



Pipeline Safety Division Investigation Report

Investigation regarding: **Davis & Sons Excavating**

UPPAC Database Record ID: 4433

Report Date: 3/28/2013

Investigator: Howard Friend

Damage Date: 1/4/2013

Damage Address: 703 Indiana Avenue, Valparaiso, Porter

The Parties

Excavator: **Davis & Sons Excavating**

Address: 2890 Glenrose, Portage, In 46368

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Sewer

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1212180186

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

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

Findings: Reported by Carrie Ludwig (NIPSCO); excavator's response to initial notice was received on 3/8/2013. The excavator had a valid locate request and the operator provided accurate locate markings. The excavator reported using a backhoe to remove the gravel cover and causing damage to the line because of the rapid change in depth.

Conclusion: There was a failure to maintain clearance with mechanized equipment.

Violation: 8-1-26-20(a)(2) Failure to maintain two (2) feet clearance with mechanized equipment.



150 West Market Street, Suite 600
Indianapolis, IN 46204

March 13, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4433
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4433

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: 1/4/2013

Event Location: 703 Indiana Avenue

City: Valparaiso

Facility Owner: Northern Indiana Public Service Company

Excavator: Davis & Sons Excavating

Other Party: N/A

Pipeline Division Case No. 4433

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. 4433	
Date of Event	1/4/2013
Event Location	703 Indiana Avenue
Event City	Valparaiso
Facility Owner	Northern Indiana Public Service Company
Excavator	Davis & Sons Excavating
Date of IURC Information Request	2/13/2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Davis & Sons Excavating
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	2890 Glenrose
CITY/ STATE/ZIP	Portage / IN / 46368
PREFERRED TELEPHONE	(219) 406-9924
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	703 Indiana Avenue
CITY/STATE/ZIP	Valparaiso / IN / 46383
NEAREST INTERSECTION	S Greenwich Street
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	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	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	1212180186
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	
NUMBER OF INPATIENT TREATED	
NUMBER OF FATALITIES	
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# 1301040682.</p>	

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

NIPSCO 00075 IUPPSa 12/18/2012 08:17:09 1212180186-00A NORM NEW STRT

NORMAL NOTICE

Ticket : 1212180186 Date: 12/18/2012 Time: 08:05 Oper: DWILSON Chan:006

State: IN Cnty: PORTER Twp: CENTER
Cityname: VALPARAISO Inside: Y Near: N
Subdivision:

Address : 703
Street : INDIANA AVE
Cross 1 : S GREENWICH ST Within 1/4 mile: Y
Location: LOCATE--REAR OF THE PROPERTY--
:
Grids : 4127A8703D 4128D8703D
Boundary: n 41.467355 s 41.466235 w -87.053194 e -87.050746

Work type : REPLACING SEWER LINE
Done for : DAVID PAPE
Start date: 12/20/2012 Time: 08:15 Hours notice: 48/048 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 1 DAY Depth: 10 FEET

Company : DAVIS AND SONS Type: HOME
Co addr : 2890 GLENROSE
City : PORTAGE State: IN Zip: 46368
Caller : DAVID PAPE Phone: (219)406-9924
Contact : MARK DAVIS--CELL Phone:
BestTime:
Mobile : (219)406-9924

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

Submitted date: 12/18/2012 Time: 08:05
Members: COMCN ID3800 ID8000 NIPSCO SM

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

NIPSCO 00216 IUPPSa 01/04/2013 09:52:05 1301040682-00A EMER NEW STRT

EMERGENCY SEE REMARKS

Ticket : 1301040682 Date: 01/04/2013 Time: 09:49 Oper: DHIGHBAUGH Chan:091

State: IN Cnty: PORTER Twp: CENTER
Cityname: VALPARAISO Inside: Y Near: N
Subdivision:

Address : 703
Street : INDIANA AVE
Cross 1 : S GREENWICH ST Within 1/4 mile: Y
Location: LOCATE ENTIRE PROPERTY
:
Grids : 4127A8703D 4128D8703D
Boundary: n 41.467355 s 41.466235 w -87.053194 e -87.050746

Work type : GAS LEAK REPAIR
Done for : NIPSCO
Start date: 01/04/2013 Time: 09:50 Hours notice: 0/000 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 1DAY Depth: 6 FEET

Company : NIPSCO Type: MEMB
Co addr : 801 EAST 86TH AVENUE
City : MERRILLVILLE State: IN Zip: 46410
Caller : JOEL DEJESUS Phone: (800)322-2806
Contact : TOMMY PARKER---CELL Phone:
BestTime:
Mobile : (219)252-3093
Fax : (219)647-4764

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

Submitted date: 01/04/2013 Time: 09:49
Members: COMCN ID3800 ID8000 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Valparaiso MAXIMO WO# _____
OPERATING AREA CONTACT Tommy Parker JOB ORDER # 538217
TRACKING NUMBER 0182013064002 LOCATE REF # 1212180186
Locate Performed By: _____

DATE AND TIME OF ACCIDENT 1-4-13 2013, 8:55 AM DATE OF REPORT 1-4-13
PLACE OF DAMAGE (INCLUDE CITY) 703 Indiana, Valparaiso, IN

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) 30 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: 1

DURATION OF INTERRUPTION: TIME REPORTED 08:5 TIME RESTORED 12:30

DIAMETER MEASUREMENT OF HOLE IN GAS FACILITY: 5/8

LOCATE MARKS ON SITE: YES DISTANCE BETWEEN FACILITY AND LOCATE MARKS 2 NO ()

HOW LOCATED: PAINT FLAGS BOTH () WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) Davis & Sons Excavating 219-406-9924

ADDRESS OF PARTY (INCLUDE CITY) 2890 Glen Rose Parkway

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Mark Davis

WITNESS NAME AND ADDRESS N/A

WITNESS REMARKS N/A

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

FIRE () AGENCY N/A REPORT # _____

OTHER () N/A 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"/> CURBS/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/GULVERTS |
| <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 checked="" 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 checked="" type="checkbox"/> BORING / DRILLING |
| <input type="checkbox"/> EXPLOSIVES | <input type="checkbox"/> TRENCHER | <input type="checkbox"/> FARM EQUIPMENT |
| <input type="checkbox"/> VACUUM 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 () OTHER _____ |

COMMENTS: Did not expose by hand.

PERSON PREPARING REPORT J Janatik

FIELD SUPERVISOR Tammy Parker

FIELD MANAGER Jan Todd

- 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 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: Davis & Sons Excavating

Business address (*number and street*): 2890 Glenrose

City, State, and ZIP code: Portage, IN 46368

Telephone number (*area code*): (219) 406-9924

Fax number (*area code*): _____

E-mail address: _____

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*): Jan 4, 2013

County: Porter

City: Valparaiso

Street address (*number and street, city, state, and ZIP code*):
703 Indiana Avenue, Valparaiso, IN 46383

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*): 4

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? Service/Drop

What was the depth of the facility, in inches? 30

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1212180186

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 and Flags

If other, please specify: _____

Was site marked by "White Lining"? No

Were special instructions part of the locate request?

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? Unknown/Other

Description of Cause

Select from the list the most accurate cause for the damage: --Failure to use hand tools where required

Additional Comments

Emergency Ticket # 1301040682

Fact Based Investigation Report

NOTIFICATION ID: 01820130104002

DISTRICT: Northern IN

DAMAGE DATE: 1/4/2013 8:15:00 AM

NOTIFICATION DATE: 1/4/2013 9:57:45 AM

NOTIFIED BY: JOEL DEJESUS Facility Owner

DAMAGE ADDRESS: 703 INDIANA AVE X S GREENWICH

CITY: VALPARASIO

ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 01/04/2013

FROM: 09:00:00

TO: 10:00:00

EXCAVATOR INVOLVED: Davis and Sons Excavating

TYPE OF EXCAVATION: REPAIR SEWER

ORIG. LOCATE REQ.: 1212180186

START DATE/TIME:

TYPE OF TICKET: Routine

LOCATE REQ. INFO N/A:

DIG UP/DAMAGE REQ.: 1301040682

START DATE/TIME: 1/4/2013 9:50:00 AM

PICTURES TAKEN BY: PHIL BELEGAL

DATE/TIME: 1/4/2013 9:00:00 AM

PHOTOGRAPHY TYPE: Digital

FRAME #:

INVESTIGATOR EMP#: 117702

INVESTIGATOR NAME: PHIL BELEGAL

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820130104002

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF

FACILITY ID: Gas Service

LOCATOR NAME & EMP #: Whitis Anita - 131983

LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:

Facility Marked Accurately

Other:

CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):

Visual, Facility Exposed At Time Of Investigation,

Investigator Verified Existing Marks By Hooking Up,

Investigation Results Verified By Utility Representative

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

UPON ARRIVAL TO JOB SITE, MARKINGS AND FLAGS VISIBLE NEAR REAR OF HOUSE BUT MANY MARKINGS

DESTROYED DUE TO EXCAVATION. POST LOCATE PHOTOS ARE AVAILABLE AND CAN BE USED TO MATCH UP DAMAGE PHOTOS AND VERIFY PATH OF GAS SERVICE MARKED. CONTRACTOR DIGGING IN ALLEYWAY. EXISTING DAMAGED 5/8" PL GAS SERVICE EXPOSED AND CLAMPED OFF BEFORE ALLEYWAY. I HAVE REMARKED EVERYTHING PER NIPSCO REQUEST IN NORMAL COLORS (WHITE AND BLACK PAINT WAS UNAVAILABLE AND FROZEN) AND VERIFIED GAS MARKINGS ACCURATELY MARKED DIRECTLY BEHIND HOUSE WHERE EXISTING VISIBLE MARKINGS ARE PRESENT.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:
NIPSCO ON SITE

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

LIST ANY OTHER INDIVIDUALS ON SITE:
EXCAVATORS EMPLOYEES

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 HIT 5/8" PL GAS SERVICE

REPLACEMENT FOOTAGE PER NIPSCO WILL SPLICE DAMAGED AREA

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? EXCAVATOR

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)



Property of United States Infrastructure Corporation
Photo taken on 1/4/2013 9:28:18 AM



Property of United States Infrastructure Corporation
Photo taken on 1/8/2013 @ 14:30 A.M.



9207 1901 0661 5400 0012 1773 15

RECEIVED

MAR 08 2013

INDIANA UTILITY
REGULATORY COMMISSION

4433
DAVIS & SONS EXCAVATING
2890 GLENROSE ST
PORTAGE, IN 46368-3400

281

RESPONSE TO LETTER 2/14/2013

CUT / FOLD HERE

NO FAILURE TO PROVIDE NOTICE
NO FAILURE TO PERFORM WHITELINE
LOCATE # 1212 180 186
LINE WAS LOCATED IN THE STREET - IT WAS 2' FT IN THE GROUND

6"x9" ENVELOPE
CUT / FOLD HERE

WHEN DIGGING - THE LINE WENT FROM 2' IN THE GROUND TO 6" BELOW THE SURFACE

CUT / FOLD HERE

OPERATOR WAS SCRAPING OFF THE BLADE AT THE EDGE OF ALLEY - SIX INCHES DOWN THE LINE WAS HIT

Richard R.