



## Pipeline Safety Division Investigation Report

### Investigation regarding: Fort Wayne City Utilities

UPPAC Database Record ID: 4653

Report Date: 7/24/2013

Investigator: Mike Orr

Damage Date: 4/22/2013 3:44:51 PM

Damage Address: 7904 Pebble Creek Pl, St Joseph, Allen

### The Parties

Excavator: Fort Wayne City Utilities

Address: 415 East Wallace Street, Fort Wayne, In 46803

Facility Owner: NIPSCO

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Probing Device

Type of Work Performed: Water

### 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  
3/22/2013

Indiana 811 Ticket Number: 1303201332

Original Start Date:

Locate Instructions: IN FRONT OF THE ADDRESS ON THE EAST SIDE OF THE STREET AND A 25FT RADIUS OF THE FIRE HYDRANT

Follow-Up Locate Instructions (if applicable):

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

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 6/5/2013. The excavator had allowed the locate ticket to expire; therefore, no locate ticket existed for this excavation resulting in facility damage.

**Conclusion:** There was a failure to provide notice of excavation.

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



150 West Market Street, Suite 600  
Indianapolis, IN 46204

May 31, 2013

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

Pipeline Safety Division – Case No. 4653  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4653

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: 4/22/2013  
Event Location: 7904 Pebble Creek Pl  
City: St Joseph  
Facility Owner: Nipsco  
Excavator: Fort Wayne City Utilities  
Other Party: N/A  
Pipeline Division Case No. 4653

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. 4653</b>	
Date of Event	4/22/2013
Event Location	7904 Pebble Creek Pl
Event City	St Joseph
Facility Owner	Nipsco
Excavator	Fort Wayne City Utilities
Date of IURC Information Request	May 1, 2013
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Fort Wayne City Utilities
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	415 East Wallace Street
CITY/ STATE/ZIP	Fort Wayne / IN / 46803
PREFERRED TELEPHONE	(260)427-2476
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	<a href="mailto:LSELKING@NISOURCE.COM">LSELKING@NISOURCE.COM</a>
<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	7904 Pebble Creek Place
CITY/STATE/ZIP	Fort Wayne / IN /
NEAREST INTERSECTION	Belle Isle Lane
<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	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	
Probing Device	X

Trencher	
Vacuum Equipment	
Unknown/Other	
<b>TYPE OF WORK PERFORMED (Select One)</b>	
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	X
Waterway Improvement	
Unknown/Other	
RELEASE OF PRODUCT (YES/NO)	Y
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	Y – 1304223619
<b>LOCATE INFORMATION:</b>	
EXCAVATOR REQUEST LOCATE (YES/NO)	N

INDIANA 811 LOCATE TICKET NUMBER	N/A
LOCATE MARKS VISIBLE (YES/NO)	N
LOCATE MARKS CORRECT (YES/NO)	N/A
EXCAVATOR "WHITE LINED" (YES/NO)	N
MAPS USED TO MARK FACILITIES (YES/NO)	N
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)	Y
POLICE DEPARTMENT RESPONSE (YES/NO)	N/A
AMBULANCE RESPONSE (YES/NO)	N/A
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
<p>No notification made to the one-call center.</p> <p>Emergency ticket# 1304221518.</p>	

NORTHERN INDIANA PUBLIC SERVICE COMPANY  
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA FORT WAYNE MAXIMO WO # \_\_\_\_\_

OPERATING AREA CONTACT JASON OTIS JOB ORDER # 564499

TRACKING NUMBER 01820130422003 LOCATE REF # \_\_\_\_\_

Locate Performed By: \_\_\_\_\_

DATE AND TIME OF ACCIDENT 4-22-13 20 11:45 A DATE OF REPORT 4-22-13

PLACE OF DAMAGE (INCLUDE CITY) 7904 PEBBLECREEK - FT WAYNE - IN

DAMAGE WAS TO:

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

OTHER (DESCRIBE) \_\_\_\_\_

GAS: SERVICE  MAIN ( ) SIZE 5/8 MATERIAL: PLASTIC  STEEL ( ) METER ( ) REG STATION ( ) STUB ( )  
OTHER (DESCRIBE) \_\_\_\_\_

DEPTH OF FACILITY (Inches) 19" 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: 1/15

DURATION OF INTERRUPTION: TIME REPORTED 10:31 TIME SHUT OFF 11:15 TIME RESTORED 11:30

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/16"

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

PARTY THAT CAUSED DAMAGES (NAME) CITY OF FORT WAYNE WATER MAINT.

ADDRESS OF PARTY (INCLUDE CITY) FORT WAYNE - IN 46801

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE RICK

WITNESS NAME AND ADDRESS N. BAUER & P. TAYLOR

WITNESS REMARKS NO LOCATE MARKS

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

FIRE  AGENCY CITY OF F WAYNE REPORT # \_\_\_\_\_

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

PHOTOS TAKEN: YES  NO ( ) TAKEN BY: LLSLC (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 checked="" 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 type="checkbox"/> SEWER         |   |

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> AUGER             | <input checked="" type="checkbox"/> HAND TOOLS     | <input type="checkbox"/> BACKHOE/TRACKHOE  |
| <input type="checkbox"/> MILLING EQUIPMENT | <input checked="" 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 checked="" type="checkbox"/> AUTOMOTIVE ACCIDENT | <input type="checkbox"/> EXCAVATING BEFORE LOCATES DUE | <input type="checkbox"/> CARELESS MACHINE OPERATOR |
| <input checked="" type="checkbox"/> NO NOTIFICATION     | <input type="checkbox"/> MARKS DISTURBED               | <input type="checkbox"/> STUB                      |
|   |  | <input type="checkbox"/> OTHER _____               |

COMMENTS: CITY WORKER WAS USING PICTURE OF  
PREVIOUSLY LOCATE AT THIS ADDRESS. OVER  
A MONTH OLD, SO "NO LOCATE MARKS"

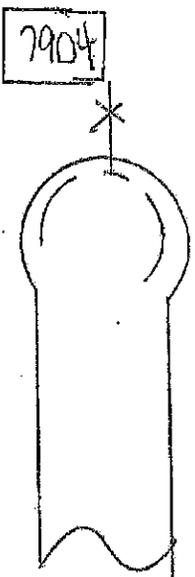
PERSON PREPARING REPORT Patti Taylor

FIELD SUPERVISOR Jason Otis

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



\*  
"WORKER USING METAL  
PROB ROD WITH POINTED  
TIP!"

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: \_\_\_\_\_

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

NIPSCO 01008 IUPPSa 04/22/2013 15:44:57 1304223619-00A EMER DAMG STRT

DAMAGE DAMAGE

Ticket : 1304223619 Date: 04/22/2013 Time: 15:43 Oper: MPLUMMER Chan:040

State: IN Cnty: ALLEN Twp: ST JOSEPH  
Cityname: FORT WAYNE Inside: Y Near: N  
Subdivision:

Address : 7904  
Street : PEBBLE CREEK PL  
Cross 1 : BELLE ISLE LN Within 1/4 mile: Y  
Location: IN FRONT OF THE ADDRESS ON THE EAST SIDE OF THE STREET AND A 25FT  
RADIUS OF THE FIRE HYDRANT

:  
Grids : 4109C8503A 4109C8503B 4109D8503A 4109D8503B  
Boundary: n 41.156924 s 41.154023 w -85.063444 e -85.061826

Work type : LOCATING/RAISING HYDRANT VALVE BOX  
Done for : FW CITY UTILITIES  
Start date: 04/22/2013 Time: 15:43 Hours notice: 0/000 Priority: EMER  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
Duration : 1 DAY Depth: 5FT

Company : FORT WAYNE CITY UTILITIES Type: MEMB  
Co addr : 415 EAST WALLACE STREET  
City : FORT WAYNE State: IN Zip: 46803  
Caller : BETH ANN OWEN Phone: (260)427-2476  
Contact : BETH ANN OWEN - OFFICE Phone:  
BestTime:  
Mobile : (260)427-2476  
Fax : (260)427-1282

Remarks : All tickets are taken and processed on Eastern Daylight Time  
HIT NIPSCO GAS LINE CALLED 911 AND NIPSCO HIT LINE NEAR FIRE HYDRANT CREW IS  
ON SITE NIPSCO HAS BEEN THERE AND REPAIRED LINE PREV TICKET 1303201332  
Will you be white-lining the dig site area? NO

:

Submitted date: 04/22/2013 Time: 15:43  
Members: AEPIN CC FW ID4866 ID8000 NIPSCO SM

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

NIPSCO 00410 IUPPSa 04/22/2013 10:50:38 1304221518-00A EMER NEW STRT

EMERGENCY SEE REMARKS

Ticket : 1304221518 Date: 04/22/2013 Time: 10:43 Oper: SMCCLURE Chan:049

State: IN Cnty: ALLEN Twp: ST JOSEPH  
Cityname: FORT WAYNE Inside: Y Near: N  
Subdivision:

Address : 7904  
Street : PEBBLE CREEK PL  
Cross 1 : BELLE ISLE LN Within 1/4 mile: Y  
Location: LOCATE THE ENTIRE PROPERTY  
:  
Grids : 4109C8503A 4109C8503B 4109D8503A 4109D8503B  
Boundary: n 41.156924 s 41.154023 w -85.063444 e -85.061826

Work type : REPAIR GAS LINE  
Done for : NIPSCO  
Start date: 04/22/2013 Time: 10:44 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 : AMBER FERGUSON Phone: (800)322-2806  
Contact : RICH WILLIAMS - CELL Phone:  
BestTime:  
Mobile : (260)413-2750  
Fax : (219)647-4764

Remarks : All tickets are taken and processed on Eastern Daylight Time  
CREW IS EN ROUTE

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

Submitted date: 04/22/2013 Time: 10:43  
Members: AEPIN CC FW ID4866 ID8000 NIPSCO SM

Fact Based Investigation Report

**Notification ID** 01820130422003  
**Damage Date** 04/22/2013 10:30  
**Notified By** AMBER FERGUSON (Facility Owner)  
**Damage Address** 7904 PEBBLE CREEK PL X BELL ISLE LANE ALLEN CTY / ST JOSEPH  
FORT WAYNE, IN  
**District** Northern Indiana  
**Notification Date** 04/22/2013 10:52

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**Damaged Customer** NIPSCO

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**Investigation Date From** 04/22/2013 11:05:00 **To** 04/22/2013 11:30:00

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**Excavator Involved** FORT WAYNE CITY UTILITIES

**Type of Excavation** water service repair

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**Orig. Locate Request** 1303201332 **Start Date** 03/22/2013 11:30  
**Type of Ticket** Routine **Locate Req. Info** N/A

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**Damage Request #** 1304221518 **Start Date**

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**Pictures Taken By** John Deitrick **Date** 04/22/2013 11:20

**Photography Type** Digital **Frame #**

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**Investigator Emp. #** 131108 **Investigator Name** John Deitrick

**Based on your investigation, is further investigation needed?** No

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**Fact Based Investigation Customer Information**

**Facility Description** Low Profile **Facility ID** Gas Service

**Locator Name & EMP #** Deitrick John - 131108 **Locator Not Known**

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**Investigation Findings**

Facility Marked Accurately

**Other Notes**

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**Investigation Methods**

Investigation Results Verified By Utility Representative

Investigator Verified Existing Marks By Hooking Up

Visual, Facility Exposed At Time Of Investigation

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**Investigator Statement/Causal Factors**

marks that are left are good. Should have called in new ticket or 2nd request. Hit it with a probe. did not start digging. Was flagged before after original locate, but flags had been pulled and weather had washed majority of marks. There were still some leftover paint marks left which were circled in damage pics

**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

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**Were any markings visible on the damage site upon arrival?** Yes

<b>Were any other indicators of facility present in the area?</b>	Yes
<b>Was the excavation within the tolerance zone of marks?</b>	Yes
<b>Extent of facility damage</b>	poked
<b>Replacement Footage</b>	1ft
<b>Was contractor assistance required? If yes, who?</b>	No
<b>What contractor equipment was used?</b>	probe
<b>Is the facility shown on the utility records?</b>	No
<b>If yes, list record numbers</b>	



Property of United States Infrastructure Corporation  
Photo taken on 4/22/2013 11:21:02 AM



Property of United States Infrastructure Corporation

Photo taken on 4/22/2013 11:20:38 AM



## INFORMATION REQUEST

State Form 54909 (R / 3-13)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

**Case Number:** 4653

**Date of Damage (month, day, year):** 4/22/2013

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**Location of Damage:**

**Address (number and street):** 7904 Pebble Creek Pl.

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

**Nearest Intersection:** \_\_\_\_\_

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**Excavator Information:**

**Business Name:** Fort Wayne City Utilities

**Responsible Party Personal Name:** Kurt Roberts

**Title (if any):** Superintendent

**Address (number and street):** 415 E. Wallace St.

**City, State and ZIP Code:** Fort Wayne, IN 46803

**Preferred Telephone Number (area code):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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**Utility Information:**

**Utility Name:** NIPSCO

**Contact Person:** \_\_\_\_\_

**Title (if any):** \_\_\_\_\_

**Cause of Damage Information**

Type of Equipment (*select one*):

Hand Tools

Type of Work Performed (*select one*):

Water

Repair Cost: \$ \_\_\_\_\_

- 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

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**Locate Information**

- Excavator Request Locate:  Yes  No
- Indiana 811 Locate Ticket Number: 1303201332
- 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

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**Incident Information:**

- Fire Department Response:  Yes  No
- Police Department Response:  Yes  No
- Ambulance Response:  Yes  No

**Additional Information / Comments**

Fort Wayne City Utilities was using proper procedure, probing for the Utility, however the excavation took place after the twenty day dig period. The probing rod, however, caused damage to the service line. FWCU called NIPSCO and 811 (No. 13042223619).

Printed Name: Lindsey M. Jackson

Signature: Lindsey M. Jackson Date (month, day, year): 6/4/13

*\*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](mailto:PipelineDamageCase@urc.in.gov)**

**Or mail to:**

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

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

