



Pipeline Safety Division Investigation Report

Investigation regarding: J And B Builders & Contracting Services, Inc

UPPAC Database Record ID: 4484

Report Date: 4/25/2013

Investigator: Howard Friend

Damage Date: 2/25/2013 11:40:42 AM

Damage Address: 11927 Montego Ln, Keener, Jasper

The Parties

Excavator: J And B Builders & Contracting Services, Inc

Address: 5668 E 1168 N, Demotte, In 46310

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: 1302041991

Original Start Date:

Locate Instructions: This is Island Grove MHP - locate the entire lot number 10 at above address

Follow-Up Locate Instructions (if applicable):

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

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 4/10/2013. The excavator provided notice of excavation on 2/4/13 and damaged the natural gas line twenty one (21) days later. The damage occurred on the lot next to the address that had been requested.

Conclusion: There was a failure to provide notice of excavation by allowing the original locate notice to expire. Also, the excavation extended past the original notice address.

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



150 West Market Street, Suite 600
Indianapolis, IN 46204

April 22, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4484
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4484

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: 2/25/2013

Event Location: 11927 Montego Ln

City: Keener

Facility Owner: Northern Indiana Public Service Company

Excavator: J And B Builders

Other Party: N/A

Pipeline Division Case No. 4484

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,

A handwritten signature in black ink, appearing to read "Christopher Earle".

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. 4484 | |
| Date of Event | 2/25/2013 |
| Event Location | 11927 Montego Ln |
| Event City | Keener |
| Facility Owner | Northern Indiana Public Service Company |
| Excavator | J And B Builders |
| Date of IURC Information Request | 3/27/2012 |
| THE PARTIES | |
| EXCAVATOR: | |
| BUSINESS NAME | J and B Builders |
| RESPONSIBLE PARTY PERSONAL NAME | |
| TITLE (IF ANY) | |
| ADDRESS | 5668 E 1168 N |
| CITY/ STATE/ZIP | Demotte / IN / 46310 |
| PREFERRED TELEPHONE | (219)345-3202 |
| 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 | 11927 Montego Lane |
| CITY/STATE/ZIP | DeMotte / IN / 46310 |
| NEAREST INTERSECTION | Freeport Lane |
| 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) | N |
| NUMBER OF CUSTOMERS AFFECTED | 0 |
| 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) | Y – 1302251225 |
| LOCATE INFORMATION: | |
| EXCAVATOR REQUEST LOCATE (YES/NO) | Y |

| | |
|---|------------|
| INDIANA 811 LOCATE TICKET NUMBER | 1302041991 |
| LOCATE MARKS VISIBLE (YES/NO) | N |
| LOCATE MARKS CORRECT (YES/NO) | N |
| EXCAVATOR "WHITE LINED" (YES/NO) | N |
| MAPS USED TO MARK FACILITIES (YES/NO) | N |
| OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO) | N |
| INCIDENT IMPACT INFORMATION | |
| NUMBER OF OUTPATIENT TREATED | 0 |
| NUMBER OF INPATIENT TREATED | 0 |
| NUMBER OF FATALITIES | 0 |
| FIRE DEPARTMENT RESPONSE (YES/NO) | Y |
| POLICE DEPARTMENT RESPONSE (YES/NO) | N/A |
| AMBULANCE RESPONSE (YES/NO) | N/A |
| ADDITIONAL INFORMATION/COMMENTS | |
| <p>Wrong information provided (the locate was done on a different lot at another address).</p> <p>Emergency ticket# 1302251289.</p> | |

Facility: Distribution Lines; Folder: N/A; Assigned To: USIC

NIPSCO 00436 IUPPSa 02/04/2013 16:45:03 1302041991-00A NORM NEW STRT

NORMAL NOTICE

Ticket : 1302041991 Date: 02/04/2013 Time: 16:39 Oper: SPOPLES Chan:036

State: IN Cnty: JASPER Twp: KEENER
Cityname: DE MOTTE Inside: N Near: Y
Subdivision: ISLAND GROVE MHP Lot: 10

Address : 11927
Street : MONTEGO LN
Cross 1 : FREEPORT LN Within 1/4 mile: Y
Location: THIS IS ISLAND GROVE MHP - LOCATE THE ENTIRE LOT NUMBER 10 AT ABOVE
ADDRESS

Grids : 4108A8716B 4108A8716C
Boundary: n 41.146993 s 41.145825 w -87.275189 e -87.273031

Work type : SEWER LINE REPLACEMENT /REPAIR
Done for : ISLAND GROVE MHP
Start date: 02/06/2013 Time: 17:00 Hours notice: 48/048 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 1 WEEK Depth: 10 FEET

Company : J AND B BUILDERS Type: CONT
Co addr : 5668 E 1168 N
City : DEMOTTE State: IN Zip: 46310
Caller : STACI WEST Phone: (219)345-3202
Contact : JEFF GROSDANIS CELL Phone:
BestTime:
Mobile : (219)405-7783
Fax : (219)345-5165
Email : I.GROVE@MCHSI.COM

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

Submitted date: 02/04/2013 Time: 16:39
Members: ID2009 ID2189 ID3019 ID4601 NIPSCO SM

Facility: Distribution Lines; Folder: N/A; Assigned To: USIC

NIPSCO 00294 IUPPSa 02/25/2013 11:40:47 1302251225-00A EMER DAMG STRT

DAMAGE SEE REMARKS

Ticket : 1302251225 Date: 02/25/2013 Time: 11:37 Oper: HMORRIS Chan:016

State: IN Cnty: JASPER Twp: KEENER
Cityname: DE MOTTE Inside: N Near: Y
Subdivision: ISLAND GROVE MHP Lot: 10

Address : 11927
Street : MONTEGO LN
Cross 1 : FREEPORT LN Within 1/4 mile: Y
Location: THIS IS ISLAND GROVE MHP - LOCATE THE ENTIRE LOT NUMBER 10 AT ABOVE
ADDRESS
:
Grids : 4109A8716B 4109A8716C
Boundary: n 41.146993 s 41.145825 w -87.275189 e -87.273031

Work type : SEWER LINE REPLACEMENT /REPAIR
Done for : ISLAND GROVE MHP
Start date: 02/25/2013 Time: 11:37 Hours notice: 0/000 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 1 WEEK Depth: 10 FEET

Company : J AND B BUILDERS Type: CONT
Co addr : 5668 E 1168 N
City : DEMOTTE State: IN Zip: 46310
Caller : STACI WEST Phone: (219)345-3202
Contact : JEFF GROSDANIS CELL Phone:
BestTime:
Mobile : (219)405-7783
Fax : (219)345-5165
Email : I.GROVE@MCHSI.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
NIPSCO GAS LINE IS CLAMPED OFF AND STILL BLOWING - BETWEEN LOTS 10 AND 11 -
ORANGE PLASTIC LINE APPROX. 3/4IN DIAMETER - HAVE CALLED NIPSCO AND 911 - CREW
IS ON SITE - PREVIOUS TICKET - 1302041991
Will you be white-lining the dig site area? NO
:

Submitted date: 02/25/2013 Time: 11:37
Members: ID2009 ID2189 ID3019 ID4601 NIPSCO SM

Facility: Distribution Lines; Folder: N/A; Assigned To: USIC - Company Request

NIPSCO 00310 IUPPSa 02/25/2013 11:57:02 1302251289-00A EMER NEW GRID

EMERGENCY EMERGENCY

Ticket : 1302251289 Date: 02/25/2013 Time: 11:47 Oper: DBROOKING Chan:008

State: IN Cnty: JASPER Twp: KEENER
Cityname: DE MOTTE Inside: N Near: Y
Subdivision:

Address : 11927
Street : MONTEGO LN
Cross 1 : FREEPORT LN Within 1/4 mile: Y
Location: DIG SITE IS IN ISLAND GROVE MOBILE HOME PARK--LOCATE ENTIRE PROPERTY
AT LOT 10

:
Grids : 4108A8716B 4108A8716C 4108B8716B 4108B8716C
Boundary: n 41.148033 s 41.145399 w -87.276156 e -87.272665

Work type : REPAIR GAS LINE
Done for : NIPSCO
Start date: 02/25/2013 Time: 11:48 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 : MARCIA KING Phone: (800)322-2806
Contact : MARCK SCHIESSLE--CELL Phone:
BestTime:
Mobile : (219)746-8237
Fax : (219)647-4764

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

Submitted date: 02/25/2013 Time: 11:47
Members: ID2009 ID2189 ID3019 ID4601 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Crown Point MAXIMO WO # _____

OPERATING AREA CONTACT _____ JOB ORDER # 584021

TRACKING NUMBER 01820130225005 LOCATE REF # 1302041191

Locate Performed By: LSIC

DATE AND TIME OF ACCIDENT 2-25-13 2013, 10 M DATE OF REPORT 2-25-13

PLACE OF DAMAGE (INCLUDE CITY) 11921 Montgoe Ln, Nemotte 46310

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) 18' 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: 0

DURATION OF INTERRUPTION: TIME REPORTED 1239 TIME SHUT OFF 1110 TIME RESTORED _____

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 5/8"

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

PARTY THAT CAUSED DAMAGES (NAME) Island Grove J&B Builders, 5668 E 1168N, DeMotte, IN 46310

ADDRESS OF PARTY (INCLUDE CITY) 9267 Bohanna Dr. Demotte (219) 345-3202

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Adam Dawson

WITNESS NAME AND ADDRESS _____

WITNESS REMARKS _____

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

FIRE AGENCY Kearns Township 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 Jon Budtz

FIELD SUPERVISOR 

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: _____

Fact Based Investigation Report

Notification ID 01820130225005
Damage Date 02/25/2013 11:40
Notified By STACI WEST ()
Damage Address 11927 MONTEGO LN
DE MOTTE, IN
District Northern Indiana
Notification Date 02/25/2013
11:45

Damaged Customer NIPSCO

Investigation Date From 02/25/2013 12:10:00 **To** 02/25/2013 12:30:00

Excavator Involved J&B BUILDERS
Type of Excavation SEWER REPAIR

Orig. Locate Request 1302041991 **Start Date**
Type of Ticket **Locate Req. Info** N/A

Damage Request # 1302251225 **Start Date**

Pictures Taken By ROB PUENT **Date** 02/25/2013 12:15
Photography Type Digital **Frame #** NA

Investigator Emp. # 125915 **Investigator Name** ROB PUENT
Based on your investigation, is further investigation needed? Possibly

Fact Based Investigation Customer Information

Facility Description Low Profile **Facility ID** Gas Service
Locator Name & EMP # Puent Robert - 125915 **Locator Not Known**

Investigation Findings

Other
Other Notes
NOT MARKED

Investigation Methods

Visual, Facility Exposed At Time Of Investigation

Investigator Statement/Causal Factors

CONTRACTOR CUT A PL. GAS SERVICE THAT FED LOT 11. TICKET ASKED FOR LOT 10 TO BE LOCATED, WE MARKED LOT 10 BUT DID NOT VERIFY SERVICE FOR LOT 11 WHOSE RISER IS ON SIDE FACING LOT 10.

Names of Utility Representatives Contacted or on Site and Statement

NA

Names of Excavator's Representatives Contacted or on Site and Statement

NA

Other individuals on site

NA

| | |
|---|-----------------|
| Were any markings visible on the damage site upon arrival? | No |
| Were any other indicators of facility present in the area? | Yes |
| Was the excavation within the tolerance zone of marks? | No |
| Extent of facility damage | CUT PL. SERVICE |
| Replacement Footage | 2 FT |
| Was contractor assistance required? If yes, who? | No |
| What contractor equipment was used? | NA |
| Is the facility shown on the utility records? | No |
| If yes, list record numbers | |



Property of United States Infrastructure Corporation
Photo taken on 2/25/2013 12:39:27 PM



INFORMATION REQUEST

State Form 54909 (R / 3-13)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4484

Date of Damage (*month, day, year*): February 25, 2013

Location of Damage:

Address (*number and street*): 11927 Montego Ln. (Lot 10)

City, State and ZIP Code: Demotte, IN 46310

Nearest Intersection: State Rd. 10/ 600 E

Excavator Information:

Business Name: J&B Builders & Contracting Services, Inc.

Responsible Party Personal Name: Jeff Grosdanis

Title (*if any*): Owner, President

Address (*number and street*): 5668 E 1168 N

City, State and ZIP Code: Demotte, IN 46310

Preferred Telephone Number (area code): (219) 345-3202

Email Address: i.grove@mchsi.com

Utility Information:

Utility Name: NIPSCO

Contact Person: _____

Title (*if any*): _____

Cause of Damage Information

Type of Equipment (select one):

Type of Work Performed (select one):

Repair Cost: \$ 1500.00

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: 1302041991

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

Full Locate Was Requested By J&B Builders & Contracting Services, Inc.
Locates Were Only Provided At Back Of Property, along fence line.
J&B Builders acknowledged the locates, and felt comfortable proceeding with on site digging.
Adam Dawson, employee of J&B Builders & Contracting Services, Inc. began digging. When he realized a gas line had been jeopardized he immediately contacted all necessary individuals.

J&B Builders & Contracting Services, Inc. has completed many jobs within Island Grove MHC, and realizes the importance of safety and guidelines. It is our goal to always provide a safe working atmosphere. It is customary for J&B Builders & Contracting Services, Inc. to request a full locate regardless of the location. We are, at this time, mailing the only photographs we have available to us directly to you.

If there is any additional information we can provide please contact our office at any time. We apologize for this claim, and hope that this can be rendered soon.

Printed Name: JEFF GRASDANIS

Signature: JEFF GRASDANIS Date (month, day, year): 4/10/13

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

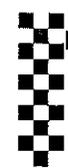
Please return completed form to:

PipelineDamageCase@urc.in.gov

Or mail to:

**Indiana Utility Regulatory Commission
Pipeline Safety Division - Case Number 4484
101 West Washington Street, 1500E
Indianapolis, IN 46204**

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



FACSIMILE COVER PAGE

RECIPIENT: INDIANA UTILITY REGULATORY

COMPANY NAME: _____

FACSIMILE #: _____

TELEPHONE #: _____

DATE SENT: 04/10/2013 11:16 AM

PAGES SENT: _____ (Including Cover Page)

SENDER Barb/Staci

TELEPHONE #: 317-233-2410

REGARDING: _____

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THIS MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY THE SENDER IMMEDIATELY AT THE TELEPHONE NUMBER PRINTED ABOVE.
