



Pipeline Safety Division Investigation Report

Investigation regarding: Woodruff And Sons

UPPAC Database Record ID: **4143**

Report Date: 03/11/2013

Investigator: William Boyd

Damage Date: 9/24/2012

Damage Address: 111 Killdeer Ct, Michigan City, Laporte

The Parties

Excavator: **Woodruff And Sons** (Contractor)

Address: Po Box 450, Michigan City, In 46361

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Sewer

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 3

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1209123179

Original Start Date:

Locate Instructions: From the intersection locate north 200 feet on both sides of Killdeer Ct

Follow-Up Locate Instructions (if applicable):

Synopsis: Excavator struck and tore off a 3/4" steel service from a 2" steel main. The main was shut off and a section cut out and replaced in order to make the repair.

Findings: Reported by Carrie Ludwig (NIPSCO); excavator's response to initial notice was received on 12/3/2012. Excavator failed to maintain required clearance from the gas facility during excavation.

Conclusion: Excavator failed to maintain the required clearance from the gas facility.

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

Investigation regarding: Woodruff And Sons

UPPAC Database Record ID: **4143**

Query_Advisory Committee_Previous Rulings				
ID	EXCAVATOR_NAME	FINL_DISPOSITION	ADV_COMMITTEE	DATE_OF_DAMAGE
3102	Woodruff & Sons, Inc.	Warning Letter	9/25/2012	5/18/2012



150 West Market Street, Suite 600
Indianapolis, IN 46204

February 4, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4143
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4143

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: 9/24/2012

Event Location: 111 Killdeer Ct

Facility Owner: Northern Indiana Public Service Company

Excavator: Woodruff And Sons

Other Party:

Pipeline Division Case No. 4143

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. 4143	
Date of Event	9/24/2012
Event Location	111 Killdeer Ct
Event City	Michigan City
Facility Owner	Northern Indiana Public Service Company
Excavator	Woodruff And Sons
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Woodruff and Sons
RESPONSIBLE PARTY PERSONAL NAME	Nora Heeg-Asteriadis
TITLE (IF ANY)	
ADDRESS	P.O. BOX 450
CITY/ STATE/ZIP	Michigan City, IN 46360
PREFERRED TELEPHONE	219-872-8605
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	111 Killdeer Ct
CITY/STATE/ZIP	Trail Creek, IN 46360
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)	
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	3
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	
Driveway	
Electric	
Engineering/Surveying	
Fencing	
Grading	
Irrigation	
Landscaping	
Liquid Pipeline	
Milling	
Natural Gas	
Pole	
Public Transit Authority	
Railroad Maintenance	
Road Work	
Sewer (Sanitary/Storm)	X
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)	Y

INDIANA 811 LOCATE TICKET NUMBER	1209123179
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)	N
POLICE DEPARTMENT RESPONSE (YES/NO)	N
AMBULANCE RESPONSE (YES/NO)	N
ADDITIONAL INFORMATION/COMMENTS	
<p>Failure to use hand tools where required. Contractor hit accurately marked facility. Nipsco emergency repair ticket #: 1209241263</p>	

NIPSCO 01128 IUPPSa 09/12/2012 15:34:00 1209123179-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1209123179 Date: 09/12/2012 Time: 15:28 Oper: ABOND Chan:007

Case: 4143

State: IN Cnty: LAPORTE Twp: MICHIGAN
Cityname: TRAIL CREEK Inside: Y Near: N
Subdivision:

Address :

Street : KILLDEER CT

Cross 1 : KILLDEER DR Within 1/4 mile: Y

Location: FROM THE INTERSECTION LOCATE NORTH 200 FEET ON BOTH SIDES OF KILLDEER CT

:

Grids : 4142D8651B 4142D8651A

Boundary: n 41.701805 s 41.700470 w -86.863892 e -86.862038

Work type : INSTALL STORM SEWER

Done for : TOWN OF TRAIL CREEK

Start date: 09/14/2012 Time: 15:45 Hours notice: 48/48 Priority: NORM

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

Duration : 2 MONTHS Depth: 15 FEET

Company : WOODRUFF AND SONS Type: CONT

Co addr : PO BOX 450

City : MICHIGAN CITY State: IN Zip: 46361

Caller : NORA HEEG-ASTERIADIS Phone: (219)872-8605

Contact : NORA HEEG-ASTERIADIS - OFFICE Phone:

BestTime:

Remarks : All tickets are taken and processed on Eastern Daylight Time
Will you be white-lining the dig site area? NO

:

Submitted date: 09/12/2012 Time: 15:28

Members: COMCN ID0148 ID2000 ID6683 NIPSCO SBCIN SM

Fact Based Investigation Report

NOTIFICATION ID: 01820120924002

DISTRICT: Northern IN

DAMAGE DATE: 9/24/2012 9:40:00 AM

NOTIFICATION DATE: 9/24/2012 9:45:47 AM

NOTIFIED BY: MARK One Call Center

DAMAGE ADDRESS: 111 KILLDEER CT

CITY: MICHIGAN CITY ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 09/24/2012

FROM: 10:00:00

TO: 11:00:00

EXCAVATOR INVOLVED: WOODWARD & SONS

TYPE OF EXCAVATION: Excavation

ORIG. LOCATE REQ.: 1209123179

START DATE/TIME:

TYPE OF TICKET:

LOCATE REQ. INFO N/A:

DIG UP/DAMAGE REQ.: M64960610

START DATE/TIME:

PICTURES TAKEN BY: Chris Deniston DATE/TIME: 9/24/2012 10:30:00 AM

PHOTOGRAPHY TYPE: Digital

FRAME #:

INVESTIGATOR EMP#: 116375

INVESTIGATOR NAME: Joe Hendrickson

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120924002

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF

FACILITY ID: Gas Service

LOCATOR NAME & EMP #: Deniston Chris - 117867

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 on site line up to and through the damaged gas service. The crew did not hand dig to expose the gas service and hit the line with a backhoe.

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? 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 gas service

REPLACEMENT FOOTAGE N/A

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

WHAT CONTRACTOR EQUIPMENT WAS USED? Backhoe

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

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



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Nov 15, 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: Woodruff and Sons

Business address (*number and street*): PO Box 450

City, State, and ZIP code: Michigan City, IN 46361

Telephone number (*area code*): 219 872 8605

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Sewer (Sanitary/Storm)

Date and Location of Damage

Date of damage (*month, day, year*): Sep 24, 2012

County: LaPorte

City: Michigan City

Street address (*number and street, city, state, and ZIP code*):
111 Killdeer Ct Michigan City In

Nearest intersection: Killdeer Dr

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? No

If yes, how many evacuated? 0

Was there a customer service interruption? Yes

If yes, how many affected? 3

Time to restore service (*in hours*): 6

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? 32

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1209123179

Was the locate request completed within two working days? Yes

If locates were performed, were they done so by a contractor or pipeline employee? Contract Locator

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

Were facility marks visible in the area of excavation? Yes

Were facilities marked correctly? Yes

Type of markings used: Paint

If other, please specify: _____

Was site marked by "White Lining"? No

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

Were maps used to complete the locate request? Yes

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: --Failure to use hand tools where required

Additional Comments

Nipsco emergency locate #: 1209241263

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA LAPORTE MAXIMO WO # _____

OPERATING AREA CONTACT Georgion JOB ORDER # 581567-16

TRACKING NUMBER 018 2012 0924 00Z LOCATE REF # N/A

Locate Performed By: _____

DATE AND TIME OF ACCIDENT Sept. 24 2012 M DATE OF REPORT Sept. 24, 2012

PLACE OF DAMAGE (INCLUDE CITY) 113 Killdeer Ct. Trail Creek MC

DAMAGE WAS TO:

ELECTRIC - POLE / TRANSFORMER: # N/A 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) 32" PRESSURE (PSI) 45 Lbs.

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

INTERRUPTION OF SERVICE: YES NO () NUMBER OF CUSTOMERS LOST: 3

DURATION OF INTERRUPTION: TIME REPORTED 8:33AM TIME RESTORED 14:30

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 3/4"

LOCATE MARKS ON SITE: YES DISTANCE BETWEEN FACILITY AND LOCATE MARKS Disturbed 6" approx NO ()
HOW LOCATED: PAINT FLAGS () BOTH () WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) Woodruff & Sons

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 N/A REPORT # _____

OTHER () _____ Any injuries? () YES # _____ NO

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

WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW

- () AGRICULTURE/FARMING
- () BLDG CONSTRUCTION
- () DRIVEWAY
- () FENCING
- () LANDSCAPING
- () POLE/SIGN POST
- () CABLE TV
- () DEMOLITION
- () ELECTRIC
- () GRADING
- () PIPELINE
- () ROAD WORK
- () CURB/SIDEWALK
- () DRAINAGE
- () SURVEYING
- () IRRIGATION
- () MILLING
- SEWER
- () TELECOMMUNICATIONS
- () WATER
- () DRAINS/CULVERTS
- () MOWING
- () OTHER _____

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

- () AUGER
- () MILLING EQUIPMENT
- () EXPLOSIVES
- () VACCUUM EQUIPMENT
- () HAND TOOLS
- () PROBING DEVICE
- () TRENCHER
- () GRADER
- BACKHOE/TRACKHOE
- () BORING / DRILLING
- () FARM EQUIPMENT
- () OTHER _____

REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW

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

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS: Broke 3/4" service off of service tee
welded short stop fitting to stop gas
INSTALL 12 FT of 2" STL AND NEW TEE

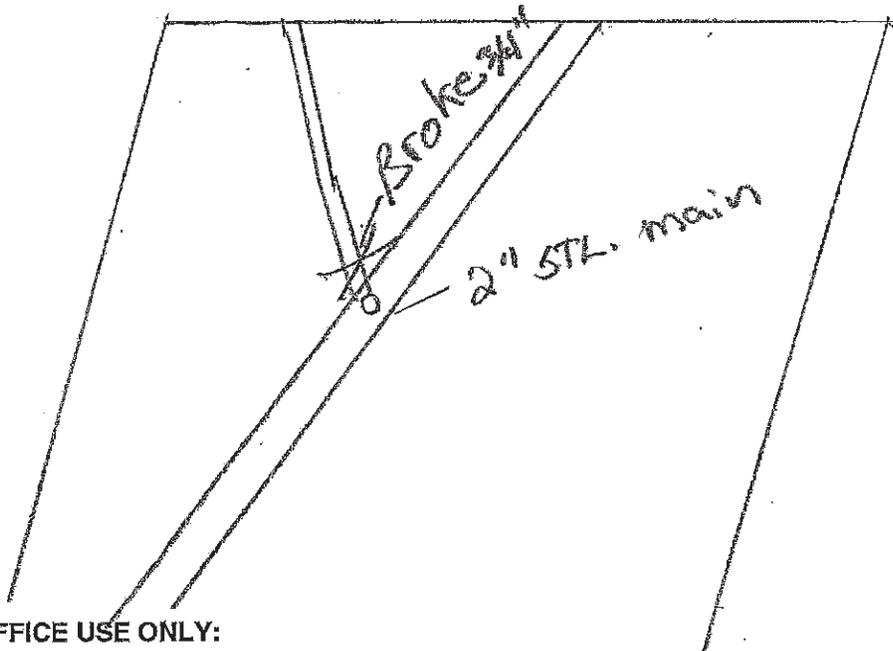
PERSON PREPARING REPORT Iva Farlia, Steve Sebert

FIELD SUPERVISOR Steve Georgian

FIELD MANAGER John Todd

- 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: _____



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

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Who is submitting this information?

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Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Sewer (Sanitary/Storm)

Date and Location of Damage

Date of damage (*month, day, year*): Sep 24, 2012

County: LaPorte

City: Michigan City

Street address (*number and street, city, state, and ZIP code*):
111 Killdeer Ct

Nearest intersection: Killdeer Dr

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? No

If yes, how many evacuated? 0

Was there a customer service interruption? Yes

If yes, how many affected? 3

Time to restore service (*in hours*): 6

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? 32

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1209123179

Was the locate request completed within two working days? Yes

If locates were performed, were they done so by a contractor or pipeline employee? Contract Locator

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

Were facility marks visible in the area of excavation? Yes

Were facilities marked correctly? Yes

Type of markings used: Paint

If other, please specify: _____

Was site marked by "White Lining"? No

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

Were maps used to complete the locate request? Yes

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

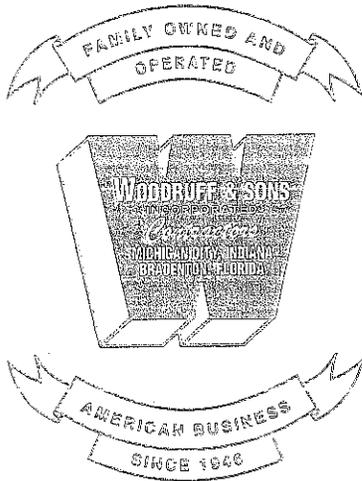
Did the excavator notify 911 in the event of a release of product? Unknown/Other

Description of Cause

Select from the list the most accurate cause for the damage: --Failure to use hand tools where required

Additional Comments

Nipsco emergency locate #: 1209241263



October 03, 2012

Indiana Utility Regulatory Commission
101 W. Washington Street, Suite 1500E
Indianapolis, IN 46204-3407

RE: Case No. 4143
111 Kildeer Ct, Michigan City, IN
NIPSCO Damage Claim #12-2075

We are in receipt of your letter dated November 30, 2012 and would like to respond.

Woodruff & Sons, Inc. called in locates for this area in a timely manner.

The underground gas line was marked at the time that we accidentally damaged it. Our company has already settled with NIPSCO on the matter .

Incidentally, your case numbers 4153 and 4143 are for one singular damage report.

Woodruff & Sons, Inc. would also like to submit our responses to Paragraph 3, statutory violations:

IC 8-1-26-16(g) Notice of Excavation.

Woodruff & Sons, Inc. calls in their request for locates at least 48 hours in advance of beginning of construction, as recommended by IUPP and remarks are requested before the original requests expire.

Woodruff & Sons, Inc.

P.O. Box 10127
Bradenton, FL 34282-0127

Phone: 941-756-1871
Fax: 941-755-1379

Woodruff & Sons, Inc.

P.O. Box 450
Michigan City, IN 46361

Phone: 219-872-8605
Fax: 219-879-5339

Equal Opportunity Employer

Indiana Utility Regulatory Commission

RE: Case # 3473

Page 2.

IC 8-1-26-16(h).. White Lining.

Woodruff & Sons, Inc. constructs large projects and our locate requests are for a block at a time; from intersection to intersection and from Right-of-Way to Right-of-Way.

IC 8-1-26-20(b) Two (2) Feet Clearance

Woodruff & Sons, Inc. observes where the locate marks are and then hand digs the area, at least two (2) feet from the markings.

IC 8-1-26-18(f) Locate Facilities

Woodruff & Sons, Inc. checks for locate marking upon arriving at the job site. In the event the area is not marked, a call is made to IUPP and a Second Request for locates is made.

Respectfully,



Todd R. Bell
Vice President

IUPP #120912-3179
#120912-3204
#120912-3218