



Pipeline Safety Division Investigation Report

Investigation regarding: Land Inc

UPPAC Database Record ID: 4414

Report Date: 3/27/2013

Investigator: Howard Friend

Damage Date: 12/5/2012

Damage Address: 4733 Woodstock Dr., Fort Wayne, Lake

The Parties

Excavator: Land Inc

Address: P.o. Box 192, Laotto, In, 46763

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: False

Number of Customers Affected: 0

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1211260449

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

Synopsis: A natural gas service was damaged during excavation for a sewer line.

Findings: Reported by Carrie Ludwig (NIPSCO); excavator's response to initial notice was received on 3/6/2013. The excavator had a valid locate request and the operator provided accurate locate markings. The excavator reported as they removed a section of pavement the gas line was directly under the pavement and damage could not be avoided. The operator reported the line was twenty (20) inches deep. This indicates the gas line was not directly under the pavement and the damage could have been avoided.

Conclusion: There was a failure to plan excavation to avoid damage.

Violation: 8-1-26-20(a)(1) Failure to plan excavation to avoid damage or interference with underground facilities.



150 West Market Street, Suite 600
Indianapolis, IN 46204

March 13, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4414
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4414

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: 12/5/2012

Event Location: 4733 Woodstock Dr.

City: Fort Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: Land Inc

Other Party: N/A

Pipeline Division Case No. 4414

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. 4414	
Date of Event	12/5/2012
Event Location	4733 Woodstock Dr.
Event City	Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	Land Inc
Date of IURC Information Request	2/13/2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Land Inc.
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	PO Box 192
CITY/ STATE/ZIP	Laotto / IN / 46763
PREFERRED TELEPHONE	(260) 897-2407
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	4733 Woodstock Drive
CITY/STATE/ZIP	Fort Wayne / IN / 46815
NEAREST INTERSECTION	Reed 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)	N
NUMBER OF CUSTOMERS AFFECTED	0
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/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)	Y
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	N
LOCATE INFORMATION:	

EXCAVATOR REQUEST LOCATE (YES/NO)	Y
INDIANA 811 LOCATE TICKET NUMBER	1211260441
LOCATE MARKS VISIBLE (YES/NO)	Y
LOCATE MARKS CORRECT (YES/NO)	Y
EXCAVATOR "WHITE LINED" (YES/NO)	N
MAPS USED TO MARK FACILITIES (YES/NO)	Y
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>Failure to use hand tools where required (locate accurate).</p> <p>Emergency Ticket# 1212051943.</p>	

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? Yes

WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA? Yes

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS? Yes

EXTENT OF FACILITY DAMAGE ripped out

REPLACEMENT FOOTAGE 8ft

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? front shovel

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)

Facility: Distribution Lines; Folder: On-Hold folder; Assigned To: N/A

NIPSCO 00475 IUPPSa 11/30/2012 12:53:30 1211260441-01A NORM 2NDR STRT

SECOND NOTICE 2ND NOTICE

Ticket : 1211260441 Date: 11/30/2012 Time: 12:51 Oper: JWRIGHT Chan:000
Old Tkt: 1211260441 Date: 11/26/2012 Time: 08:32 Oper: SHARON.WARNER Rev: 00A

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

Address : 2727
Street : REED RD
Cross 1 : WOODSTOCK DR Within 1/4 mile: Y
Location: LOCATE THE ENTIRE WEST SIDE OF REED ROAD INCLUDING THE WEST RIGHT OF
WAY AREA STARTING AT THE SOUTH PROPERTY LINE OF 2727 REED ROAD AND CONTINUE
NORTH TO WOODSTOCK DR FOR APPROXIMATELY A DISTANCE OF 600 FEET

:
Grids : 4106D8504A 4106D8504B
Boundary: n 41.103649 s 41.101163 w -85.080540 e -85.079008

Work type : STORM SEWER INSTALLATION
Done for : CITY OF FORT WAYNE
Start date: 11/28/2012 Time: 08:45 Hours notice: 0/000 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 1 MONTH Depth: 14 FEET

Company : LAND INC Type: CONT
Co addr : PO BOX 192
City : LAOTTO State: IN Zip: 46763
Caller : SHARON WARNER Phone: (260)897-2407
Contact : NICK ELONZAE Phone:
BestTime:
Mobile : (260)897-2407
Fax : (260)897-2432
Email : S.WARNER@APILAND.NET

Remarks : All tickets are taken and processed on Eastern Daylight Time
STILL NEED ALL UTILITIES TO MARK THE PROPERTY AS REQUESTED - THANK YOU
Will you be white-lining the dig site area? NO
:

Submitted date: 11/30/2012 Time: 12:51
Members: AEPIN CC FW ID4866 ID8000 NIPSCO SM

NIPSCO 00577 IUPPSa 12/05/2012 12:58:37 1212051943-00A EMER NEW STRT

EMERGENCY SEE REMARKS

Ticket : 1212051943 Date: 12/05/2012 Time: 12:54 Oper: SLOCAS Chan:060

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

Address : 4733
Street : WOODSTOCK DR
Cross 1 : REED RD Within 1/4 mile: Y
Location: LOCATE THE ENTIRE PROPERTY
:
Grids : 4106D8504A 4106D8504B
Boundary: n 41.103649 s 41.102498 w -85.082079 e -85.079090

Work type : REPAIRING GAS LINE
Done for : NIPSCO
Start date: 12/05/2012 Time: 12:56 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: NEMB
Co addr : 801 EAST 86TH AVENUE
City : MERRILLVILLE State: IN Zip: 46410
Caller : TANEZIA GHOLSTON Phone: (800)322-2806
Contact : ROGER BROWN--CELL Phone:
BestTime:
Mobile : (260)433-6622

Remarks : All tickets are taken and processed on Eastern Daylight Time
CREW IS EN ROUTE

Will you be white-lining the dig site area? NO

:

Submitted date: 12/05/2012 Time: 12:54
Members: AEPIN CC EW ID4866 ID8000 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA FORTWAYNE TN MAXIMO WO # M621794
OPERATING AREA CONTACT JASON OTIS JOB ORDER # 564463
TRACKING NUMBER 01820121205007 LOCATE REF # _____
Locate Performed By: _____

DATE AND TIME OF ACCIDENT 12-5 2012 11:44 AM DATE OF REPORT 12-5-12
PLACE OF DAMAGE (INCLUDE CITY) 4733 WOODSTOCK DR. FT. WAYNE TN. 46815

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) 20 in PRESSURE (PSI) 45 Lbs.

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

INTERRUPTION OF SERVICE: YES () NO NUMBER OF CUSTOMERS LOST: 0

DURATION OF INTERRUPTION: TIME REPORTED 11:44 TIME SHUT OFF 14:45 pm TIME RESTORED 15:30 pm

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 3/4

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

PARTY THAT CAUSED DAMAGES (NAME) API

ADDRESS OF PARTY (INCLUDE CITY) 11808 E OX RD 205 R. OXLEY, IN 46763

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

WITNESS NAME AND ADDRESS WEACHOCK - BUTTS - HIGHLAND

WITNESS REMARKS WHILE EXCAVATING FOR SEWER WORK CREW PULLED SERVICE OUT OF

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

- | | | | |
|--|-------------------------------------|---|---|
| <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 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 checked="" type="checkbox"/> SEWER | |

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

- | | | |
|--|---|--|
| <input type="checkbox"/> AUGER | <input type="checkbox"/> HAND TOOLS | <input checked="" 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 checked="" type="checkbox"/> CARELESS MACHINE OPERATOR | |
| <input 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 :

PERSON PREPARING REPORT

S. Weachock

FIELD SUPERVISOR

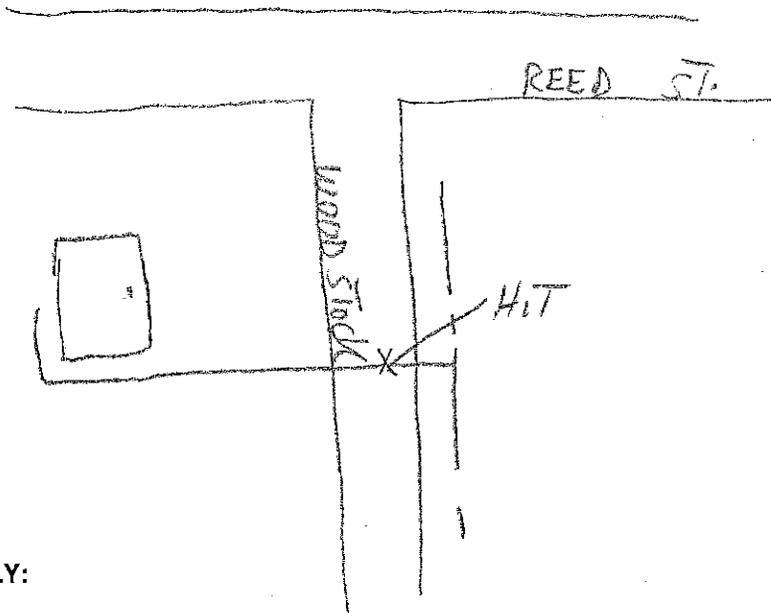
[Signature] #100707

FIELD MANAGER

Randall Durm

- 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: Carrie Ludwig

Business address (*number and street*): 3511 E 5th 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: Land Inc

Business address (*number and street*): P.O. Box 192

City, State, and ZIP code: Laotto, IN, 46763

Telephone number (*area code*): 260-897-2407

Fax number (*area code*): 260-897-2432

E-mail address: S.WARNER@APILAND.NET

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*): Dec 5, 2012

County: Lake

City: Fort Wayne

Street address (*number and street, city, state, and ZIP code*):
4733 Woodstock Dr. Fort Wayne, IN 46815

Nearest intersection: Reed

Right of way where damage occurred: Public - City Street

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*):

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? 20

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1211260449

Was the locate request completed within two working days? Yes

If locates were performed, were they done so by a contractor or pipeline employee? Contract Locator

If a contractor locator, enter the company name, if known: USIC

Were facility marks visible in the area of excavation? Yes

Were facilities marked correctly? Yes

Type of markings used: Paint

If other, please specify: _____

Was site marked by "White Lining"? No

Were special instructions part of the locate request? No

Were maps used to complete the locate request? Yes

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: --Failure to use hand tools where required

Additional Comments

NIPSCO emergency repair ticket 1212051943



Property of United States Infrastructure Corporation
Photo taken on 12/9/2012 2:04:12 PM



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4414

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: Land Inc.

Responsible Party Personal Name: Wayne Ort

Title (if any): Project Manager

Address (number and street): 11808 State Road 205 E.

City, State and ZIP Code: LaOtto, IN 46763

Preferred Telephone Number (area code): 260-897-2743

Cellular Telephone Number (area code): n/a

Email Address: w.ort@apiland.net

Facility Information:

Business Name: NIPSCO

Responsible Party Personal Name: Mary Lechowicz

Title (if any): Leader Facility Damages

Address (number and street): 801 E. 86th Ave.

City, State and ZIP Code: Merrillville, IN 46410

Preferred Telephone Number (area code): 800-844-2684

Cellular Telephone Number (area code): Not aware

Email Address: Not aware.

Locator Service Information:

Business Name: IUPPS

Responsible Party Personal Name: Not aware.

Title (if any): Not aware.

Address (number and street): Not aware.

City, State and ZIP Code: Not aware.

Preferred Telephone Number (area code): Not aware.

Cellular Telephone Number (area code): Not aware.

Email Address: Not aware.

Cause of Damage Information

Type of Equipment (select one): Backhoe/Trackhoe

Type of Work Performed (select one): Sewer (Sanitary/Storm)

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

Personal Contact: None

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*): 4733 Woodstock Dr.,

City, State and ZIP Code: Fort Wayne, IN 46815

Nearest Intersection: Reed Rd. & Woodstock Dr.

Product Type (*select one*): Natural Gas

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

Size (Diameter/etc.): +/- 5/8"

Pressure (PSIG/Inches): Do not know.

Interruption in Service: Yes No **Number of Customers Affected:** 0

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

Repair Cost (if known): \$ 1,483.8

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: 1211150832 & 1211260449

- 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

This damage claim occurred at an ongoing +/- \$2,000,000 storm sewer project being performed for the city of Fort Wayne, Indiana. Numerous locate requests have been ongoing throughout the project. The damage to this particular service line occurred when a Land equipment operator attempted to remove the street pavement so that the service line could be located by hand digging. The service line was directly against the bottom of the pavement and the operator struck it while attempting to remove the pavement. Land crews immediately crimped the service line to minimise the release of natural gas.

The above-described service line was not providing service at the time of the damage due to non payment by the property owner. NIPSCO crews temporarily capped the line until storm installation was complete in the area and then returned +/- two weeks later and reinstalled the service line.

As of this claim date, Land crews have crossed 25 to 30 gas service and main lines with no accidents. We make every attempt to locate and protect all existing utilities.

Please see attached maps of the damage claim area.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4414

Your Full Name: Wayne Ort

Full Name of Business / Entity (if applicable): Land Inc.

Your Business Title (if applicable): Project Manager

Address (number and street): 11808 State Road 205 E.

City: LaOtto State: IN ZIP Code: 46763

Your E-mail Address: w.ort@apiland.net

Today's Date (month, day, year): March 5, 2013

Your Signature:  Title (if any) Project Manager

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 4414
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov

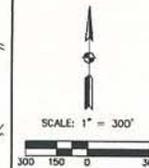
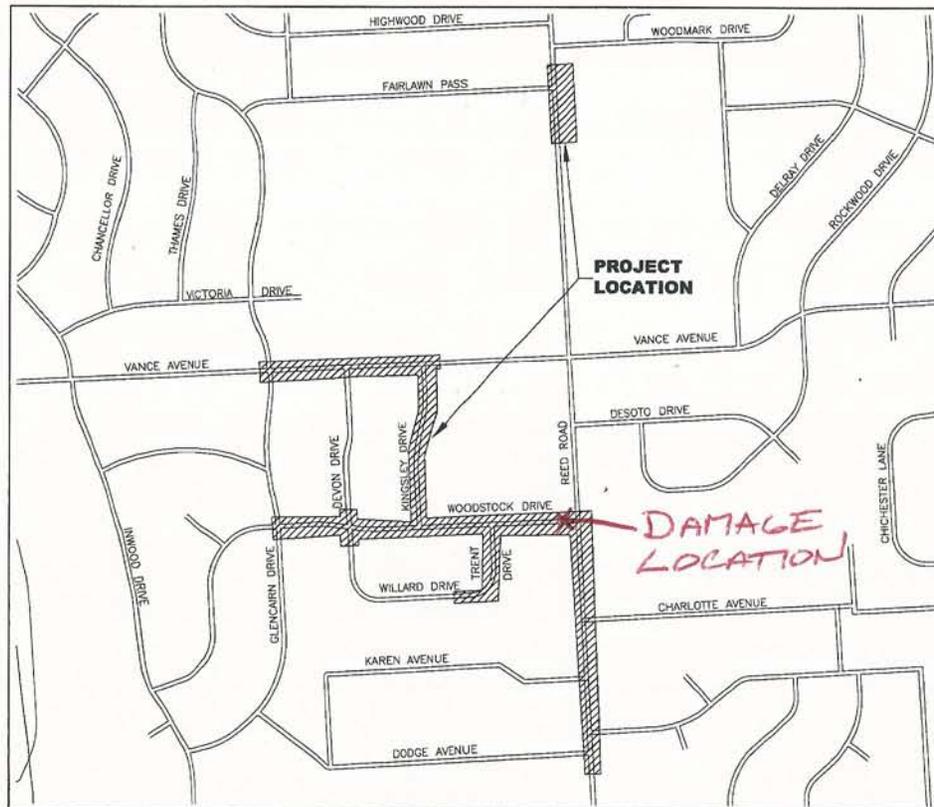
CITY OF FORT WAYNE UTILITIES ENGINEERING DEPARTMENT

SNIDER AND GLENWOOD PARK SEWER SEPARATION PROJECT W.O. NO. 75606

MAYOR
HONORABLE THOMAS C. HENRY

BOARD OF PUBLIC WORKS
ROBERT P. KENNEDY, CHAIRMAN
KUMAR MENON, MEMBER
MIKE AVILA, MEMBER
VICTORIA EDWARDS, CLERK

CITY UTILITIES ENGINEERING
MATTHEW A. WIRTZ, P.E.,
DEPUTY DIRECTOR/CHIEF ENGINEER



CONFORMED TO
CONTRACT
REVISED TO CONFORM TO
CONTRACT DOCUMENTS AS
REVISED BY ADDENDA
BY: O.L.S., DATE: 08/2012

LOCATION MAP



Know what's below.
Call before you dig.

RECORD DRAWING

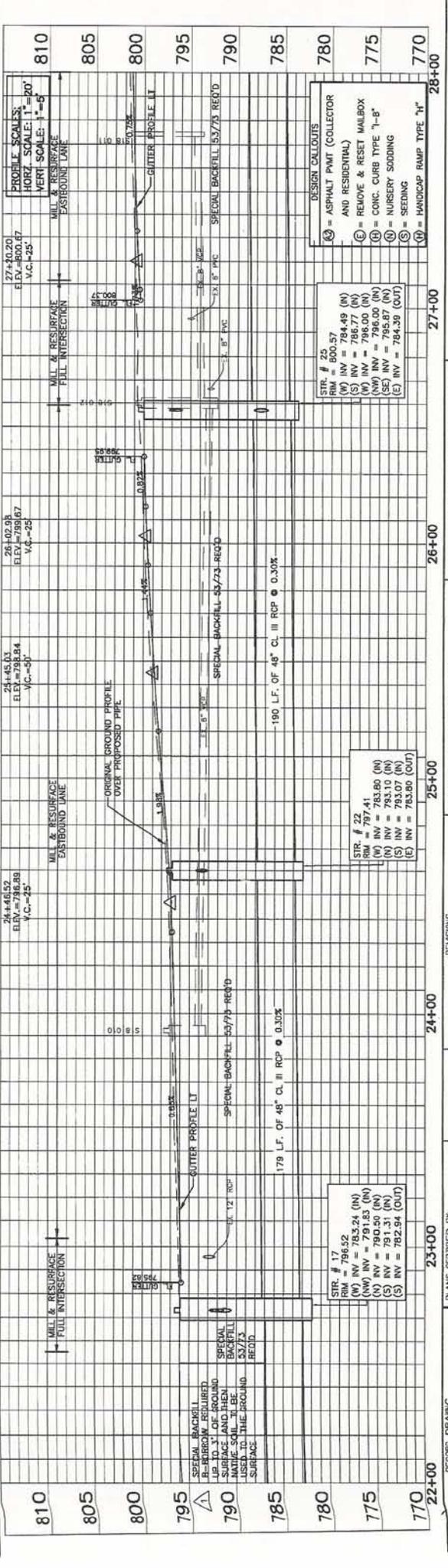
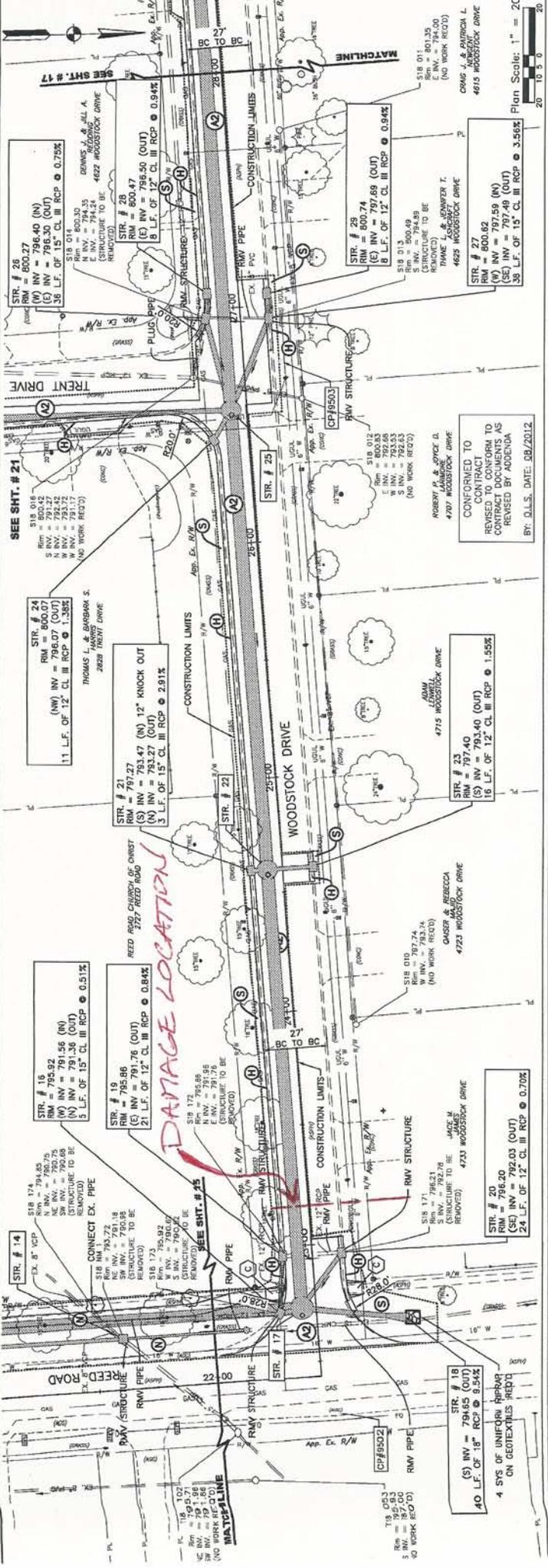
PLANS FORWARDED BY:

REVISIONS:

DATE FORWARDED BY:

DATE WHEN SENT TO FIELD:

DATE WHEN RECEIVED:

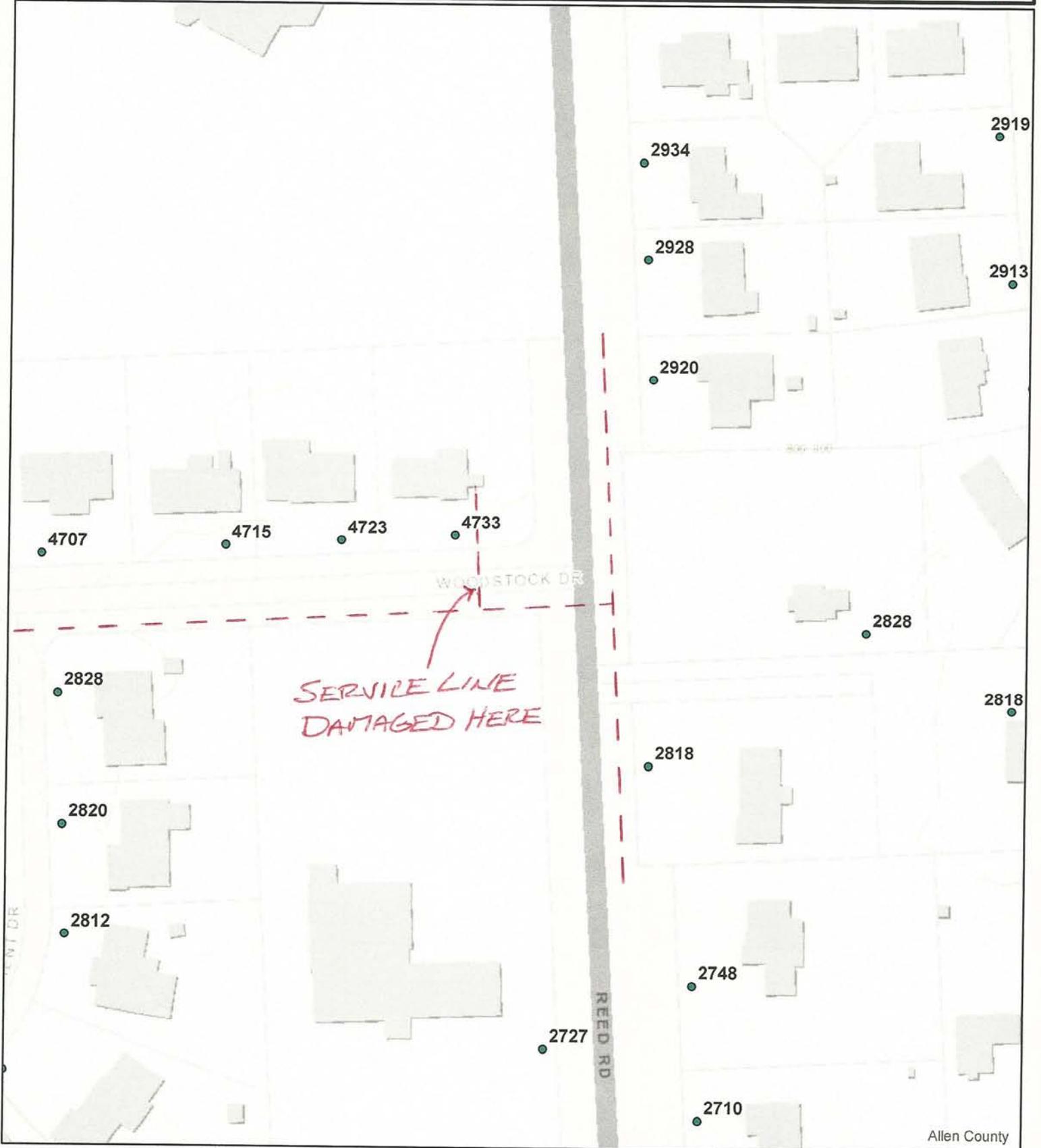


Profile Scale:	Horiz. Scale:	Vert. Scale:
1" = 20'	1" = 60'	1" = 6"

Station	Profile	Notes
810	27+40.20	ELEV. = 798.87 V.C. = 25'
805	24+48.52	ELEV. = 788.88 V.C. = 25'
800	24+48.52	ELEV. = 788.88 V.C. = 25'
795	24+48.52	ELEV. = 788.88 V.C. = 25'
790	24+48.52	ELEV. = 788.88 V.C. = 25'
785	24+48.52	ELEV. = 788.88 V.C. = 25'
780	24+48.52	ELEV. = 788.88 V.C. = 25'
775	24+48.52	ELEV. = 788.88 V.C. = 25'
770	24+48.52	ELEV. = 788.88 V.C. = 25'

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*SERVICE LINE
DAMAGED HERE*

Allen County

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North American Datum 1983
State Plane Coordinate System, Indiana East
Photos and Contours: Spring 2009



Date: 2/26/2013 1" = 94'