



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: **Ruich Brothers Landscaping**

UPPAC Database Record ID: 4413

Report Date: 7/17/2013

Investigator: Howard Friend

Damage Date: 12/27/2012

Damage Address: 1720 Autumn Run, Fort Wayne, Allen

The Parties

Excavator: **Ruich Brothers Landscaping**

Address: 7124 Goshen Road, Fort Wayne, In 46808

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Hand Tools

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): \$896

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 landscaping work.

Findings: Reported by Oscar Rios (NIPSCO); excavator's response to initial notice was received on 5/22/2013. The excavator reported the damage was caused by a metal T-Post that was driven into the ground to support a small tree.

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 13, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4413
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4413

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: 12/27/2012

Event Location: 1720 Autumn Run

City: Fort Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: Corinne Meinert

Other Party: N/A

Pipeline Division Case No. 4413

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. 4413	
Date of Event	12/27/2012
Event Location	1720 Autumn Run
Event City	Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	Corinne Meinert
Date of IURC Information Request	2/13/2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	
RESPONSIBLE PARTY PERSONAL NAME	Corinne Meinert
TITLE (IF ANY)	
ADDRESS	1720 Autumn Run
CITY/ STATE/ZIP	Fort Wayne / IN / 46804
PREFERRED TELEPHONE	(260) 438-7027
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	1720 Autumn Run Lot 20
CITY/STATE/ZIP	Fort Wayne / IN / 46804
NEAREST INTERSECTION	Auburn Road
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.)	3/4"
PRESSURE (PSIG/INCHES)	
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	N
IF YES, HOW MANY EVACUATED	
REPAIR COST (IF KNOWN) (\$)	
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
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)	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	
LOCATE MARKS VISIBLE (YES/NO)	N
LOCATE MARKS CORRECT (YES/NO)	
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	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FATALITIES	0
FIRE DEPARTMENT RESPONSE (YES/NO)	N/A
POLICE DEPARTMENT RESPONSE (YES/NO)	N/A
AMBULANCE RESPONSE (YES/NO)	N/A
ADDITIONAL INFORMATION/COMMENTS	
<p>No notification made to the one-call center (no locate requested).</p> <p>Emergency ticket# 1212271545.</p>	

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA: Angola MAXIMO WO# C0183707206
OPERATING AREA CONTACT J. Thomas JOB ORDER # 735545209
TRACKING NUMBER 01820121227006 LOCATE REF # No Locates
Locate Performed By: _____

DATE AND TIME OF ACCIDENT 12/27 2012 M DATE OF REPORT 12/27/12
PLACE OF DAMAGE (INCLUDE CITY) 1720 Autumn Run

DAMAGE WAS TO:

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

OTHER (DESCRIBE) _____

GAS: SERVICE MAIN () SIZE 3/4 MATERIAL: PLASTIC STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE) _____

DEPTH OF FACILITY (Inches) 2" 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 15:56 TIME SHUT OFF 17:00 TIME RESTORED 17:00

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/4" Hole

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

PARTY THAT CAUSED DAMAGES (NAME) concrete mason

ADDRESS OF PARTY (INCLUDE CITY) _____

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE _____

WITNESS NAME AND ADDRESS _____

WITNESS REMARKS _____

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

FIRE () AGENCY _____ REPORT # _____

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

PHOTOS TAKEN: YES NO () TAKEN BY: D. Mitchell (ATTACH PHOTOS TO REPORT)
MEDIA ON SITE YES () NO

WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW

- | | | | |
|---|-------------------------------------|--|---|
| <input type="checkbox"/> AGRICULTURE/FARMING | <input type="checkbox"/> CABLE TV | <input type="checkbox"/> CURB/SIDEWALK | <input type="checkbox"/> TELECOMMUNICATIONS |
| <input type="checkbox"/> BLDG CONSTRUCTION | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> DRAINAGE | <input type="checkbox"/> WATER |
| <input type="checkbox"/> DRIVEWAY | <input type="checkbox"/> ELECTRIC | <input type="checkbox"/> SURVEYING | <input type="checkbox"/> DRAINS/CULVERTS |
| <input type="checkbox"/> FENCING | <input type="checkbox"/> GRADING | <input type="checkbox"/> IRRIGATION | <input type="checkbox"/> MOWING |
| <input checked="" type="checkbox"/> LANDSCAPING | <input type="checkbox"/> PIPELINE | <input type="checkbox"/> MILLING | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> POLE/SIGN POST | <input type="checkbox"/> ROAD WORK | <input type="checkbox"/> SEWER | |

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

- | | | |
|--|--|--|
| <input type="checkbox"/> AUGER | <input checked="" type="checkbox"/> HAND TOOLS | <input type="checkbox"/> BACKHOE/TRACKHOE |
| <input type="checkbox"/> MILLING EQUIPMENT | <input type="checkbox"/> PROBING DEVICE | <input type="checkbox"/> BORING / DRILLING |
| <input type="checkbox"/> EXPLOSIVES | <input type="checkbox"/> TRENCHER | <input type="checkbox"/> FARM EQUIPMENT |
| <input type="checkbox"/> VACCUUM EQUIPMENT | <input type="checkbox"/> GRADER | <input type="checkbox"/> OTHER _____ |

REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW

- | | | | |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> AUTOMOTIVE ACCIDENT | <input type="checkbox"/> EXCAVATING BEFORE LOCATES DUE | <input type="checkbox"/> CARELESS MACHINE OPERATOR | |
| <input checked="" type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED | <input type="checkbox"/> STUB | <input type="checkbox"/> OTHER _____ |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS : Landscaper Founded T-post to support small tree
into the service. T-post were put in about 4 months
ago.

PERSON PREPARING REPORT D. Mitchell

FIELD SUPERVISOR J. Thomas

FIELD MANAGER R. 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 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: Corinne Meinert

Business address (*number and street*): 1720 Autumn Run

City, State, and ZIP code: Fort Wayne, IN 46804

Telephone number (*area code*): 260-438-7027

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

E-mail address: N/A

Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Hand Tools

Type of work performed: Landscaping

Date and Location of Damage

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

County: Allen _____

City: Fort Wayne _____

Street address (*number and street, city, state, and ZIP code*):
1720 Autumn Run Fort Wayne, IN 46804 _____

Nearest intersection: Auburn Rd _____

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? 24 _____

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

NIPSCO Emergency Ticket 1212271545

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

Nipsco, Stake has been present for 4 months

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

n/a

LIST ANY OTHER INDIVIDUALS ON SITE:

Home Owner

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 3 ft

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? no

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)

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

NIPSCO 00368 IUPPSa 12/27/2012 16:51:15 1212271545-00A EMER NEW STRT

EMERGENCY SEE REMARKS

Ticket : 1212271545 Date: 12/27/2012 Time: 16:48 Oper: SPOPE Chan:044

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

Address : 1720
Street : AUTUMN RUN
Cross 1 : AUBURN RD Within 1/4 mile: Y
Location: LOCATE ENTIRE PROPERTY
:
Grids : 4111C8507C 4111C8507D
Boundary: n 41.191459 s 41.189442 w -85.122707 e -85.118296

Work type : REPAIR GAS LINE
Done for : NIPSCO
Start date: 12/27/2012 Time: 16:50 Hours notice: 0/000 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 1 DAY Depth: 6 FEET

Company : NIPSCO Type: MEMB
Co addr : 801 EAST 86TH AVENUE
City : MERRILLVILLE State: IN Zip: 46410
Caller : TANECIA GHOLSTON Phone: (800)322-2806
Contact : JASON SPRUNGER--CELL Phone:
BestTime:
Mobile : (260)226-2330

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: 12/27/2012 Time: 16:48
Members: CC FW ID6111 ID8000 NIPSCO SM



Property of United States Infrastructure Corporation
Photo taken on 12/17/2012 9:57:43 PM



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 (NIPSCO)

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Telephone number (*area code*): 219-962-0422

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E-mail address: CLUDWIG@NISOURCE.COM

Excavator Information, if known

Full name: Corinne Meinert

Business address (*number and street*): 1720 Autumn Run

City, State, and ZIP code: Fort Wayne, IN 46804

Telephone number (*area code*): 260-438-7027

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

E-mail address: N/A

Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Hand Tools

Type of work performed: Landscaping

Date and Location of Damage

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

County: Allen _____

City: Fort Wayne _____

Street address (*number and street, city, state, and ZIP code*):
1720 Autumn Run _____

Nearest intersection: Auburn Rd _____

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? 24 _____

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

NIPSCO Emergency Ticket 1212271545

RECEIVED

FEB 24 2013

NARRATIVE STATEMENT

INDIANA UTILITY
REGULATORY COMMISSION

Your Pipeline Safety Division Case Number: 4413

Your Full Name: CORINNE MEINERT

Full Name of Business / Entity (if applicable): _____

Your Business Title (if applicable): _____

Address (number and street): 1720 AUTUMN RUN

City: FORT WAYNE State: IN ZIP Code: 46845

Your E-mail Address: CMEINERT826@AOL.COM

Today's Date (month, day, year): 2/19/2013

Your Signature: _____ Title (if any) NA

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 4413
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: NA

Number of Inpatient Treated: NA

Number of Fatalities: NA

Fire Department Response: Yes No

Police Department Response: Yes No

Ambulance Response: Yes No

Additional Information / Comments

IN EARLY FALL I HAD REQUESTED OUR LANDSCAPER, RUICH BROS, TO DO TRANSPLANTING AND TO SUPPORT 3 TREES LOCATED IN FRONT YARD ALONG DRIVEWAY. THEY DID SO. MY HUSBAND, DENNIS HAD INTERMITTENTLY NOTICED A SLIGHT NATURAL GAS SMELL, BUT IT WASN'T ALWAYS NOTICEABLE. IN DECEMBER HE WAS OUTSIDE AND NOTICED THE SMELL AND DECIDED TO CONTACT NIPSCO. THEY HAD FOUND THAT ONE STAKE USED TO SUPPORT ONE OF THE TREES, HAD PUNCTURED THE GAS LINE. THEY REPAIRED THE DAMAGE.

WE RECEIVED THE REPAIR BILL OF \$896.29 AND CONTACTED RUICH BROS. TO HANDLE THIS CLAIM. I ALSO CALLED NIPSCO, MARY LECHOWICZ, TO ADVISE THAT I HAD FORWARDED THE BILL TO RUICH BROS AND THAT THEY ARE RESPONSIBLE FOR THIS DAMAGE.

I HAVE NOT HEARD DISPOSITION OF THE NIPSCO CLAIM.

Cellular Telephone Number (area code): _____

Email Address: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): 1720 AUTUMN RUN _____

City, State and ZIP Code: FORT WAYNE, INDIANA _____

Nearest Intersection: AUBURN ROAD & AUTUMN RUN _____

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Unknown/Other

Size (Diameter/etc.): ^{3/4} ? _____

Pressure (PSIG/Inches): ^{1# OR LESS} _____

Interruption in Service: Yes No Number of Customers Affected: _____

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

Repair Cost (if known): \$ ^{896.29} _____

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: _____

City, State and ZIP Code: MERRILLVILLE, IN 46410

Preferred Telephone Number (area code): 219-647-4033 OR 800-844-2684

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): Hand Tools

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): _____



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION - PIPELINE SAFETY DIVISION

Case Number: 4413

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: RUICH BROS LANDSCAPING

Responsible Party Personal Name: CHRIS

Title (if any): _____

Address (number and street): 7124 GOSHEN ROAD

City, State and ZIP Code: FORT WAYNE, IN 46808

Preferred Telephone Number (area code): 260-489-6282

Cellular Telephone Number (area code): _____

Email Address: DARCIELEWIS@FRONTIER.COM

Facility Information:

Business Name: NIPSCO

Responsible Party Personal Name: MARY LECHOWICZ

Title (if any): LEADER FACILITY DAMAGES

Address (number and street): 801 E. 86TH ST.



INFORMATION REQUEST

State Form 54909 (R / 3-13)

INDIANA UTILITY REGULATORY COMMISSION - PIPELINE SAFETY DIVISION

RECEIVED

MAY 22 2013

INDIANA UTILITY
REGULATORY COMMISSION

Case Number: 4413

Date of Damage (*month, day, year*): 08/21/12

Location of Damage:

Address (*number and street*): 1720 Autumn Run

City, State and ZIP Code: Fort Wayne, IN 46845

Nearest Intersection: Auburn Rd.

Excavator Information:

Business Name: Ruich Bros., Landscaping Inc.

Responsible Party Personal Name: Christine Neireiter

Title (*if any*): Landscaper

Address (*number and street*): 7124 Goshen Rd.

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

Preferred Telephone Number (*area code*): 260-489-6282

Email Address: darcilewis@frontier.com

Utility Information:

Utility Name: Nipsco

Contact Person: _____

Title (*if any*): _____

Cause of Damage Information

Type of Equipment (select one):

Unknown/Other

Type of Work Performed (select one):

landscaping

Repair Cost: \$ 873.07

- Did a leak result from damage: Yes No
- Was there ignition: Yes No
- Excavator Notify 911 due to leak: Yes No
- Excavator Notify 811 upon damage: Yes No
- Excavator Notify Utility upon Damage: 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
- Was Locate Provided within Two (2) Working Days: Yes No
- Utility Employees On-site during Excavation: Yes No

Incident Information:

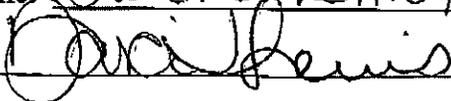
- Fire Department Response: Yes No
- Police Department Response: Yes No
- Ambulance Response: Yes No

Additional Information / Comments

We were staking a tree with a fence post, using a fence post driver on a mounded shrub bed. We didn't call locates because we were just replacing an existing wooden stake with a metal stake. Since it was in a mounded area, and the wooden stake was already there, we never thought we would be down far enough to hit any underground utilities.

Picture attached of the mounded area. The tree to the left without the stake is the where the gas line was hit.

Printed Name: Darci J. Lewis, Office Manager

Signature:  Date (month, day, year): 5-22-13

**If submitting this form electronically, typing your name in the signature box will act as an electronic signature.*

Please return completed form to:

PipelineDamageCase@urc.in.gov

Or mail to:

**Indiana Utility Regulatory Commission
Pipeline Safety Division - Case Number _____
101 West Washington Street, 1500E
Indianapolis, IN 46204**

**Or fax to:
317-233-2410**

