



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: Delbert Allen

UPPAC Database Record ID: 4382

Report Date: 7/31/2013

Investigator: Mike Orr

Damage Date: 11/21/2012

Damage Address: 238 E. Suttentfield St., Fort Wayne, Allen

The Parties

Excavator: **Delbert Allen**

Address: 3226 McCormick Ave, Fort Wayne, In 46803

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Sewer

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

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: Excavator struck and damaged an underground natural gas service while performing sewer work.

Findings: Reported by Tommy Buher (NIPSCO); excavator did not respond to initial notice mailed 2/14/2013. The excavator failed to provide notice to the association (811) prior to excavating and damaging the facility.

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

Violation: IC 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. 4382
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4382

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: 11/21/2012

Event Location: 238 E. Suttentfield St.

City: Fort Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: Delbert Allen

Other Party: N/A

Pipeline Division Case No. 4382

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. 4382	
Date of Event	11/21/2012
Event Location	238 E. Suttentfield St.
Event City	Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	Delbert Allen
Date of IURC Information Request	2/13/2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Delbert Allen
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	3226 McCormick Ave
CITY/ STATE/ZIP	Fort Wayne, IN 46803
PREFERRED TELEPHONE	260-438-6272
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	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	238 E Suttentfield St
CITY/STATE/ZIP	Fort Wayne, IN 46803
NEAREST INTERSECTION	S Clinton St
PRODUCT TYPE (Select One)	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
FACILITY TYPE (Select One)	
DISTRIBUTION	
GATHERING	
SERVICE/DROP	X
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	5/8
PRESSURE (PSIG/INCHES)	
INTERRUPTION IN SERVICE (YES/NO)	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	
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)	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)	N/A
MAPS USED TO MARK FACILITIES (YES/NO)	N/A
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	
No notification made to the one-call center	

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? Yes

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS? No

EXTENT OF FACILITY DAMAGE cut

REPLACEMENT FOOTAGE splice

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? backhoe

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jan 24, 2013

Who is submitting this information?

Name of person providing this information: Tommy Buher

Business address (*number and street*): 3511 E. 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: Delbert Allen

Business address (*number and street*): 3226 McCormick Ave

City, State, and ZIP code: Fort Wayne, IN 46803

Telephone number (*area code*): 260-438-6272

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: Sewer (Sanitary/Storm)

Date and Location of Damage

Date of damage (*month, day, year*): Nov 21, 2012

County: Allen

City: Fort Wayne

Street address (*number and street, city, state, and ZIP code*):
238 E. Suttentfield St. Fort Wayne IN 46803

Nearest intersection: S Clinton St

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*): 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? 27

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? 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: no locate marks _____

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? 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? Yes

Description of Cause

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

Additional Comments

Contractor called in 1211211987 AFTER damage occurred.

LEAK INVESTIGATION FORM

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

CIS Ticket Number: 905035202 Date Reported: 11-21-12 Time Leak Reported (Military): 10:56
LOA: Ft. Wayne GPS Coordinates: Latitude _____ N Longitude _____ W
City Name: Ft. Wayne
Address or Location: 238 E. Suttentfield 237125

Leak Location:

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

For Services Only:

Re-tested at 90 PSIG for 15 minutes

Leak Grade:

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

Leak Resolution

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

M 6/22/13

M 6/22/38

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

1st Responder: User ID: 011172 Thomas L. Gatson Leak Referred to: Repaired
(FIRST NAME) (MI) (LAST NAME)

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

Comments: Repaired cut 5/8" pl. gas service hit by contractor JO 587483

Repaired/inspected: 11-21-12 Time: 13:00 (Military) User ID: 011172 Thomas L. Gatson
MO DAY YR HR MIN (FIRST NAME) (MI) (LAST NAME)

Cause of Leak:

- A. Material or Welds
 - 1. Foulty 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)

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)

D. Excavation

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

Identification:

Contractor Crew:

Third Party Name:

Delbert Allen

Locate Information:

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

CIS Grid Number: V1-11-D Pipe Size: 5/8 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 #

G0027521

Re-evaluation Comments: _____

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

COMMENTS: Contractor cut 5/8" pl. gas service
No locates.

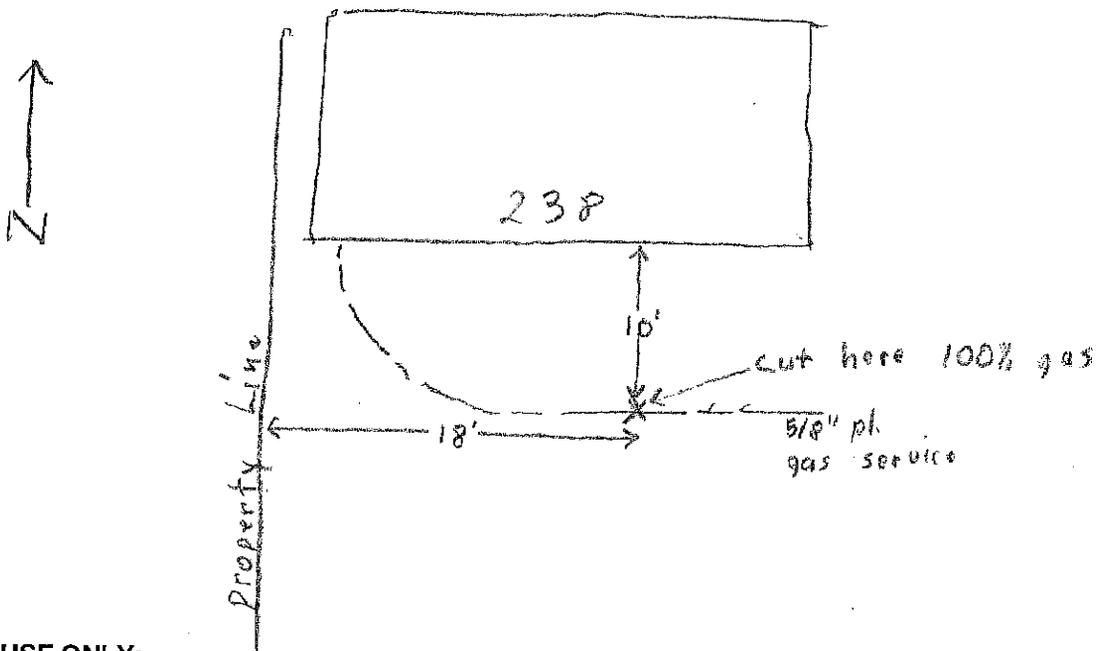
PERSON PREPARING REPORT Tom Gatzov

FIELD SUPERVISOR [Signature]

FIELD MANAGER Russell Dunn

- 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: _____

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Ft. Wayne MAXIMO WO# N612238
OPERATING AREA CONTACT Jason Hauer JOB ORDER # 587483
TRACKING NUMBER 018-2012-1121-005 LOCATE REF # N/A
Locate Performed By: USIC

DATE AND TIME OF ACCIDENT 11-21-12 2010:46 ^A M DATE OF REPORT 11-21-12
PLACE OF DAMAGE (INCLUDE CITY) 238 E. Suttentfield Ft Wayne In 46803

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

OTHER (DESCRIBE) _____
GAS: SERVICE () MAIN () SIZE 5/8 MATERIAL: PLASTIC () STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE) _____

DEPTH OF FACILITY (inches) 20" 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: 1

DURATION OF INTERRUPTION: TIME REPORTED 10:56 TIME SHUT OFF 11:20 TIME RESTORED 12:10

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

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

PARTY THAT CAUSED DAMAGES (NAME) Delbert Allen Phone # 438-6272

ADDRESS OF PARTY (INCLUDE CITY) 3226 McCormick

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Delbert Allen

WITNESS NAME AND ADDRESS Tom Gatson

WITNESS REMARKS No locates, Contractor cut 5/8" pl. service

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

FIRE () AGENCY _____ REPORT # _____

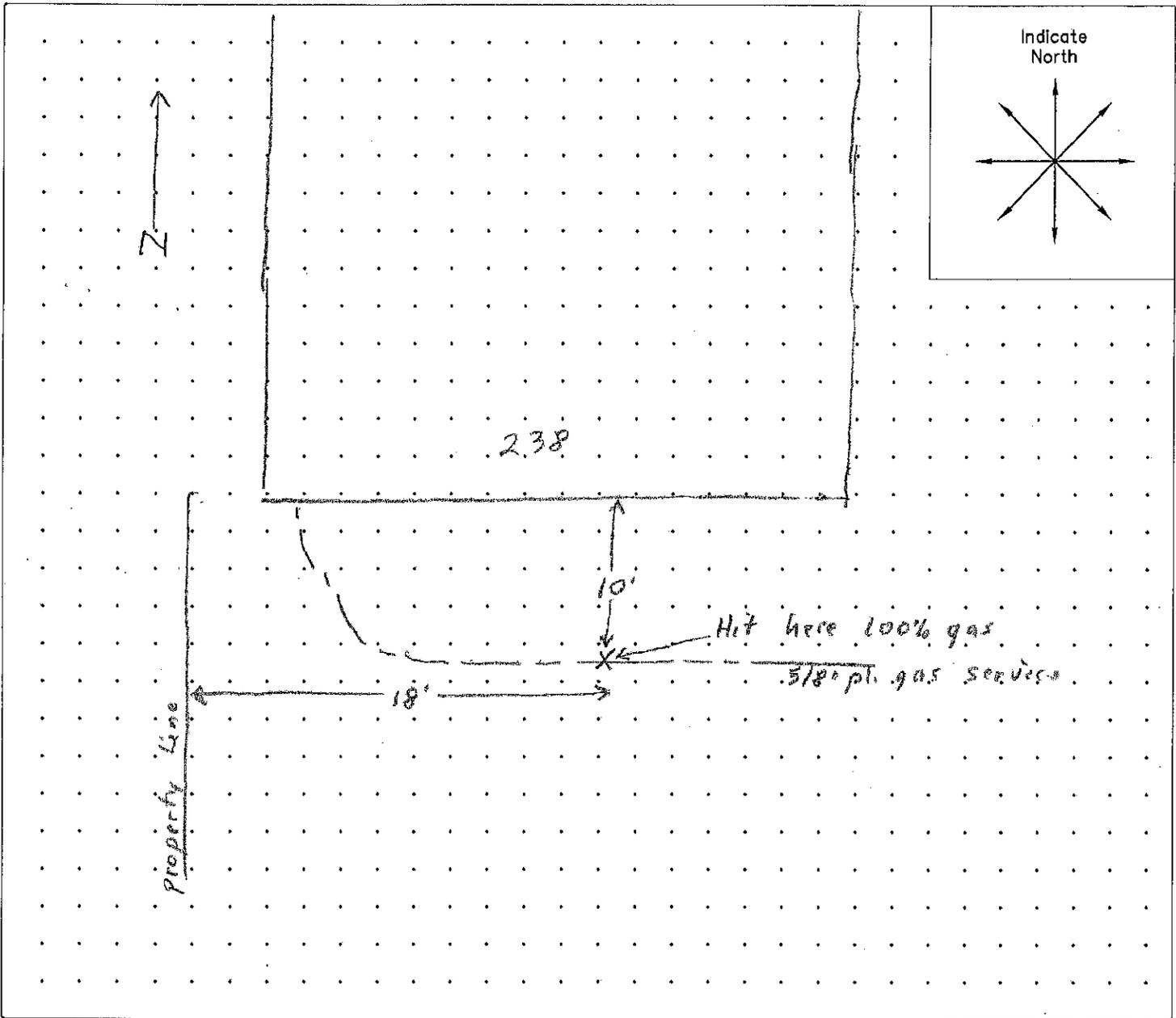
OTHER () _____ Any Injuries? () YES # _____ () NO

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

- WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW
- | | | | |
|-------------------------|----------------|-------------------|------------------------|
| () 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 _____ |



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 587483

Customer Name: Dalbert Allon Date: 11/21/12 Customer Acct No: _____
 Service Address: 3226 McCormick City: Warren In. 46803
 Work Description: Repaired cut 5/8" pli gas service cut by Contractor @ 238 E Sutherland Warren In 46803

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: 015 905 035202 Working 018-2012-1121-005
 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 \$
011172	2.75	32.41		30956-22	2		
Labor Subtotal (c) _____ Plus % Payroll Tax (a) _____ Total Labor Cost _____				Total Equipment (b) _____ Engineering Firm Estimate: _____ Pre-Paid Total: _____			

PARTS																
SIN #	Quantity	Size	Manufacturer	Description	Unit Price	Parts \$										
301553	1	5/8 x 12		Repair Coupling												
Parts Subtotal (d) _____ Plus % Overhead (e) _____ Total Parts Cost _____					Additional Charges <table border="1"> <thead> <tr> <th>Type</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Meals</td> <td></td> </tr> <tr> <td>Police Report</td> <td></td> </tr> <tr> <td>Gas Loss</td> <td></td> </tr> <tr> <td>Total Add'l Charge (f)</td> <td></td> </tr> </tbody> </table>		Type	Amount	Meals		Police Report		Gas Loss		Total Add'l Charge (f)	
Type	Amount															
Meals																
Police Report																
Gas Loss																
Total Add'l Charge (f)																

CHARGES:

Service _____ (c) Labor _____
 (a) Payroll Tax _____ (d) Material _____
 (b) Equipment _____ (e) Overhead _____
 (f) Additional _____ Material Sales Tax _____
 TOTAL _____

Credit Card Name _____ Number _____ Expiration Date: ____/____/____

Customer Acknowledgement: _____ Authorization No: _____

Employee ID Number 011172 NAME Thomas Gatson DATE 11/21/12 HRI NUMBER 605-212-000 SUPV. NO. AUTH. *PR*

JOB DETAIL

ACTUAL HOURS	LOC	ACCOUNT NUMBER	ACTIVITY NUMBER	UPGRADE JOB NO.	DEPT.	HOURS MULT CODE	BONUS CODES				UNITS	VARIANCE			EQUIP. HRS.
							1	2	3	4		CODE	HOURS	Q#	
07 30	1		Yards - safety			10-31					1				
07 45															
09 50	2		Yards - Inventory			10-31					1				
10 53	3		2210 Eby Ave			10-31									
11 15	4		2338 E. Sutton Field			10-31					1				
12 30	5		2338 E. Sutton Field			10-31					1				
13 30	6		2338 E. Sutton Field			10-31					1				
14 00	7		Lunch			10-31									
15 00	8		1331 Fay			10-31					1				
16 00	9		1315 Scott			10-31					1				
	A		Travel Time		1/2	15:30									
	B														
	C														
	D														
	E														
TOTAL															

CLOCK HOURS TO BE PAID		AUTOMOTIVE EQUIPMENT		ODOMETER READINGS		HOUR METER READINGS		SP. RATES		REPEATED RECORDS	
		Q #	EQUIPMENT NUMBER	START	END	START	END	CD	RATE	DAY	NO. OF HOLIDAYS
10	8 00			183318	9379	183356	9382			1	1
12											
15	0 50		30956-22							1	1
20											
25											



TRACKING # / 238 E SUTTENFIELD ST, FT WAYNE
Amber Ferguson to: Nipsco - USIC Fort Wayne
Cc: SLC Distribution Clerks

11/21/2012 11:13 AM

INDIANA 811 AND TRACKING NUMBERS FOR HIT LINES
EFFECTIVE 2/15/12

ADDRESS: 238 E SUTTENFIELD ST

CITY: FT WAYNE

RESPONDING SERVICEMAN: THOMAS GATSON

CIS SITE ID #: 334540003

USIC TRACKING NUMBER: 018 2012 1121 005

WMC ASSIGNER/DISPATCHER NAME: TODD BOROWY

INDIANA 811 LOCATE # (if applicable):

MAXIMO #

Updated 2/15/12

Amber Ferguson | WMC – Distribution Clerk
NIPSCO | 801 E. 86th Avenue, Merrillville, IN 46410

Asset: 237125 LEAK 0.625 1125 11212012 00154488
Include Children? Refresh

Work Orders Preventive Maintenance Routes

WO Group	Task	Is Task?	Description	Location	Asset	Class	Status	Priority	Target Start
M612213		N	REPAIR SERVICE 249 E SUTTENFIELD S...	L237125	237125	WORKORDER	FCOMP	0	
M612213	10	Y	Plastic Serv Repair Soft - Dist - Facility Ma...	L237125	237125	ACTIVITY	FCOMP	0	
M612213	20	Y	Plastic Serv Repair Soft - Dist - Call Locates	L237125	237125	ACTIVITY	FCOMP	0	
M612213	30	Y	Plastic Serv Repair Soft - Dist - O&M Repl...	L237125	237125	ACTIVITY	FCOMP	0	
M612213	40	Y	Plastic Serv Repair Soft - Dist - O&M Site ...	L237125	237125	ACTIVITY	FCOMP	0	
M612238		N	3RD PARTY DAMAGE, 236 E SUTTENFIE...	C0334540003	237125	WORKORDER	RASSIGN	0	

OK



Property of United States Infrastructure Corporation
Photo taken on 11/21/2012 2:41:12 PM



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jan 24, 2013

Who is submitting this information?

Name of person providing this information: Tommy Buher (NIPSCo)

Business address (*number and street*): 3511 E. 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: Delbert Allen

Business address (*number and street*): 3226 McCormick Ave

City, State, and ZIP code: Fort Wayne, IN 46803

Telephone number (*area code*): 260-438-6272

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: Sewer (Sanitary/Storm)

Date and Location of Damage

Date of damage (*month, day, year*): Nov 21, 2012

County: Allen

City: Fort Wayne

Street address (*number and street, city, state, and ZIP code*):
238 E. Suttentfield St.

Nearest intersection: S Clinton St

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*): 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? 27

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? 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: no locate marks _____

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? 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? Yes

Description of Cause

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

Additional Comments

Contractor called in 1211211987 AFTER damage occurred.