



## Pipeline Safety Division Investigation Report

### Investigation regarding: Sun Communications

UPPAC Database Record ID: 4044

Report Date: 3/13/2013

Investigator: Howard Friend

Damage Date: 10/19/2012 12:03:30 PM

Damage Address: / Us Rt 31, Sharpsville, Tipton

### The Parties

Excavator: Sun Communications

Address: 17728 Sun Park Drive, Westfield, In 46074

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: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$1000

### Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1210120676

Original Start Date:

Locate Instructions: From the southeast corner of the above intersection locate starting at transformer number 1c1 going southeast for approx 250 feet - route is marked with white flags

Follow-Up Locate Instructions (if applicable):

**Synopsis:** A natural gas service was damaged during excavation for electrical.

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 1/4/2013. The excavator had a valid locate request and the operator provided accurate locate markings. The backhoe operator misjudged the depth of the gas line.

**Conclusion:** There was a failure to maintain clearance.

**Violation: 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 31, 2013

*Via Electronic Transmission – [PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)*

Pipeline Safety Division – Case No. 4044  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4044

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: 10/19/2012

Event Location: / Us Rt 31

Facility Owner: Northern Indiana Public Service Company

Excavator: Sun Communications

Other Party: N/A

Pipeline Division Case No. 4044

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. 4044</b>	
Date of Event	10/19/2012
Event Location	/ Us Rt 31
Event City	Sharpsville
Facility Owner	Northern Indiana Public Service Company
Excavator	Sun Communications
Date of IURC Information Request	12/5/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Sun Communications
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	17728 Sun Park Drive
CITY/ STATE/ZIP	Westfield, IN 46074
PREFERRED TELEPHONE	317-896-2593
CELL PHONE TELEPHONE	317-523-4697
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	Nipsco
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	2000 South Home Ave
CITY/ STATE/ZIP	Kokomo, IN 46902
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<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	104 Commerce Dr
CITY/STATE/ZIP	Sharpsville, IN 46068
NEAREST INTERSECTION	W 600 N
<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.)	5/8"
PRESSURE (PSIG/INCHES)	
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	N
IF YES, HOW MANY EVACUATED	0
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	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- 1210191474
<b>LOCATE INFORMATION:</b>	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1210120676
LOCATE MARKS VISIBLE (YES/NO)	Y
LOCATE MARKS CORRECT (YES/NO)	Y
EXCAVATOR "WHITE LINED" (YES/NO)	Y
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	
NUMBER OF INPATIENT TREATED	
NUMBER OF FATALITIES	
FIRE DEPARTMENT RESPONSE (YES/NO)	
POLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
Failure to use hand tools where required.	

ID8011 00014 IUPPSa 10/12/2012 09:40:40 1210120676-00A NORM NEW GRID

CASE #  
4044

NORMAL NOTICE

Ticket : 1210120676 Date: 10/12/2012 Time: 09:35 Oper: CSCOTT Chan:052

State: IN Cnty: TIPTON Twp: LIBERTY  
Cityname: SHARPSVILLE Inside: N Near: Y  
Subdivision:

Address :

Street : US RT 31  
Cross 1 : W 600 N Within 1/4 mile: Y  
Location: FROM THE SOUTHEAST CORNER OF THE ABOVE INTERSECTION LOCATE STARTING AT  
TRANSFORMER NUMBER 1C1 GOING SOUTHEAST FOR APPROX 250 FEET - ROUTE IS MARKED  
WITH WHITE FLAGS

\*\*\*Boring Where = DRIVEWAY

:  
Grids : 4023D8607C 4023C8607C 4023D8607B 4023C8607B  
Boundary: n 40.390171 s 40.385658 w -86.127296 e -86.121841

Work type : REROUTING UNDERGROUND ELECTRIC  
Done for : DUKE ENERGY  
Start date: 10/16/2012 Time: 09:45 Hours notice: 96/48 Priority: NORM  
Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: N  
Duration : 2 DAYS Depth: 6 FEET

Company : SUN COMMUNICATIONS Type: CONT  
Co addr : 17728 SUN PARK DRIVE  
City : WESTFIELD State: IN Zip: 46074  
Caller : BOB LEWELLEN Phone: (317)896-2593  
Contact : BOB LEWELLEN - CELL Phone:  
BestTime:  
Mobile : (317)523-4697  
Fax : (317)867-0425

Remarks : All tickets are taken and processed on Eastern Daylight Time  
Will you be white-lining the dig site area? YES

:

Submitted date: 10/12/2012 Time: 09:35  
Members: ID0002 ID7159 ID8011 ID8060 SBCIN

ID8011 00020 IUPPSa 10/19/2012 12:03:52 1210191474-00A EMER DAMG GRID

CASE #  
4044

DAMAGE SEE REMARKS

Ticket : 1210191474 Date: 10/19/2012 Time: 12:00 Oper: DHIGHBAUGH Chan:091

State: IN Cnty: TIPTON Twp: LIBERTY  
Cityname: SHARPSVILLE Inside: N Near: Y  
Subdivision:

Address :

Street : US RT 31

Cross 1 : W 600 N Within 1/4 mile: Y

Location: FROM THE SOUTHEAST CORNER OF THE ABOVE INTERSECTION LOCATE STARTING AT  
TRANSFORMER NUMBER 1C1 GOING SOUTHEAST FOR APPROX 250 FEET - ROUTE IS MARKED  
WITH WHITE FLAGS

\*\*\*Boring Where = DRIVEWAY

:

Grids : 4023D8607C 4023C8607C 4023D8607B 4023C8607B

Boundary: n 40.390171 s 40.385658 w -86.127296 e -86.121841

Work type : REROUTING UNDERGROUND ELECTRIC

Done for : DUKE ENERGY

Start date: 10/19/2012 Time: 12:00 Hours notice: 0/0 Priority: EMER

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

Duration : 2 DAYS Depth: 6 FEET

Company : SUN COMMUNICATIONS Type: CONT

Co addr : 17728 SUN PARK DRIVE

City : WESTFIELD State: IN Zip: 46074

Caller : BOB LEWELLEN Phone: (317)896-2593

Contact : BOB LEWELLEN - CELL Phone:

BestTime:

Mobile : (317)523-4697

Fax : (317)867-0425

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

NIPSCO GAS LINE HAS BEEN CUT---IT IS BLOWING---NIPSCO HAS BEEN CONTACTED---1/2

INCH BLACK PLASTIC---DAMAGE IS ON THE EASTSIDE OF THE PROPERTY AT 104 ANDREWS

DRIVE---CREW IS ON SITE---911 HAS NOT BEEN CONTACTED---ADVISED---PREVIOUS TICKET

1210120676---THANK YOU

Will you be white-lining the dig site area? YES

:

Submitted date: 10/19/2012 Time: 12:00

Members: ID0002 ID7159 ID8011 ID8060 SBCIN

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

CIS Ticket Number: 911516209 Date Reported: 10-19-12 Time Leak Reported (Military): 11:30
LOA: Kokomo Twp 46901 GPS Coordinates: Latitude Longitude
City Name: HARPSVILLE TWP
Address or Location: 104 COMMERCE DR

Leak Location:

- 1. No Leak Found
2. Customer Equip.
3. Main
4. Service
5. Meter Loop
6. Regulator Station

For Services Only:

Re-tested at 90 PSIG for 25 minutes

Leak Grade:

- 1. Hazardous
2. Non-Hazardous, Scheduled Repairs
3. Non-Hazardous, Monitored

Leak Resolution

- 1. Leak Repaired
2. Pipe Replaced
3. Pipe Retired
4. Grade 2 or 3 Leak Not Repaired To be scheduled for re-evaluation/repair

If marked and not making repairs you must complete bold box below. If repairs are made, complete all Section 2.

Residual Gas Present: Yes No

1st Responder: User ID: 120221 HANSON J Hooks Leak Referred to:

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

Comments: SERVICE LINE WAS CUT COMPLETELY - DUE TO FAILURE TO SPOT BY HAND - LOCATE IS ACCURATE, add 2' 5/8" plastic to fix leak

Repaired/Inspected: 10-19-12 Time: 13:30 (Military) User ID: 120221 HANSON J Hooks

Cause of Leak:

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

- 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)

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.)

B. Corrosion

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

D. Excavation

- 1. Company Crew
2. Contractor Crew
3. Third Party

Identification:

Contractor Crew:

Third Party Name:

SUN CONTRACTORS

Locate Information:

- 1. No Locate Request
2. Request, No Locate
3. Mislocated
4. Accurate Locate

CIS Grid Number: Pipe Size: 5/8" 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

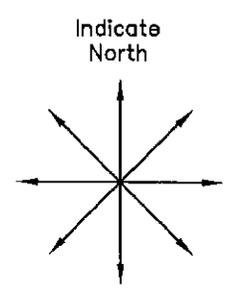
Pipeline Identifier:

- 1. Distribution
2. Transmission
3. Transmission HCA

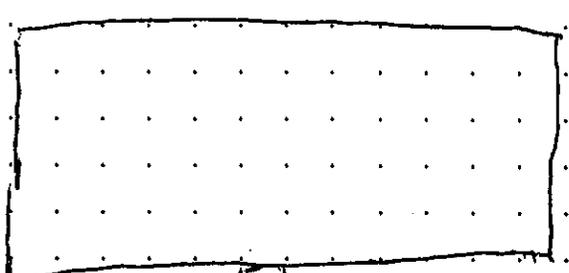
Re-evaluation Comments:

Repaired/Re-evaluated: Time: (Military) User ID:

West



SOUTH



METER

NORTH



DAMAGE AREA

East

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:

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NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Kokomo IND MAXIMO WO #
OPERATING AREA CONTACT SUSAN SPARKS JOB ORDER # 567488
TRACKING NUMBER LOCATE REF # 1210120676
Locate Performed By:

DATE AND TIME OF ACCIDENT OCT 19 2012, 11:30 AM DATE OF REPORT 10-19-12
PLACE OF DAMAGE (INCLUDE CITY) 104 COMMERCE DR SHARPSVILLE

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

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

DEPTH OF FACILITY (inches) 30" PRESSURE (PSI) 40 Lbs.

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

INTERRUPTION OF SERVICE: YES (X) NO ( ) NUMBER OF CUSTOMERS LOST: 11:15A

DURATION OF INTERRUPTION: TIME REPORTED 30 min TIME SHUT OFF 11:15A TIME RESTORED 4:00 pm

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: CUT IN HALF

LOCATE MARKS ON SITE: YES (X) DISTANCE BETWEEN FACILITY AND LOCATE MARKS 10' NO ( )
HOW LOCATED: PAINT ( ) FLAGS ( ) BOTH ( ) WHITE LINED ( )

PARTY THAT CAUSED DAMAGES (NAME) SUN CONTRACTORS

ADDRESS OF PARTY (INCLUDE CITY) 17728 SUN PARK DR WESTFIELD INO 46074

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE JASON AMICHT

WITNESS NAME AND ADDRESS N/A

WITNESS REMARKS N/A

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY N/A REPORT #

FIRE ( ) AGENCY N/A REPORT #

OTHER ( ) N/A Any Injuries? ( ) YES # ( ) NO

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

- WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW
( ) AGRICULTURE/FARMING ( ) CABLE TV ( ) CURB/SIDEWALK ( ) TELECOMMUNICATIONS
( ) BLDG CONSTRUCTION ( ) DEMOLITION ( ) DRAINAGE ( ) WATER
( ) DRIVEWAY (X) 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 (X) 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 (X) CARELESS MACHINE OPERATOR
( ) NO NOTIFICATION ( ) MARKS DISTURBED ( ) STUB ( ) OTHER

COMMENTS: FAILURE TO SPOT SERVICE BY HAND

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PERSON PREPARING REPORT Hanson Hood

FIELD SUPERVISOR Susan Sparks

FIELD MANAGER Dave Salmon

- 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: \_\_\_\_\_

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

CIS Ticket Number: 138315201 Date Reported: 10-19-12 Time Leak Reported (Military): 11:45
LOA: Kokomo GPS Coordinates: Latitude \_\_\_\_\_ N Longitude \_\_\_\_\_ W
City Name: Kokomo
Address or Location: 3885 S 500 E

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 \_\_\_\_\_ PSIG for \_\_\_\_\_ minutes.

Leak Grade:

- 1. Hazardous
2. Non-Hazardous, Scheduled Repairs
3. Non-Hazardous, Monitored

Leak Resolution

- 1. Leak Repaired
2. Pipe Replaced
3. Pipe Retired
4. Grade 2 or 3 Leak Not Repaired To be scheduled for re-evaluation/repair

Residual Gas Present: Yes No

1st Responder: User ID: 120197 SCOTT D. AULT Leak Referred to:

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

Comments: SHUT OFF ON RISER TORE OFF - DUG UP RISER - CUT RISER OFF - DEAD HEADED SERVICE WITH 1/2" DEAD HEAD PERMAJECT

Repaired/Inspected: 10-19-12 Time: 12:30 (Military) User ID: 120197 SCOTT D. AULT

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

- 1. Company Crew
2. Contractor Crew
3. Third Party

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)

Identificator: Locate Information:

- 1. No-Locate-Request
2. Request, No Locate
3. Mislocated
4. Accurate Locate

Contractor Crew: Third Party Name:

PAUL HOPKINS

CIS Grid Number: Pipe Size: 1/2 PL. 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:

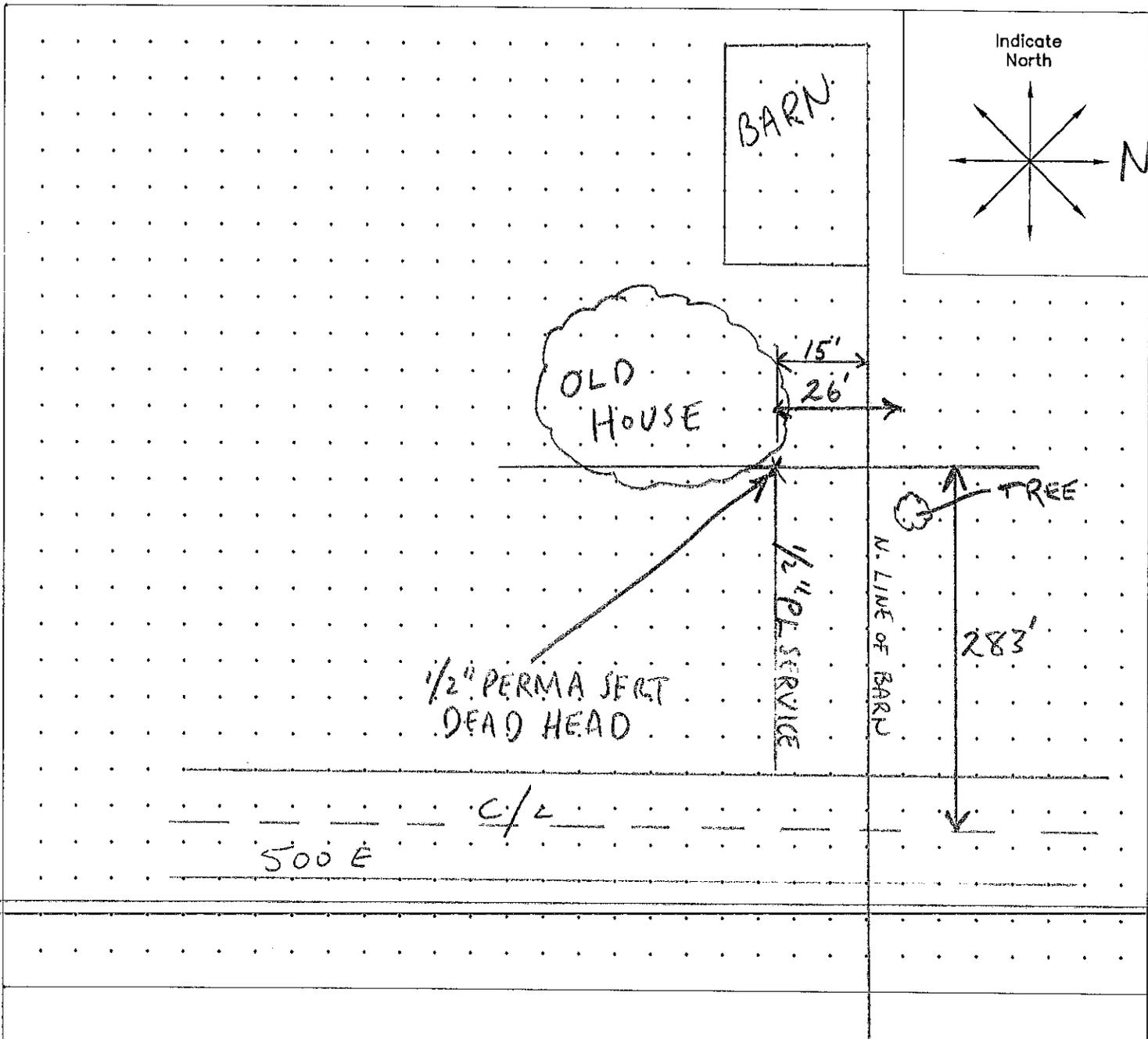
- 1. Coated Steel
2. Bare Steel
3. Plastic
4. Cast Iron
5. Copper
6. Wrought Iron

Pipeline Identifier:

- 1. Distribution
2. Transmission
3. Transmission HCA

Re-evaluation Comments:

Repaired/Re-evaluated: \_\_\_\_\_ Time: \_\_\_\_\_ (Military) User ID: \_\_\_\_\_



**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NORTHERN INDIANA PUBLIC SERVICE COMPANY

FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA \_\_\_\_\_ MAXIMO WO # \_\_\_\_\_
OPERATING AREA CONTACT \_\_\_\_\_ JOB ORDER # 528319
TRACKING NUMBER \_\_\_\_\_ LOCATE REF # N/A
Locate Performed By: \_\_\_\_\_

DATE AND TIME OF ACCIDENT 10/19/2012 20 11:45 AM DATE OF REPORT SAME
PLACE OF DAMAGE (INCLUDE CITY) 3885 S. 500 E K. V. MO

DAMAGE WAS TO:

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

OTHER (DESCRIBE) \_\_\_\_\_

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

DEPTH OF FACILITY (inches) 0 PRESSURE (PSI) 40 Lbs.

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

INTERRUPTION OF SERVICE: YES ( ) NO (X) NUMBER OF CUSTOMERS LOST: 0

DURATION OF INTERRUPTION: TIME REPORTED \_\_\_\_\_ TIME SHUT OFF \_\_\_\_\_ TIME RESTORED \_\_\_\_\_

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

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

PARTY THAT CAUSED DAMAGES (NAME) PAUL HOPKINS CONSTRUCTION

ADDRESS OF PARTY (INCLUDE CITY) TIPTON, IN.

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE PAUL HOPKINS

WITNESS NAME AND ADDRESS \_\_\_\_\_

WITNESS REMARKS \_\_\_\_\_

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY \_\_\_\_\_ REPORT # \_\_\_\_\_

FIRE (X) AGENCY \_\_\_\_\_ REPORT # \_\_\_\_\_

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

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

WORK IN PROGRESS WHEN FACILITY DAMAGED -- CHECK APPROPRIATE CHOICE BELOW

- ( ) AGRICULTURE/FARMING ( ) CABLE TV ( ) CURB/SIDEWALK ( ) TELECOMMUNICATIONS
( ) BLDG CONSTRUCTION (X) 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 (X) BACKHOE/TRACKHOE
( ) MILLING EQUIPMENT ( ) PROBING DEVICE ( ) BORING / DRILLING
( ) EXPLOSIVES ( ) TRENCHER ( ) FARM EQUIPMENT
( ) VACCUUM EQUIPMENT ( ) GRADER ( ) OTHER

REASON DAMAGE OCCURRED-- CHECK APPROPRIATE CHOICE BELOW

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

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

**COMMENTS :**

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**PERSON PREPARING REPORT** SCOTT AULT 120197

**FIELD SUPERVISOR** SUSAN SPARKS

**FIELD MANAGER** DAVE SALMONS

- 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: 4044

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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: Sun Communications Inc

Responsible Party Personal Name: Jason Amich

Title (if any): Operator

Address (number and street): 17728 Sun Park Drive

City, State and ZIP Code: Westfield, IN 46074

Preferred Telephone Number (area code): 317-896-2593

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: USIC \_\_\_\_\_

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: \_\_\_\_\_

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**Cause of Damage Information**

**Type of Equipment (*select one*):** Backhoe/Trackhoe

**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: \_\_\_\_\_

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**Utility Line Impact**

**Location of Damage:**

Address (*number and street*): 104 Andrews Dr

City, State and ZIP Code: Kokomo, IN

Nearest Intersection: US 31 and CR 600

**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):** \$ 1,000

**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:** 121091474

**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**

Our company previously exposed line. This was a different operator and he underestimated depth of line. Human error.

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 4044

Your Full Name: Joe Hilbert

Full Name of Business / Entity (if applicable): Sun Communications Inc

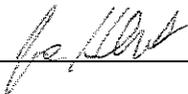
Your Business Title (if applicable): General Manager

Address (number and street): 17728 Sun Park Dr

City: Westfield State: IN ZIP Code: 40674

Your E-mail Address: joeh@suncommunication.com

Today's Date (month, day, year): 1/3/2013

Your Signature:  Title (if any) GM

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 4044**  
**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)

Oct 198  
11-45 AM

SUN COMMUNICATIONS  
LOST, DAMAGED, OR STOLEN EQUIPMENT REPORT

DATE OF REPORT: \_\_\_\_\_

CIRCLE ONE: LOST    DAMAGED    STOLEN

DATE OF INCIDENT: \_\_\_\_\_

JOB NUMBER: \_\_\_\_\_

LOCATION AT WHICH INCIDENT OCCURRED:

US 31 + CR 600

109 Andrews Pt Kalamazoo

EQUIPMENT DESCRIPTION: (be specific i.e. phone #, truck #, eqpt #, or any other means of identification)

GAS lift (Service) cut  
11-45 AM

WERE PICTURES TAKEN?    YES     NO

WAS SOMEONE OUTSIDE OF SUN COMMUNICATIONS INVOLVED?    YES     NO

IF SO, WHO? \_\_\_\_\_

WITNESSES: \_\_\_\_\_

SUN COMMUNICATIONS EMPLOYEE(S) INVOLVED and/or ON SITE:

Jason Arick, Danny Morris, Robb Lovell

WHO WAS OPERATING EQUIPMENT? \_\_\_\_\_

Jason Arick

ESTIMATED VALUE OF LOSS: \$ \_\_\_\_\_

BRIEF DESCRIPTION OF WHAT HAPPENED:

Ref # 1210120676  
Damage # 1210191474

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

\_\_\_\_\_  
SUPERVISOR SIGNATURE