



Pipeline Safety Division Investigation Report

Investigation regarding: Deichman Excavating

UPPAC Database Record ID: 4125

Report Date: 3/21/2012

Investigator: Howard Friend

Damage Date: 11/15/2012 4:03:16 PM

Damage Address: Cliff Dr, Logansport, Cass

The Parties

Excavator: **Deichman Excavating**

Address: Po Box 12, 2245 S. 150 East, Logansport, In 46947

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Water

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$178

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1211071351

Original Start Date:

Locate Instructions: Starting 1500 feet east of above intersection - locate from north right of way to center of road going east approx 1500 feet to Burlington St

Follow-Up Locate Instructions (if applicable):

Synopsis: A natural gas service was damaged during excavation for a water line.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 12/10/2012. The excavator had a valid locate request and the operator provided accurate locate markings.

Conclusion: The excavator failed to maintain clearance with mechanized equipment.

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



150 West Market Street, Suite 600
Indianapolis, IN 46204

February 4, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4125
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4125

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: Cliff Dr

Facility Owner: Northern Indiana Public Service Company

Excavator: Deichman Excavating

Other Party:

Pipeline Division Case No. 4125

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. 4125	
Date of Event	11/15/2012
Event Location	Cliff Dr
Event City	Logansport
Facility Owner	Northern Indiana Public Service Company
Excavator	Deichman Excavating
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Deichman Excavating
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	PO Box 12
CITY/ STATE/ZIP	Logansport, IN 46947
PREFERRED TELEPHONE-	574-722-7677
CELL PHONE TELEPHONE	574-355-6191
EMAIL ADDRESS	JILL@DEICHMANEXCAVATING.COM
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	Cliff Dr
CITY/STATE/ZIP	Logansport, IN 46947
NEAREST INTERSECTION	S Cicott 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.)	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	0
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	X
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	
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-1211152598
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1211071351
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)	
POLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
ADDITIONAL INFORMATION/COMMENTS	
<p>Failure to use hand tools where required.</p> <p>Nipsco emergency repair ticket 1211152657</p>	

NIPSCO 00421 IUPPSa 11/07/2012 11:17:35 1211071351-00A NORM NEW GRID

NORMAL NOTICE JOB EXTENSION

Ticket : 1211071351 Date: 11/07/2012 Time: 11:16 Oper: ABOND Chan:007

State: IN Cnty: CASS Twp: EEL
Cityname: LOGANSPORT Inside: Y Near: N
Subdivision:

Case: 4125

Address :

Street : CLIFF DR

Cross 1 : S CICOTT ST Within 1/4 mile: N

Location: STARTING 1500 FEET EAST OF ABOVE INTERSECTION - LOCATE FROM NORTH
RIGHT OF WAY TO CENTER OF ROAD GOING EAST APPROX 1500 FEET TO BURLINGTON ST
:

Grids : 4045D8622D 4044A8621A 4044A8622D 4044A8622C

Boundary: n 40.750004 s 40.748138 w -86.372849 e -86.365479

Work type : INSTALL WATER

Done for : CITY OF LOGANSPORT

Start date: 11/09/2012 Time: 11:30 Hours notice: 48/48 Priority: NORM

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

Duration : 3 MONTHS Depth: 8 FEET

Company : DEICHMAN EXCAVATING Type: CONT

Co addr : PO BOX 12

City : LOGANSPORT State: IN Zip: 46947

Caller : JILL WILSON Phone: (574)722-7677

Contact : JOE DEICHMAN - CELL Phone:

BestTime:

Mobile : (574)355-6191

Fax : (574)735-0424

Email : JILL@DEICHMANEXCAVATING.COM

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

REMARK AS NEEDED - PREVIOUS TICKET 1210221063

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

:

Submitted date: 11/07/2012 Time: 11:16

Members: ID3043 ID6231 ID8000 NIPSCO SM

NIPSCO 00795 IUPPSa 11/15/2012 16:03:26 1211152598-00A EMER DAMG GRID

DAMAGE DAMAGE

Ticket : 1211152598 Date: 11/15/2012 Time: 16:00 Oper: MWALLACE Chan:043

State: IN Cnty: CASS Twp: EEL
Cityname: LOGANSFORT Inside: Y Near: N
Subdivision:

Case: 4125

Address :
Street : CLIFF DR
Cross 1 : S CICOTT ST Within 1/4 mile: N
Location: STARTING 1500 FEET EAST OF ABOVE INTERSECTION - LOCATE FROM NORTH
RIGHT OF WAY TO CENTER OF ROAD GOING EAST APPROX 1500 FEET TO BURLINGTON ST
:
Grids : 4045D8622D 4044A8621A 4044A8622D 4044A8622C
Boundary: n 40.750004 s 40.748138 w -86.372849 e -86.365479

Work type : INSTALL WATER
Done for : CITY OF LOGANSFORT
Start date: 11/15/2012 Time: 16:00 Hours notice: 0/0 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 3 MONTHS Depth: 8 FEET

Company : DEICHMAN EXCAVATING Type: CONT
Co addr : PO BOX 12
City : LOGANSFORT State: IN Zip: 46947
Caller : JILL WILSON Phone: (574)722-7677
Contact : JOE DEICHMAN - CELL Phone:
BestTime:
Mobile : (574)721-3741
Fax : (574)735-0424
Email : JILL@DEICHMANEXCAVATING.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
PER JILL WILSON --- HIT A GAS LINE -- NIPSCO IS THE COMPANY IN THE AREA -- GAS
IS BLOWING -- HAS CALLED 911 -- LINE WAS HIT IN THE STREET IN FRONT OF THE
ADDRESS OF 20 CLIFF DR -- TINY 1 INCH OR LESS IN SIZE GREY PLASTIC LINE -- CREW
IS ON SITE -- HAS ALREADY CALLED THE GAS COMPANY -- PREV TICKET NUMBER
1211071351

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

:

Submitted date: 11/15/2012 Time: 16:00
Members: ID3043 ID6231 ID8000 NIPSCO SM

Fact Based Investigation Report

NOTIFICATION ID: 01820121115010

DISTRICT: Northern IN

DAMAGE DATE: 11/15/2012 4:03:26 PM

NOTIFICATION DATE: 11/15/2012 4:05:19 PM

NOTIFIED BY: JILL WILSON

DAMAGE ADDRESS: CLIFF DR

CITY: LOGANSPORT

ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 11/15/2012

FROM: 18:25:00

TO: 18:30:00

EXCAVATOR INVOLVED: DEICHMAN EXCAVATING

TYPE OF EXCAVATION: WATER MAIN

ORIG. LOCATE REQ.: 1211071351

START DATE/TIME:

TYPE OF TICKET:

LOCATE REQ. INFO N/A:

DIG UP/DAMAGE REQ.: 1211152598

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

PICTURES TAKEN BY: GABE
GUARDADO

DATE/TIME: 11/15/2012 6:00:00
PM

PHOTOGRAPHY
TYPE: Digital

FRAME #: N/A

INVESTIGATOR EMP#: 134747

INVESTIGATOR NAME: GABE GUARDADO

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820121115010

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF

FACILITY ID: Gas Service

LOCATOR NAME & EMP #: Cade Mike - 112161

LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:

Facility Marked Accurately

Other:

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:

MARKS GOOD.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:
CALLED JIM PANTHER "MARKS GOOD"

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? Yes

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

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS? Yes

EXTENT OF FACILITY DAMAGE CUT

REPLACEMENT FOOTAGE 2'

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

WHAT CONTRACTOR EQUIPMENT WAS USED? N/A

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

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

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Peru MAXIMO WO # M607757
OPERATING AREA CONTACT D. Palmer JOB ORDER # 585013-18
TRACKING NUMBER 0182012115010 LOCATE REF # _____
Locate Performed By: _____

DATE AND TIME OF ACCIDENT 11-15~~2012~~ 2012, 1600 M DATE OF REPORT 10-15-12
PLACE OF DAMAGE (INCLUDE CITY) 20 cliff on Lubington

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

OTHER (DESCRIBE) _____

GAS: SERVICE MAIN () SIZE 58 MATERIAL: PLASTIC STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE) _____

DEPTH OF FACILITY (inches) 20 PRESSURE (PSI) 50 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 _____ TIME SHUT OFF _____ TIME RESTORED _____

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

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

PARTY THAT CAUSED DAMAGES (NAME) DEILHMAN EXCAVATING

ADDRESS OF PARTY (INCLUDE CITY) _____

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 type="checkbox"/> TELECOMMUNICATIONS |
| <input type="checkbox"/> BLDG CONSTRUCTION | <input type="checkbox"/> DEMOLITION | <input checked="" 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 checked="" type="checkbox"/> CARELESS MACHINE OPERATOR |
| <input type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED | <input type="checkbox"/> STUB <input type="checkbox"/> OTHER _____ |

COMMENTS :

CONTRACTOR CVT SERVICES HAS 0166146 LOCATES ACCURATE

PERSON PREPARING REPORT

William Johnston

FIELD SUPERVISOR

D. Palmer

FIELD MANAGER

D. 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:

William Johnston

DATE:

11-15-12

LEAK INVESTIGATION FORM

Section 1 - To be Completed by the First Responder (Information known during Initial Investigation)

CIS Ticket Number: 322825209 Date Reported: 11-15-12 Time Leak Reported (Military): 16:00
 LOA: Peru GPS Coordinates: Latitude _____ N Longitude _____ W
 City Name: Las Angart
 Address or Location: 20 Cliff Dr.

Leak Location:

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

For Services Only:

Re-tested at 95 PSIG
 for 15 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
 (Grade 1 Leak Only)

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

1st Responder: User ID: 094126 Scott McMillan Leak Referred to: Peru Street
 (FIRST NAME) (MI) (LAST NAME)

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

Comments: Replaced 18" section of 5/8" line due to hit - retested service and inspected @ connection of tee

Repaired/Inspected: 11-15-12 Time: 18:30 (Military) User ID: 096452 Reginald A Wolfe
 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

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

Identificator:

Contractor Crew: _____

Third Party Name: _____

DELIAMM EXCAVATION

Locate Information:

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

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)

CIS Grid Number: _____ Pipe Size: 88 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

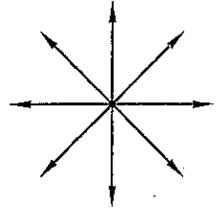
Pipeline Identifier:

1. Distribution
2. Transmission
3. Transmission HCA

Re-evaluation Comments: _____

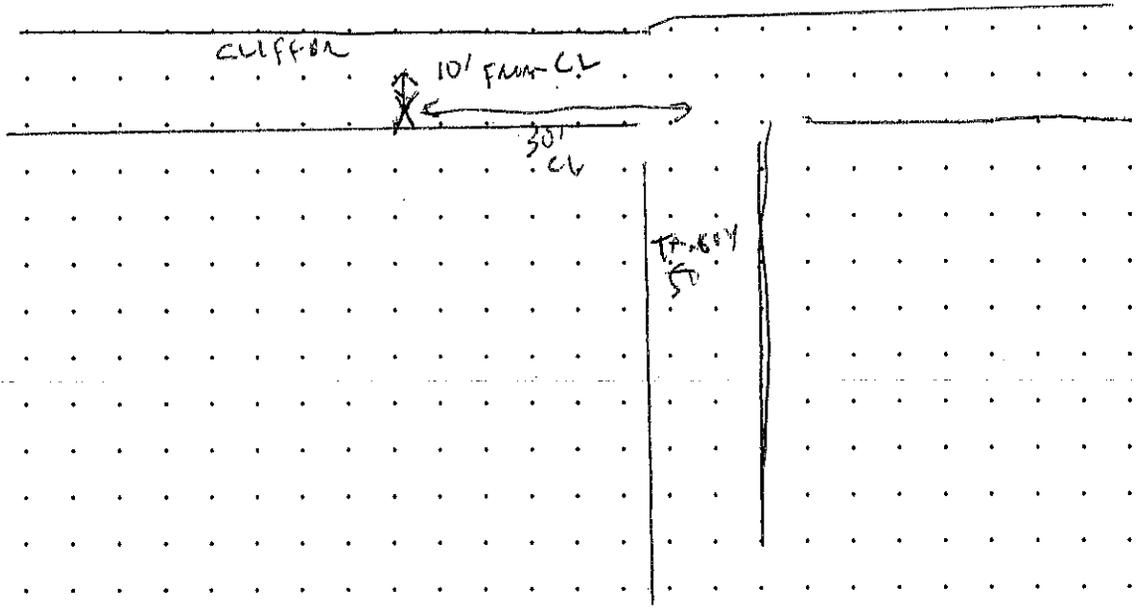
Repaired/Re-evaluated: _____ Time: _____ (Military) User ID: _____
 MO DAY YR HR MIN (FIRST NAME) (MI) (LAST NAME)

Indicate North



N.

10
CLIST
ON.



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: _____



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4125

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: Deichman Excavating Co., Inc.

Responsible Party Personal Name: Joe Deichman

Title (if any): Superintendent

Address (number and street): 2245 S. 150 E. P.O. Box 12

City, State and ZIP Code: Logansport, IN 46947

Preferred Telephone Number (area code): 574-722-7677

Cellular Telephone Number (area code): 574-355-6191

Email Address: joe@deichmanexcavating.com

Facility Information:

Business Name: Nipsco

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*): P.O. Box 219 _____

City, State and ZIP Code: Greenwood, IN 46142 _____

Preferred Telephone Number (area code): 800-382-5544 _____

Cellular Telephone Number (area code): _____

Email Address: _____

Cause of Damage Information

Type of Equipment (*select one*): Unknown/Other

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

Other Information (Witness, Police, Fire, Other):

Personal Contact: _____

Business/Organization Name: Logansport Fire Department _____

Title (*if any*): _____

Address (*number and street*): 630 High Street _____

City, State and ZIP Code: Logansport, IN 46947 _____

Preferred Telephone Number (area code): 574-753-3102 _____

Cellular Telephone Number (area code): _____

Email Address: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): 20 Cliff Drive

City, State and ZIP Code: Logansport, IN 46947

Nearest Intersection: Tanguy Street

Product Type (*select one*): Natural Gas

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

Size (Diameter/etc.): 1/2"

Pressure (PSIG/Inches): Unknown

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

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

Repair Cost (if known): \$ 178

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: 1211071351

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: _____

Number of Inpatient Treated: _____

Number of Fatalities: _____

Fire Department Response: Yes No

Police Department Response: Yes No

Ambulance Response: Yes No

Additional Information / Comments

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4125

Your Full Name: Jill Wilson

Full Name of Business / Entity (if applicable): Deichman Excavating Co., Inc.

Your Business Title (if applicable): Office Manager

Address (number and street): 2245 S. 150 E., P.O. Box 12

City: Logansport State: IN ZIP Code: 46947

Your E-mail Address: jill@deichmanexcavating.com

Today's Date (month, day, year): 12/10/2012

Your Signature: _____ Title (if any) Office Manager

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 4125
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

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