



Pipeline Safety Division Investigation Report

Investigation regarding: Pfister Sprinkler Systems

UPPAC Database Record ID: 3974

Report Date: 04/03/2013

Investigator: Howard Friend

Damage Date: 9/29/2012

Damage Address: 13757 Lurrey Pass, Fort Wayne, Allen County

The Parties

Excavator: Pfister Sprinkler Systems (Contractor)

Address: 13212 Aboite Rd Po Box 99, Roanoke, In 46783

Facility Owner: NIPSCO

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Trencher

Type of Work Performed: Irrigation

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$141

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1209270578

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

Synopsis: A natural gas service was damaged during excavation to install irrigation.

Findings: Reported by Carrie Ludwig (NIPSCO); excavator's response to initial notice was received on 12/3/2012. The excavator provided notice of excavation on Thursday 9/27 at 9:00AM and damaged the line on Saturday 9/29 at 11:15AM. The operator provided accurate locate markings.

Conclusion: The operator provided accurate locate markings prior to the two (2) full working days. Chapter 26 does allow excavation to start before two (2) full working days if positive notification is provided. In this case the excavator failed to maintain clearance with mechanized equipment.

Violation: 8-1-26-20(a)(2) Failure to maintain two (2) feet clearance with mechanized equipment.



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Oct 11, 2012

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

Excavator Information, if known

Full name: Pfister Sprinkler System Inc

Business address (*number and street*): 13212 Aboite Rd PO Box 99

City, State, and ZIP code: Roanoke, IN 46783

Telephone number (*area code*): (260)750-6516

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Trencher

Type of work performed: Irrigation

Date and Location of Damage

Date of damage (*month, day, year*): Sep 29, 2012

County: Allen

City: Fort Wayne

Street address (*number and street, city, state, and ZIP code*):
13757 Lurrey Pass

Nearest intersection: Crawford Rd

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*): 2.5

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? Yes

Enter Indiana 811 ticket number, if known: 1209270578

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: excavator dug before locates were due _____

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

Excavator dug before ticket #1209270578 was due.

Excavator began excavation prior to locate ticket start time and prior to locate markings being provided. MAO 10/11/2012.



150 West Market Street, Suite 600
Indianapolis, IN 46204

January 30, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3974
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3974

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: 9/29/2012

Event Location: 13757 Lurrey Pass

Facility Owner: Northern Indiana Public Service Company

Excavator: Pfister Sprinkler System Inc

Other Party: N/A

Pipeline Division Case No. 3974

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. 3974	
Date of Event	9/29/2012
Event Location	13757 Lurrey Pass
Event City	Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	Pfister Sprinkler System Inc
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Pfister Sprinkler Systems
RESPONSIBLE PARTY PERSONAL NAME	Jim Pfister
TITLE (IF ANY)	
ADDRESS	13212 Aboite Rd
CITY/ STATE/ZIP	Roanoke, IN 46783
PREFERRED TELEPHONE	260-672-8300
CELL PHONE TELEPHONE	260-750-6516
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	Same
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	13757 Lurrey Pass
CITY/STATE/ZIP	Fort Wayne, IN 46801
NEAREST INTERSECTION	Crawford Ave
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.)	1"
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	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	
Probing Device	

Trancher	X
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	X
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	1209270578
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)	
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	
Contractor dug before ticket was due.	

Fact Based Investigation Report

NOTIFICATION ID: 01820120929002 **DISTRICT:** Northern IN
DAMAGE DATE: 9/29/2012 11:15:00 AM **NOTIFICATION DATE:** 9/29/2012 11:15:04 AM
NOTIFIED BY: OLYMPYA 2196474701 Other
DAMAGE ADDRESS: 13757 LURREY PASS -LOT 7
CITY: FORT WAYNE **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 09/29/2012
FROM: 12:10:00 **TO:** 12:30:00

EXCAVATOR INVOLVED: PFISTER SPRINKLER SYSTEMS
TYPE OF EXCAVATION: trench for irrigation

ORIG. LOCATE REQ.: 1209270578 **START DATE/TIME:** 10/1/2012 9:15:00 AM
TYPE OF TICKET: Routine **LOCATE REQ. INFO N/A:**

DIG UP/DAMAGE REQ.: M65747453 **START DATE/TIME:** 9/29/2012 12:15:00 PM

PICTURES TAKEN BY: Kevin Thomas **DATE/TIME:** 9/29/2012 12:10:00 PM
PHOTOGRAPHY TYPE: Digital **FRAME #:**

INVESTIGATOR EMP#: 131988 **INVESTIGATOR NAME:** Kevin C Thomas
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120929002
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** Gas Service
LOCATOR NAME & EMP #: Thomas Kevin - 131988
LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:
Contractor Dug Before Ticket Due

Other:

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:

Ticket is due on 10/01/12 at 9:15 and they were digging on Saturday to install the irrigation line. Dug prior to ticket being due or locate performed.

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? 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 service 3 feet from meter

REPLACEMENT FOOTAGE unknown

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? trencher

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)

NIPSCO 00153 IUPPSa 09/27/2012 09:02:00 1209270578-00A NORM NEW GRID

NORMAL NOTICE

Case: 3974

Ticket : 1209270578 Date: 09/27/2012 Time: 08:59 Oper: BBASTIN Chan:045

State: IN Cnty: ALLEN Twp: PERRY
Cityname: FORT WAYNE Inside: N Near: Y
Subdivision: HAWTHORNE PARK ESTATES Lot: 7

Address : 13757
Street : LURREY PASS
Cross 1 : CRAWFORD RD Within 1/4 mile: Y
Location: LOCATE--ENTIRE PROPERTY
:
Grids : 4112C8505C 4112B8505C 4112C8505B 4112B8505B
Boundary: n 41.211506 s 41.206619 w -85.093864 e -85.090042

Work type : INSTALLING IRRIGATION
Done for : BOB BUSCHER HOMES
Start date: 10/01/2012 Time: 09:15 Hours notice: 96/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 1 WEEK Depth: 24 INCHES

Company : PFISTER SPRINKLER SYSTEMS Type: CONT
Co addr : 13212 ABOITE ROAD
City : ROANOKE State: IN Zip: 46783
Caller : JIM PFISTER Phone: (260)672-8300
Contact : JIM PFISTER--CELL Phone:
BestTime:
Mobile : (260)750-6516
Fax : (260)672-8301
Email : PFISTERSPRINKLERS@FRONTIER.COM

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

Submitted date: 09/27/2012 Time: 08:59
Members: AEPIN CC FW ID2885 ID6111 ID8000 NIPSCO SM



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Oct 11, 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: Pfister Sprinkler System Inc

Business address (*number and street*): 13212 Aboite Rd PO Box 99

City, State, and ZIP code: Roanoke, IN 46783

Telephone number (*area code*): (260)750-6516

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Trencher

Type of work performed: Irrigation

Date and Location of Damage

Date of damage (month, day, year): Sep 29, 2012

County: Allen

City: Fort Wayne

Street address (number and street, city, state, and ZIP code):
13757 Lurrey Pass Fort Wayne IN

Nearest intersection: Crawford Rd

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): 2.5

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? Unknown/Other

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: excavator dug before locates were due _____

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? Unknown/Other

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: Other

Additional Comments

Excavator dug before ticket # 1209270578 was due

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Angela MAXIMO WO # M570916
OPERATING AREA CONTACT Joe Thomas JOB ORDER # 571328
TRACKING NUMBER 018-2012-0929.003 LOCATE REF # 1209270578
Locate Performed By:

DATE AND TIME OF ACCIDENT 9/29/12 20 10:11AM DATE OF REPORT 9/29/12
PLACE OF DAMAGE (INCLUDE CITY) 13757 Lurrey Pass Fort Wayne

DAMAGE WAS TO:

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

OTHER (DESCRIBE)

GAS: SERVICE X MAIN () SIZE 1" MATERIAL: PLASTIC X STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE)

DEPTH OF FACILITY (inches) 18" 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 10:11 AM TIME SHUT OFF 11:02 AM TIME RESTORED 12:30 pm

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/4"

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

PARTY THAT CAUSED DAMAGES (NAME) Pfister sprinkler system Inc

ADDRESS OF PARTY (INCLUDE CITY) 13212 Abate Rd Po Box 99 Roanoke IN 46783-0099

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Mike Chenoweth

WITNESS NAME AND ADDRESS

WITNESS REMARKS

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY No REPORT #

FIRE () AGENCY No REPORT #

OTHER () Any Injuries? () YES # X NO

PHOTOS TAKEN: YES X NO () TAKEN BY: Todd Hanes (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 X () 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 X () TRENCHER () FARM EQUIPMENT
() VACCUUM EQUIPMENT () GRADER () OTHER

REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW

- () AUTOMOTIVE ACCIDENT () EXCAVATING BEFORE LOCATES DUE X CARELESS MACHINE OPERATOR
() NO NOTIFICATION () MARKS DISTURBED () STUB () OTHER

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS:

Did not have locate # with them on site
 Got locate number from locator - work was done
 before due date locate good on 10-1-12 9:15AM

PERSON PREPARING REPORT

Todd Hantz

FIELD SUPERVISOR

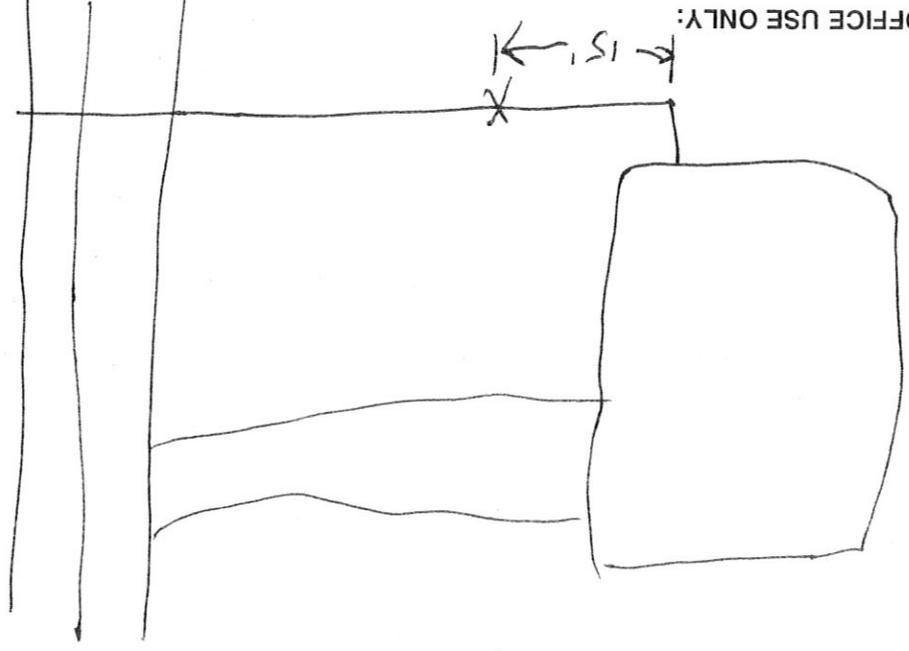
Joe Thomas 10-3-12

FIELD MANAGER

Ronald Brown

- 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: Todd Hantz

DATE:

9/29/12



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3974

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: Pfister Sprinkler Systems, Inc.

Responsible Party Personal Name: James Pfister

Title (if any): President

Address (number and street): 13212 Aboite Road

City, State and ZIP Code: Roanoke, IN 46783

Preferred Telephone Number (area code): (260) 672-8300

Cellular Telephone Number (area code): (260) 750-6516

Email Address: jim@pfistersprinklers.com

Facility Information:

Business Name: Northern Indiana Public Service Company

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: Indiana 811 _____

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*): Trencher

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

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*): 13757 Lurrey Pass _____

City, State and ZIP Code: Fort Wayne, IN 46845 _____

Nearest Intersection: Crawford Road and Lurrey Pass _____

Product Type (*select one*): Natural Gas

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

Size (Diameter/etc.): ^{3/4} _____

Pressure (PSIG/Inches): _____

Interruption in Service: Yes No **Number of Customers Affected:** ¹ _____

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

Repair Cost (if known): \$ ^{140.85} _____

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: ¹²⁰⁹²⁷⁰⁵⁷⁸ _____

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

Gas Line that services the residence was located before crossing, however operator was too close to line before turning off machine. Very small hole in line and little gas leaked out before shutting off.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3974

Your Full Name: James Pfister

Full Name of Business / Entity (if applicable): Pfister Sprinkler Systems, Inc.

Your Business Title (if applicable): President

Address (number and street): 13212 Aboite Road

City: Roanoke State: IN ZIP Code: 46783

Your E-mail Address: jim@pfistersprinklers.com

Today's Date (month, day, year): 12-03-2012

Your Signature: _____ Title (if any) President

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3974
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov