



Pipeline Safety Division Investigation Report

Investigation regarding: **Filson Earth Work Company, Inc**

UPPAC Database Record ID: 449

Investigator: Howard Friend

Report Date: 5/15/2012

Damage Date: 6/2/2011 11:34:25 AM

Damage Address: 988 W 350 N

City: Sharpsville

County: Tipton

The Parties

Excavator: **Filson Earth Work Company, Inc**

Contact: Aaron Hughes

Address: Po Box 538, Noblesville, In 46061

Telephone:

Facility Owner: NIPSCO

Contact: Kit Earle

Address: 101 West Ohio Street, Indianapolis, IN 46204

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Investigation regarding: Filson Earth Work Company, Inc

UPPAC Database Record ID: 449

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$88

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1105262432

Type of Equipment: Grader/Scraper

Type of work performed: Grading

Synopsis: A natural gas line was damaged during excavation while grading for a parking lot.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 3/2/2012. The excavator had a valid locate and accurate locate markings however, there was a failure to maintain two (2) feet of clearance with mechanized equipment.

Conclusion: There was a failure to maintain two (2) feet of clearance with mechanized equipment.

Violation: IC 8-1-26-20(b): Failure to plan excavation to avoid damage or interference with underground facilities; Failure to maintain two (2) feet clearance with mechanized equipment.

Filson Earth Work Company, Inc currently has 4 reports of damages in the record, between 10/30/2009 and 6/2/2011 11:34:25 AM.

NO

LOCATE

TICKET

PROVIDED



101 West Ohio Street
Suite 1707
Indianapolis, IN 46204

April 16, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 449
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 449

To Whom It May Concern:

Attached please find Northern Indiana Public Service Company's ("NIPSCO") written information relating to the following event:

Date of Event: 6/2/2011

Event Location: 988 W 350 N, Sharpsville

Facility Owner: NIPSCO

Excavator: Filson Earth Work Company, Inc

Other Party: N/A

Pipeline Division Case No. 449

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. NIPSCO is also providing a copy of the investigation report prepared by NIPSCO's locate contractor.

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. 449**

Date of Event	6/2/2011
Event Location	988 W 350 N, Sharpsville
Facility Owner	Northern Indiana Public Service Company
Excavator	Filson Earth Work Company, Inc
Date of IURC Information Request	1/30/2012

THE PARTIES**EXCAVATOR:**

BUSINESS NAME	Filson Earthwork Company
RESPONSIBLE PARTY PERSONAL NAME	Arron
TITLE (IF ANY)	
ADDRESS	21785 Riverwood Aven
CITY/ STATE/ZIP	Noblesville, IN 46062
PREFERRED TELEPHONE	1-317-774-3180
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	Kokomo (NIPSCO) locates 'in-house'
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	
CITY/ STATE/ZIP	

PREFERRED TELEPHONE
CELL PHONE TELEPHONE
EMAIL ADDRESS

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
CITY/STATE/ZIP
NEAREST INTERSECTION

998 W. 350 N.
Sharpsville, IN

PRODUCT TYPE (Select One)

NATURAL GAS
LIQUID PIPELINE
UNKNOWN/OTHER

X

FACILITY TYPE (Select One)

DISTRIBUTION
GATHERING
SERVICE/DROP
TRANSMISSION
UNKNOWN/OTHER

X

SIZE (DIAMETER/ETC.)
PRESSURE (PSIG/INCHES)
INTERRUPTION IN SERVICE (YES/NO)
NUMBER OF CUSTOMERS AFFECTED
EVACUATION (YES/NO)
IF YES, HOW MANY EVACUATED

1/2" plastic
40

REPAIR COST (IF KNOWN) (\$) \$88.20

CAUSE OF DAMAGE INFORMATION:

TYPE OF EQUIPMENT (Select One)

- Auger
- Backhoe/Trackhoe
- Boring/Drilling
- Directional Drilling
- Explosives
- Farm Equipment
- Grader/Scraper
- Hand Tools
- Milling Equipment
- Probing Device
- Trancher
- Vacuum Equipment
- Unknown/Other

X

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

X - Parking Lot

Road Work	
Sewer (Sanitary/Storm)	
Site Development	
Steam	
Storm Drain/Culvert	
Street Light	
Telecommunications	
Traffic Signal	
Traffic Sign	
Water	
Waterway Improvement	
Unknown/Other	
RELEASE OF PRODUCT (YES/NO)	Y
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	Y
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y
INDIANA 811 LOCATE TICKET NUMBER	1105262432
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 FACILITIES	0
FIRE DEPARTMENT RESPONSE (YES/NO)	Unknown
FPOLICE DEPARTMENT RESPONSE (YES/NO)	Unknown
AMBULANCE RESPONSE (YES/NO)	Unknown
ADDITIONAL INFORMATION/COMMENTS	Excavator hit an accurately marked service - Due to failing to hand expose and at damage location elevation of service changed by several inches from where it was last spotted

Fact Based Investigation Report

NOTIFICATION ID: 01120110602008 **DISTRICT:** Central IN **DAMAGE DATE:**
6/2/2011 11:32:00 AM **NOTIFICATION DATE:** 6/2/2011 11:39:01 AM **NOTIFIED BY:**
AARON HUGHES One Call Center **DAMAGE ADDRESS:** 988 W 350 N
SHARPSVILLE **CITY:** LIBERTY **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NON SMP CUSTOMER

INVESTIGATION DATE: 06/02/2011 **FROM:** 11:40:00 **TO:** 11:45:00

EXCAVATOR INVOLVED: FILSON EARTH WORK COMPANY INCORPORATED
TYPE OF EXCAVATION: EXC

ORIG. LOCATE REQ.: **START DATE/TIME:** **TYPE OF TICKET:** **LOCATE REQ. INFO**
N/A: Yes

DIG UP/DAMAGE REQ.: 1106021568 **START DATE/TIME:** 6/2/2011 11:40:00 AM

PICTURES TAKEN BY: MIKE HARRIS **DATE/TIME:** 6/2/2011 12:00:00 AM
PHOTOGRAPHY TYPE: Digital **FRAME #:** N/A

INVESTIGATOR EMP#: 116658 **INVESTIGATOR NAME:** MIKE HARRIS **BASED ON**
YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

-

DAMAGE SEE REMARKS

449

Ticket : 1106021568 Date: 06/02/2011 Time: 11:32 Oper: DKNOOP Chan:089

State: IN Cnty: TIPTON Twp: LIBERTY
 Cityname: SHARPSVILLE Inside: N Near: Y
 Subdivision:

Address : 988
 Street : W 350 N
 Cross 1 : IN RT 19 Within 1/4 mile: Y
 Location: LOCATE THE ENTIRE PROPERTY - THIS IS APPROX 5 ACRES AND ROAD FRONTAGE
 IS APPROX 1000 FEET AND APPROX 1000 FEET NORTH INTO PROPERTY
 :
 Grids : 4021C8601C 4021B8601C 4021C8601B 4021B8601B 4021C8601A
 Grids : 4021B8601A

Work type : POND EXCAVATION STORM SEW ER AND GRADING
 Done for : S AND B CONSTRUCTION
 Start date: 06/02/2011 Time: 11:32 Hours notice: 0/000 Priority: EMER
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
 Duration : 3 MONTHS Depth: 9 FEET

Company : FILSON EARTH WORK COMPANY INCORPORATED Type: CONT
 Co addr : PO BOX 538
 City : NOBLESVILLE State: IN Zip: 46061
 Caller : AARON HUGHES Phone: (317)774-3180
 Contact : AARON HUGHES CELL Phone:
 BestTime:
 Mobile : (317)714-2890
 Fax : (317)774-3181

Remarks : All tickets are taken and processed on Eastern Daylight Time
 GAS LINE HIT--GAS NOT BLOWING--HAVE NOT CALLED 911--KOKOMO GAS UTILITY--LINE HIT
 EASTSIDE OF PROPERTY TO TEMPORARY CLASSROOMS--CREW ON SITE---HAVE NOT CALLED
 UTILITY PREVIOUS TICKET 1105262432 THANK YOU
 Will you be white-lining the dig site area? NO
 :

Submitted date: 06/02/2011 Time: 11:32
 Members: ID0002 ID2181 ID4636 ID8011 ID8060 SM

Member Name	Facility Types
DUKE ENERGY / FORMERLY CINERGY	ELECTRIC
INDIANA FIBER NETWORK, LLC	FIBER OPTIC
KOKOMO GAS AND FUEL COMPANY	GAS
SMITHVILLE TELEPHONE COMPANY, INC	TELEPHONE
TIPTON TELEPHONE CO. T.D.S.	TELEPHONE

[View Map](#) [Close Map](#)

NORMAL NOTICE

449

Ticket : 1105262432 Date: 05/26/2011 Time: 15:40 Oper: DSEGO Chan:000

State: IN Cnty: TIPTON Twp: LIBERTY
 Cityname: SHARPSVILLE Inside: N Near: Y
 Subdivision:

Address : 988
 Street : W 350 N
 Cross 1 : IN RT 19 Within 1/4 mile: Y
 Location: LOCATE THE ENTIRE PROPERTY - THIS IS APPROX 5 ACRES AND ROAD FRONTAGE
 IS APPROX 1000 FEET AND APPROX 1000 FEET NORTH INTO PROPERTY
 :
 Grids : 4021C8601C 4021B8601C 4021C8601B 4021B8601B 4021C8601A
 Grids : 4021B8601A

Work type : POND EXCAVATION STORM SEW ER AND GRADING
 Done for : S AND B CONSTRUCTION
 Start date: 05/31/2011 Time: 16:00 Hours notice: 120/048 Priority: NORM
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
 Duration : 3 MONTHS Depth: 9 FEET

Company : FILSON EARTH WORK COMPANY INCORPORATED Type: CONT
 Co addr : PO BOX 538
 City : NOBLESVILLE State: IN Zip: 46061
 Caller : AARON HUGHES Phone: (317)774-3180
 Contact : AARON HUGHES CELL Phone:
 BestTime:
 Mobile : (317)714-2890
 Fax : (317)774-3181

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

Submitted date: 05/26/2011 Time: 15:40
 Members: ID0002 ID2181 ID4636 ID8011 ID8060 SM

Member Name	Facility Types
DUKE ENERGY / FORMERLY CINERGY	ELECTRIC
INDIANA FIBER NETWORK, LLC	FIBER OPTIC
KOKOMO GAS AND FUEL COMPANY	GAS
SMITHVILLE TELEPHONE COMPANY, INC	TELEPHONE
TIPTON TELEPHONE CO. T.D.S.	TELEPHONE

[View Map](#) [Close Map](#)

CASE #449



KOKOMO GAS AND FUEL COMPANY

PROPERTY DAMAGE REPORT (CLAIMS FOR THE COMPANY)

FORWARD ORIGINAL AND 1 COPY

ALL DAMAGES TO PROPERTY MUST BE REPORTED TO THE CLAIMS DEPARTMENT

REPORTING OPERATING AREA _____ CLAIM NUMBER _____

OPERATING AREA CONTACT _____ JOB ORDER NUMBER _____

TRACKING NUMBER TRIED TO CONTACT (NO LUCK) LOCATE REF NUMBER _____
NO LOCATE REQUESTED

1. DATE AND HOUR OF DAMAGE 6/2/2011 12:00PM₂₀ M DATE OF THIS REPORT _____

2. PLACE OF DAMAGE (INCLUDE CITY) 988 W 350 N TIPTON Co.

3. DAMAGE WAS TO 1/2 GAS SERVICE/MAIN - SIZE PLASTIC OTHER ARRON

4. PARTY RESPONSIBLE FOR DAMAGES (NAME) FILSON EARTHWORK CO. INC. (317) 774-3180
(ADDRESS, CITY, STATE, ZIP) 21785 RIVERWOOD AVE NOBLESVILLE 46062

5. WHO WAS IN CHARGE OF WORK AT PLACE AND TIME OF DAMAGE/CONTRACTORS FOREMAN _____

6. NAME AND ADDRESS OF WITNESS _____

7. REMARKS OF WITNESSES _____

8. POLICE REPORT ATTACHED (# _____) (IF NO POLICY REPORT - WHY) _____

9. PHOTOS TAKEN YES NO (IF YES PLEASE FORWARD WITH COMPLETED PROPERTY DAMAGE REPORT.)

10. WORK IN PROGRESS WHEN DAMAGE OCCURRED:
- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> SEWER | <input type="checkbox"/> ROAD CONSTRUCTION | <input type="checkbox"/> FENCE WORK |
| <input type="checkbox"/> WATER | <input type="checkbox"/> CULVERTS OR DRAINS | <input checked="" type="checkbox"/> DRIVEWAY (PARKING LOT) |
| <input type="checkbox"/> ELECTRIC | <input type="checkbox"/> DITCH CLEANING | <input type="checkbox"/> CURB OR SIDEWALK |
| <input type="checkbox"/> TELEPHONE | <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> IRRIGATION |
| <input type="checkbox"/> TV CABLE | <input type="checkbox"/> POLE OR SIGN INSTALLATION | <input type="checkbox"/> BUILDING CONSTRUCTION |
| <input type="checkbox"/> OTHER _____ | | |

11. REASON DAMAGE OCCURRED:
- | | |
|--|--|
| <input type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> INACCURATE LOCATION |
| <input type="checkbox"/> CARELESS MACHINE OPERATOR | <input type="checkbox"/> INSUFFICIENT TIME NOTIFICATION |
| <input checked="" type="checkbox"/> DELIBERATE | <input type="checkbox"/> AUTOMOTIVE ACCIDENT |
| <input checked="" type="checkbox"/> FAILURE TO HAND EXPOSE | <input checked="" type="checkbox"/> OTHER <u>RAPID CHANGE IN ELEVATION</u> |

OPINION AND RECOMMENDATION: BILL DO NOT BILL (REASON: CONTRACTOR DID SPOT, BUT SEVERAL FEET AWAY THE PIPE CAME UP SEVERAL INCHES.)

FIRST RESPONDER SCOTT AULT

SUPERVISOR SUSAN SPARKS

(SKETCH ON OTHER SIDE)

LEAK INVESTIGATION FORM

CASE #449

Section 1 - To be Completed by the First Responder (information known during initial investigation)

CIS Ticket Number: 329772209 Date Reported: 6 - 2 - 2011 Time Leak Reported (Military): 12:00 PM
LOA: Kokomo GPS Coordinates: Latitude _____ N Longitude _____ W
City Name: SHARPSVILLE
Address or Location: 988W 350N 131379

- Leak Location:**
- No Leak Found
 - Customer Equip.
 - Main
 - Service
 - Meter Loop (Lockwing and above)
 - Regulator Station

For Services Only:
Re-tested at 100 LBS SIG
for 15 minutes

- Leak Grade:**
- Hazardous
 - Non-Hazardous, Scheduled Repairs
 - Non-Hazardous, Monitored

- Leak Resolution** M221091 RWO
- Leak Repaired M221162 FOWE
 - Pipe Replaced } Leak Closed
 - Pipe Retired }
 - Grade 2 or 3 Leak Not Repaired To be scheduled for re-evaluation/repair

If marked and not making repairs you must complete **bold box** below.
If repairs are made, complete all Section 2.

Residual Gas Present: Yes No (Grade 1 Leak Only)

1st Responder: User ID: 120197 SCOTT O. AULT Leak Referred to: _____
(FIRST NAME) (MI) (LAST NAME)

Section 2 - To be Completed by the Person Making Repairs to a Grade 1, 2 or 3 Leak

Comments: SERVICE WAS CUT IN HALF - REPAIRED WITH 2 1/2" PERMAENTS AND 3FT OF 1/2" PLASTIC PIPE.

Repaired/Inspected: 6 - 2 - 2011 Time: 12:30 (Military) User ID: 120197 SCOTT O. AULT
MO DAY YR HR MIN (FIRST NAME) (MI) (LAST NAME)

Cause of Leak:

- A. Material or Welds**
- Faulty weld, dent, gouge, excess stress
 - Manufacturing defect
- B. Corrosion**
- External
 - Internal
 - Stress Corrosion Cracking (must be confirmed by Corrosion group)

- C. Weather/Outside Forces**
- Natural Forces (weather, washouts, frost heave, frozen equipment etc.)
 - Other Outside Forces (fire, explosion, vandalism etc.) (explain in comments)

- E. Equipment Failure and Operations**
- Inadequate or failure to follow correct procedures
 - Equipment Malfunction (i.e. gasket/o-ring failure, stripped threads etc.)
- F. Other (Explain in comments) (includes thread leak):**

- D. Excavation** **Identificator:** _____
- Company Crew
 - Contractor Crew FILSON EARTHWORK
 - Third Party
- Third Party Name: _____

- Locate Information:**
- No Locate Request
 - Request, No Locate
 - Mislocated
 - Accurate Locate

CIS Grid Number: _____ Pipe Size: 1/2" inches CO. INC. Soil Condition: dry moist wet
Corrosion CP Section Number (Steel): _____ Transmission Line section _____

Section 3 - For Reporting Results of a Scheduled Re-inspection or Repair ONLY.

<p>Re-evaluated Leak Resolution</p> <ol style="list-style-type: none"> <input type="checkbox"/> Leak Repaired <input type="checkbox"/> Pipe Replaced <input type="checkbox"/> Pipe Retired <input type="checkbox"/> No Leak Found <input type="checkbox"/> Leak Re-classified <input type="checkbox"/> Grade 2 or 3 Leak, Schedule for repair/re-evaluation 	<p>Re-classified Leak Grade:</p> <ol style="list-style-type: none"> <input type="checkbox"/> Hazardous <input type="checkbox"/> Non-Hazardous, Scheduled Repairs <input type="checkbox"/> Non-Hazardous, Monitored 	<p>Material:</p> <ol style="list-style-type: none"> <input type="checkbox"/> Coated Steel <input type="checkbox"/> Bare Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron <input type="checkbox"/> Copper <input type="checkbox"/> Wrought Iron 	<p>Pipeline Identifier:</p> <ol style="list-style-type: none"> <input type="checkbox"/> Distribution <input type="checkbox"/> Transmission <input type="checkbox"/> Transmission HCA
<p>Re-evaluation Comments: _____</p>			
<p>Repaired/Re-evaluated: _____ Time: _____ (Military) User ID: _____ MO DAY YR HR MIN (FIRST NAME) (MI) (LAST NAME)</p>			

Information Request

RECEIVED

FEB 16 2012

Pipeline Safety Division
Indiana Utility Regulatory Commission INDIANA UTILITY REGULATORY COMMISSION

Case No. 449

The Pipeline Safety Division of the Indiana Utility Regulatory Commission requests any and all information you can provide regarding the following criteria:

The Parties:

Excavator Information:

Business Name: Filson Earthwork Co. Inc.

Responsible Party Personal Name: Aaron Hughes

Title (if any): Project Manager

Address: P.O. Box 538

City, State Zip: Noblesville, IN 46061

Preferred Telephone: (317) 774-3180

Cell Phone Number: (317) 714-2890

Email Address: aaronhughes.filson@comcast.net

Facility Information:

Business Name: Kokomo Gas & Fuel

Responsible Party Personal Name:

Title (if any):

Address: 360 Market Rd

City, State, Zip: Tipton, IN 46072

Preferred Telephone:

Cell Phone Number:

Email Address:

Locator Service Information:

Business Name: I.U.P.S.

Responsible Party Personal Name:

Title (if any):

Address: P.O. Box 218

City, State Zip: Greenwood, IN 46142

Preferred Telephone: (317) 893-1400

Cell Phone Number:

Email Address:

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

Personal Contact:

Business/Organization Name:

Title (if any)

Address:

City, State, Zip:

Preferred Telephone:

Cell Phone Number:

Email Address:

Utility Line Impact:

Location of Damage:

Address: 998 W. 350 N.

City, State Zip: Sharpville, IN 46068

Nearest Intersection: S.R. 19

Product Type (circle one):

Natural Gas

Liquid Pipeline

Unknown/Other

Facility Type (circle one):

Distribution

Gathering

Service/Drop

Transmission

Unknown/Other

Size (Diameter/etc.): 1"

Pressure (PSIG/Inches): unknown

Interruption in Service: Yes / No

Number of Customers Affected: 1

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

Repair Cost (if known): \$ 88.20

Cause of Damage Information:

Type of Equipment (circle one):

Auger
Backhoe/Trackhoe
Boring /Drilling
Directional Drilling
Explosives
Farm Equipment
Grader/Scraper
Hand Tools
Milling Equipment
Probing Device
Trencher
Vacuum Equipment
Unknown/Other Dozer

Type of Work Performed (circle 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)
Site Development
Steam
Storm Drain/Culvert
Street Light
Telecommunications
Traffic Signal
Traffic Sign
Water
Waterway Improvement
Unknown/Other

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: 1105262432

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:

Marked gas line was exposed in multiple locations to verify depth. At the point of damage, the gas line deviated significantly in depth from the surrounding exposed locations.

YOUR PIPELINE SAFETY DIVISION CASE NO. 449

YOUR FULL NAME: Aaron Hughes

FULL NAME OF BUSINESS/ENTITY (if applicable): Filson Earthwork Co., Inc.

YOUR BUSINESS TITLE (if applicable): Project Manager

ADDRESS: P.O. Box 538

CITY: Noblesville, STATE: IN ZIP CODE: 46061

YOUR TELEPHONE NUMBER: (317) 774 - 3180 SECOND NO. (317) 774 - 2890

YOUR EMAIL ADDRESS: aaron.hughes.filson@comcast.net

TODAY'S DATE: 2/15/12

YOUR SIGNATURE:  TITLE (if any) Project Manager

Please return your Narrative Statement and Answers to the above questions to:

Pipeline Safety Division – Case No. _____
Indiana Utility Regulatory Commission
101 West Washington Street, # 1500E
Indianapolis, IN 46204

Or scan document(s) and Email to:

PipelineDamageCase@urc.in.gov