



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: Mike Seigel General Contractor

UPPAC Database Record ID: 4376

Report Date: 3/25/2013

Investigator: Howard Friend

Damage Date: 11/14/2012

Damage Address: 2430 E Shirley Ave, Columbia City, Whitley

The Parties

Excavator: Mike Seigel General Contractor

Address: 2400 East Schram Dr, Columbia City, In 46725

Facility Owner: NIPSCO

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Electric

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$212

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: No

Indiana 811 Ticket Number:

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

Synopsis: A natural gas service was damaged during excavation for an electric line.

Findings: Reported by Oscar Rios (NIPSCO); excavator's response to initial notice was received on 2/22/2013. The excavator failed to provide notice of excavation.

Conclusion: There was a failure to provide notice of excavation.

Violation: 8-1-26-16(g) Failure to provide notice of excavation.



150 West Market Street, Suite 600
Indianapolis, IN 46204

March 8, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4376
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4376

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: 11/14/2012

Event Location: 2430 E Shirley Ave

City: Columbia City

Facility Owner: Northern Indiana Public Service Company

Excavator: Mike Seigel General Contractor

Other Party: N/A

Pipeline Division Case No. 4376

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. 4376	
Date of Event	11/14/2012
Event Location	2430 E Shirley Ave
Event City	Columbia City
Facility Owner	Northern Indiana Public Service Company
Excavator	Mike Seigel General Contractor
Date of IURC Information Request	2/13/2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Mike Seigel General Contractor
RESPONSIBLE PARTY PERSONAL NAME	Mike Seigel
TITLE (IF ANY)	
ADDRESS	2400 East Schram Dr
CITY/ STATE/ZIP	Columbia City, IN 46725
PREFERRED TELEPHONE	260-691-3029
CELL PHONE TELEPHONE	260-609-9889
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	1-317-538-7301
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	2430 E Shirley Ave
CITY/STATE/ZIP	Columbia City, IN 46725
NEAREST INTERSECTION	N Old 102
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)	YES
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	NO
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	

Trencher	
Vacuum Equipment	
Unknown/Other	
TYPE OF WORK PERFORMED (Select One)	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	
Bldg. Demolition	
Drainage	
Driveway	
Electric	X
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)	YES
IGNITION AND/OR FIRE (YES/NO)	NO
EXCAVATOR NOTIFY 811 (YES/NO)	NO
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	NO

INDIANA 811 LOCATE TICKET NUMBER	N/A
LOCATE MARKS VISIBLE (YES/NO)	NO
LOCATE MARKS CORRECT (YES/NO)	NO
EXCAVATOR "WHITE LINED" (YES/NO)	NO
MAPS USED TO MARK FACILITIES (YES/NO)	NO
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	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	
<p>No notification made to the one-call center. Contractor called in 1211142541 AFTER damage occurred.</p>	

Fact Based Investigation Report

NOTIFICATION ID: 01820121114008

DISTRICT: Northern IN

DAMAGE DATE: 11/14/2012 2:55:00 PM

NOTIFICATION DATE: 11/14/2012 3:01:21 PM

NOTIFIED BY: TANECIA Facility Owner

DAMAGE ADDRESS: 2430 E SHIRLEY AVE

CITY: COLUMBIA

ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 11/14/2012

FROM: 15:30:00

TO: 16:00:00

EXCAVATOR INVOLVED: MIKE SEIGEL GENERAL CONTRACTOR

TYPE OF EXCAVATION: REPAIR GAS LINE

ORIG. LOCATE REQ.:

START DATE/TIME: 11/14/2012 3:00:00 PM

TYPE OF TICKET: Emergency

LOCATE REQ. INFO N/A: Yes

DIG UP/DAMAGE REQ.: 1211142541

START DATE/TIME:

PICTURES TAKEN BY: Chris Rumbaugh DATE/TIME: 11/14/2012 3:45:00 PM

PHOTOGRAPHY TYPE: Digital

FRAME #: see

INVESTIGATOR EMP#: 130534

INVESTIGATOR NAME: Josh Scheibelhut

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820121114008

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: *(optional)*

FACILITY DESCRIPTION: LOWPROF FACILITY ID: Gas Service

LOCATOR NAME & EMP #:

LOCATOR NOT KNOWN: Yes

CHECK ALL THAT APPLY TO INVESTIGATION:

No Locate Req. By Contractor

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 was digging without a ticket and called a ticket in as soon as he cut the gas service; USIC not at fault.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

n/a

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

n/a

LIST ANY OTHER INDIVIDUALS ON SITE:

n/a

WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL? No

WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA? No

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS? No

EXTENT OF FACILITY DAMAGE n/a

REPLACEMENT FOOTAGE n/a

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

Facility: Distribution Lines; Folder: N/A; Assigned To: USIC

NIPSCO 00852 IUPPSa 11/14/2012 15:02:49 1211142541-00A EMER NEW STRT

EMERGENCY EMERGENCY

Ticket : 1211142541 Date: 11/14/2012 Time: 14:54 Oper: KLEWIS Chan:032

State: IN Cnty: WHITLEY Twp: THORNCREEK
Cityname: COLUMBIA CITY Inside: N Near: Y
Subdivision:

Address : 2430
Street : E SHIRLEY AVE
Cross 1 : N OLD 102 Within 1/4 mile: Y
Location: LOCATE BETWEEN THE 2 GARAGES
:
Grids : 4114B8526B 4114A8526B
Boundary: n 41.246445 s 41.244648 w -85.445610 e -85.442604

Work type : REPAIR GAS LINE
Done for : DON CAMPBELL
Start date: 11/14/2012 Time: 14:58 Hours notice: 0/0 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 1 DAY Depth: 2 FEET

Company : MIKE SEIGEL GENERAL CONTRACTOR Type: CONT
Co addr : 2400 EAST SCHRAM DRIVE
City : COLUMBIA CITY State: IN Zip: 46725
Caller : MIKE SEIGEL Phone: (260)691-3029
Contact : MIKE SEIGEL - CELL Phone:
BestTime:
Mobile : (260)609-9889

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

Submitted date: 11/14/2012 Time: 14:54
Members: AEPIN ID2034 ID2696 ID7634 NIPSCO ID5857 SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Fort Wayne MAXIMO WO # M 606563
OPERATING AREA CONTACT Dwight Wagner JOB ORDER # 585568
TRACKING NUMBER 018-2012-1114-008 LOCATE REF #
Locate Performed By: usic C15713035208

DATE AND TIME OF ACCIDENT 11/14/2012 M DATE OF REPORT 11/14/12
PLACE OF DAMAGE (INCLUDE CITY) 2430 E Shirley AVE Col. City 46725

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

OTHER (DESCRIBE)

GAS: SERVICE (X) MAIN () SIZE 1/2 MATERIAL: PLASTIC (X) STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE)

DEPTH OF FACILITY (inches) 19" PRESSURE (PSI) medium 40 Lbs.

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

INTERRUPTION OF SERVICE: YES (X) NO () NUMBER OF CUSTOMERS LOST: 1

DURATION OF INTERRUPTION: TIME REPORTED 14:00 TIME SHUT OFF off when I got there TIME RESTORED 19:30

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: cut 5/8"

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) Mike Seigel

ADDRESS OF PARTY (INCLUDE CITY) 2430 E Shirley Col. City

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE MIKE SEIGEL

WITNESS NAME AND ADDRESS

WITNESS REMARKS

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY REPORT #
FIRE () AGENCY REPORT #
OTHER () Any Injuries? () YES # () 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
() AGRICULTURE/FARMING () CABLE TV () CURB/SIDEWALK () TELECOMMUNICATIONS
() BLDG CONSTRUCTION () DEMOLITION () DRAINAGE () WATER
() DRIVEWAY (X) 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 (X) BACKHOE/TRACKHOE
() MILLING EQUIPMENT () PROBING DEVICE () BORING / DRILLING
() EXPLOSIVES () TRENCHER () FARM EQUIPMENT
() VACUUM EQUIPMENT () GRADER () OTHER

- REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW
(X) AUTOMOTIVE ACCIDENT () EXCAVATING BEFORE LOCATES DUE () CARELESS MACHINE OPERATOR
(X) NO NOTIFICATION () MARKS DISTURBED () STUB () OTHER

COMMENTS:

No Locates, Hit Service

PERSON PREPARING REPORT

E. H. H. H.

FIELD SUPERVISOR

Deight Wagner

FIELD MANAGER

Randall Durm

Pl. Sign &

Return

RECOVERY

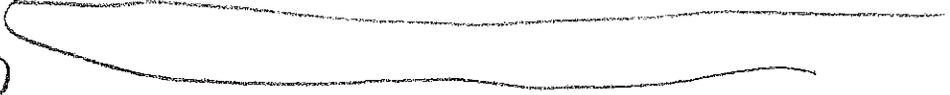
- ORIGINAL REPORT AND SUPPORTING INFORMATION IS TO BE !
- COPY OF REPORT IS TO BE SENT TO DAMAGE PREVENTION

SKETCH: - Show position of all pertinent information

*New
Crage*

(X)

GARAGE



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: _____

LEAK INVESTIGATION FORM

Section 1 - To be Completed by the First Responder (Information known during initial investigation)

CIS Ticket Number: 713035208 Date Reported: 11-14-12 Time Leak Reported (Military): 14:52
LOA: Fort Wayne GPS Coordinates: Latitude _____ N Longitude _____ W
City Name: Columbus City
Address or Location: 2430 E Shirley AVE 236651

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 91 PSIG for 16 minutes

Leak Grade:

- 1. Hazardous
- 2. Non-Hazardous, Scheduled Repairs
- 3. Non-Hazardous, Monitored

Leak Resolution

- 1. Leak Repaired
- 2. Pipe Replaced } Leak Closed
- 3. Pipe Retired } M 606563
- 4. Grade 2 or 3 Leak Not Repaired To be scheduled for re-evaluation/repair

#1606548

Residual Gas Present: Yes No (Grade 1 Leak Only)

1st Responder: User ID: 123032 E. Huth (FIRST NAME) (MI) (LAST NAME)

Leak Referred to: Sewer

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

Comments: Repaired cut Sewer

JO585568

Repaired/Inspected: 11-14-12 Time: 16:07 (Military) User ID: 123032 E. Huth (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 Identification:
 - 1. Company Crew Contractor Crew:
 - 2. Contractor Crew
 - 3. Third Party

Third Party Name: Mike Seigel

- 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)

- Locate Information:
 - 1. No Locate Request
 - 2. Request, No Locate
 - 3. Mislocated
 - 4. Accurate Locate

CIS Grid Number: _____ Pipe Size: 3/4 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

} Leak Closed

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:

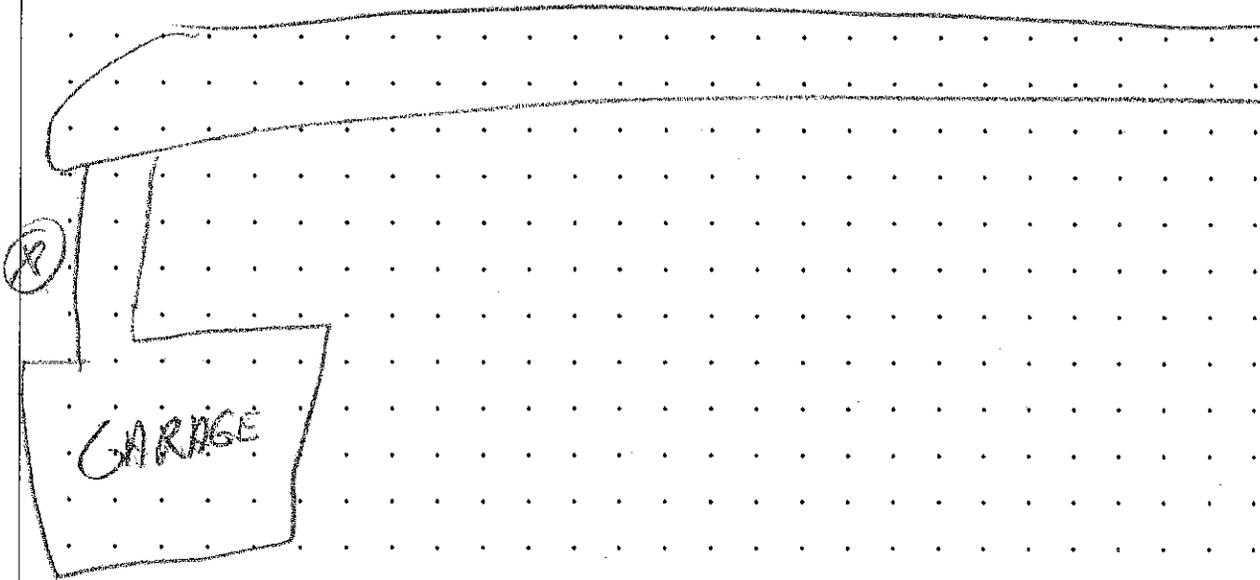
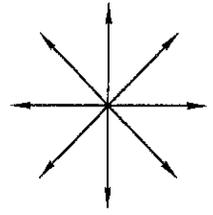
- 1. Distribution
- 2. Transmission
- 3. Transmission HCA

METER #

Re-evaluation Comments: _____

Repaired/Re-evaluated: _____ Time: _____ (Military) User ID: _____ (FIRST NAME) (MI) (LAST NAME)

Indicate North



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: _____

NIPSCO Jobbing Order

SAWO (S -)

Jobbing (JO-)

No 585568

Customer Name: Mike Langel

Date: 11/14/12

Customer Acct No:

Service Address: 2430 E. Shirley Ave

City: Columbus City, IN 46225

Work Description: Repaired air service @ 2430 E Shirley Ave Columbus City, IN 46225

Type: Appliance Repair Purchase Material Relocate Services Temporary Service Energy Invest
 Long Term JO Contribution in Aid of Construction
 Claims: Insurance Vehicle Damage Number:

Reason: No Charge - ESP No Charge No Charge-Call Back Purchase Material Temporary Serv
 Time & Material T & M - ESP Firm Estimate Flat Rate Void
 Other: CIS 713035208 Working # 018-2012-1114-008

Plant Id: Regular Customer State Body Municipality Other:

Plant Gas Main Ext Gas Service Ext Electric Line Ext Electric Service Ext Street Light Serv
 Desc Elect Power Serv Undgnd Elect Serv Undgnd Distribution Public Improvement

General Ledger Class Code: Gas Jobbing General Gas Retirement WO Gas Specific WO
 Work Order No: Elect Jobbing General Elect Retirement WO Elect Specific WO Elect Temp Serv

Appliance Serviced: _____ Serial No: _____ Model No: _____
 Manufacturer: _____ Location: _____ Comments: _____

LABOR (Please use straight time hours & show conversion Rate)				EQUIPMENT			
ID No & Name	Hours	Hr Rate	Labor \$	Equip #	Hrs	Rate	Equip \$
<u>123052</u> <u>Nathaway</u>	<u>1.5</u>	<u>33.45</u>		<u>31283</u>	<u>1.5</u>		
<u>Faust</u> <u>121478</u>	<u>2.5</u>	<u>33.45</u>		<u>31003</u>	<u>2.5</u>		
			Labor Subtotal (c)				Total Equipment (b)
<u>3 1/2 hr @ OT</u>			Plus % Payroll Tax (a)				Engineering Firm Estimate:
<u>1/2 hr dt</u>			Total Labor Cost				Pre-Paid Total:

PARTS						
SIN #	Quantity	Size	Manufacturer	Description	Unit Price	Parts \$
<u>301553</u>	<u>1</u>		<u>3/8 Day Bone</u>	<u>301553</u>		
					Parts Subtotal (d)	
					Plus % Overhead (e)	
					Total Parts Cost	

CHARGES:

Service _____ (c) Labor _____

(a) Payroll Tax _____ (d) Material _____

(b) Equipment _____ (e) Overhead _____

(f) Additional _____ Material Sales Tax _____

TOTAL _____

Additional Charges	
Type	Amount
Meals	
Police Report	
Gas Loss	
Total Add'l Charge (f)	

Credit Card Name _____ Number _____ Expiration Date: / /

Customer Acknowledgement: _____ Authorization No: _____

ACTUAL HOURS	L C	ACCOUNT NUMBER	ACTIVITY NUMBER	UPGRADE JOB NO.	HOURS				BONUS CODES				UNITS	VARIANCE		EQUIP.
					MULT	CODE	1	2	3	4	CODE	HOURS		Q#	HRS.	
17 45	1	C0735396205	C6547200		15	30	N									
19 00 1/2	1	1200 W Stanton Dr Apt 5 CC	6547200		15	30	N									
19 30 1/2	2	20145396207	6547200		15	30	N									
19 45 1/4	4	2430 E Shirley Ave	6546512		15	30	N									
20 30	5	2430 E Shirley Ave	2035714		15	30	N									
50	6	Over time meal	1039917		15	30	N									
21 00	7	C0371586206	0546522		15	30	N									
22 30	8	2114 E 800 S	0546522		20	30	N									
	9															
	A															
	B															
	C															
	D															
	E															
← TOTAL		EQUIPMENT NUMBER		ODOMETER READINGS		HOUR METER READINGS		CODE		← TOTAL		SP. RATES		REPEATED RECORDS		
CLOCK HOURS TO BE PAID @		START		END		START		END		CD		RATE		DAY		
10														1		
12														/		
15														/		
20														/		
25														/		

018 2012 - 1114 - 008

TIME IN:		TIME OUT:		NIPSCO INDIVIDUAL EMPLOYEE DAILY RECORD (SD-1)				PAGE	OF	PAGES	
Employee ID Number	NAME	DATE	HRI NUMBER	SUPV. NO.	AUTH.	DEPT.					
U123032	ERIC HIRTHWAY	11/14/12	605-212-000			605-212-000					
JOB DETAIL											
ACTUAL HOURS	ACCOUNT NUMBER	ACTIVITY NUMBER	UPGRADE JOB NO.	HOURS MULT CODE	BONUS CODES	UNITS	VARIANCE	EQUIP.			
					1 2 3 4 <td>i <td>HOURS <td>Q# <td>HRS. <td></td> </td></td></td></td>	i <td>HOURS <td>Q# <td>HRS. <td></td> </td></td></td>	HOURS <td>Q# <td>HRS. <td></td> </td></td>	Q# <td>HRS. <td></td> </td>	HRS. <td></td>		
7:30	Safety Meeting	10866035		1031		1					
9:00	204 N Maple	6546522		1031		1					
10:00	802 S State ST	6546522		1031		1					
11:00	526 E Jackson	2016524		1031		1					
12:00	7467 E SSDN	6546522		1031		1					
13:00	5481 N Field Hatzberg	6547200		1031		1					
14:00	5481 N Field Hatzberg	6546512		1031		1					
14:30	1980 E Base RD	6547200		1031		1					
15:00	1131 15 W Alwood	2016585		1031		1					
15:30	12430 E Skidley	2016585		1031		1					
16:30	12430 E Skidley	2016585		1031		1					
17:00	1200 W Spanton DR	2016585		1550		1					
00:50	Med NOT TAKEN	1039917		1500		1					
18:30	1200 W Spanton	2016585		1500		1					
CLOCK HOURS TO BE PAID @		AUTOMOTIVE EQUIPMENT		ODOMETER READINGS		HOUR METER READINGS		SP. RATES		REPEATED RECORDS	
10	8:00	START	START					CD	RATE	DAY	NO. OF HOLIDAYS
12		END	END							1	1
15	3:50	START	START							1	1
20		END	END							1	1
25											
TOTAL		TOTAL		TOTAL		TOTAL		TOTAL		TOTAL	

GAS ODOF WEAK GOOD STRONG

TRACKING #/ 2430 E SHIRLEY AVE, COLUMBIA CITY
Tanecia Gholston to: Nipsco - USIC Fort Wayne
Cc: SLC Distribution Clerks

11/14/2012 03:06 PM

INDIANA 811 AND TRACKING NUMBERS FOR HIT

LINES

EFFECTIVE 2/15/12

ADDRESS: 2430 E SHIRLEY AVE

CITY: COLUMBIA CITY

RESPONDING SERVICEMAN: ERIC HATHAWAY

CIS SITE ID #: 593640000

USIC TRACKING NUMBER: 018 2012 1114 008

WMC ASSIGNER/DISPATCHER NAME: TODD BOROWY

INDIANA 811 LOCATE # (if applicable):

MAXIMO #

Updated 2/15/12

Best Regards,
Tanecia Gholston
tgholston@nisource.com



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jan 21, 2013

Who is submitting this information?

Name of person providing this information: Oscar Rios

Business address (*number and street*): 3511 E 15th Avenue

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: Mike Seigel General Contractor

Business address (*number and street*): 2400 East Schram Dr

City, State, and ZIP code: Columbia City, IN 46725

Telephone number (*area code*): 260-691-3029

Fax number (*area code*): N/A

E-mail address: N/A

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Natural Gas

Date and Location of Damage

Date of damage (*month, day, year*): Nov 14, 2012

County: Whitley

City: Columbia City

Street address (*number and street, city, state, and ZIP code*):
2430 E Shirley Ave Columbia City, IN, 46725

Nearest intersection: N Old 102

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? 1

Time to restore service (*in hours*): 5.5

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? 19

Notification, Locating, Marking

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known:

Was the locate request completed within two working days? No

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: no locates were called in _____

Was site marked by "White Lining"? No

Were special instructions part of the locate request? No

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? No

Description of Cause

Select from the list the most accurate cause for the damage: --No notification made to the one-call center

Additional Comments



Property of United States Infrastructure Corporation
Photo taken on 11/14/2012 3:30:54 PM