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: Ronald S. Bunt, Inc

UPPAC Database Record ID: 4383

Report Date: 3/21/2013 Investigator: Howard Friend

Damage Date: 11/23/2012 Damage Address: 3927 Eggman Road, Fort Wayne, Allen

The Parties

Excavator: **Ronald S. Bunt, Inc**

Address: 10702 Buss Road, Fort Wayne, In 46818

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas Facility Function: Service/Drop

Type of Equipment: Auger Type of Work Performed: Landscaping

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: A natural gas line was damaged during excavation for landscaping.

Findings: Reported by Carrie Ludwig (NIPSCo); excavator's response to initial notice was received on 2/28/2013. 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. 4383
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4383

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: 11/23/2012

Event Location: 3927 Eggman Road

City: Fort Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: Ron Bunt

Other Party: N/A

Pipeline Division Case No. 4383

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. 4383	
Date of Event	11/23/2012
Event Location	3927 Eggeman Road
Event City	Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	Ron Bunt
Date of IURC Information Request	2/13/2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Ron Bunt
RESPONSIBLE PARTY PERSONAL NAME	Ron Bunt
TITLE (IF ANY)	
ADDRESS	10702 Bass Rd
CITY/ STATE/ZIP	Fort Wayne, IN 46818
PREFERRED TELEPHONE	260-437-3892
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	927 Eggeman Rd
CITY/STATE/ZIP	Fort Wayne, IN 46814
NEAREST INTERSECTION	Aboite Center Rd
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)	45
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	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scrapper	
Hand Tools	X
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	X
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)	N/A
EXCAVATOR "WHITE LINED" (YES/NO)	NO
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 NIPSCO Emergency Repair Ticket# 1211230487	

Facility: Transmission Lines; Folder: N/A; Assigned To: N/A

```
NIPSCO 00193 IUPPSa 11/23/2012 16:02:52 1211230487-00A EMER NEW  GRID

EMERGENCY EMERGENCY

Ticket : 1211230487 Date: 11/23/2012 Time: 15:58 Oper: AHUNTER Chan:037

State: IN Cnty: ALLEN Twp: ABOITE
Cityname: FORT WAYNE  Inside: Y Near: N
Subdivision:

Address : 3927
Street  : EGGEMAN RD
Cross 1 : ABOITE CENTER RD   Within 1/4 mile: Y
Location: LOCATE-- THE ENTIRE PROPERTY
:
Grids   : 4102B8517B   4102A8517B
Boundary: n 41.048939    s 41.044846    w -85.294373    e -85.291908

Work type : REPAIR GAS MAIN
Done for  : NIPSCO
Start date: 11/23/2012  Time: 16:00  Hours notice: 0/0  Priority: EMER
Ug/Oh/Both: U  Blasting: N  Boring: N  Railroad: N  Emergency: Y
Duration  : 1 DAY         Depth: 4 FEET

Company : NIPSCO  Type: MEMB
Co addr : 801 EAST 86TH AVENUE
City    : MERRILLVILLE State: IN Zip: 46410
Caller  : DANIEL LOPEZ Phone: (219)647-4701
Contact : JASON OTIS - CELL Phone:
BestTime:
Mobile  : (260)241-3246
Fax     : (219)647-4764

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

Submitted date: 11/23/2012 Time: 15:58
Members: AQUA   CC     ID5792 ID6111 ID8000 NIPSCO SM
```

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Jason Hauer MAXIMO WO #

OPERATING AREA CONTACT JASON OTS JOB ORDER # 564459

TRACKING NUMBER 01820121123007 LOCATE REF #

Locate Performed By:

DATE AND TIME OF ACCIDENT 11-23 2012, 3:18 PM DATE OF REPORT 11-23-12

PLACE OF DAMAGE (INCLUDE CITY) 3927 Eggman Rd Ft Wayne In

DAMAGE WAS TO:

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

OTHER (DESCRIBE)

GAS: SERVICE ( ) MAIN (X) SIZE 2" MATERIAL: PLASTIC (X) STEEL ( ) METER ( ) REG STATION ( ) STUB ( )

OTHER (DESCRIBE)

DEPTH OF FACILITY (Inches) 25" PRESSURE (PSI) 45 Lbs.

RELEASE OF GAS: YES (X) NO ( ) 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 3:18 PM EST TIME SHUT OFF 1733 EST TIME RESTORED 18:30

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 2" cut

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) Ron Burt

ADDRESS OF PARTY (INCLUDE CITY) 10707 Buss Rd Ft Wayne In 46818

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Ron Burt - 437-3892

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

TYPE OF EQUPMENT USED – CHECK APPROPRIATE CHOICE BELOW

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

REASON DAMAGE OCCURRED– CHECK APPROPRIATE CHOICE BELOW

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

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

COMMENTS: Landscaper pulling tree in, hit 2" plastic main with tree spade

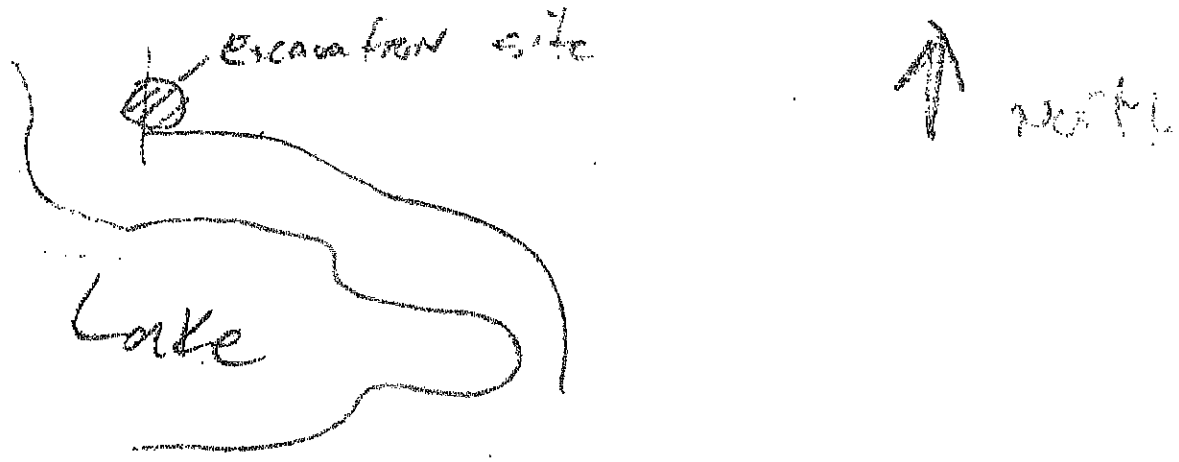
PERSON PREPARING REPORT O. Culver

FIELD SUPERVISOR J. Otis

FIELD MANAGER Raymond 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: _____

DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Jan 16, 2013

Who is submitting this information?

Name of person providing this information: Carrie Ludwig

Business address *(number and street)*: 3511 East 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: Ron Bunt

Business address *(number and street)*: 10702 Buss Road

City, State, and ZIP code: Fort Wayne, IN 46818

Telephone number *(area code)*: (219) 437-3892

Fax number *(area code)*:

E-mail address:

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Unknown/Other

Type of work performed: Landscaping

Date and Location of Damage

Date of damage (*month, day, year*): Nov 23, 2012

County: Allen

City: Fort Wayne

Street address (*number and street, city, state, and ZIP code*):
3927 Eggman Road, Fort Wayne, IN 46814

Nearest intersection: _____

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? _____

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: _____

Enter number of fatalities, if applicable and known: _____

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? 25

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:

If other, please specify: _____

Was site marked by "White Lining"?

Were special instructions part of the locate request?

Were maps used to complete the locate request?

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: --No notification made to the one-call center

---

Additional Comments

Emergency Ticket # 1211230487

Fact Based Investigation Report

NOTIFICATION ID: 01820121123007 DISTRICT: Northern IN
DAMAGE DATE: 11/23/2012 12:00:00 AM NOTIFICATION DATE: 11/23/2012 4:07:41 PM
NOTIFIED BY: DAN Facility Owner
DAMAGE ADDRESS: 3927 EGGEMAN RD
CITY: FORT WAYNE ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 11/23/2012
FROM: 17:00:00 TO: 18:00:00

EXCAVATOR INVOLVED: Homeowner
TYPE OF EXCAVATION: trees

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

DIG UP/DAMAGE REQ.: M71681257 START DATE/TIME:

PICTURES TAKEN BY: eric blanton DATE/TIME: 11/23/2012 5:00:00 PM
PHOTOGRAPHY TYPE: Digital FRAME #: n/a

INVESTIGATOR EMP#: 132334 INVESTIGATOR NAME: ERIC BLATON
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820121123007
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF FACILITY ID: Gas Main
LOCATOR NAME & EMP #: Blanton Eric - 134735
LOCATOR NOT KNOWN:

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:
HOME OWNER FAILED TO CALL IN A LOCATE REQUEST. USING A TREE SPADE AND HIT A GAS LINE.

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?	Yes
WAS THE EXCAVATION WITHIN THE TOLERENCE ZONE OF MARKS?	Yes
EXTENT OF FACILITY DAMAGE	CUT MAIN
REPLACEMENT FOOTAGE	3
WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?	No
WHAT CONTRACTOR EQUIPMENT WAS USED?	N/A
IS THE FACILITY SHOWN ON THE UTILITY RECORDS?	Yes
IF YES, PLEASE LIST RECORD #(S)	NIPSCO

Property of United States Infrastructure Corporation
Photo taken on 11/23/2012 5:06:30 PM

RECEIVED
FEB 28 2013
INDIANA UTILITY
REGULATORY COMMISSION

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4383

Your Full Name: ronald s bunt

Full Name of Business / Entity (*if applicable*): ronald s bunt, inc

Your Business Title (*if applicable*): president

Address (*number and street*): 10702 bass road

City: fort wayne State: in ZIP Code: 46818

Your E-mail Address: rbuntinc@aol.com

Today's Date (*month, day, year*): 2/26/2013

Your Signature: Title (*if any*) President

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 4383
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov

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

property was previously marked by building contractor, we were working deep into the property and did not realize that there was or even could be utilities there. The gentleman from the gas company could not believe it was there. It does not excuse my neglect to call 811, definitely a learning experience after 25 years in the business.

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

Case Number: 4383

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: ronald s bunt inc

Responsible Party Personal Name: ron bunt

Title (*if any*): president

Address (*number and street*): 10702 bass road

City, State and ZIP Code: fort wayne in 46818

Preferred Telephone Number (area code): 260-625-4433

Cellular Telephone Number (area code):

Email Address: rbuntinc@aol.com

Facility Information:

Business Name: NIPSCo

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: _____

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)*: Auger

Type of Work Performed *(select one)*: Landscaping

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

Personal Contact: _____

Business/Organization 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: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): 3927 eggeman road

City, State and ZIP Code: fort wayne in 46814

Nearest Intersection: aboite center road

Product Type *(select one)*: Natural Gas

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

Size (Diameter/etc.): 2 inch

Pressure (PSIG/Inches): _____

Interruption in Service: ☒ Yes ☐ No **Number of Customers Affected:** 2

Evacuation: ☐ Yes ☒ No **If yes, How Many Evacuated?** _____

Repair Cost (if known): $ 1,350

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: _____

INDIANA UTILITY REGULATORY COMMISSION
101 W WASHINGTON ST STE 1500
INDIANAPOLIS, IN 46204-2764

9207 1901 0661 5400 0012 1768 13

4383

RON BUNT
10702 BASS RD
FORT WAYNE, IN 46818-9607

211

CUT / FOLD HERE

6"X9" ENVELOPE
CUT / FOLD HERE

CUT / FOLD HERE