



Pipeline Safety Division Investigation Report

Investigation regarding: Geiger Excavating

UPPAC Database Record ID: 4434

Report Date: 3/28/2013

Investigator: Howard Friend

Damage Date: 1/2/2013

Damage Address: 836 N. Van Buren, Auburn, Dekalb

The Parties

Excavator: **Geiger Excavating**

Address: 811 Airport North Office Park, Fort Wayne, In 46825

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function:

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Sewer

Service/Drop

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: No

Indiana 811 Ticket Number:

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

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

Findings: Reported by Carrie Ludwig (NIPSCO); excavator's response to initial notice was received on 3/18/2013. The excavator reported the gas service to be very shallow under the pavement and the damage could not be prevented. The excavator provided notice of excavation on 12/5/12 and damaged the line twenty eight (28) days later. They also provided notice a couple of hours prior to the damage.

Conclusion: There was a failure to provide proper notice of excavation. The original ticket was expired and the new ticket was not active for another two (2) days.

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



150 West Market Street, Suite 600
Indianapolis, IN 46204

March 13, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4434
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4434

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: 1/2/2013

Event Location: 836 N. Van Buren

City: Auburn

Facility Owner: Northern Indiana Public Service Company

Excavator: Geiger Excavating

Other Party: N/A

Pipeline Division Case No. 4434

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. 4434	
Date of Event	1/2/2013
Event Location	836 N. Van Buren
Event City	Auburn
Facility Owner	Northern Indiana Public Service Company
Excavator	Geiger Excavating
Date of IURC Information Request	2/13/2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Geiger Excavating
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	2808 W Coliseum Blvd
CITY/ STATE/ZIP	Fort Wayne / IN / 46804
PREFERRED TELEPHONE	(260) 459-2005
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	836 N Van Buren Street
CITY/STATE/ZIP	Auburn / IN / 46706
NEAREST INTERSECTION	North 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.)	3/4"
PRESSURE (PSIG/INCHES)	24
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)	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	
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	
Notification to one-call center made but not sufficient (excavator digging on expired Ticket# 1212052856). Ticket# 1301020498 was called in a few hours before the damage.	

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

NIPSCO 00862 IUPPSa 12/05/2012 16:55:37 1212052856-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1212052856 Date: 12/05/2012 Time: 16:45 Oper: MARK.HIPLE Chan:000

State: IN Cnty: DEKALB Twp: UNION
Cityname: AUBURN Inside: Y Near: N
Subdivision:

Address :

Street : N VAN BUREN ST

Cross 1 : NORTH ST Within 1/4 mile: Y

Location: LOCATE VAN BUREN STREET BEGINNING AT THE INTERSECTION OF NORTH AND VAN
BUREN - HEAD NORTH TO THE INTERSECTION OF PROSPECT AND VAN BUREN - LOCATE BOTH
SIDES OF THE STREET

:

Grids : 4122B8503B 4122B8503C 4122C8503B 4122C8503C

Boundary: n 41.375166 s 41.372152 w -85.059760 e -85.057874

Work type : UTILITIES

Done for : GEIGER EXCAVATING

Start date: 12/07/2012 Time: 17:00 Hours notice: 48/048 Priority: NORM

Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N

Duration : 30 DAYS Depth: 15'

Company : GEIGER EXCAVATING Type: CONT

Co addr : 2808 W COLISEUM BLVD.

City : FT WAYNE State: IN Zip: 46804

Caller : MARK HIPLE Phone: (260)459-2005

Contact : BRUCE MERTZ Phone:

BestTime:

Mobile : (260)417-6802

Fax : (260)459-6034

Email : MHIPLE@GEIGEREXCAVATING.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time

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

:

Submitted date: 12/05/2012 Time: 16:45

Members: ID2200 ID2885 ID8000 NIPSCO SBCIN SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Auburn MAXIMO WO # M639916
OPERATING AREA CONTACT Joe Thomas JOB ORDER # JO 589758
TRACKING NUMBER 018 2013 0102 003 LOCATE REF # None on site
Locate Performed By:

DATE AND TIME OF ACCIDENT 1-2 2013 10:40 AM DATE OF REPORT 1-2-13
PLACE OF DAMAGE (INCLUDE CITY) 836 N. Van Buren Auburn

DAMAGE WAS TO:

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

OTHER (DESCRIBE)

GAS: SERVICE (X) MAIN () SIZE 3/8" MATERIAL: PLASTIC (X) STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE)

DEPTH OF FACILITY (inches) 14" PRESSURE (PSI) 24 Lbs.

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

INTERRUPTION OF SERVICE: YES (X) NO () NUMBER OF CUSTOMERS LOST: 1

DURATION OF INTERRUPTION: TIME REPORTED 10:40 AM TIME SHUT OFF 10:59 AM TIME RESTORED 3:30 PM

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

LOCATE MARKS ON SITE: YES (X) DISTANCE BETWEEN FACILITY AND LOCATE MARKS 4" NO ()
HOW LOCATED: PAINT () FLAGS () BOTH (X) WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) Geiger Etc.

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 (X)

PHOTOS TAKEN: YES (X) NO () TAKEN BY: 021839 (ATTACH PHOTOS TO REPORT)
MEDIA ON SITE YES () NO (X)

WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW

- () AGRICULTURE/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 (X) SEWER

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

- () AUGER () HAND TOOLS (X) 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 (X) CARELESS MACHINE OPERATOR
() NO NOTIFICATION () MARKS DISTURBED () STUB () OTHER

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS:

Hit 3/4" Pls. Service in street with Hi Hoe

PERSON PREPARING REPORT

021839

FIELD SUPERVISOR

Joe Thomas 1-4-13

FIELD MANAGER

- 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: _____

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Angola Gas MAXIMO WO# M633883
OPERATING AREA CONTACT Todd Hener JOB ORDER # 571278
TRACKING NUMBER 01820121219002 LOCATE REF # 1212190721
Locate Performed By:

DATE AND TIME OF ACCIDENT 12/19/12 2012 9:41AM DATE OF REPORT 12/19/12
PLACE OF DAMAGE (INCLUDE CITY) 2213 S Old State Road 3

DAMAGE WAS TO:
ELECTRIC - POLE / TRANSFORMER: # SIZE YEAR INSTALLED BROKEN YES () NO ()
OTHER (DESCRIBE)

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

DEPTH OF FACILITY (inches) 2 1/2 PRESSURE (PSI) 25 Lbs.

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

INTERRUPTION OF SERVICE: YES (X) NO () NUMBER OF CUSTOMERS LOST: 4

DURATION OF INTERRUPTION: TIME REPORTED 9:41AM TIME SHUT OFF 12:30pm TIME RESTORED 3:45pm

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: narrow crack 1/6" x 2'

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

PARTY THAT CAUSED DAMAGES (NAME) Eric Bonar Bonar Well Drilling

ADDRESS OF PARTY (INCLUDE CITY) 0439 W Albion Rd Albion In 46701

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Eric Bonar

WITNESS NAME AND ADDRESS
WITNESS REMARKS

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY FIRE () AGENCY OTHER ()
REPORT #
REPORT #
Any Injuries? () YES # NO (X)

PHOTOS TAKEN: YES (X) NO () TAKEN BY: None Taken (ATTACH PHOTOS TO REPORT)
MEDIA ON SITE YES () NO ()

- WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW
() AGRICULTURE/FARMING () CABLE TV () CURB/SIDEWALK () TELECOMMUNICATIONS
() BLDG CONSTRUCTION () DEMOLITION () DRAINAGE (X) WATER
() DRIVEWAY () ELECTRIC () SURVEYING () DRAINS/CULVERTS
() FENCING () GRADING () IRRIGATION () MOWING
() LANDSCAPING () PIPELINE () MILLING () OTHER
() POLE/SIGN POST () ROAD WORK () SEWER

- TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW
() AUGER () HAND TOOLS () BACKHOE/TRACKHOE
() MILLING EQUIPMENT () PROBING DEVICE (X) 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
(X) NO NOTIFICATION () MARKS DISTURBED () STUB () OTHER

COMMENTS :

PERSON PREPARING REPORT

Todd Hener

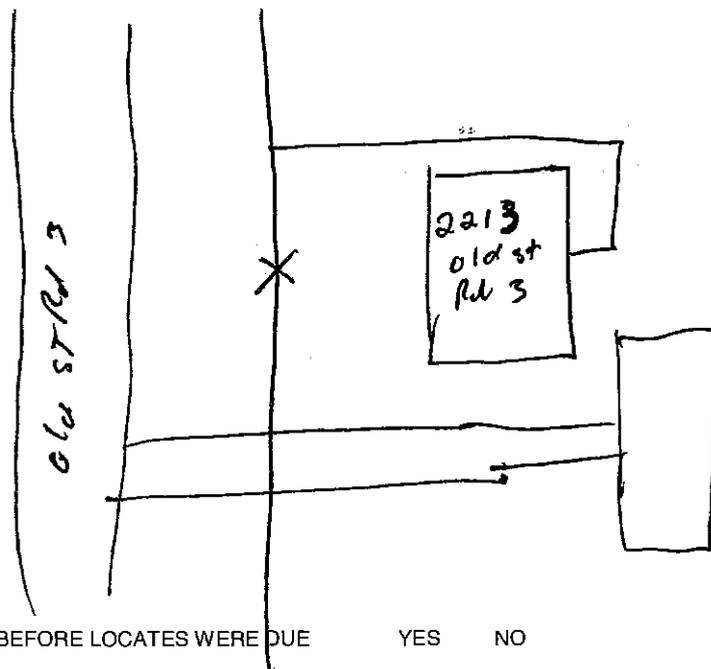
FIELD SUPERVISOR

Jason Sprunger

FIELD MANAGER _____

- 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: _____

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Angola MAXIMO WO # 267058
OPERATING AREA CONTACT J. Sprunger JOB ORDER # C0519407204
TRACKING NUMBER 0182012.1230003 LOCATE REF # 1212900018
Locate Performed By:

DATE AND TIME OF ACCIDENT Dec 30 9:09am 2012 M DATE OF REPORT 12/30/12
PLACE OF DAMAGE (INCLUDE CITY) 825 Van Buren St

DAMAGE WAS TO:

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

OTHER (DESCRIBE)

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

DEPTH OF FACILITY (inches) 30" PRESSURE (PSI) 27 Lbs.

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

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

DURATION OF INTERRUPTION: TIME REPORTED N/A TIME SHUT OFF N/A TIME RESTORED N/A

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: None

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

PARTY THAT CAUSED DAMAGES (NAME) Geiger Excavating

ADDRESS OF PARTY (INCLUDE CITY) 811 Airport North Office Park Ft. Wayne IN 46825

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Jason & Cody
WITNESS NAME AND ADDRESS 260-417-6812 260-417-6813

WITNESS REMARKS

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY REPORT #
FIRE () AGENCY REPORT #
OTHER () Any Injuries? () YES # NO (X) NO

PHOTOS TAKEN: YES (X) NO () TAKEN BY: 121562 (ATTACH PHOTOS TO REPORT)
MEDIA ON SITE YES () NO (X)

WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW

- () AGRICULTURE/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 (X) SEWER

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

- () AUGER () HAND TOOLS (X) 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 (X) CARELESS MACHINE OPERATOR
() NO NOTIFICATION () MARKS DISTURBED () STUB () OTHER

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS: Damaged section removed, new section tested, installed
+ style 90 couplings swapped. Tested at 90psi. At 15min

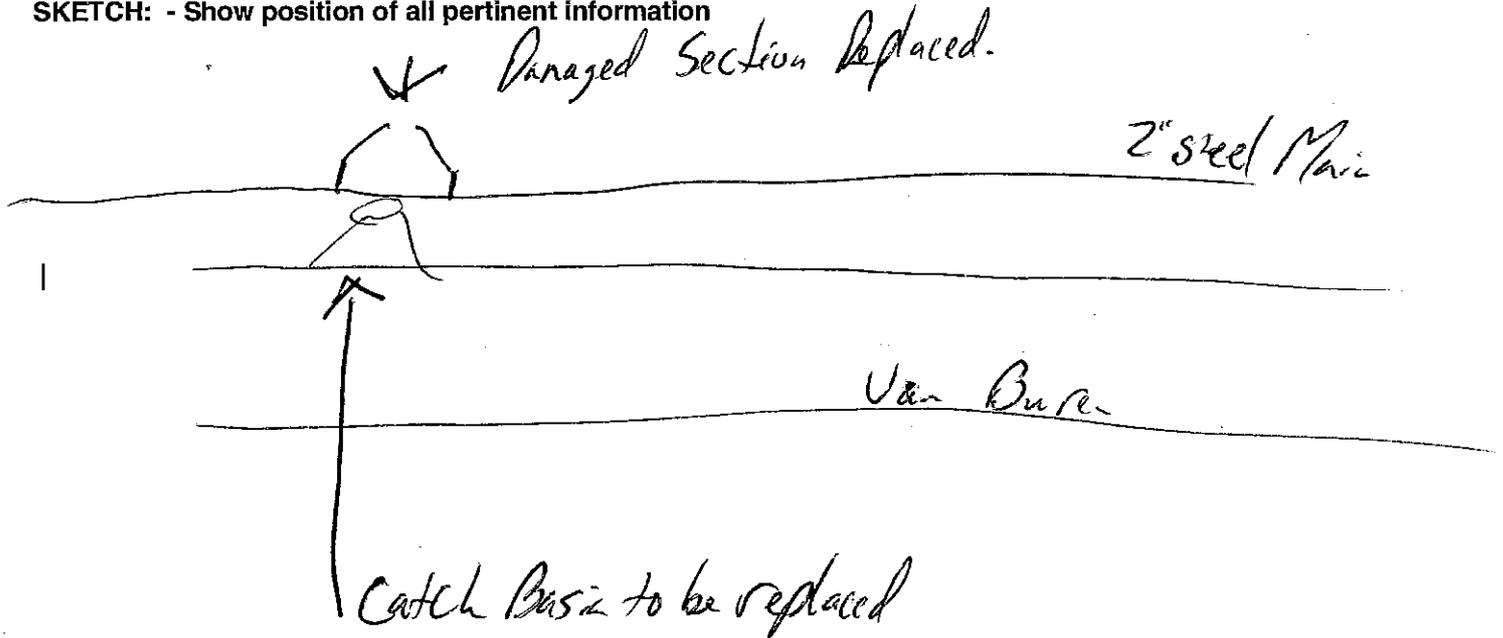
PERSON PREPARING REPORT 121562

FIELD SUPERVISOR J. Springer

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: _____

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Angala MAXIMO WO # M638529
OPERATING AREA CONTACT Jason Sprunger JOB ORDER # 589757
TRACKING NUMBER LOCATE REF # 1212281099
Locate Performed By:

DATE AND TIME OF ACCIDENT 12-28-12 20 1144 M DATE OF REPORT 12-28-12
PLACE OF DAMAGE (INCLUDE CITY) 821 Pearce

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) 44" PRESSURE (PSI) 26 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 1:44 pm TIME SHUT OFF 2:05 PM TIME RESTORED 7:00

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: cut in 1/2 (3/4" 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) Geiger Exs.

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: SE 021859 (ATTACH PHOTOS TO REPORT)
MEDIA ON SITE YES () NO ()

WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW

- () AGRICULTURE/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 EQUIPMENT 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:

Fixed leak with 15' of 1/2 inch pipe
and 2 - 3/4" x 1/2" EF reducer couplings.

PERSON PREPARING REPORT

Steve Landes

FIELD SUPERVISOR

Joe Thomas

FIELD MANAGER _____

- 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: _____

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

DEPTH OF FACILITY (inches) 2 PRESSURE (PSI) 40 Lbs.

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

INTERRUPTION OF SERVICE: YES (X) NO () NUMBER OF CUSTOMERS LOST: 1

DURATION OF INTERRUPTION: TIME REPORTED 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 (X)
HOW LOCATED: PAINT () FLAGS () BOTH () WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) cop:unc me: not

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 # (X) NO

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

- WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW
() AGRICULTURE/FARMING () CABLE TV () CURB/SIDEWALK () TELECOMMUNICATIONS
() BLDG CONSTRUCTION () DEMOLITION () DRAINAGE () WATER
() DRIVEWAY () ELECTRIC () SURVEYING () DRAINS/CULVERTS
() FENCING () GRADING () IRRIGATION () MOWING
(X) LANDSCAPING () PIPELINE () MILLING () OTHER
() POLE/SIGN POST () ROAD WORK () SEWER

- TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW
() AUGER (X) 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
(X) NO NOTIFICATION () MARKS DISTURBED () STUB () OTHER

COMMENTS: Landscaper Pounded 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 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: Geiger Excavating

Business address (*number and street*): 2808 Coliseum Blvd

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

Telephone number (*area code*): 260-459-2005

Fax number (*area code*): 260-459-6034

E-mail address: MHIPL@GEIGEREXCAVATING.COM

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 2, 2013

County: Dekalb

City: Auburn

Street address (*number and street, city, state, and ZIP code*):
836 N. Van Buren, Auburn, IN 46706

Nearest intersection: Prospect

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*): 5

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? 14

Notification, Locating, Marking

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known:

Was the locate request completed within two working days? Unknown/Other

If locates were performed, were they done so by a contractor or pipeline employee? 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? Unknown/Other

Type of markings used: Other

If other, please specify: no locates

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? Unknown/Other

Description of Cause

Select from the list the most accurate cause for the damage: --Failure to maintain the marks

Additional Comments

ticket 1212052856 was expired. ticket 1301020498 was called in the day of the damage.

Fact Based Investigation Report

NOTIFICATION ID: 01820130102003

DISTRICT: Northern IN

DAMAGE DATE: 1/2/2013 10:15:00 AM

NOTIFICATION DATE: 1/2/2013 4:32:19 PM

NOTIFIED BY: TENNEILLE FORD Facility Owner

DAMAGE ADDRESS: 836 N VANBUREN ST X NORTH ST

CITY: AUBURN

ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 01/02/2013

FROM: 16:35:00

TO: 17:00:00

EXCAVATOR INVOLVED: GEIGER EXCAVATING

TYPE OF EXCAVATION: install utilities

ORIG. LOCATE REQ.: 1212052856

START DATE/TIME: 12/7/2012 5:00:00 PM

TYPE OF TICKET: Routine

LOCATE REQ. INFO N/A:

DIG UP/DAMAGE REQ.: M74944229

START DATE/TIME:

PICTURES TAKEN BY: ronald meeks jr

DATE/TIME: 1/2/2013 4:50:00 PM

PHOTOGRAPHY TYPE: Digital

FRAME #:

INVESTIGATOR EMP#: 129852

INVESTIGATOR NAME: jesse thomas

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820130102003

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF

FACILITY ID: Gas Service

LOCATOR NAME & EMP #: Meeks Ronald - 117956

LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:

Contractor Dug Before Ticket Due,
Relocate Needed

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

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

contractor hit svc then called in a new locate ticket. Service was hit around 9:30 am and the new ticket isnt due until 1/4/13 at

9:30am. Old ticket was due back on 12-7-12 and was located correctly. Snow/weather and construction destroyed the marks. Contractor should have waited for the recall to be marked prior to excavation.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

New ticket number is 1301020498

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

n/a

LIST ANY OTHER INDIVIDUALS ON SITE:

n/a

WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL? No

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

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS? No

EXTENT OF FACILITY DAMAGE cut svc line

REPLACEMENT FOOTAGE n/a

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? back hoe

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S) nipsco



Property of United States Infrastructure Corporation
Photo taken on 1/3/2017 4:35:44 PM



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 (NIPSCO)

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: Geiger Excavating

Business address (*number and street*): 2808 Coliseum Blvd

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

Telephone number (*area code*): 260-459-2005

Fax number (*area code*): 260-459-6034

E-mail address: MHIPL@GEIGEREXCAVATING.COM

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 2, 2013

County: Dekalb

City: Auburn

Street address (*number and street, city, state, and ZIP code*):
836 N. Van Buren

Nearest intersection: Prospect

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*): 5

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? 14

Notification, Locating, Marking

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known:

Was the locate request completed within two working days? Unknown/Other

If locates were performed, were they done so by a contractor or pipeline employee? 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? Unknown/Other

Type of markings used: Other

If other, please specify: no locates

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? 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

Ticket 1212052856 was expired. Ticket 1301020498 was called in the day of the damage.



March 12, 2013

Pipeline Safety Division – Case 4434
Indiana Utility Regulatory Commission
101 W. Washington Street, Suite 1500E
Indianapolis, IN 46204-3407

RECEIVED

MAR 18 2013

INDIANA UTILITY
REGULATORY COMMISSION

Re: Geiger Excavating, Inc.
811 Airport North Office Park
Fort Wayne, IN 46825

RE: Pipeline Safety Division Case No. 4434
Notice Dated February 14, 2013
Date of Event: 1/2/2013
Event Location: 826 N. Van Buren, Auburn, Dekalb County
Excavator: Geiger Excavating
Facility Owner: Northern Indiana Public Service Company

This letter is in response to the notice we received from you. We called in a locate prior to starting work on the site. Our ticket # was 1301020498 (see attached).

This was a service that had been replaced at some point. Whoever bored it under the road, installed it very shallow. The line was touching the underside of the cement road at the spot where it was cut, while removing the concrete, so hand digging to find the gas service could start. Even if jack hammering a square out of the road to start hand digging to locate the gas service is recommended the line would have been damaged by the hammer bits. The picture attached shows how shallow over at the edge of the saw cut of the trench the gas service was. We do take do take these utility marks very serious and locate them before we dig.

I have attached a copy of your notice, our original locate confirmation, a picture of the area and a copy of the information request form that was required to be filed out and submitted by email, which we did 3/12/2013.

We take our locates on job sites very seriously and have protocols sent in place to avoid utility hits on our numerous job sites over the years.

If you have any questions please call our office and speak with Jodie Geiger or Julie Jones. at 260-459-2005.

Thank you,

A handwritten signature in black ink that reads 'Jay Geiger'.

Jay Geiger
President



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4434

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: Geiger Excavating, Inc.

Responsible Party Personal Name: Todd Schowe

Title (if any): Operator

Address (number and street): 811 Airport North Office Park

City, State and ZIP Code: Fort Wayne, IN 46825

Preferred Telephone Number (area code): 260-459-2005

Cellular Telephone Number (area code): _____

Email Address: jodiegeiger@geigerexcavating.com

Facility Information:

Business Name: Northern Indiana Public Service Company

Responsible Party Personal Name: _____

Title (if any): _____

Address (number and street): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): 1-800-464-7726

Cellular Telephone Number (area code): _____

Email Address: _____

Locator Service Information:

Business Name: Indiana 811

Responsible Party Personal Name: _____

Title (if any): _____

Address (number and street): PO Box 219

City, State and ZIP Code: Greenwood, IN 46142

Preferred Telephone Number (area code): 317-893-1400

Cellular Telephone Number (area code): 877-230-0495

Email Address: (web site) indiana811.org

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: Todd Schowe

Business/Organization Name: Geiger Excavating, Inc.

Title (if any): Operator

Address (number and street): 811 Airport North Office Park

City, State and ZIP Code: Fort Wayne, IN 46825

Preferred Telephone Number (area code): 260-459-2005

Cellular Telephone Number (area code): _____

Email Address: bmertz@geigerexcavating.com

Utility Line Impact

Location of Damage:

Address (*number and street*): 836 N. Van Buren

City, State and ZIP Code: Auburn, IN

Nearest Intersection: Prospect and Van Buren

Product Type (*select one*): Natural Gas

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

Size (Diameter/etc.): 3/4"

Pressure (PSIG/Inches): _____

Interruption in Service: Yes No Number of Customers Affected: 1

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

Repair Cost (if known): \$ _____

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: 1301020498

- 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

3/4" Gas service on Van Buren 836 N. Van Buren, Auburn, Indiana
 This was a service that had been replaced at some point. Whoever bored it under the road, installed it very shallow. The line was touching the underside of the cement road at the spot where it was cut, while removing the concrete so hand digging to find the gas service could start.
 Even if jack hammering a square out of the road to start hand digging to locate the gas service is recommended, the line would have been damaged by the hammer bits.

The attached picture shows how shallow over at the edge of the saw cut of the trench the gas service was. We do take these utility marks very serious and locate them before we dig.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4434

Your Full Name: Jay Geiger

Full Name of Business / Entity (if applicable): Geiger Excavating, Inc.

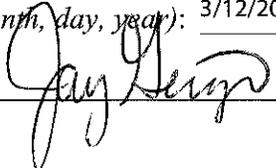
Your Business Title (if applicable): President

Address (number and street): 811 Airport North Office Park

City: Fort Wayne State: IN ZIP Code: 46825

Your E-mail Address: jodiegeiger@geigerexcavating.com

Today's Date (month, day, year): 3/12/2013

Your Signature:  Title (if any) President

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 4434
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov

NORMAL NOTICE

Ticket : 1301020498 Date: 01/02/2013 Time: 09:22 Oper: MARK.HIPLE Chan:000

State: IN Cnty: DEKALB Twp: UNION
 Cityname: AUBURN Inside: Y Near: N
 Subdivision:

Address :
 Street : N VAN BUREN ST
 Cross 1 : PROSPECT ST Within 1/4 mile: Y
 Location: LOCATE VAN BUREN STREET BEGINNING AT 829 VAN BUREN TO 906 VAN BUREN -
 BOTH SIDES OF THE STREET

Grids : 4122B8503B 4122B8503C 4122C8503B 4122C8503C
 Boundary: n 41.377594 s 41.373803 w -85.059635 e -85.055485

Work type : UTILITIES
 Done for : GEIGER EXCAVATING
 Start date: 01/04/2013 Time: 09:30 Hours notice: 48/048 Priority: NORM
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
 Duration : 30 DAYS Depth: 15'

Company : GEIGER EXCAVATING Type: CONT
 Co addr : 2808 W COLISEUM BLVD.
 City : FT WAYNE State: IN Zip: 46804
 Caller : MARK HIPLE Phone: (260)459-2005
 Contact : JASON BALL Phone:
 BestTime:
 Mobile : (260)417-6812
 Fax : (260)459-6034
 Email : MHIPLE@GEIGEREXCAVATING.COM

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

Submitted date: 01/02/2013 Time: 09:22
 Members: ID2200 ID2885 ID8000 NIPSCO SBCIN SM

Member Name	Facility Types
AT&T - DISTRIBUTION	COMMUNICATIONS
AUBURN, CITY OF WATER, SEWER & ELECTRIC	
FRONTIER	TELEPHONE
MEDIACOM LLC- AUBURN	CABLE TV
NIPSCO	GAS & ELECTRIC

Asphalt over
Cement



