



INDIANA UTILITY REGULATORY COMMISSION  
101 W. WASHINGTON STREET, SUITE 1500E  
INDIANAPOLIS, INDIANA 46204-3407

<http://www.in.gov/iurc>  
Office: (317) 232-2701  
Facsimile: (317) 232-6758

## Pipeline Safety Division Investigation Report

### Investigation regarding: Xtreme Contractors

UPPAC Database Record ID: 4519

Report Date: 8/13/2013

Investigator: Mike Orr

Damage Date: 1/18/2013

Damage Address: 905 S. South Street, Brookston, White

### The Parties

Excavator: **Xtreme Contractors**

Address: 348 East US Rt 24, Reynolds, In 47980

Facility Owner: **NIPSCO**

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Drainage

### 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: 1301081545

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

**Synopsis:** Excavator struck and damaged an underground natural gas service while performing drainage work.

**Findings:** Reported by Carrie Ludwig (NIPSCO); excavator did not respond to initial notice mailed 3/27/2013. The excavator failed to maintain required clearance from the gas main with the backhoe.

**Conclusion:** There was a failure to use hand tools where required within the tolerance zone.

**Violation: IC 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

April 23, 2012

*Via Electronic Transmission – [PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)*

Pipeline Safety Division – Case No. 4519  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4519

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: 1/18/2013

Event Location: 905 S. South Street

City: Brookston

Facility Owner: Northern Indiana Public Service Company

Excavator: Xtreme Contractors

Other Party: N/A

Pipeline Division Case No. 4519

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](mailto:cearle@nisource.com)

<b>IURC INFORMATION REQUEST</b>	
<b>Pipeline Safety Division Case No. 4519</b>	
Date of Event	1/18/2013
Event Location	905 S. South Street
Event City	Brookston
Facility Owner	Northern Indiana Public Service Company
Excavator	Xtreme Contractors
Date of IURC Information Request	3/27/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Xtreme Contractors
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	348 East US RT 24
CITY/ STATE/ZIP	Reynolds / IN / 47980
PREFERRED TELEPHONE	(219)984-5144
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<b>FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:</b>	
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
<b>LOCATOR SERVICE INFORMATION</b>	
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
<b>OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION</b>	
PERSONAL CONTACT	
BUSINESS/ORGANIZATION NAME	
TITLE (IF ANY)	

ADDRESS	
CITY/ STATE/ZIP	
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<b>UTILITY LINE IMPACT</b>	
<b>LOCATION OF DAMAGE</b>	
ADDRESS	905 South Street
CITY/STATE/ZIP	Brookston / IN / 47923
NEAREST INTERSECTION	E 8 <sup>th</sup> Street
<b>PRODUCT TYPE (Select One)</b>	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
<b>FACILITY TYPE (Select One)</b>	
DISTRIBUTION	
GATHERING	
SERVICE/DROP	X
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	5/8"
PRESSURE (PSIG/INCHES)	35
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	N
IF YES, HOW MANY EVACUATED	
REPAIR COST (IF KNOWN) (\$)	
<b>CAUSE OF DAMAGE INFORMATION:</b>	
<b>TYPE OF EQUIPMENT (Select One)</b>	
Auger	
Backhoe/Trackhoe	X
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	
Probing Device	

Trencher	
Vacuum Equipment	
Unknown/Other	
<b>TYPE OF WORK PERFORMED (Select One)</b>	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	
Bldg. Demolition	
Drainage	X
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)	Y
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	N
<b>LOCATE INFORMATION:</b>	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1301081545
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
<b>INCIDENT IMPACT INFORMATION</b>	
NUMBER OF OUTPATIENT TREATED	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FATALITIES	0
FIRE DEPARTMENT RESPONSE (YES/NO)	N/A
POLICE DEPARTMENT RESPONSE (YES/NO)	N/A
AMBULANCE RESPONSE (YES/NO)	N/A
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
Failure to use hand tools where required.	

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

NIPSCO 00476 IUPPSa 01/08/2013 15:24:58 1301081545-00A NORM NEW STRT

NORMAL NOTICE

Ticket : 1301081545 Date: 01/08/2013 Time: 15:19 Oper: SLUCAS Chan:060

State: IN Cnty: WHITE Twp: PRAIRIE  
Cityname: BROOKSTON Inside: Y Near: N  
Subdivision:

Address :

Street : S SOUTH ST

Cross 1 : E 8TH ST Within 1/4 mile: Y

Location: LOCATE FROM THE CURB TO THE HOUSE TO INCLUDE THE ADDRESSES OF 900 902  
904 906 AND 908 S SOUTH ST - ALSO INCLUDE THE ASPHALT CUL DE SAC AREA IN FRONT  
OF THESE ADDRESSES

:

Grids : 4035A8651A 4035A8652D 4035B8651A 4035B8652D 4036C8651A

Grids : 4036C8652D 4036D8651A 4036D8652D

Boundary: n 40.605217 s 40.594092 w -86.867181 e -86.865377

Work type : INSTALLING DRAINS

Done for : TOWN OF BROOKSTON

Start date: 01/10/2013 Time: 15:30 Hours notice: 48/048 Priority: NORM

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

Duration : 2 WEEKS Depth: 3 FEET

Company : XTREME CONTRACTORS Type: CONT

Co addr : 348 EAST US RT 24

City : REYNOLDS State: IN Zip: 47980

Caller : TARA WILSON Phone: (219)984-5144

Contact : TERRY WILSON - CELL Phone:

BestTime:

Mobile : (574)581-0309

Fax : (219)984-5495

Email : XTREMECONTRACTORS@COMCAST.NET

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

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

:

Submitted date: 01/08/2013 Time: 15:19

Members: ID2034 ID2708 ID4866 ID5533 ID5693 ID5845 ID5857 ID6623 ID7161 ID8240

NIPSCO SM



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jan 23, 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: Xtreme Contractors

Business address (*number and street*): 348 East US Rt 24

City, State, and ZIP code: Reynolds, IN 47980

Telephone number (*area code*): (574) 581-0309

Fax number (*area code*): (219) 984-5495

E-mail address: xtremecontractors@comcast.net

---

### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Drainage

---

## Date and Location of Damage

Date of damage (*month, day, year*): Jan 18, 2013

County: White

City: Brookston

Street address (*number and street, city, state, and ZIP code*):  
905 S. South Street, Brookston, IN 47923

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*): 1

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? 14

---

## Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1301081545

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? Unknown/Other

Type of markings used: Paint

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**

NORTHERN INDIANA PUBLIC SERVICE COMPANY  
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Monticello MAXIMO WO # \_\_\_\_\_  
OPERATING AREA CONTACT Dave Prather JOB ORDER # 584387  
TRACKING NUMBER 018-2013-005 LOCATE REF # \_\_\_\_\_  
Locate Performed By: \_\_\_\_\_

DATE AND TIME OF ACCIDENT 01-18-13 1301 P <sup>CST</sup> M DATE OF REPORT 01-18-13  
PLACE OF DAMAGE (INCLUDE CITY) 905 S. South St., Brookston

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) 14" PRESSURE (PSI) 35 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 1301 <sup>CST</sup> TIME SHUT OFF 1305 <sup>CST</sup> TIME RESTORED 1345 <sup>CST</sup>

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

LOCATE MARKS ON SITE: YES (  ) DISTANCE BETWEEN FACILITY AND LOCATE MARKS 0 NO ( )  
HOW LOCATED: PAINT (  ) FLAGS ( ) BOTH ( ) WHITE LINED ( )

PARTY THAT CAUSED DAMAGES (NAME) Xtreme Contractors

ADDRESS OF PARTY (INCLUDE CITY) \_\_\_\_\_

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE \_\_\_\_\_

WITNESS NAME AND ADDRESS \_\_\_\_\_

WITNESS REMARKS \* SEE Comments on reverse side

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY \_\_\_\_\_ REPORT # \_\_\_\_\_

FIRE ( ) AGENCY \_\_\_\_\_ REPORT # \_\_\_\_\_

OTHER ( ) \_\_\_\_\_ Any Injuries? ( ) YES # \_\_\_\_\_ (  ) NO

PHOTOS TAKEN: YES (  ) NO ( ) TAKEN BY: R. Watson (ATTACH PHOTOS TO REPORT)

- WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW
- |                         |                |   |   |
|-------------------------|----------------|---|---|
| ( ) AGRICULTURE/FARMING | ( ) CABLE TV   | ( <input checked="" type="checkbox"/> ) CURB/SIDEWALK | ( ) TELECOMMUNICATIONS                                  |
| ( ) BLDG CONSTRUCTION   | ( ) DEMOLITION | ( <input checked="" type="checkbox"/> ) DRAINAGE      | ( ) WATER   |
| ( ) DRIVEWAY            | ( ) ELECTRIC   | ( ) SURVEYING   | ( <input checked="" type="checkbox"/> ) 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     | ( <input checked="" type="checkbox"/> ) 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 | ( <input checked="" type="checkbox"/> ) CARELESS MACHINE OPERATOR |
| ( ) NO NOTIFICATION     | ( ) MARKS DISTURBED               | ( ) STUB ( ) OTHER _____  |

COMMENTS: Contractor failed to hand exposed  
service line.

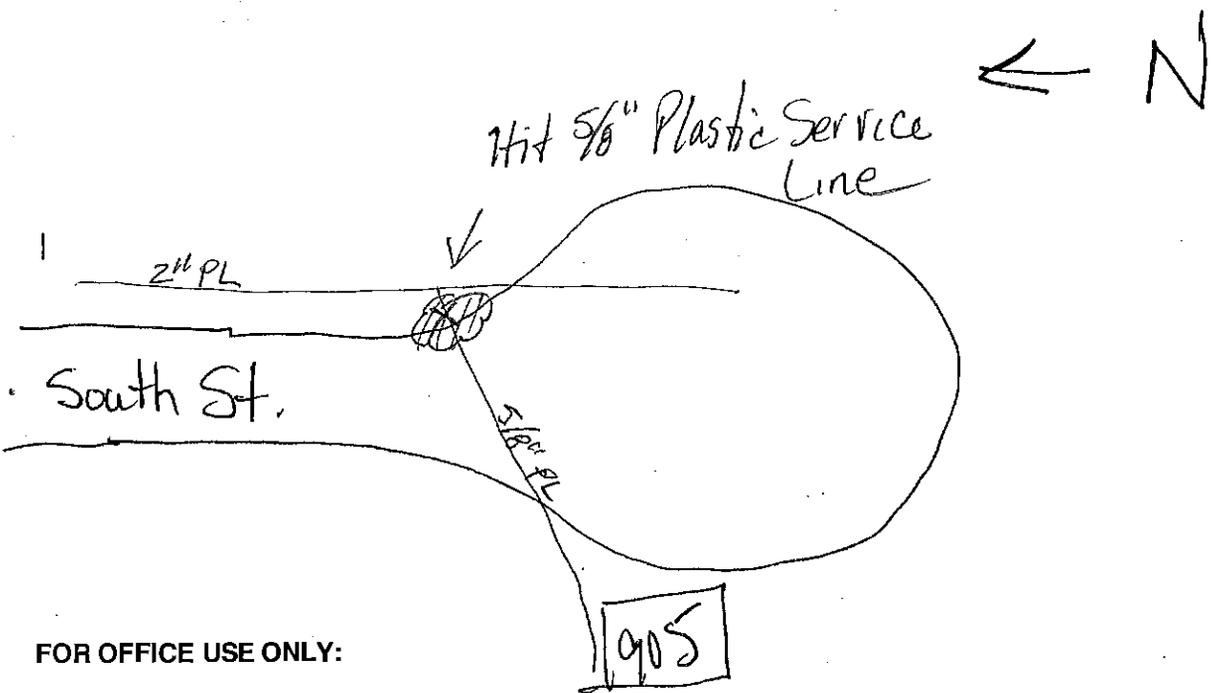
PERSON PREPARING REPORT Randy Watson

FIELD SUPERVISOR David Procter

FIELD MANAGER John Teed

- 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 Montreello MAXIMO WO #

OPERATING AREA CONTACT Dave Peather JOB ORDER # 584386

TRACKING NUMBER 01-2013-0117-005 LOCATE REF #

Locate Performed By:

DATE AND TIME OF ACCIDENT 01-17 20 1545 PM DATE OF REPORT 01-17-13

PLACE OF DAMAGE (INCLUDE CITY) 10611 N Earl Ave, Montreello

DAMAGE WAS TO:

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

OTHER (DESCRIBE)

GAS: SERVICE (X) MAIN ( ) SIZE 5/8" MATERIAL: PLASTIC (X) STEEL ( ) METER ( ) REG STATION ( ) STUB ( )

OTHER (DESCRIBE)

DEPTH OF FACILITY (Inches) PRESSURE (PSI) Lbs.

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

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

DURATION OF INTERRUPTION: TIME REPORTED TIME SHUT OFF TIME RESTORED

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY:

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) Don Dulington / Purdy Concrete / 765-426-5369

ADDRESS OF PARTY (INCLUDE CITY) Lafayette

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Tim Driscoll

WITNESS NAME AND ADDRESS Tray Lohmoller Lafayette

WITNESS REMARKS digging around retaining wall / corner of wall snap 5/8" plastic

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

FIRE ( ) AGENCY REPORT #

OTHER ( ) Any Injuries? ( ) YES # ( ) NO

PHOTOS TAKEN: YES ( ) NO (X) TAKEN BY: (ATTACH PHOTOS TO REPORT)

WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW

- (X) AGRICULTURE/FARMING ( ) CABLE TV ( ) CURB/SIDEWALK ( ) TELECOMMUNICATIONS
(X) 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 (X) BACKHOE/TRACKHOE
( ) MILLING EQUIPMENT ( ) PROBING DEVICE ( ) BORING / DRILLING
( ) EXPLOSIVES ( ) TRENCHER ( ) FARM EQUIPMENT
( ) VACCUUM EQUIPMENT ( ) GRADER ( ) OTHER

REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW

- (X) AUTOMOTIVE ACCIDENT (X) EXCAVATING BEFORE LOCATES DUE ( ) CARELESS MACHINE OPERATOR
(X) NO NOTIFICATION ( ) MARKS DISTURBED ( ) STUB ( ) OTHER

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

**COMMENTS:**

Was a 4/8 Plastic Stole No way to  
Locate Do Not Charge

**PERSON PREPARING REPORT**

Harry Powell

**FIELD SUPERVISOR**

David Proctor

**FIELD MANAGER**

Tom 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: \_\_\_\_\_



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

Randy

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

Crew with xtreme on site

**LIST ANY OTHER INDIVIDUALS ON SITE:**

None

---

**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** cut thru

**REPLACEMENT FOOTAGE** splice 1-2 ft

**WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?** No

**WHAT CONTRACTOR EQUIPMENT WAS USED?**

**IS THE FACILITY SHOWN ON THE UTILITY RECORDS?** No

**IF YES, PLEASE LIST RECORD #(S)**



Property of United States Infrastructure Corporation  
Photo taken on 1/18/2013 3:05:14 PM



Property of United States Infrastructure Corporation  
Photo taken on 1/18/2013 3:01:38 PM



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jan 23, 2013

---

### Who is submitting this information?

Name of person providing this information: Carrie Ludwig (NIPSCO)

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: Xtreme Contractors

Business address (*number and street*): 348 East US Rt 24

City, State, and ZIP code: Reynolds, IN 47980

Telephone number (*area code*): (574) 581-0309

Fax number (*area code*): (219) 984-5495

E-mail address: xtremecontractors@comcast.net

---

### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Drainage

---

## Date and Location of Damage

Date of damage (*month, day, year*): Jan 18, 2013

County: White

City: Brookston

Street address (*number and street, city, state, and ZIP code*):  
905 S. South Street

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*): 1

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? 14

---

## Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1301081545

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? Unknown/Other

Type of markings used: Paint

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**