



## Pipeline Safety Division Investigation Report

### Investigation regarding: Pirtano

UPPAC Database Record ID: 4124

Report Date: 7/15/2013

Investigator: Mike Orr

Damage Date: 11/15/2012 2:38:23 PM

Damage Address: E 86th Ave, Merrillville, Lake

### The Parties

Excavator: **Pirtano**

Address: 1766 Armitage Court, Addison, IL 60101

Facility Owner: **NIPSCO**

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Cable TV

### 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: 1211142938

Original Start Date:

Locate Instructions: AREA IS MARKED LOCATE GOING EAST ACROSS CONNECTICUT ON THE SOUTH SIDE OF ROAD

Follow-Up Locate Instructions (if applicable):

**Synopsis:** Excavator struck and damaged an underground natural gas main while performing telecommunications work.

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 12/26/2012. The excavator had a valid locate ticket; however, the gas operator self reported failing to locate the gas main.

**Conclusion:** There was a failure to provide locate markings for the gas main.

**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

February 4, 2013

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

Pipeline Safety Division – Case No. 4124  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4124

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: 11/15/2012

Event Location: E 86th Ave

Facility Owner: Northern Indiana Public Service Company

Excavator: Pirtano

Other Party:

Pipeline Division Case No. 4124

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. 4124</b>	
Date of Event	11/15/2012
Event Location	E 86th Ave
Event City	Merrillville
Facility Owner	Northern Indiana Public Service Company
Excavator	Pirtano
Date of IURC Information Request	12/5/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Pirtano
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	1766 Armitage Court
CITY/ STATE/ZIP	Addison, IL 60101
PREFERRED TELEPHONE	630-669-0249
CELL PHONE TELEPHONE	
EMAIL ADDRESS	KEVIN.MULLINS@PIRTANO.COM
<b>FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:</b>	
BUSINESS NAME	NORTHERN INDIANA PUBLIC SERVICE COMPANY
RESPONSIBLE PARTY PERSONAL NAME	LUKE SELKING
TITLE	
ADDRESS	1501 HALE AVENUE
CITY/STATE/ZIP	FORT WAYNE, IN 46802
PREFERRED TELEPHONE	260/439-1290
SECONDARY TELEPHONE	
EMAIL ADDRESS	LSELKING@NISOURCE.COM
<b>LOCATOR SERVICE INFORMATION</b>	
BUSINESS NAME	USIC
RESPONSIBLE PARTY PERSONAL NAME	Morgan Thompson
TITLE (IF ANY)	Claims Coordinator
ADDRESS	9045 N. River Rd. Suite 300
CITY/ STATE/ZIP	Indianapolis, IN 46240
PREFERRED TELEPHONE	1-317-538-7301
CELL PHONE TELEPHONE	Same
EMAIL ADDRESS	<a href="mailto:morganthompson@usicinc.com">morganthompson@usicinc.com</a>
<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	E 86th Ave
CITY/STATE/ZIP	Merrillville, IN 46410
NEAREST INTERSECTION	Connecticut St
<b>PRODUCT TYPE (Select One)</b>	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
<b>FACILITY TYPE (Select One)</b>	
DISTRIBUTION	X
GATHERING	
SERVICE/DROP	
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	2"
PRESSURE (PSIG/INCHES)	
INTERRUPTION IN SERVICE (YES/NO)	N
NUMBER OF CUSTOMERS AFFECTED	0
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	
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	X
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-1211152214
<b>LOCATE INFORMATION:</b>	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1211142938
LOCATE MARKS VISIBLE (YES/NO)	Y
LOCATE MARKS CORRECT (YES/NO)	N
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	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FATALITIES	0
FIRE DEPARTMENT RESPONSE (YES/NO)	
POLICE DEPARTMENT RESPONSE (YES/NO)	Y
AMBULANCE RESPONSE (YES/NO)	
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
<p>Facility marking or location not sufficient.  Locator missed main.  Nipsco emergency repair ticket 1211152364</p>	

NIPSCO 00958 IUPPSa 11/14/2012 16:21:10 1211142938-00A NORM NEW GRID

NORMAL NOTICE JOB EXTENSION

Ticket : 1211142938 Date: 11/14/2012 Time: 16:20 Oper: KEVIN.MULLINS Chan:000  
Old Tkt: 1210250190 Date: 10/25/2012 Time: 07:55 Oper: KEVIN.MULLINS Rev: 00A

State: IN Cnty: LAKE Twp: ROSS  
Cityname: MERRILLVILLE Inside: Y Near: N  
Subdivision:

CASE: 4124

Address :  
Street : E 86TH AVE  
Cross 1 : CONNECTICUT ST Within 1/4 mile: Y  
Location: AREA IS MARKED LOCATE GOING EAST ACROSS CONNECTICUT ON THE SOUTH SIDE  
OF ROAD

\*\*\*Boring Where = ROAD BORE

:  
Grids : 4127B8719A 4127A8719A 4127B8720D 4127A8720D  
Boundary: n 41.462597 s 41.461533 w -87.333694 e -87.332489

Work type : INSTALL FIBER DUCT  
Done for : COMCAST  
Start date: 11/16/2012 Time: 16:30 Hours notice: 48/48 Priority: NORM  
Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: N  
Duration : 1-5 DAYS Depth: 3-4 FEET

Company : PIRTANO Type: CONT  
Co addr : 1766 ARMITAGE COURT  
City : ADDISON State: IL Zip: 60101  
Caller : KEVIN MULLINS Phone: (630)669-0249  
Contact : KEVIN MULLINS--OFFICE Phone:  
BestTime:  
Mobile : (630)669-0249  
Email : KEVIN.MULLINS@PIRTANO.COM

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

:

Submitted date: 11/14/2012 Time: 16:20  
Members: AN COMCN IB ID2227 ID2245 ID6784 NIPSCO SM

NIPSCO 00708 IUPPSa 11/15/2012 14:38:24 1211152214-00A EMER DAMG GRID

DAMAGE SEE REMARKS

Ticket : 1211152214 Date: 11/15/2012 Time: 14:35 Oper: SHARRIS Chan:089

State: IN Cnty: LAKE Twp: ROSS  
Cityname: MERRILLVILLE Inside: Y Near: N  
Subdivision:

CASE: 4124

Address :  
Street : E 86TH AVE  
Cross 1 : CONNECTICUT ST Within 1/4 mile: Y  
Location: AREA IS MARKED LOCATE GOING EAST ACROSS CONNECTICUT ON THE SOUTH SIDE  
OF ROAD

\*\*\*Boring Where = ROAD BORE

:  
Grids : 4127B8719A 4127A8719A 4127B8720D 4127A8720D  
Boundary: n 41.462597 s 41.461533 w -87.333694 e -87.332489

Work type : INSTALL FIBER DUCT  
Done for : COMCAST  
Start date: 11/15/2012 Time: 14:38 Hours notice: 0/0 Priority: EMER  
Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: Y  
Duration : 1-5 DAYS Depth: 3-4 FEET

Company : PIRTANO Type: CONT  
Co addr : 1766 ARMITAGE COURT  
City : ADDISON State: IL Zip: 60101  
Caller : KEVIN MULLINS Phone: (630)669-0249  
Contact: KEVIN MULLINS--OFFICE Phone:  
BestTime:  
Mobile : (630)669-0249  
Email : KEVIN.MULLINS@PIRTANO.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time  
A NIPSCO GAS LINE WAS HIT ON E 86TH AVE - LINE IS BLOWING - GAS CAN BE HEARD AND  
SMELLED - SIZE UNKNOWN - COLOR UNKNOWN - MATERIAL UNKNOWN - 911 HAS BEEN  
CONTACTED - NIPSCO HAS BEEN CONTACTED - CREW IS ON SITE - PREVIOUS TICKET NUMBER  
1211142938

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

:

Submitted date: 11/15/2012 Time: 14:35  
Members: AN COMCN IB ID2227 ID2245 ID6784 NIPSCO SM

**Fact Based Investigation Report**

NOTIFICATION ID: 01820121115008

DISTRICT: Northern IN

DAMAGE DATE: 11/15/2012 2:38:24 PM

NOTIFICATION DATE: 11/15/2012 2:45:17 PM

NOTIFIED BY: KEVIN MULLINS

DAMAGE ADDRESS: E 86TH AVE x CONNECTICUT

CITY: MERRILLVILLE

ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 11/15/2012

FROM: 15:05:00

TO: 19:35:00

EXCAVATOR INVOLVED: PIRTANO

TYPE OF EXCAVATION: Install duct

ORIG. LOCATE REQ.: 1211142938

START DATE/TIME: 11/16/2012 4:15:00 PM

TYPE OF TICKET: Routine

LOCATE REQ. INFO N/A:

DIG UP/DAMAGE REQ.: 1211152214

START DATE/TIME: 11/15/2012 3:05:00 PM

PICTURES TAKEN BY: Nathan Wolf

DATE/TIME: 11/15/2012 3:05:00 PM

PHOTOGRAPHY TYPE: Digital

FRAME #:

INVESTIGATOR EMP#: 134728

INVESTIGATOR NAME: Nathan Wolf

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? Possibly

**Fact Based Investigation Customer Information**

NOTIFICATION ID: 01820121115008

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF

FACILITY ID: main - 2"

LOCATOR NAME & EMP #: Reider Blaine - 113202

LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:

Other

Other: Main not marked

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:

The gas main was not located all the other utilities were located the 2" main was missed. It was hit while installing the fiber duct.

**NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:**

n/a

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

n/a

**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?** No

**WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS?** No

**EXTENT OF FACILITY DAMAGE** ruptured line

**REPLACEMENT FOOTAGE** 3'

**WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?**

**WHAT CONTRACTOR EQUIPMENT WAS USED?**

**IS THE FACILITY SHOWN ON THE UTILITY RECORDS?** Yes

**IF YES, PLEASE LIST RECORD #(S)** LOA-Gary

NORTHERN INDIANA PUBLIC SERVICE COMPANY  
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA 150 MAXIMO WO # \_\_\_\_\_  
OPERATING AREA CONTACT 150 JOB ORDER # \_\_\_\_\_  
TRACKING NUMBER # 121152364 LOCATE REF # \_\_\_\_\_  
Locate Performed By: \_\_\_\_\_

DATE AND TIME OF ACCIDENT 11-15-12 1:26<sup>20</sup>12 M DATE OF REPORT 11-15-12  
PLACE OF DAMAGE (INCLUDE CITY) 86th AVE & CONNECTICUT ST - MERR

DAMAGE WAS TO:

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

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

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

DEPTH OF FACILITY (inches) 30 PRESSURE (PSI) 38 Lbs.

RELEASE OF GAS: YES  NO ( ) IGNITION OF GAS: YES ( ) NO  EVACUATION REQUIRED: YES  # A-LOT NO ( )

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

DURATION OF INTERRUPTION: TIME REPORTED 14:00 TIME RESTORED 19:00

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

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

PARTY THAT CAUSED DAMAGES (NAME) PIR TANO

ADDRESS OF PARTY (INCLUDE CITY) 6036 EAGLE AVE, PORTAGE, IN 46368

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE \_\_\_\_\_

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 checked="" 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 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 type="checkbox"/> CARELESS MACHINE OPERATOR                |
| <input type="checkbox"/> NO NOTIFICATION     | <input type="checkbox"/> MARKS DISTURBED               | <input type="checkbox"/> STUB                                     |
|  |  | <input checked="" type="checkbox"/> OTHER <u>MASSIVELY MARKED</u> |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM



## INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4124 \_\_\_\_\_

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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: PirTano Construction \_\_\_\_\_

Responsible Party Personal Name: \_\_\_\_\_

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

Address (number and street): 1766 Armitage Ct \_\_\_\_\_

City, State and ZIP Code: Addison IL 60101 \_\_\_\_\_

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

Cellular Telephone Number (area code): 630-669-0249 \_\_\_\_\_

Email Address: kevin.mullins@pirtano.com \_\_\_\_\_

#### Facility 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: \_\_\_\_\_

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

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**Cause of Damage Information**

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

**Type of Work Performed (*select one*):** Cable TV

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

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

Nearest Intersection: \_\_\_\_\_

#### Product Type (*select one*):

#### Facility Type (*select one*):

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

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### Locate Information

Excavator Request Locate:    Yes             No

Indiana 811 Locate Ticket Number: 1210250190/1211142938

**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

Gas main going south on Connecticut was not mark

SEE ATTACH PIC

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: \_\_\_\_\_

Your Full Name: \_\_\_\_\_

Full Name of Business / Entity (*if applicable*): \_\_\_\_\_

Your Business Title (*if applicable*): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Your E-mail Address: \_\_\_\_\_

Today's Date (*month, day, year*): \_\_\_\_\_

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

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number \_\_\_\_\_**  
**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)



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FOR LEASE

USC

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