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: Hillside Rentals

UPPAC Database Record ID: 4412

Report Date: 3/28/2013 Investigator: Howard Friend

Damage Date: 12/17/2012 Damage Address: 1032 Rivermet Ave, Fort Wayne, Allen

The Parties

Excavator: **Hillside Rentals**

Address: 1032 Rivermet Ave, Fort Wayne, In 46805

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: 2

Injuries: 0 Fatalities: 0 Repair Cost (if known): $162

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 of a sewer line.

Findings: Reported by Tommy Buher (NIPSCo); excavator's response to initial notice was received on 3/18/2013. The excavator failed to provide notice of excavation. They reported the sewer was backing up into the house and they could not wait for two (2) days for a locate.

Conclusion: There was a failure to provide notice of excavation. As a property manager they may face this problem in the future. They need to understand if and when an emergency locate request may be appropriate.

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

150 West Market Street, Suite 600
Indianapolis, IN 46204

March 13, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov
Pipeline Safety Division – Case No. 4412
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4412

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: 12/17/2012

Event Location: 1032 Rivermet Ave

City: Fort Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: Daniel Bobay

Other Party: N/A

Pipeline Division Case No. 4412

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. 4412	
Date of Event	12/17/2012
Event Location	1032 Rivermet Ave
Event City	Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	Daniel Bobay
Date of IURC Information Request	2/13/2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Daniel Bobay
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	1032 Rivermet Ave
CITY/ STATE/ZIP	Fort Wayne, IN 46805
PREFERRED TELEPHONE	260-755-2108
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	1032 Rivermet Ave
CITY/STATE/ZIP	Fort Wayne, IN 46805
NEAREST INTERSECTION	Oneida 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)	Y
NUMBER OF CUSTOMERS AFFECTED	2
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	
Sewer (Sanitary/Storm)	X
Site Development	
Steam	
Storm Drain/Culvert	
Street Light	
Telecommunications	
Traffic Signal	
Traffic Sign	
Water	
Waterway Improvement	
Unknown/Other	
RELEASE OF PRODUCT (YES/NO)	Y
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	N
LOCATE INFORMATION:	

EXCAVATOR REQUEST LOCATE (YES/NO)	N
INDIANA 811 LOCATE TICKET NUMBER	N/A
LOCATE MARKS VISIBLE (YES/NO)	N
LOCATE MARKS CORRECT (YES/NO)	N
EXCAVATOR "WHITE LINED" (YES/NO)	N
MAPS USED TO MARK FACILITIES (YES/NO)	N
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	N
INCIDENT IMPACT INFORMATION	
NUMBER OF OUTPATIENT TREATED	
NUMBER OF INPATIENT TREATED	
NUMBER OF FATALITIES	
FIRE DEPARTMENT RESPONSE (YES/NO)	Y
POLICE DEPARTMENT RESPONSE (YES/NO	
AMBULANCE RESPONSE (YES/NO)	
ADDITIONAL INFORMATION/COMMENTS	
No notification made to the one-call center	

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA FW MAXIMO WO # M632368

OPERATING AREA CONTACT James A Craig JOB ORDER # 587774

TRACKING NUMBER 011 2012 1217007 LOCATE REF # _____

Locate Performed By: _____ CIS# 1460452106

DATE AND TIME OF ACCIDENT 12/17/2012 2012 1142 AM DATE OF REPORT 12/17/12

PLACE OF DAMAGE (INCLUDE CITY) 1032 Rivermet FORT WAYNE

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) 19" PRESSURE (PSI) 32 Lbs.

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

INTERRUPTION OF SERVICE: YES (✓) NO ( ) NUMBER OF CUSTOMERS LOST: 2

DURATION OF INTERRUPTION: TIME REPORTED 1142 TIME SHUT OFF 1200 TIME RESTORED 1347

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: Severed ("2")

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

PARTY THAT CAUSED DAMAGES (NAME) Hillside Rentals

ADDRESS OF PARTY (INCLUDE CITY) ?

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Daniel Bobay Customer 1032 Rivermet

WITNESS NAME AND ADRESS _____

WITNESS REMARKS _____

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

FIRE (✓) AGENCY Was onsite 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

( ) AGRIGULTURE/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 EQUPMENT 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 _____

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

COMMENTS :

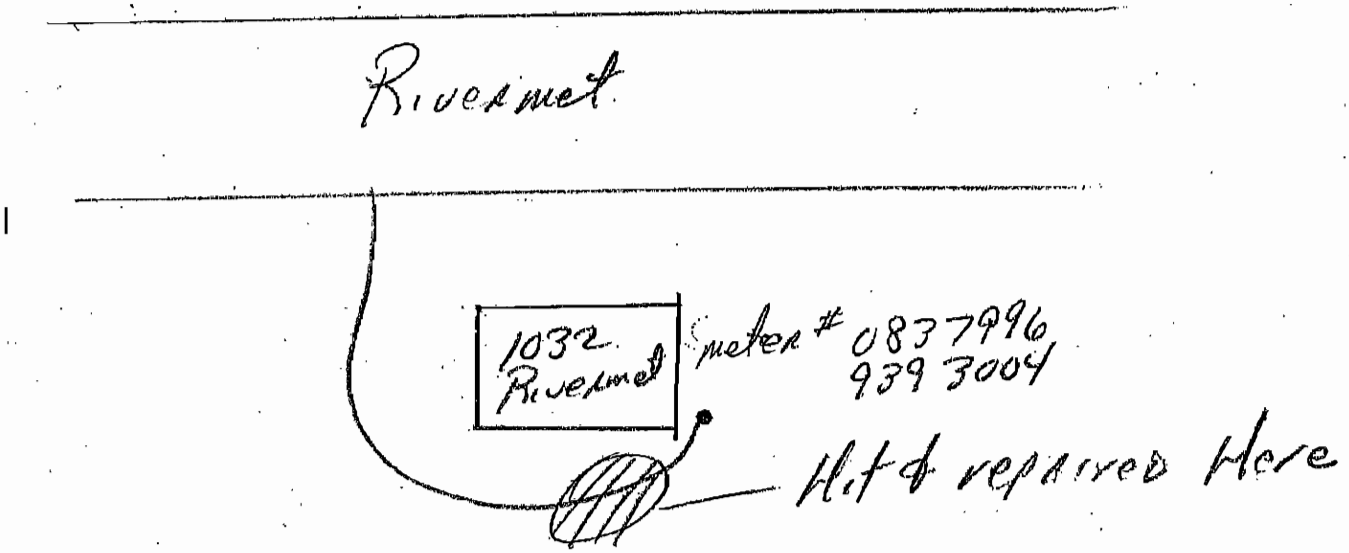
PERSON PREPARING REPORT

FIELD SUPERVISOR Dwight Wagner

FIELD MANAGER Randell 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 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: Daniel Bobay

Business address *(number and street)*: 1032 Rivermet Ave

City, State, and ZIP code: Fort Wayne, IN 46805

Telephone number *(area code)*: 260-804-3649

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

E-mail address: N/A

Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Sewer (Sanitary/Storm)

Date and Location of Damage

Date of damage (*month, day, year*): Dec 17, 2012

County: Allen

City: Fort Wayne

Street address (*number and street, city, state, and ZIP code*):
1032 Rivermet Ave, Fort Wayne, IN 46805

Nearest intersection: N/A

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? No

If yes, how many affected? 0

Time to restore service (*in hours*): 2

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: N/A

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 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? 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

Fact Based Investigation Report

NOTIFICATION ID: 01820121217007 **DISTRICT:** Northern IN
DAMAGE DATE: 12/17/2012 10:45:00 AM **NOTIFICATION DATE:** 12/18/2012 7:44:03 AM
NOTIFIED BY: JOEL DEJESUS Facility Owner
DAMAGE ADDRESS: 1032 RIVERMET AVE X ONEIDA ST
CITY: FORT WAYNE **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 12/18/2012
FROM: 00:00:00 **TO:** 00:00:00

EXCAVATOR INVOLVED: unknown
TYPE OF EXCAVATION: unknown

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

DIG UP/DAMAGE REQ.: M73901395 **START DATE/TIME:**

PICTURES TAKEN BY: na **DATE/TIME:** 12/18/2012 12:00:00 AM
PHOTOGRAPHY TYPE: Digital **FRAME #:**

INVESTIGATOR EMP#: 131988 **INVESTIGATOR NAME:** Kevin C Thomas
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? Possibly

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820121217007
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

Other: no such address

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:
no address that matches description. searched back to 11-1 and there are no tickets for this address.

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

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)

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Excavator Information, if known

Full name: Daniel Bobay

Business address *(number and street)*: 1032 Rivermet Ave

City, State, and ZIP code: Fort Wayne, IN 46805

Telephone number *(area code)*: 260-804-3649

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

E-mail address: N/A

Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Sewer (Sanitary/Storm)

Date and Location of Damage

Date of damage (*month, day, year*): Dec 17, 2012

County: Allen

City: Fort Wayne

Street address (*number and street, city, state, and ZIP code*):
1032 Rivermet Ave

Nearest intersection: N/A

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? No

If yes, how many affected? 0

Time to restore service (*in hours*): 2

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 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? 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

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

RECEIVED
MAR 18 2013
INDIANA UTILITY
REGULATORY COMMISSION

Case Number: 9912

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: HILLSIDE RENTALS

Responsible Party Personal Name: DAN BOBAY / MIKE ANDERSON

Title (*if any*): RENTAL AGENT Property MANAGER

Address (*number and street*): 1032 RIVERMET

City, State and ZIP Code: FT. WAYNE IN

Preferred Telephone Number (area code):

Cellular Telephone Number (area code): 260-715-0541

Email Address: dBobay7@yahoo.com

Facility Information:

Business Name: HILLSIDE RENTALS LLC

Responsible Party Personal Name: MIKE ANDERSON

Title (*if any*): ~~OWNER~~ PROPERTY MANAGER

Address (*number and street*): 835 W. BERRY ST

City, State and ZIP Code: FT. WAYNE IN 46802

Preferred Telephone Number (area code): 260-918-7368

Cellular Telephone Number (area code): 260-918-7368

Email Address: ANDERSON1170@MSN.COM

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)*: MINI EXCAVATOR

Type of Work Performed *(select one)*: TO DIG 8' TRENCH FOR SEW LINE REPAIR

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

Personal Contact: DON BOBAY

Business/Organization Name: HILLSIDE RENTALS

Title (*if any*): PROPERTY SUPERINTENDENT

Address (*number and street*): 1232 W JEFFERSON

City, State and ZIP Code: FT. WAYNE IN 46802

Preferred Telephone Number (area code): 260-410-0883

Cellular Telephone Number (area code): _____

Email Address: donney1@hotmail.com

Utility Line Impact

Location of Damage:

Address (*number and street*): 1832 RIVERMET

City, State and ZIP Code: FT. WAYNE IN

Nearest Intersection: BETWEEN DEARBORN & ONEIDA

Product Type *(select one)*: RESIDENTIAL HOUSE

Facility Type *(select one)*: DUPLEX UPPER & LOWER

Size (Diameter/etc.): _____

Pressure (PSIG/Inches): _____

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

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

Repair Cost (if known): $ 161.51

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: _____

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: _____

Number of Inpatient Treated: _____

Number of Fatalities: _____

Fire Department Response: ☒ Yes ☐ No

Police Department Response: ☐ Yes ☐ No

Ambulance Response: ☐ Yes ☐ No

Additional Information / Comments

THE GAS METER'S ALE LOCATED ON THE S.E. SIDE of the HOUSE. THE MAIN GAS LINE IS AT THE STREET. THE SEWER WAS plugged up AND BACKING UP into the BASEMENT. A-1 SEWER SERVICE Found A OLD CLEAN out CAP IN PIPE. So WE HAd to Dig DOWN 2' WIDE, ABout 4' To 8' LONG APROX 8' DEEP, WE DID NOT HAVE much of A CHOICE other than to Dig up the PIPE AND DID NOT HAVE 2 DAYS for LOCATION. WHO IN the WORLD WOOD of though SOMEON IN their Right MIND WOULD of Though NIPSCO WOULD of DONE WHAT they DID.

SEE other SIDE.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4412

Your Full Name: Don J. Bobay

Full Name of Business / Entity (*if applicable*): Hillside Rentals LLC

Your Business Title (*if applicable*): Property Superintendent

Address (*number and street*): 1232 W. Jefferson Blvd.

City: Ft. Wayne State: IN ZIP Code: 46802

Your E-mail Address: donney1@hotmail.com

Today's Date (*month, day, year*): 3-13-13

Your Signature: Don Bobay Title (*if any*) Property Superintendent

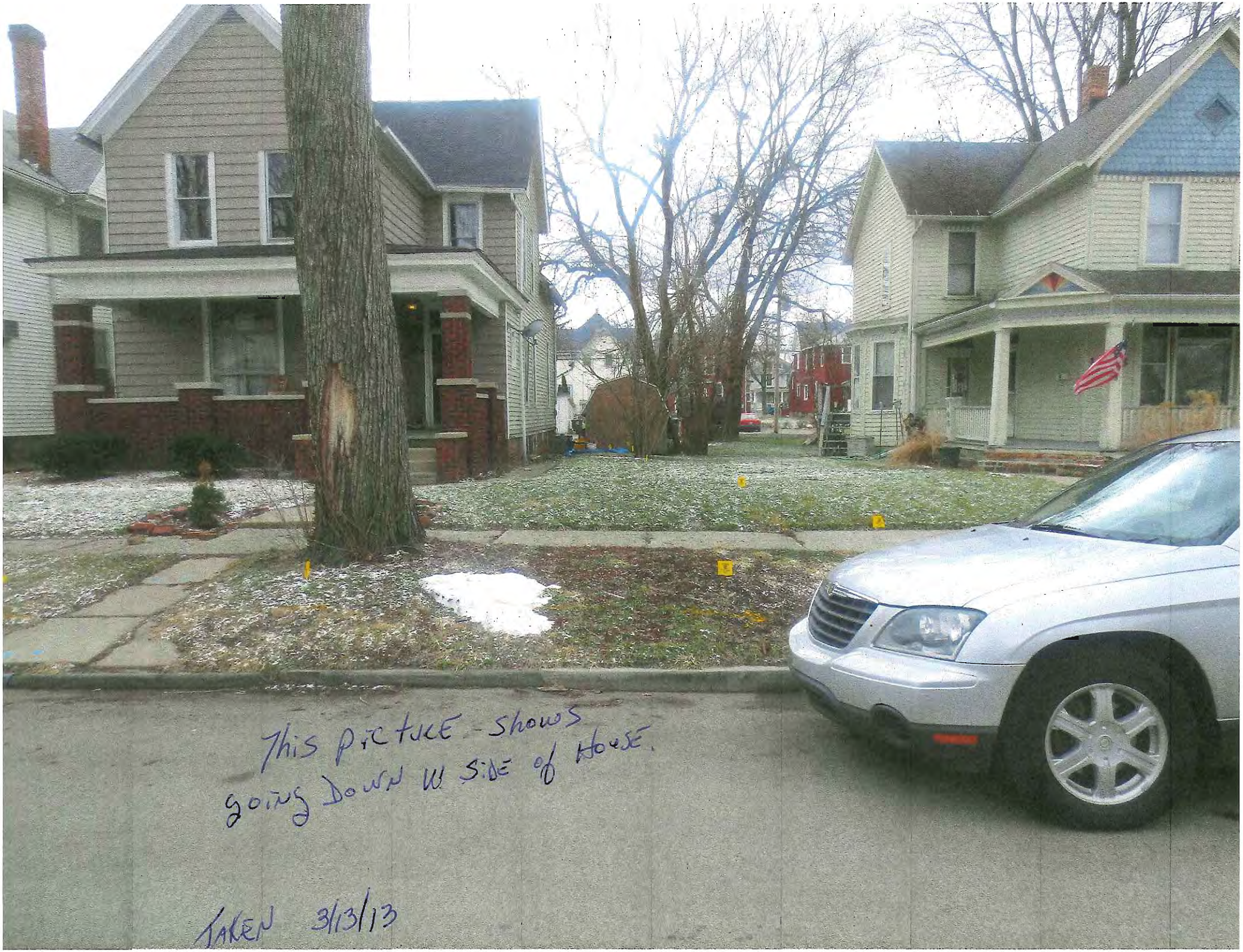
Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 4412
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov

1032 Main
E
N
W
Taken 3/13/13


This picture - shows
going down W side of House.
TAKEN 3/13/13

~~EAST~~
WEST SIDE OF
HOUSE

See next Page
East side of House,
Taken 3/13/13

EAST SIDE of HOUSE
TAKEN
3/13/13

Taken
3/13/14
East
side of house
South

TAKEN
3/13/13
NEW METER
CHANGED
WAS
DAMAGED

EAST SIDE of
HOUSE
TAKEN 3/13/13

Burn pit
SEWER CLEAN OUT
WAS AT This LINE AT: 8 to 10" DEEP
South
3/13/13

TAKEN
3/18/13
CARS AT
THIS LOCATION

SnowEx

DIRECTV
KTI
TAKEN
3/13/13
SOUTH TO EAST FLOW BOTH SIDES
OF HOUSE.

Northern Indiana Public Service Company
DAMAGE CLAIM BILL

CLAIM NO.: 12 2525 JOB ORDER NO.: 587774 DATE: January 09, 2013

Daniel Bobay
1032 Rivermet Avenue
Fort Wayne, IN 46805

PAYMENT DUE 28 DAYS FROM ABOVE DATE.
PLEASE MAKE REMITTANCE PAYABLE TO:
NORTHERN INDIANA PUBLIC SERVICE COMPANY
801 E. 86TH AVENUE
MERRILLVILLE, INDIANA 46410-6271
ATTENTION: FACILITY DAMAGES RECOVERY

AMOUNT REMITTED	AMOUNT DUE
	~~$ 161.51~~

PLEASE DETACH HERE AND RETURN THIS PORTION WITH PAYMENT

DATE	DESCRIPTION	AMOUNT
12/17/12	Expense incurred as the result of damage to NIPSCO facilities located in the vicinity of 1032 Rivermet Avenue, Fort Wayne, Indiana, by the above.	
	LABOR:	$ 138.38
	MATERIAL:	8.38
	EQUIPMENT:	11.00
	GAS LOSS:	3.75
	TOTAL EXPENSE:	**$ 161.51**

Allen Co. Wayne Township March 6 24th 1303 0404 4 3/13/13 2nd Notice Concast NIPSCO Janitor

If you have any questions regarding this bill, please contact Mary Lechowicz, Leader Facility Damages, at 219-647-4033 or 1-800-884-2684

811 Know what's below. Call before you dig.

Northern Indiana Public Service Company
DAMAGE CLAIM BILL

CLAIM NO.: 12 2525 JOB ORDER NO.: 587774 DATE: January 09, 2013