



Pipeline Safety Division Investigation Report

Investigation regarding: Asplundh Construction

UPPAC Database Record ID: 3992

Report Date: 7/15/2013

Investigator: William Boyd

Damage Date: 10/3/2012 11:45:48 AM

Damage Address: 7760 N Walker Rd, New Carlisle, Laporte

The Parties

Excavator: **Asplundh Construction**

Address: 136 Mills Street, Columbus, Oh 43230

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Electric

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: False

Number of Customers Affected: 0

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1210010762

Original Start Date:

Locate Instructions: LOCATE--ENTIRE NORTH AND EAST SIDES OF PROPERTY

Follow-Up Locate Instructions (if applicable):

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

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 12/26/2012. Damaged gas line was a live stub left over after service to a house on the property that had been leveled was not cut off and retired at the main. The unknown stub was not located prior to the commencement of excavation.

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.



150 West Market Street, Suite 600
Indianapolis, IN 46204

January 30, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3992
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3992

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: 10/3/2012

Event Location: 7760 N Walker Rd

Facility Owner: Northern Indiana Public Service Company

Excavator: Asplundh Construction

Other Party: N/A

Pipeline Division Case No. 3992

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. 3992	
Date of Event	10/3/2012
Event Location	7760 N Walker Rd
Event City	New Carlisle
Facility Owner	Northern Indiana Public Service Company
Excavator	Asplundh Construction
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Asplundh Construction
RESPONSIBLE PARTY PERSONAL NAME	Mark Hezlep
TITLE (IF ANY)	
ADDRESS	7760 N Walker Rd
CITY/ STATE/ZIP	New Carlisle, IN 46552
PREFERRED TELEPHONE	614-905-9730
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:	
BUSINESS NAME	NORTHERN INDIANA PUBLIC SERVICE COMPANY
RESPONSIBLE PARTY PERSONAL NAME	LUKE SELKING
TITLE	
ADDRESS	1501 HALE AVENUE
CITY/STATE/ZIP	FORT WAYNE, IN 46802
PREFERRED TELEPHONE	260/439-1290
SECONDARY TELEPHONE	
EMAIL ADDRESS	LSELKING@NISOURCE.COM
LOCATOR SERVICE INFORMATION	
BUSINESS NAME	USIC
RESPONSIBLE PARTY PERSONAL NAME	Morgan Thompson
TITLE (IF ANY)	Claims Coordinator
ADDRESS	9045 N. River Rd. Suite 300
CITY/ STATE/ZIP	Indianapolis, IN 46240
PREFERRED TELEPHONE	1-317-538-7301
CELL PHONE TELEPHONE	
EMAIL ADDRESS	morganthompson@usicinc.com
OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION	
PERSONAL CONTACT	
BUSINESS/ORGANIZATION NAME	
TITLE (IF ANY)	

ADDRESS	
CITY/ STATE/ZIP	
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
UTILITY LINE IMPACT	
LOCATION OF DAMAGE	
ADDRESS	
CITY/STATE/ZIP	
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.)	5/8"
PRESSURE (PSIG/INCHES)	
INTERRUPTION IN SERVICE (YES/NO)	N
NUMBER OF CUSTOMERS AFFECTED	0
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	X
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	
RELEASE OF PRODUCT (YES/NO)	Y
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	Y 1210031890
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1210010762
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)	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	
Facility could not be found/located, In service Gas Stub.	

Fact Based Investigation Report

NOTIFICATION ID: 01820121003011

DISTRICT: Northern IN

DAMAGE DATE: 10/3/2012 11:46:11 AM

NOTIFICATION DATE: 10/3/2012 11:50:15 AM

NOTIFIED BY: MARK HEZLEP

DAMAGE ADDRESS: 7760 N WALKER RD

CITY: NEW CARLISLE

ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 10/03/2012

FROM: 11:15:00

TO: 12:30:00

EXCAVATOR INVOLVED: ASPLUNDH CONSTRUCTION

TYPE OF EXCAVATION: Install electric

ORIG. LOCATE REQ.: 1210010762

START DATE/TIME:

TYPE OF TICKET:

LOCATE REQ. INFO N/A:

DIG UP/DAMAGE REQ.: 1210031890

START DATE/TIME:

PICTURES TAKEN BY: Don Adams

DATE/TIME: 10/3/2012 12:15:00 PM

PHOTOGRAPHY TYPE: Digital

FRAME #:

INVESTIGATOR EMP#: 116375

INVESTIGATOR NAME: Joe Hendrickson

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820121003011

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF

FACILITY ID: Gas Service

LOCATOR NAME & EMP #: Adams Don - 134138

LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:

Other

Other: Stub, no sign it exists

CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):

Visual, Facility Exposed At Time Of Investigation

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

No sign that this gas service stub was in the area. The house was being rebuilt on top of the site of an old house. No sign that there was any stubs or where it would have been abandoned.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

Adam - NIPSCO - Stated he could not find a service card for the address. After digging for between 6 and 8 inches, he found the riser which had been buried.

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

Mark - Asplundh - Was digging in the middle of the yard and hit the gas service.

LIST ANY OTHER INDIVIDUALS ON SITE:

N/A

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

WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA? No

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS? No

EXTENT OF FACILITY DAMAGE Cut gas stub

REPLACEMENT FOOTAGE N/A

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No N/A

WHAT CONTRACTOR EQUIPMENT WAS USED? Backhoe

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S) N/A

NIPSCO 00220 IUPPSa 10/01/2012 09:36:00 1210010762-00A NORM NEW GRID

NORMAL NOTICE JOB EXTENSION

Ticket : 1210010762 Date: 10/01/2012 Time: 09:33 Oper: DHIGHBAUGH Chan:091

State: IN Cnty: LAPORTE Twp: HUDSON
Cityname: NEW CARLISLE Inside: N Near: Y
Subdivision:

CASE: 3992

Address : 7760
Street : N WALKER RD
Cross 1 : E ASPEN LN Within 1/4 mile: Y
Location: LOCATE--ENTIRE NORTH AND EAST SIDES OF PROPERTY
:
Grids : 4142A8632D 4143D8632D 4143C8632D
Boundary: n 41.721294 s 41.716534 w -86.535240 e -86.533752

Work type : INSTALLING UG ELECTRIC CABLE
Done for : INDIANA MICHIGAN POWER
Start date: 10/03/2012 Time: 09:45 Hours notice: 48/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 10 DAYS Depth: 5 FEET

Company : ASPLUNDH CONSTRUCTION Type: CONT
Co addr : 136 MILLS STREET
City : COLUMBUS State: OH Zip: 43230
Caller : MARK HEZLEP Phone: (614)905-9370
Contact : PAT DENNEY - CELL Phone:
BestTime:
Mobile : (614)905-9370
Fax : (574)234-7819

Remarks : All tickets are taken and processed on Eastern Daylight Time
REMARK AS NEEDED---PREVIOUS TICKET 1209174020---THANK YOU
Will you be white-lining the dig site area? NO
:

Submitted date: 10/01/2012 Time: 09:33
Members: AEPIN COMCN ID2034 NIPSCO SM ID5857

NIPSCO 00124 IUPPSa 10/03/2012 11:46:11 1210031890-00A EMER DAMG GRID

DAMAGE SEE REMARKS

Ticket : 1210031890 Date: 10/03/2012 Time: 11:42 Oper: BLIEVERTZ Chan:025

State: IN Cnty: LAPORTE Twp: HUDSON
Cityname: NEW CARLISLE Inside: N Near: Y
Subdivision:

CASE: 3992

Address : 7760
Street : N WALKER RD
Cross 1 : E ASPEN LN Within 1/4 mile: Y
Location: LOCATE--ENTIRE NORTH AND EAST SIDES OF PROPERTY
:
Grids : 4142A8632D 4143D8632D 4143C8632D
Boundary: n 41.721294 s 41.716534 w -86.535240 e -86.533752

Work type : INSTALLING UG ELECTRIC CABLE
Done for : INDIANA MICHIGAN POWER
Start date: 10/03/2012 Time: 11:43 Hours notice: 0/0 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 10 DAYS Depth: 5 FEET

Company : ASPLUNDH CONSTRUCTION Type: CONT
Co addr : 136 MILLS STREET
City : COLUMBUS State: OH Zip: 43230
Caller : MARK HEZLEP Phone: (614)905-9370
Contact : PAT DENNEY - CELL Phone:
BestTime:
Mobile : (614)905-9370
Fax : (574)234-7819

Remarks : All tickets are taken and processed on Eastern Daylight Time
A NIPSCO GAS LINE WAS HIT ON THE NORTH SIDE OF THE HOUSE - GAS LINE IS BLOWING -
CALLER CAN HEAR AND SMELL IT - UNKNOWN SIZE/COLOR/MATERIAL - CALLERS CREW IS ON
SITE - CALLER HAS CALLED NIPSCO AND WILL CALL BACK WITH TICKET NUMBER - ADVISED
CALLER TO CALL 911 - PREVIOUS TICKET NUMBER IS 1210010762 - THANK YOU
Will you be white-lining the dig site area? NO
:

Submitted date: 10/03/2012 Time: 11:42
Members: AEPIN COMCN ID2034 NIPSCO SM ID5857

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA LAPORTE MAXIMO WO #
OPERATING AREA CONTACT Elm/Georgion JOB ORDER # 444742-16
TRACKING NUMBER 018 2012 1003 011 LOCATE REF #
Locate Performed By: VJIC

DATE AND TIME OF ACCIDENT October 3 2012 M DATE OF REPORT October 3 2012
PLACE OF DAMAGE (INCLUDE CITY) 7760 N Walker Rd New Carlisle

DAMAGE WAS TO:
ELECTRIC - POLE / TRANSFORMER: # NONE YEAR INSTALLED BROKEN YES () NO ()

OTHER (DESCRIBE)
GAS: SERVICE MAIN () SIZE 5/8 MATERIAL: PLASTIC () STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE)

DEPTH OF FACILITY (Inches) 24" 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: 0

DURATION OF INTERRUPTION: TIME REPORTED 10:54am TIME RESTORED 11:30am

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: Service severed

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

PARTY THAT CAUSED DAMAGES (NAME) Asplundh

ADDRESS OF PARTY (INCLUDE CITY) Lincolnway South Bend In

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Mark Hezlep (740) 404-9745

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
() LANDSCAPING () PIPELINE () MILLING () OTHER
() POLE/SIGN POST () ROAD WORK () SEWER

- TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW
() AUGER () HAND TOOLS () BACKHOE/TRACKHOE
() MILLING EQUIPMENT () PROBING DEVICE () BORING / DRILLING
() EXPLOSIVES () TRENCHER () FARM EQUIPMENT
() VACCUUM EQUIPMENT () GRADER () OTHER

- REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW
() AUTOMOTIVE ACCIDENT () EXCAVATING BEFORE LOCATES DUE () CARELESS MACHINE OPERATOR
() NO NOTIFICATION () MARKS DISTURBED () STUB () OTHER

COMMENTS :

PERSON PREPARING REPORT

Alice Dambon

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:** _____

Fact Based Investigation Report

NOTIFICATION ID: 01820121003011

DISTRICT: Northern IN

DAMAGE DATE: 10/3/2012 11:46:11 AM

NOTIFICATION DATE: 10/3/2012 11:50:15 AM

NOTIFIED BY: MARK HEZLEP

DAMAGE ADDRESS: 7760 N WALKER RD

CITY: NEW CARLISLE

ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 10/03/2012

FROM: 11:15:00

TO: 12:30:00

EXCAVATOR INVOLVED: ASPLUNDH CONSTRUCTION

TYPE OF EXCAVATION: Install electric

ORIG. LOCATE REQ.: 1210010762

START DATE/TIME:

TYPE OF TICKET:

LOCATE REQ. INFO N/A:

DIG UP/DAMAGE REQ.: 1210031890

START DATE/TIME:

PICTURES TAKEN BY: Don Adams

DATE/TIME: 10/3/2012 12:15:00 PM

PHOTOGRAPHY TYPE: Digital

FRAME #:

INVESTIGATOR EMP#: 116375

INVESTIGATOR NAME: Joe Hendrickson

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820121003011

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: *(optional)*

FACILITY DESCRIPTION: LOWPROF

FACILITY ID: Gas Service

LOCATOR NAME & EMP #: Adams Don - 134138

LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:

Other

Other: Stub, no sign it exists

CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):

Visual, Facility Exposed At Time Of Investigation

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

No sign that this gas service stub was in the area. The house was being rebuilt on top of the site of an old house. No sign that there was any stubs or where it would have been abandoned.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

Adam - NIPSCO - Stated he could not find a service card for the address. After digging for between 6 and 8 inches, he found the riser which had been buried.

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

Mark - Asplundh - Was digging in the middle of the yard and hit the gas service.

LIST ANY OTHER INDIVIDUALS ON SITE:

N/A

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

WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA? No

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS? No

EXTENT OF FACILITY DAMAGE Cut gas stub

REPLACEMENT FOOTAGE N/A

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No N/A

WHAT CONTRACTOR EQUIPMENT WAS USED? Backhoe

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S) N/A

NIPSCO 00220 IUPPSa 10/01/2012 09:36:00 1210010762-00A NORM NEW GRID

NORMAL NOTICE JOB EXTENSION

Ticket : 1210010762 Date: 10/01/2012 Time: 09:33 Oper: DHIGHBAUGH Chan:091

State: IN Cnty: LAPORTE Twp: HUDSON
Cityname: NEW CARLISLE Inside: N Near: Y
Subdivision:

CASE: 3992

Address : 7760
Street : N WALKER RD
Cross 1 : E ASPEN LN Within 1/4 mile: Y
Location: LOCATE--ENTIRE NORTH AND EAST SIDES OF PROPERTY
:
Grids : 4142A8632D 4143D8632D 4143C8632D
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Work type : INSTALLING UG ELECTRIC CABLE
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Start date: 10/03/2012 Time: 09:45 Hours notice: 48/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 10 DAYS Depth: 5 FEET

Company : ASPLUNDH CONSTRUCTION Type: CONT
Co addr : 136 MILLS STREET
City : COLUMBUS State: OH Zip: 43230
Caller : MARK HEZLEP Phone: (614)905-9370
Contact : PAT DENNEY - CELL Phone:
BestTime:
Mobile : (614)905-9370
Fax : (574)234-7819

Remarks : All tickets are taken and processed on Eastern Daylight Time
REMARK AS NEEDED---PREVIOUS TICKET 1209174020---THANK YOU
Will you be white-lining the dig site area? NO
:

Submitted date: 10/01/2012 Time: 09:33
Members: AEPIN COMCN ID2034 NIPSCO SM ID5857

NIPSCO 00124 IUPPSa 10/03/2012 11:46:11 1210031890-00A EMER DAMG GRID

DAMAGE SEE REMARKS

Ticket : 1210031890 Date: 10/03/2012 Time: 11:42 Oper: BLIEVERTZ Chan:025

State: IN Cnty: LAPORTE Twp: HUDSON
Cityname: NEW CARLISLE Inside: N Near: Y
Subdivision:

CASE: 3992

Address : 7760
Street : N WALKER RD
Cross 1 : E ASPEN LN Within 1/4 mile: Y
Location: LOCATE--ENTIRE NORTH AND EAST SIDES OF PROPERTY
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Grids : 4142A8632D 4143D8632D 4143C8632D
Boundary: n 41.721294 s 41.716534 w -86.535240 e -86.533752

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Duration : 10 DAYS Depth: 5 FEET

Company : ASPLUNDH CONSTRUCTION Type: CONT
Co addr : 136 MILLS STREET
City : COLUMBUS State: OH Zip: 43230
Caller : MARK HEZLEP Phone: (614)905-9370
Contact : PAT DENNEY - CELL Phone:
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CALLER CAN HEAR AND SMELL IT - UNKNOWN SIZE/COLOR/MATERIAL - CALLERS CREW IS ON
SITE - CALLER HAS CALLED NIPSCO AND WILL CALL BACK WITH TICKET NUMBER - ADVISED
CALLER TO CALL 911 - PREVIOUS TICKET NUMBER IS 1210010762 - THANK YOU
Will you be white-lining the dig site area? NO
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Submitted date: 10/03/2012 Time: 11:42
Members: AEPIN COMCN ID2034 NIPSCO SM ID5857

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA LAPORTE MAXIMO WO #
OPERATING AREA CONTACT Elm/Georgion JOB ORDER # 444742-16
TRACKING NUMBER 018 2012 1003 011 LOCATE REF #
Locate Performed By: VJC

DATE AND TIME OF ACCIDENT October 3 2012 M DATE OF REPORT October 3 2012
PLACE OF DAMAGE (INCLUDE CITY) 7760 N Walker Rd New Carlisle

DAMAGE WAS TO:
ELECTRIC - POLE / TRANSFORMER: # NONE YEAR INSTALLED BROKEN YES () NO ()

OTHER (DESCRIBE)
GAS: SERVICE MAIN () SIZE 5/8 MATERIAL: PLASTIC () STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE)

DEPTH OF FACILITY (Inches) 24" 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: 0

DURATION OF INTERRUPTION: TIME REPORTED 10:54am TIME RESTORED 11:30am

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: Service severed

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

PARTY THAT CAUSED DAMAGES (NAME) Asplundh

ADDRESS OF PARTY (INCLUDE CITY) Lincolnway South Bend In

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Mark Hezlep (740) 404-9745

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
() LANDSCAPING () PIPELINE () MILLING () OTHER
() POLE/SIGN POST () ROAD WORK () SEWER

- TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW
() AUGER () HAND TOOLS () BACKHOE/TRACKHOE
() MILLING EQUIPMENT () PROBING DEVICE () BORING / DRILLING
() EXPLOSIVES () TRENCHER () FARM EQUIPMENT
() VACCUUM EQUIPMENT () GRADER () OTHER

- REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW
() AUTOMOTIVE ACCIDENT () EXCAVATING BEFORE LOCATES DUE () CARELESS MACHINE OPERATOR
() NO NOTIFICATION () MARKS DISTURBED () STUB () OTHER

COMMENTS :

PERSON PREPARING REPORT

Alice D...

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:** _____



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3992

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: Asplundh Construction Corporation

Responsible Party Personal Name: Bryan Bradshaw

Title (if any): _____

Address (number and street): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

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: _____

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*): Hand Tools

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

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*): 7760 N. Walker Rd.

City, State and ZIP Code: New Carlisle , Indiana

Nearest Intersection: _____

Product Type (*select one*): Natural Gas

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

Size (Diameter/etc.): _____

Pressure (PSIG/Inches): _____

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

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

Repair Cost (if known): \$ _____

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: 1209174020

- 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: N/A

Number of Inpatient Treated: N/A

Number of Fatalities: N/A

Fire Department Response: Yes No

Police Department Response: Yes No

Ambulance Response: Yes No

Additional Information / Comments

and ACC – URD crew struck an unmarked and abandon gas service. See attached pictures and report

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3992

Your Full Name: Michael Edward Lewis

Full Name of Business / Entity (if applicable): Asplundh Construction Corporation

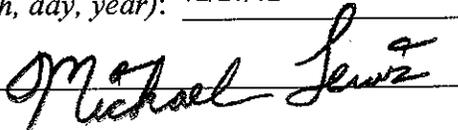
Your Business Title (if applicable): regional safety

Address (number and street): 136 Mill St. Suite 230

City: Gahanna State: Ohio ZIP Code: 43230

Your E-mail Address: mlewis6@asplundh.com

Today's Date (month, day, year): 12/21/12

Your Signature:  Title (if any) RSS

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3992
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov

Contractor/Company Name:

Asplundh 108

Employee Name:

Bryan Bradshaw

Foreman Name:

Mark Hezlep

Event Date:

10-3-2012

Time of Event:

12:00

Day of the Week:

Wednesday

City & State:

IN

Type of Work (Please select one of the options to the right)

OH Line

URD

X

Network

Pole Inspection

Forestry

Locating

Civil

Other

1. Storm:

2. Non-Storm: X

Employee's Job Classification (i.e., groundman, laborer, journeyman, etc.):

Operator Operator

Event Type:

OSHA Medical

OSHA Lost Time

OSHA Restricted

Vehicle

Flash/Outage

First Aid

Fatality

Utility Strike

X

Near Miss

Spill/Release

Switch/Tag Error

Property Damage

Equipment Damage

OSHA/EPA Visit: Citation Issued: Y N **Work Description/Explain Event:**

Cut an unmarked gas service next to meter base on house. This was an abandon gas service.

7760 Walker rd. New Carlisle, IN

Locate #1209174020

Hit # 1210031890

Please Specify Injured Part(s) of the Body: none

Please Specify Type of Injury (i.e., cut, burn, puncture, fall, etc.): none

Name of Person Completing This Form: Pat Denney GF South Bend

Date: 10-4-2012





