STATE OF INDIANA

INDIANA UTILITY REGULATORY COMMISSION
101 W. WASHINGTON STREET, SUITE 1500E
INDIANAPOLIS, INDIANA 46204-3407

http://www.in.gov/iurc
Office: (317) 232-2701
Facsimile: (317) 232-6758

Pipeline Safety Division Investigation Report

Investigation regarding: C & E Excavating

UPPAC Database Record ID: 4204

Report Date: 7/12/2013 Investigator: Mike Orr

Damage Date: 9/27/2012 Damage Address: 410 W 1st St, Mishawaka, St. Joseph

The Parties

Excavator: **C & E Excavating**

Address: 53767 Co Rt 9, Elkhart, In 46514

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe Type of Work Performed: Road Work

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: 1209250107 Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

Synopsis: Excavator struck and damaged an unknown underground natural gas service stub while performing road work.

Findings: Reported by Carrie Ludwig (NIPSCo); excavator's response to initial notice was received on 2/26/2013. The excavator had a valid locate ticket and the gas operator located the main; however, an unknown live service stub was damaged.

Conclusion: There was a failure to provide locate markings of the facility.

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

March 6, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov
Pipeline Safety Division – Case No. 4204
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4204

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: 9/27/2012

Event Location: 410 W 1st St

City: Mishawaka

Facility Owner: Northern Indiana Public Service Company

Excavator: C & E Excavating

Other Party: N/A

Pipeline Division Case No. 4204

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. 4204	
Date of Event	9/27/2012
Event Location	410 W 1st St
Event City	Mishawaka
Facility Owner	Northern Indiana Public Service Company
Excavator	C & E Excavating
Date of IURC Information Request	2/13/2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	C & E Excavating
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	53767 Co Rt 9
CITY/ STATE/ZIP	Elkhart, IN 46514
PREFERRED TELEPHONE	574 262 4346
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	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	410 W 1st St
CITY/STATE/ZIP	Mishawaka, IN 46544
NEAREST INTERSECTION	N Hill 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)	35
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/Scrapper	
Hand Tools	
Milling Equipment	
Probing Device	

Trancher	
Vaccuum 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	X
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)	Y

INDIANA 811 LOCATE TICKET NUMBER	1209250107
LOCATE MARKS VISIBLE (YES/NO)	Y
LOCATE MARKS CORRECT (YES/NO)	N
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	
Facility was not located or marked In service gas stub	

Fact Based Investigation Report

NOTIFICATION ID: 01820120927008 **DISTRICT:** Northern IN
DAMAGE DATE: 9/27/2012 3:45:00 PM **NOTIFICATION DATE:** 9/27/2012 3:49:33 PM
NOTIFIED BY: ANGELA SCHUFFERT Other
DAMAGE ADDRESS: 410 W 1ST ST
CITY: MISHAWAKA **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 09/27/2012
FROM: 16:55:00 **TO:** 18:05:00

EXCAVATOR INVOLVED: C&E EXCAVATING
TYPE OF EXCAVATION: Excavation

ORIG. LOCATE REQ.: 1209250107 **START DATE/TIME:**
TYPE OF TICKET: **LOCATE REQ. INFO N/A:**

DIG UP/DAMAGE REQ.: M65598297 **START DATE/TIME:**

PICTURES TAKEN BY: Jose Galicia **DATE/TIME:** 9/27/2012 5:30:00 PM
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: 01820120927008
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: *(optional)*

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** Gas Service
LOCATOR NAME & EMP #: Galicia Jose - 131981
LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:

Abandoned Facility,
Other

Other: Stub, no sign it exists

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:
Gas service stub on site was hit. No sign that it exists and no measurements for a stub. This used to service the old building that had been abandoned a long time ago.

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 TOLERENCE ZONE OF MARKS?	No
EXTENT OF FACILITY DAMAGE	Cut stub 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

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA 060 **MAXIMO WO #** _____

OPERATING AREA CONTACT Tim Armstrong **JOB ORDER #** 575874

TRACKING NUMBER 018 2012 0927 008 **LOCATE REF #** _____

Locate Performed By: _____

DATE AND TIME OF ACCIDENT September 27 2012, 1410 M DATE OF REPORT 9-27-12

PLACE OF DAMAGE (INCLUDE CITY) 910 W 1st St. Mishawaka

DAMAGE WAS TO:

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

OTHER (DESCRIBE) _____

GAS: SERVICE ( ) MAIN ( ) SIZE _____ MATERIAL: PLASTIC ( ) STEEL ( ) METER ( ) REG STATION ( ) STUB (X)

OTHER (DESCRIBE) _____

DEPTH OF FACILITY (inches) 1 PRESSURE (PSI) 35 Lbs.

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

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

DURATION OF INTERRUPTION: TIME REPORTED 1410 pm TIME RESTORED 1515 pm

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: cut in Half

LOCATE MARKS ON SITE: YES (X) DISTANCE BETWEEN FACILITY AND LOCATE MARKS -0- NO ( )

HOW LOCATED: PAINT (X) FLAGS ( ) BOTH ( ) WHITE LINED ( )

PARTY THAT CAUSED DAMAGES (NAME) Sand E Excavating

ADDRESS OF PARTY (INCLUDE CITY) 53767 County Rd. 9 Elkhart, IN, 46514

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Ian Mundy Foreman

WITNESS NAME AND ADRESS _____

WITNESS REMARKS _____

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY _____ REPORT # _____

FIRE ( ) 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

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

TYPE OF EQUPMENT 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	( ) CARELESS MACHINE OPERATOR	
( ) NO NOTIFICATION	( ) MARKS DISTURBED	(X) STUB	(X) OTHER _____

- **SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM**

COMMENTS : Retired Service Stub was Right under concrete

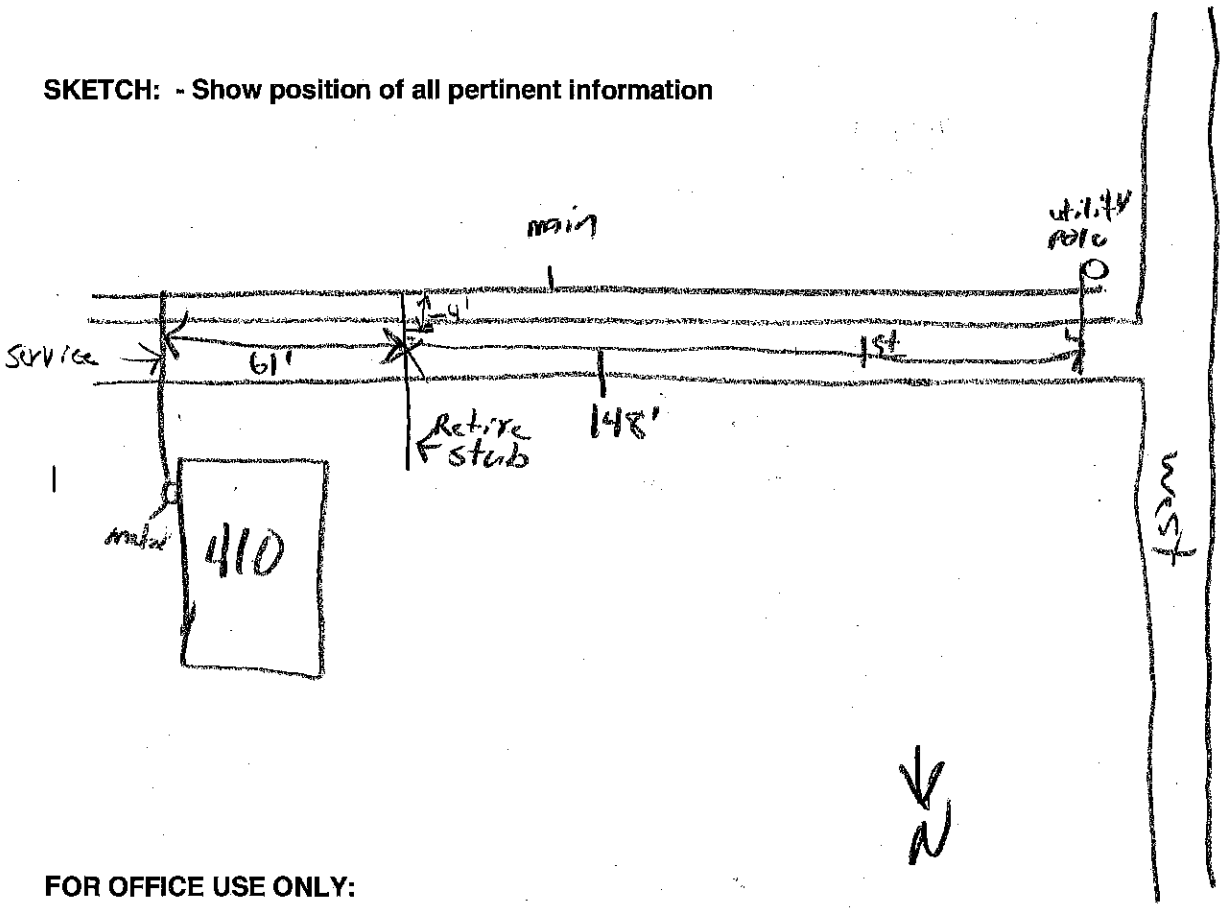
PERSON PREPARING REPORT Stephen Hershberger

FIELD SUPERVISOR [signature]

FIELD MANAGER [signature]

- **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 BEOFRE 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

Submitted to IURC-Pipeline Safety on: Nov 29, 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: C & E Excavating

Business address *(number and street)*: 53767 Co Rt 9

City, State, and ZIP code: Elkhart, IN 46514

Telephone number *(area code)*: 574 262 4346

Fax number *(area code)*:

E-mail address:

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Road Work

Date and Location of Damage

Date of damage (*month, day, year*): Sep 27, 2012

County: St. Joseph

City: Mishawaka

Street address (*number and street, city, state, and ZIP code*):
410 W 1st St, Mishawaka, IN

Nearest intersection: N Hill St

Right of way where damage occurred: Private - Business

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? No

If yes, how many affected?

Time to restore service (*in hours*): 1

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? Service/Drop

What was the depth of the facility, in inches? 12

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1209250107

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? No

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: --Facility was not located or marked

Additional Comments

main was marked but in service stub was not

NIPSCO 00044 IUPPSa 09/25/2012 07:02:57 1209250107-00A NORM NEW STRT

NORMAL NOTICE

Ticket : 1209250107 Date: 09/25/2012 Time: 06:55 Oper: CJODOM Chan:056

State: IN Cnty: ST JOSEPH Twp: PENN
Cityname: MISHAWAKA Inside: Y Near: N
Subdivision:

Address :
Street : W 1ST ST
Cross 1 : N HILL ST Within 1/4 mile: Y
Location: LOCATE A 50 FOOT RADIUS OF THE INTERSECTION
:
Grids : 4139B8611D 4139A8611D
Boundary: n 41.662636 s 41.661537 w -86.185402 e -86.183937

Work type : INSTALL STORM SEWER AND WATER
Done for : CITY OF MISHAWAKA
Start date: 09/27/2012 Time: 07:00 Hours notice: 48/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 2 WEEKS Depth: 15 FEET

Company : C AND E EXCAVATING INC Type: CONT
Co addr : 53767 CO RT 9
City : ELKHART State: IN Zip: 46514
Caller : THAD BESSINGER Phone: (574)262-4346
Contact : IAN MUNDY - CELL Phone:
BestTime:
Mobile : (574)536-0548
Fax : (574)262-9251
Email : TBESSINGER@CANDEEXCAVATING.COM

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

Submitted date: 09/25/2012 Time: 06:55
Members: COMCN ID1639 ID1640 ID6590 NIPSCO SBCIN SM ID0106

DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Nov 29, 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: C & E Excavating

Business address *(number and street)*: 53767 Co Rt 9

City, State, and ZIP code: Elkhart, IN 46514

Telephone number *(area code)*: 574 262 4346

Fax number *(area code)*:

E-mail address:

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Road Work

Date and Location of Damage

Date of damage (*month, day, year*): Sep 27, 2012

County: St. Joseph

City: Mishawaka

Street address (*number and street, city, state, and ZIP code*):
410 W 1st St

Nearest intersection: N Hill St

Right of way where damage occurred: Private - Business

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? No

If yes, how many affected?

Time to restore service (*in hours*): 1

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? Service/Drop

What was the depth of the facility, in inches? 12

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1209250107

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? No

Type of markings used: Paint

If other, please specify: _____

Was site marked by "White Lining"? No

Were special instructions part of the locate request? No

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: --Facility was not located or marked

Additional Comments

The main was marked; but, he in service stub was not.

The excavator had a valid locate request; however, the gas operator has self reported a failure to locate or provided incorrect markings resulting in an OPERATOR VIOLATION. MAO 12/5/2012.

INFORMATION REQUEST
State Form 54909 (2-12)
INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4204

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: C & E Excavating, Inc.

Responsible Party Personal Name: Jennifer Burgess

Title (*if any*): Corporate Secretary

Address (*number and street*): 53767 County Road 9

City, State and ZIP Code: Elkhart, IN 46514

Preferred Telephone Number (area code): 574-262-4346

Cellular Telephone Number (area code): 574-370-3449

Email Address: jburgess@candeexcavating.com

Facility Information:

Business Name: Northern Indiana Public Service Company

Responsible Party Personal Name:

Title (*if any*):

Address (*number and street*): 1039 Pennsylvania Ave

City, State and ZIP Code: South Bend, IN 46601

Preferred Telephone Number (area code): 574-284-2151

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: _____

Cause of Damage Information

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

Type of Work Performed *(select one)*: Sewer (Sanitary/Storm)

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

Personal Contact: Ian Mundy

Business/Organization Name: C & E Excavating, Inc.

Title (*if any*): Foreman on Site

Address (*number and street*): 53767 County Road 9

City, State and ZIP Code: Elkhart, IN 46514

Preferred Telephone Number (area code): 574-262-4346

Cellular Telephone Number (area code): 574-536-0548

Email Address: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): 410 W. 1st Street

City, State and ZIP Code: Mishawaka, IN

Nearest Intersection: Hill Street

Product Type *(select one)*: Natural Gas

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

Size (Diameter/etc.): 1 5/8"

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

Locate Information

Excavator Request Locate: ☒ Yes ☐ No

Indiana 811 Locate Ticket Number: 1209171018 & 1209250107

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: 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

The gas line that was hit was located directly underneath the asphalt roadway, and was thus damaged when asphalt roadway was removed. A second gas line was hit on the south side of the road and was located directly beneath the concrete curb. Both services were marked, however it is our opinion that these gas line hits were unavoidable due to their extreme proximity to the above asphalt and curb that were specified to be removed on the City of Mishawaka's First Street Area Improvements Job ENT-12-005. The gas lines could not have had the appropriate 2 feet of cover. Appropriate locates were called in to Indiana 811 2 working days before work commenced. This gas service was a dead line servicing a vacant lot, and thus did not cause any kind of disruption to service or danger to residents. Our foreman's daily report, the locate tickets in reference and a picture of the site are attached with this form and email.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4204

Your Full Name: Jennifer Burgess

Full Name of Business / Entity (*if applicable*): C & E Excavating, Inc.

Your Business Title (*if applicable*): Corporate Secretary

Address (*number and street*): 53767 County Road 9

City: Elkhart State: IN ZIP Code: 46514

Your E-mail Address: jburgess@candeexcavating.com

Today's Date *(month, day, year)*: 02-25-2013

Your Signature: Title (*if any*) Corporate Secretary

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 4204
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov

C & E Excavating
Job Name: Mishawaka 1st Street Area Improvements

Job Code: MISH1STSTREE

Daily Report

Diary: Date - 09/27/2012 (Thursday) **Foreman - IAN M**

Mild - (60 - 65), Partly Sunny / Cloudy, Sand Site

steve removed street on first between hill and west
skimmed over 1 5/8 gas service just under asphalt
second service got hit at south curbline
nipsco dead ended at curb went to vacant lot
removed sidewalk at apts and pizza hut
did 1" tap on 12" line at south end of hill st to remove air from line
filled line
finished prepping patch in lincolnway
sawcut alley =190lf asphalt

x_____ Date: _____

'c' - indicates a completed item.
'(R)' - indicates a rework quantity.

1st

G&E EXCAVATING
574-262-4346
55767 County Road 9
Fax 262-925-

DIG SAFELY

CALL MISS DIG

INDIANA 1-800-382-5544

MICHIGAN 1-800-482-7171

MISS DIG TICKET FORM

COUNTY: St Joseph	TOWNSHIP: Penn
WORK BEING DONE FOR: City of Mishawaka	
STREET ADDRESS: 1st street	
NEAREST INTERSECTION: west st	
TYPE OF WORK: New street stormwater	DEPTH OF WORK: 10'
CALL NAME: Thal	FIELD CONTACT: Ian
START DATE: 19 9:45	LENGTH OF TIME: Math

EFFECTIVE DATES	TICKET NUMBER
9/19 - 10/7	1209171018
10/11 7:30 - 10/24	1210090109
10/31 3:45pm - 11/18	1210292913
11/20 1:45pm - 12/6	1211161856

DIRECTIONS FOR LOCATE / COMMENTS

DATE MISS DIG CALLED:

Locate from above intersection 400' East to Hill st. RW/RW

Paint & flag

GSE EXCAVATING
574-262-6566
53767 County Road 5
Fax 262-925-

DIG SAFELY

CALL MISS DIG

INDIANA 1-800-382-5544

MICHIGAN 1-800-482-7171

MISS DIG TICKET FORM

COUNTY: St. Joseph
TOWNSHIP: Penn
WORK BEING DONE FOR: City of Mishawaka
STREET ADDRESS: First Street
NEAREST INTERSECTION: Hill Street
TYPE OF WORK: Storm Sewer & Watermain
DEPTH OF WORK: 15' +/-
CALL NAME: Marcus King
START DATE: 27 Aug 12
FIELD CONTACT: Ian Mundy
LENGTH OF TIME: 2wks

EFFECTIVE DATES	TICKET NUMBER
Aug 27 7:45 a.m.	120 823 0116
12 Sept exp	
10 Sept call back	
9/6 12:45 - 9/24	
Tue 9/27 - 10/15	1209042394
10/11 7:30 - 10/29	1209250107
10/31 3:45 - 11/19	1210090115
11/20 1:45 pm - 12/6	1210292919
	1211161876

DIRECTIONS FOR LOCATE / COMMENTS

DATE MISS DIG CALLED: 23 Aug 12

Intersection of Hill and First street 50ft radii all 4 Corners.

ATT Dist
Mish Elect.
Mish Eng.
Nipsco
Comcast
St Joe Valley Metro Net.

10 01 2017 10:35