:

Business Name: Panera Bread Cafe #1079

Responsible Party Personal Name: Angela Marshall

Title (if any): Manager

Address (number and street): 526 Coliseum Boulevard

City, State and ZIP Code: Fort Wayne, IN 46805

Preferred Telephone Number (area code): 260 496 8100

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: angelamarshall@panerabread.com

**Locator Service Information:**

Business Name: Holey Moley-Indiana 811- USIC Locating Service

Responsible Party Personal Name: Unknown

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

Address (*number and street*): \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

Preferred Telephone Number (area code): 800-382-5544

Cellular Telephone Number (area code): \_\_\_\_\_

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

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**Cause of Damage Information**

Type of Equipment (*select one*): Auger

Type of Work Performed (*select one*): Bldg. Construction

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

Personal Contact: Ronald Chew

Business/Organization Name: Master Built Construction, Inc.

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

Address (*number and street*): 415 West Pearl Street

City, State and ZIP Code: Lebanon, IN 46052

Preferred Telephone Number (area code): 765-482-7148

Cellular Telephone Number (area code): 317-710-2743

Email Address: mbcitem@aol.com

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### Utility Line Impact

#### Location of Damage:

Address (*number and street*): 526 Coliseum Boulevard

City, State and ZIP Code: Fort Wayne, IN 46805

Nearest Intersection: Coldwater Road

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

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

**Size (Diameter/etc.):** 1.5"

**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):** \$ 694

**Release of Product:**      Yes      No

**Ignition and/or Fire:**      Yes      No

**Excavator Notify 811:**      Yes      No

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### Locate Information

**Excavator Request Locate:**      Yes      No

**Indiana 811 Locate Ticket Number:** #3 1208310348,

**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

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### Incident Impact Information

**Number of Outpatient Treated:** <sup>0</sup> \_\_\_\_\_

**Number of Inpatient Treated:** <sup>0</sup> \_\_\_\_\_

**Number of Fatalities:** <sup>0</sup> \_\_\_\_\_

**Fire Department Response:**  Yes  No

**Police Department Response:**  Yes  No

**Ambulance Response:**  Yes  No

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### Additional Information / Comments

The excavation area was marked. Locate was called in August 31, 2012 with Ticket #1208310348. The work area became covered with mud and dirt, thus covering the locate lines. The operator assumed the line went straight, It did not, it curved therefore the gas line as hit. Nipsco was called and they repaired the line immediately. Master Built and it's employee's call in the required locates. This is the first time that we have struck a gas line that was marked.

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 3971

Your Full Name: Ronald Louis Huser

Full Name of Business / Entity (if applicable): Master Built Construction, Inc.

Your Business Title (if applicable): President

Address (number and street): 415 West Pearl Street

City: Lebanon State: IN ZIP Code: 46052

Your E-mail Address: mbcitem@aol.com

Today's Date (month, day, year): January 7, 2013

Your Signature: \_\_\_\_\_ Title (if any) President

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 3971**  
**Indiana Utility Regulatory Commission**  
**101 West Washington Street, 1500E**  
**Indianapolis, IN 46204**

Or scan the statement and Email to:

[PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)