



Pipeline Safety Division Investigation Report

Investigation regarding: **Michiana Contracting Inc**

UPPAC Database Record ID: 4130

Investigator: Howard Friend

Report Date: 3/7/13

Damage Date: 9/10/2012

Damage Address: 7045 Olson Rd

City: Leiters Ford

County: Fulton

The Parties

Excavator: **Michiana Contracting Inc**

Contact: Michael Delp, Vice President/project Manager

Address: Po Box 929, Plymouth, In 46563

Telephone: (574)936-8613

Facility Owner: NIPSCO

Contact: Kit Earle

Address: 150 W Market Street, Indianapolis, IN 46204

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Investigation regarding: Michiana Contracting Inc

UPPAC Database Record ID: 4130

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: False

Number of Customers Affected: 0

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$1431

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1208290405 wrong Olson Rd

Type of Equipment: Hand Tools

Type of work performed: Traffic Sign

Synopsis: A two (2) inch natural gas main was damaged during excavation to install a street sign post with a hydraulic sign post driver.

Findings: Reported by Carrie Ludwig (NIPSCO); excavator's response to initial notice was received on 12/27/2012. The excavator had a valid locate request for a specific work area and excavated outside of the request work zone. The specific request was for a 300' radius from Olsen Road and 700W. The damage occurred 334' from the intersection.

Conclusion: There was a failure to provide notice of excavation for the work area.

Violation: IC 8-1-26-16(g)(out): Failure to provide notice of excavation - damage occurred outside requested locate area.



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Nov 8, 2012

Who is submitting this information?

Name of person providing this information: Carrie Ludwig (NIPSCo)

Business address (*number and street*): 3511 East 15th Ave

City, State, and ZIP code: Gary, IN 46403

Telephone number (*area code*): 219 962 0422

Fax number (*area code*): 219 962 0404

E-mail address: cludwig@nisource.com

Excavator Information, if known

Full name: Michiana Contracting Inc

Business address (*number and street*): PO Box 929

City, State, and ZIP code: Plymouth, IN 46563

Telephone number (*area code*): (574)936-8613

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Hand Tools

Type of work performed: Pole

Date and Location of Damage

Date of damage (*month, day, year*): Sep 10, 2012

County: Fulton

City: Leiters Ford

Street address (*number and street, city, state, and ZIP code*):
7045 Olson Rd

Nearest intersection: N 700 W

Right of way where damage occurred: Private - Land Owner

Was there a release of product? Yes

If yes, was there an ignition of product? No

Were evacuations necessary as a result of release? Yes

If yes, how many evacuated? 2

Was there a customer service interruption? No

If yes, how many affected? 0

Time to restore service (*in hours*): _____

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ _____

Affected Facility Information

What type of pipeline was damaged? Natural Gas

What was the affected facility? Distribution

What was the depth of the facility, in inches? 28

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Unknown/Other

Enter Indiana 811 ticket number, if known: 1208290405 wrong Olson Rd

Was the locate request completed within two working days? Unknown/Other

If locates were performed, were they done so by a contractor or pipeline employee? Unknown/Other

If a contractor locator, enter the company name, if known: _____

Were facility marks visible in the area of excavation? No

Were facilities marked correctly? Unknown/Other

Type of markings used: Other

If other, please specify: locate called in for wrong Olson Rd _____

Was site marked by "White Lining"?

Were special instructions part of the locate request? Unknown/Other

Were maps used to complete the locate request? Unknown/Other

Were pipeline company representatives on site during excavation? No

Did the excavator notify the operator in the event of this damage? Yes

Did the excavator notify Indiana 811 in the event of this damage? No

Did the excavator notify 911 in the event of a release of product? Unknown/Other

Description of Cause

Select from the list the most accurate cause for the damage: --Notification to one-call center made but not sufficient

Additional Comments

Nipsco emergency repair ticket number #: 1209102725

Ticket # 1208290405 was for the wrong Olson Rd



150 West Market Street, Suite 600
Indianapolis, IN 46204

February 4, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4130
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4130

To Whom It May Concern:

Attached please find Northern Indiana Public Service Company's ("NIPSCO") written information, and supporting documentation, relating to the following event:

Date of Event: 9/10/2012

Event Location: 7045 Olson Rd

Facility Owner: Northern Indiana Public Service Company

Excavator: Michiana Contracting Inc

Other Party:

Pipeline Division Case No. 4130

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. 4130	
Date of Event	9/10/2012
Event Location	7045 Olson Rd
Event City	Leiters Ford
Facility Owner	Northern Indiana Public Service Company
Excavator	Michiana Contracting Inc
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Michiana Contracting
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	PO Box 929
CITY/ STATE/ZIP	Plymouth, IN 46563
PREFERRED TELEPHONE	574-936-8613
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	X
GATHERING	
SERVICE/DROP	
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	2"
PRESSURE (PSIG/INCHES)	40
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	0
EVACUATION (YES/NO)	Y
IF YES, HOW MANY EVACUATED	2
REPAIR COST (IF KNOWN) (\$)	
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	X
Milling Equipment	
Probing Device	

Trancher	
Vacuum Equipment	
Unknown/Other	
TYPE OF WORK PERFORMED (Select One)	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	
Bldg. Demolition	
Drainage	
Driveway	
Electric	
Engineering/Surveying	
Fencing	
Grading	
Irrigation	
Landscaping	
Liquid Pipeline	
Milling	
Natural Gas	
Pole	X
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)	N
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	N

INDIANA 811 LOCATE TICKET NUMBER	N/A
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)	N
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)	Y
POLICE DEPARTMENT RESPONSE (YES/NO)	N/A
AMBULANCE RESPONSE (YES/NO)	N/A
ADDITIONAL INFORMATION/COMMENTS	
NO NOTIFICATION TO ONE CALL CENTER.	

Fact Based Investigation Report

NOTIFICATION ID: 01820120910004 **DISTRICT:** Northern IN
DAMAGE DATE: 9/10/2012 2:10:00 PM **NOTIFICATION DATE:** 9/10/2012 2:19:08 PM
NOTIFIED BY: MARCIS KING Other
DAMAGE ADDRESS: 7045 OLSEN
CITY: LEITERS FORD **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 09/10/2012
FROM: 15:00:00 **TO:** 17:00:00

EXCAVATOR INVOLVED: MICHIANA CONTRACTING
TYPE OF EXCAVATION: SIGN INSTALL

ORIG. LOCATE REQ.: 1208290405 **START DATE/TIME:**
TYPE OF TICKET: **LOCATE REQ. INFO N/A:**

DIG UP/DAMAGE REQ.: M63328868, 120910 **START DATE/TIME:**

PICTURES TAKEN BY: JEFF ECKELBARGER,
BRAD WELLMAN **DATE/TIME:** 9/10/2012
4:00:00 PM
PHOTOGRAPHY TYPE: Digital **FRAME #:** NA

INVESTIGATOR EMP#: 117330 **INVESTIGATOR NAME:** BRAD WELLMAN
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120910004
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** Gas Main
LOCATOR NAME & EMP #: Hanselman Dick - 121917
LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:
Contractor Dug Outside Marking Instructions

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:

CONTRACTOR DROVE A SIGN POST THROUGH A 2 INCH PL. MAIN, ATTACHED ARE THE 2 TICKETS FOR THIS AREA THEY HAD, THE ONE CLOSEST TO DIG SITE ASKS FOR 300 FT RADIUS OF OLSEN RD AND 700W. AFTER MEASURING FROM WEST SIDE OF INTERSECTION GOING WEST, CONTRACTOR HIT MAIN 334 FT FROM WEST SIDE OF INTERSECTION. THE MAIN BLEW FOR 3 HOURS BEFORE CREW ARRIVED TO SHUT IT DOWN, CAPPED IT AT DAMAGE SITE AS IT WAS NEAR DEAD END AND NOTHING ELSE FED OFF IT.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

NA

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

NA

LIST ANY OTHER INDIVIDUALS ON SITE:

NA

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 PUNCTURED 2 INCH PL.

REPLACEMENT FOOTAGE CAPPED AT DAMAGE

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? NA

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? Yes

IF YES, PLEASE LIST RECORD #(S) FB



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)
INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Nov 8, 2012

Who is submitting this information?

Name of person providing this information: Carrie Ludwig

Business address (*number and street*): 3511 East 15th Ave

City, State, and ZIP code: Gary, IN 46403

Telephone number (*area code*): 219 962 0422

Fax number (*area code*): 219 962 0404

E-mail address: cludwig@nisource.com

Excavator Information, if known

Full name: Michiana Contracting Inc

Business address (*number and street*): PO Box 929

City, State, and ZIP code: Plymouth, IN 46563

Telephone number (*area code*): (574)936-8613

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Hand Tools

Type of work performed: Pole

Date and Location of DamageDate of damage (*month, day, year*): Sep 10, 2012County: FultonCity: Leiters FordStreet address (*number and street, city, state, and ZIP code*):
7045 Olson Rd Leiters Ford INNearest intersection: N 700 WRight of way where damage occurred: Private - Land OwnerWas there a release of product? YesIf yes, was there an ignition of product? NoWere evacuations necessary as a result of release? YesIf yes, how many evacuated? 2Was there a customer service interruption? NoIf yes, how many affected? 0Time to restore service (*in hours*): _____Enter number of injuries, if applicable and known: 0Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ _____

Affected Facility InformationWhat type of pipeline was damaged? Natural GasWhat was the affected facility? DistributionWhat was the depth of the facility, in inches? 28

Notification, Locating, MarkingDid excavator request locates prior to commencing work? Unknown/OtherEnter Indiana 811 ticket number, if known: 1208290405 wrong Olson Rd

Was the locate request completed within two working days? Unknown/Other

If locates were performed, were they done so by a contractor or pipeline employee? Unknown/Other

If a contractor locator, enter the company name, if known: _____

Were facility marks visible in the area of excavation? No

Were facilities marked correctly? Unknown/Other

Type of markings used: Other

If other, please specify: locate called in for wrong Olson Rd

Was site marked by "White Lining"?

Were special instructions part of the locate request? Unknown/Other

Were maps used to complete the locate request? Unknown/Other

Were pipeline company representatives on site during excavation? No

Did the excavator notify the operator in the event of this damage? Yes

Did the excavator notify Indiana 811 in the event of this damage? No

Did the excavator notify 911 in the event of a release of product? Unknown/Other

Description of Cause

Select from the list the most accurate cause for the damage: --Notification to one-call center made but not sufficient

Additional Comments

Nipsco emergency repair ticket number #: 1209102725

Ticket # 1208290405 was for the wrong Olson Rd

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Plymouth MAXIMO WO #

OPERATING AREA CONTACT Bob Somees JOB ORDER # 566221

TRACKING NUMBER 018 2012 0910004 LOCATE REF #
Locate Performed By: USJC

DATE AND TIME OF ACCIDENT 9/10 2012 2:23 M DATE OF REPORT 9/10/12
PLACE OF DAMAGE (INCLUDE CITY) 7045 Olson Rd. Leiters Ford

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) 28" PRESSURE (PSI) 40 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 2:23 PM TIME SHUT OFF 4:40 PM TIME RESTORED 6:30 PM

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 2 1/4" SLICE

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

PARTY THAT CAUSED DAMAGES (NAME) Michiana Contracting Inc 574-936-8613

ADDRESS OF PARTY (INCLUDE CITY) Lilac Rd. Plymouth

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Mick Lunetta

WITNESS NAME AND ADDRESS

WITNESS REMARKS

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY REPORT #

FIRE () AGENCY Aubba-na-ubee REPORT #

OTHER () Any Injuries? () YES # () NO

PHOTOS TAKEN: YES () NO () TAKEN BY: B. Somees (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 No locates

COMMENTS: Michigan Contracting stated locates
called in for job no locates for
main extension on Olson Rd.

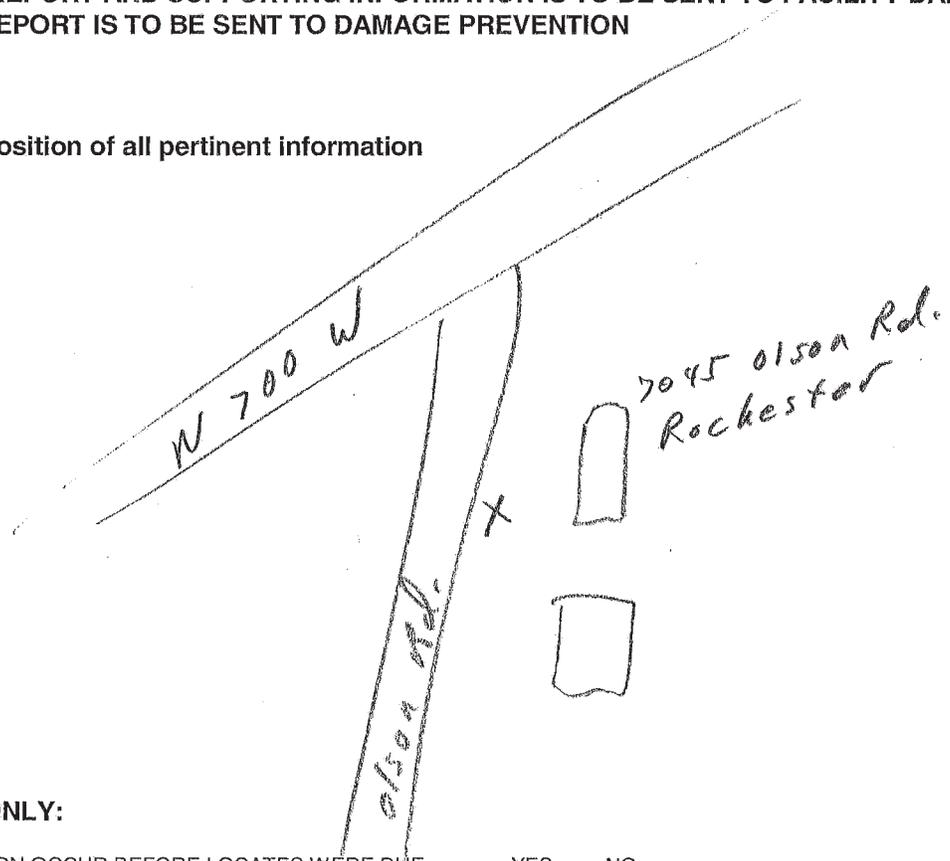
PERSON PREPARING REPORT David Lempecki

FIELD SUPERVISOR Bob Somers

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: _____

December 27, 2012

Mr. William Boyd
Director Pipeline Safety Division
IURC
101 W. Washington St. Suite 1500E
Indianapolis, IN 46204-3407

RE: Case No. 4130

Mr. Boyd,

Following is Michiana Contracting's response to the IURC letter dated November 30, 2012. "Notice of Preliminary Determination of Violation Pipeline Safety Division Case No. 4130."

Michiana Contracting had done the "Notice of Excavation" as evidenced by ticket # 1208290405.

Michiana Contracting did not do white lining but because of the nature of the work replacing 2,700 road sign posts in Fulton Co. the existing road sign post being replaced were painted with a 1' wide orange band around the post approximately 4' off of the ground to show which sign post were to be replaced.

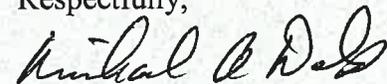
Since locates had not been done around the post where the damaged gas line occurred, of course two (2) feet clearance was not maintained.

I was contacted by a NIPSCO engineer, Mr. Jim Bettin, less than 2 hours after the damage had occurred. When I told Mr. Bettin that the gas line had not been located, his comment was that the line damaged ended (stub off) in that area and that maybe the gas line when installed was installed farther east then what was shown on NIPSCO locator's maps.

In closing, Michiana Contracting feels it had taken the proper steps to avoid gas line damage. It appears that NIPSCO mapping could have been in error.

Please contact me with any other information you might need in regards to this case.

Respectfully,



Michael A. Delp
Vice President/ Project Manager
Michiana Contracting Inc.



Mailing Address
P.O. Box 929
Plymouth, IN 46563

GENERAL CONSTRUCTION
EQUIPMENT RENTAL
PLUMBING & HEATING
ELECTRICAL
HIGHWAY/AIRPORT



An Equal Opportunity Employer



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION - PIPELINE SAFETY DIVISION

Case Number: 4130

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: Michiana Contracting, Inc.

Responsible Party Personal Name: Mike Delp

Title (if any): Vice President/Project Manager

Address (number and street): P.O. Box 929/7843 Lilac Road

City, State and ZIP Code: Plymouth, IN 46563

Preferred Telephone Number (area code): (574) 936-8613

Cellular Telephone Number (area code): (574) 930-4552

Email Address: mdelp@michianacontracting.com

Facility Information:

Business Name: NIPSCO

Responsible Party Personal Name: Mary Lechowicz

Title (if any): Leader Facilities Damages

Address (number and street): 801 E 86th Ave.

City, State and ZIP Code: Merrillville, IN 46410

Preferred Telephone Number (area code): (219) 647-4033

Cellular Telephone Number (area code): N/A

Email Address: mlechowicz@nisource.com

Locator Service Information:

Business Name: USIC

Responsible Party Personal Name: N/A

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): Sign Post Driver (Hydraulic)

Type of Work Performed (select one): New Road Sign Posts

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

Personal Contact: N/A

Business/Organization Name: Called 911 and NIPSCO

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*): 7045 Olson Road

City, State and ZIP Code: Leiters Ford, IN 46945 Fulton County

Nearest Intersection: Olson Road @ 700 W

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Distribution

Size (Diameter/etc.): 2" plastic

Pressure (PSIG/Inches): N/A

Interruption in Service: Yes No Number of Customers Affected: 2-4 Homes

Evacuation: Yes No If yes, How Many Evacuated? 3 or 4

Repair Cost (if known): \$ 1,431.00

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: 1208290405

- Locate Marks Visible: Yes No
- Locate Marks Correct: Yes No
- Excavator "White Lined": Yes No But posts to be replaced were painted with orange paint @ 4' height on post.
- 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: 0

Number of Inpatient Treated: 0

Number of Fatalities: 0

Fire Department Response: Yes No

Police Department Response: Yes No County Sheriff

Ambulance Response: Yes No

Additional Information / Comments

Locates were requested and not completed at damaged gas line location.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4130

Your Full Name: Michael Allen Delp

Full Name of Business / Entity (if applicable): Michiana Contracting, Inc.

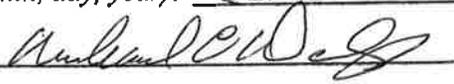
Your Business Title (if applicable): Vice President/Project Manager

Address (number and street): P.O. Box 929/7843 Lilac Road

City: Plymouth State: IN ZIP Code: 46563

Your E-mail Address: mdelp@michianacontracting.com

Today's Date (month, day, year): 12-27-12

Your Signature:  Title (if any) Vice President/Project Manager

Please return your Narrative Statement to:

**Pipeline Safety Division - Case Number 4130
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204**

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov