



Pipeline Safety Division Investigation Report

Investigation regarding: Schneck Excavating Incorporated

UPPAC Database Record ID: 3975

Report Date: 6/6/2013

Investigator: Mike Orr

Damage Date: 9/28/2012 11:44:54 AM

Damage Address: Osage St, Fort Wayne, Allen

The Parties

Excavator: **Schneck Excavating Incorporated**

Address: 11303 Irving Road, New Haven, In 46774

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Sewer

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries:

Fatalities:

Repair Cost (if known): \$

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1209242497

Original Start Date:

Locate Instructions: LOCATE THE ALLEYWAYS AND PARKING LOT BETWEEN 720 AND 722--PAINT/FLAG

Follow-Up Locate Instructions (if applicable):

Synopsis: A natural gas service line was damaged by a backhoe while performing sewer work.

Findings: Reported by Indiana 811; excavator did not respond to initial notice mailed. The excavator had a valid locate and the gas operator provided timely and accurate locate markings; however, the gas service line was severed by the backhoe.

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

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



150 West Market Street, Suite 600
Indianapolis, IN 46204

January 30, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3975
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3975

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: 9/28/2012

Event Location: Osage St

Facility Owner: Northern Indiana Public Service Company

Excavator: Schneck Excavating Incorporated

Other Party: N/A

Pipeline Division Case No. 3975

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. 3975 | |
| Date of Event | 9/28/2012 |
| Event Location | Osage St |
| Event City | Fort Wayne |
| Facility Owner | Northern Indiana Public Service Company |
| Excavator | Schneck Excavating Incorporated |
| Date of IURC Information Request | 12/5/2012 |
| THE PARTIES | |
| EXCAVATOR: | |
| BUSINESS NAME | Schneck Excavating Inc. |
| RESPONSIBLE PARTY PERSONAL NAME | Ed Schneck |
| TITLE (IF ANY) | |
| ADDRESS | 11303 Irving Rd |
| CITY/ STATE/ZIP | New Haven, IN 46774 |
| PREFERRED TELEPHONE | 260-493-9595 |
| CELL PHONE TELEPHONE | 260-433-3032 |
| 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 | 722 Osage St |
| CITY/STATE/ZIP | Fort Wayne, IN 46808 |
| NEAREST INTERSECTION | Main 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.) | 1.125" |
| 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) | X |
| 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) | Y 1209281388 |
| LOCATE INFORMATION: | |
| EXCAVATOR REQUEST LOCATE (YES/NO) | Y |

| | |
|---|------------|
| INDIANA 811 LOCATE TICKET NUMBER | 1209242497 |
| 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 |
| 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 | |
| Failure to use hand tools where required | |

not to potholing and hit this svc. remarked svc with white paint. after comparing plp & dp you can see this svc was marked accurately.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

n/a

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

ed schneck

LIST ANY OTHER INDIVIDUALS ON SITE:

n/a

WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL? No

WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA? Yes

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS? Yes

EXTENT OF FACILITY DAMAGE cut svc line

REPLACEMENT FOOTAGE n/a

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? backhoe

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S) nipsco

NIPSCO 00811 IUPPSa 09/24/2012 13:41:46 1209242497-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1209242497 Date: 09/24/2012 Time: 13:36 Oper: SPOPE Chan:044

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

CASE: 3975

Address :

Street : OSAGE ST

Cross 1 : W MAIN ST Within 1/4 mile: Y

Location: LOCATE THE ALLEYWAYS AND PARKING LOT BETWEEN 720 AND 722--PAINT/FLAG

:

Grids : 4104B8509C 4104A8509C 4104B8509B 4104A8509B

Boundary: n 41.082142 s 41.078659 w -85.161423 e -85.158058

Work type : INSTALL WATER AND SEWER

Done for : BAKER BUILDERS

Start date: 09/26/2012 Time: 13:45 Hours notice: 48/48 Priority: NORM

Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N

Duration : 1 DAY Depth: 8 FEET

Company : SCHNECK EXCAVATING INCORPORATED Type: CONT

Co addr : 11303 IRVING ROAD

City : NEW HAVEN State: IN Zip: 46774

Caller : ED SCHNECK Phone: (260)493-9595

Contact : ED SCHNECK - CELL Phone:

BestTime:

Mobile : (260)433-3032

Fax : (260)493-9797

Remarks : All tickets are taken and processed on Eastern Daylight Time

Will you be white-lining the dig site area? NO

:

Submitted date: 09/24/2012 Time: 13:36

Members: AEPIN CC FW ID8000 NIPSCO SM

NIPSCO 00466 IUPPSa 09/28/2012 11:45:04 1209281388-00A EMER DAMG GRID

DAMAGE SEE REMARKS

Ticket : 1209281388 Date: 09/28/2012 Time: 11:41 Oper: BTHOMPSON Chan:084

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

CASE: 13975

Address :

Street : OSAGE ST

Cross 1 : W MAIN ST Within 1/4 mile: Y

Location: LOCATE THE ALLEYS AND PARKING LOT BETWEEN 720 AND 722--PAINT/FLAG

:

Grids : 4104B8509C 4104A8509C 4104B8509B 4104A8509B

Boundary: n 41.082142 s 41.078659 w -85.161423 e -85.158058

Work type : INSTALL WATER AND SEWER

Done for : BAKER BUILDERS

Start date: 09/28/2012 Time: 11:41 Hours notice: 0/0 Priority: EMER

Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y

Duration : 1 DAY Depth: 8 FEET

Company : SCHNECK EXCAVATING INCORPORATED Type: CONT

Co addr : 11303 IRVING ROAD

City : NEW HAVEN State: IN Zip: 46774

Caller : ED SCHNECK Phone: (260)493-9595

Contact : ED SCHNECK - CELL Phone:

BestTime:

Mobile : (260)433-3032

Fax : (260)493-9797

Remarks : All tickets are taken and processed on Eastern Daylight Time
PER TONY LEWMAN--A NIPSCO GAS LINE HAS BEEN CUT BUT IS NOT BLOWING--IN THE
MIDDLE OF THE PARKING LOT--IS 1 INCH AND YELLOW PLASTIC--CREW IS ONSITE--ADVISED
HIM TO CALL 911--WILL GIVE HIM NUMBER FOR NIPSCO--PREVIOUS TICKET NUMBER
1209242497--THANK YOU

Will you be white-lining the dig site area? NO

:

Submitted date: 09/28/2012 Time: 11:41

Members: AEPIN CC FW ID8000 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA FTW MAXIMO WO # M570496
OPERATING AREA CONTACT JASON HANER JOB ORDER # 564747
TRACKING NUMBER 018-2012-0928004 LOCATE REF # _____
Locate Performed By: USIC

DATE AND TIME OF ACCIDENT 9/28/12 9/28/12 1045 M DATE OF REPORT 9/28/12
PLACE OF DAMAGE (INCLUDE CITY) 7220 SAGE FTW 46808

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

OTHER (DESCRIBE) _____
GAS: SERVICE MAIN () SIZE 1/25 MATERIAL: PLASTIC STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE) _____

DEPTH OF FACILITY (inches) 16" PRESSURE (PSI) _____ 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 10:49 TIME SHUT OFF 1130 TIME RESTORED 1300

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: cut through

LOCATE MARKS ON SITE: YES DISTANCE BETWEEN FACILITY AND LOCATE MARKS 0" NO ()
HOW LOCATED: PAINT FLAGS () BOTH () WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) Schneck excavating

ADDRESS OF PARTY (INCLUDE CITY) 11303 Irving Rd New Haven 46774

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Tony Lewman

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
- | | | | |
|--|-------------------------------------|---|---|
| <input type="checkbox"/> AGRICULTURE/FARMING | <input type="checkbox"/> CABLE TV | <input type="checkbox"/> CURB/SIDEWALK | <input type="checkbox"/> TELECOMMUNICATIONS |
| <input type="checkbox"/> BLDG CONSTRUCTION | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> DRAINAGE | <input type="checkbox"/> WATER |
| <input type="checkbox"/> DRIVEWAY | <input type="checkbox"/> ELECTRIC | <input type="checkbox"/> SURVEYING | <input type="checkbox"/> DRAINS/CULVERTS |
| <input type="checkbox"/> FENCING | <input type="checkbox"/> GRADING | <input type="checkbox"/> IRRIGATION | <input type="checkbox"/> MOWING |
| <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> PIPELINE | <input type="checkbox"/> MILLING | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> POLE/SIGN POST | <input type="checkbox"/> ROAD WORK | <input checked="" type="checkbox"/> SEWER | |

- TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW
- | | | |
|--|---|--|
| <input type="checkbox"/> AUGER | <input type="checkbox"/> HAND TOOLS | <input checked="" type="checkbox"/> BACKHOE/TRACKHOE |
| <input type="checkbox"/> MILLING EQUIPMENT | <input type="checkbox"/> PROBING DEVICE | <input type="checkbox"/> BORING / DRILLING |
| <input type="checkbox"/> EXPLOSIVES | <input type="checkbox"/> TRENCHER | <input type="checkbox"/> FARM EQUIPMENT |
| <input type="checkbox"/> VACCUUM EQUIPMENT | <input type="checkbox"/> GRADER | <input type="checkbox"/> OTHER _____ |

- REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW
- | | | |
|--|--|---|
| <input type="checkbox"/> AUTOMOTIVE ACCIDENT | <input type="checkbox"/> EXCAVATING BEFORE LOCATES DUE | <input checked="" type="checkbox"/> CARELESS MACHINE OPERATOR |
| <input type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED | <input type="checkbox"/> STUB () OTHER _____ |

COMMENTS :

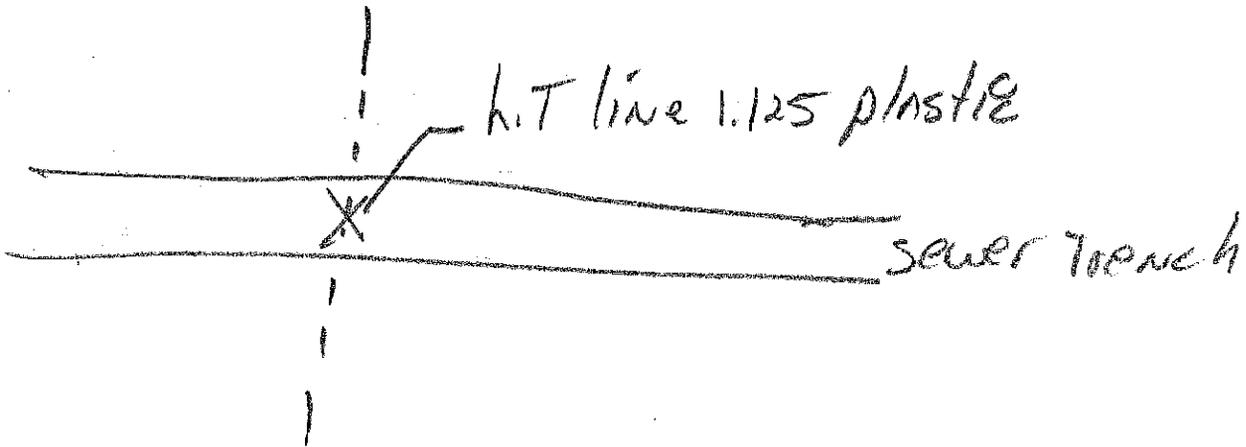
PERSON PREPARING REPORT MORTIZ 121631

FIELD SUPERVISOR JRP

FIELD MANAGER Radell Dunn

- 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: _____

LEAK INVESTIGATION FORM

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

CIS Ticket Number: 999605208 Date Reported: 9-28-12 Time Leak Reported (Military): 11:30
 LOA: FTW GPS Coordinates: Latitude _____ N Longitude _____ W
 City Name: FTW
 Address or Location: 11303 Irving Rd N. Haven 46774 72200

Leak Location:
 1. No Leak Found
 2. Customer Equip.
 3. Main
 4. Service
 5. Meter Loop (Locking and above)
 6. Regulator Station

For Services Only:
 Re-tested at 90 PSIG for 15 minutes

Leak Grade:
 1. Hazardous
 2. Non-Hazardous, Scheduled Repairs
 3. Non-Hazardous, Monitored

Leak Resolution: LA-199426
 1. Leak Repaired } M 570390
 2. Pipe Replaced } Leak Closed
 3. Pipe Retired } M 570496
 4. Grade 2 or 3 Leak Not Repaired } To be scheduled for re-evaluation/repair

Residual Gas Present: Yes No (Grade 1 Leak Only)

1st Responder: User ID: 121631 MO Ortiz Leak Referred to: ser
 (FIRST NAME) (MI) (LAST NAME)

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

Comments: Repair hit 1.25 plastic serv Gas 100
J0564747

Repaired/Inspected: 9-28-12 Time: 13:00 (Military) User ID: 121631 MO Ortiz
 (MO) (DAY) (YR) (HR) (MIN) (FIRST NAME) (MI) (LAST NAME)

Cause of Leak:

A. Material or Welds
 1. Faulty weld, dent, gouge, excess stress
 2. Manufacturing defect

B. Corrosion
 1. External
 2. Internal
 3. Stress Corrosion Cracking (must be confirmed by Corrosion group)

C. Weather/Outside Forces
 1. Natural Forces (weather, washouts, frost heave, frozen equipment etc.)
 2. Other Outside Forces (fire, explosion, vandalism etc.) (explain in comments)

D. Excavation Identification: Schwecke Contractor Crew: 2
 1. Company Crew
 2. Contractor Crew
 3. Third Party
 Third Party Name: Tony Lewman

E. Equipment Failure and Operations
 1. Inadequate or failure to follow correct procedures
 2. Equipment Malfunction (i.e. gasket/o-ring failure, stripped threads etc.)

F. Other (Explain in comments) (includes thread leaks)
 1. No Locate Request
 2. Request, No Locate
 3. Mislocated
 4. Accurate Locate

CIS Grid Number: _____ Pipe Size: 1.25 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

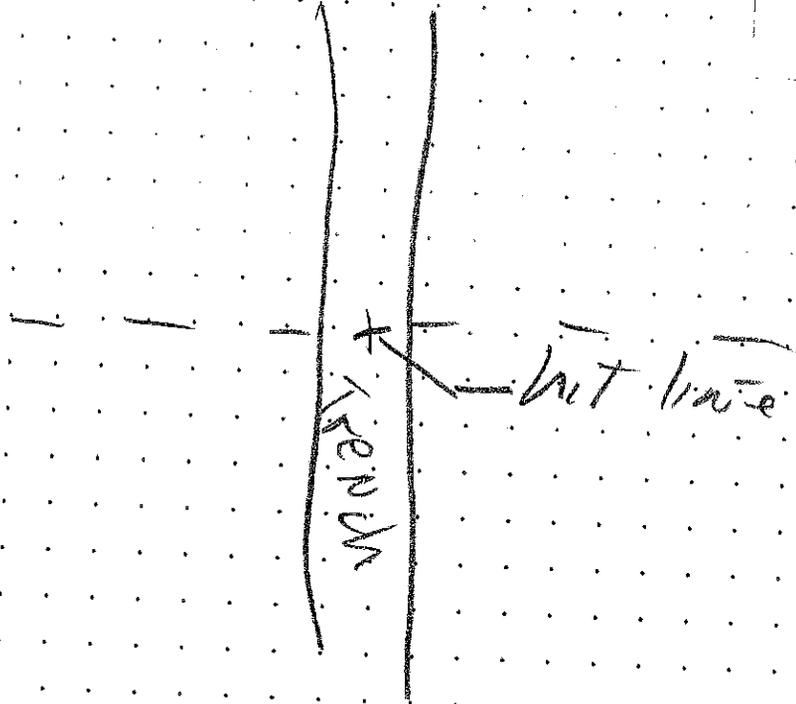
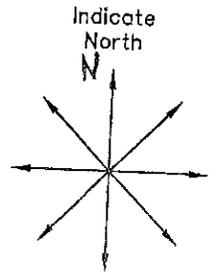
Material:
 1. Coated Steel
 2. Bare Steel
 3. Plastic
 4. Cast Iron
 5. Copper
 6. Wrought Iron

Pipeline Identifier:
 1. Distribution
 2. Transmission
 3. Transmission HCA

METER # 2973776

Re-evaluation Comments: _____

Repaired/Re-evaluated: _____ Time: _____ (Military) User ID: _____
 (MO) (DAY) (YR) (HR) (MIN) (FIRST NAME) (MI) (LAST NAME)



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: _____



TRACKING 722 OSAGE ST FORT WAYNE
Mark Dilosa to: Nipsco - USIC Fort Wayne
Cc: SLC Distribution Clerks

09/28/2012 12:25 PM

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

ADDRESS: 722 OSAGE ST

CITY: FORT WAYNE

RESPONDING SERVICEMAN: MEL ORTIZ

CIS SITE ID #: 608350008

USIC TRACKING NUMBER: 018 2012 09 29 004

WMC ASSIGNER/DISPATCHER NAME: DAN LOPEZ

INDIANA 811 LOCATE # (if applicable):

Mark Dilosa
WMC- Distribution Clerk
219-647-4806

9-28-12
999605208
LA 1994126
FURwo 570390
FDFURwo 570496

2
8/



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: Schneck Excavating Incorporated

Business address (*number and street*): 11303 Irving Road

City, State, and ZIP code: New Haven, IN, 46774

Telephone number (*area code*): 260-493-9595

Fax number (*area code*): 260-433-3032

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Sewer (Sanitary/Storm)

Date and Location of DamageDate of damage (*month, day, year*): Sep 28, 2012County: AllenCity: Fort WayneStreet address (*number and street, city, state, and ZIP code*):
722 Osage St. Fort Wayne, IN, 46801Nearest intersection: Boone, StRight 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 \$

Affected Facility InformationWhat type of pipeline was damaged? Natural GasWhat was the affected facility? Service/DropWhat was the depth of the facility, in inches? 16

Notification, Locating, MarkingDid excavator request locates prior to commencing work? YesEnter Indiana 811 ticket number, if known: 1209242497

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? 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? Yes

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: --Failure to use hand tools where required

Additional Comments

damage ticket 1209281388



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: Schneck Excavating Incorporated

Business address (*number and street*): 11303 Irving Road

City, State, and ZIP code: New Haven, IN, 46774

Telephone number (*area code*): 260-493-9595

Fax number (*area code*): 260-433-3032

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Sewer (Sanitary/Storm)

Date and Location of Damage

Date of damage (*month, day, year*): Sep 28, 2012

County: Allen

City: Fort Wayne

Street address (*number and street, city, state, and ZIP code*):
722 Osage St. Fort Wayne, IN, 46801

Nearest intersection: Boone, 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? 16

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1209242497

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? 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? Yes

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: --Failure to use hand tools where required

Additional Comments

Damage ticket 1209281388

Excavator did report damage to IN811. MAO 10/10/2012.