



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: Martins, Inc.

UPPAC Database Record ID: 4722

Report Date: 09/05/2013

Investigator: Mike Orr

Damage Date: 12/17/2012

Damage Address: 5124 Hoevel, Fort Wayne, Allen

### The Parties

Excavator: Martins, Inc.

Address: 5124 Hoevel (po Box 522), Fort Wayne, In 46806

Facility Owner: NIPSCO

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Grading

### 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:** Excavator struck and damaged an underground natural gas service while performing grading work.

**Findings:** Reported by Carrie Ludwig; excavator did not respond to initial notice mailed 7/10/2013. Excavator failed to request a locate ticket prior to excavation.

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

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



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Mar 19, 2013

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### Who is submitting this information?

Name of person providing this information: Carrie Ludwig

Business address (*number and street*): 351 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

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### Excavator Information, if known

Full name: Martins, Inc.

Business address (*number and street*): 5124 Hoevel (PO Box 522)

City, State, and ZIP code: Fort Wayne, IN 46806

Telephone number (*area code*): (260) 414-7807

Fax number (*area code*): \_\_\_\_\_

E-mail address: \_\_\_\_\_

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### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Grading

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**Date and Location of Damage**

Date of damage (*month, day, year*): Dec 17, 2012 \_\_\_\_\_

County: Allen \_\_\_\_\_

City: Fort Wayne \_\_\_\_\_

Street address (*number and street, city, state, and ZIP code*):  
5124 Hoevel \_\_\_\_\_

Nearest intersection: N/A \_\_\_\_\_

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 \$ \_\_\_\_\_

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**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? 11 \_\_\_\_\_

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**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? Unknown/Other

If a contractor locator, enter the company name, if known: \_\_\_\_\_

Were facility marks visible in the area of excavation? No

Were facilities marked correctly? Unknown/Other

Type of markings used: Other

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? 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? No

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### **Description of Cause**

Select from the list the most accurate cause for the damage: --No notification made to the one-call center

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### **Additional Comments**



150 West Market Street, Suite 600  
Indianapolis, IN 46204

August 12, 2013

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

Pipeline Safety Division – Case No. 4722  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4722

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: 12/17/2012

Event Location: 5124 Hoevel

City: Indianapolis

Facility Owner: Nipsco

Excavator: Martins, Inc.

Other Party: N/A

Pipeline Division Case No. 4722

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. 4722</b>	
Date of Event	12/17/2012
Event Location	5124 Hoevel
Event City	Fort Wayne
Facility Owner	Nipsco
Excavator	Martins, Inc.
Date of IURC Information Request	July 12, 2013
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Martins, Inc.
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	5124 Hoevel (PO Box 522)
CITY/ STATE/ZIP	Fort Wayne / IN / 46806
PREFERRED TELEPHONE	260-414-7807
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	5124 Hoevel
CITY/STATE/ZIP	Fort Wayne / IN / 46806
NEAREST INTERSECTION	
<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.)	1 1/8"
PRESSURE (PSIG/INCHES)	<a href="#">Click here to enter text.</a>
INTERRUPTION IN SERVICE (YES/NO)	Yes
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	No
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	
Driveway	
Electric	
Engineering/Surveying	
Fencing	
Grading	X
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)	Yes
IGNITION AND/OR FIRE (YES/NO)	No
EXCAVATOR NOTIFY 811 (YES/NO)	No
<b>LOCATE INFORMATION:</b>	
EXCAVATOR REQUEST LOCATE (YES/NO)	No

INDIANA 811 LOCATE TICKET NUMBER	N/A
LOCATE MARKS VISIBLE (YES/NO)	No
LOCATE MARKS CORRECT (YES/NO)	
EXCAVATOR "WHITE LINED" (YES/NO)	No
MAPS USED TO MARK FACILITIES (YES/NO)	No
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	No
<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>	
No notification made to the one-call center.	



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

Marcia

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

George

**LIST ANY OTHER INDIVIDUALS ON SITE:**

na

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**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 in half

**REPLACEMENT FOOTAGE** splice

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

**WHAT CONTRACTOR EQUIPMENT WAS USED?** grader / plow

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

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

# LEAK INVESTIGATION FORM

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

CIS Ticket Number: 796045206 Date Reported: 12-17-12 Time Leak Reported (Military): 12:14  
 LOA: FTW GPS Coordinates: Latitude \_\_\_\_\_ 'N Longitude \_\_\_\_\_ 'W  
 City Name: FTW  
 Address or Location: 5124 Hoevel ✓ 263357

- Leak Location:**
1.  No Leak Found
  2.  Customer Equip.
  3.  Main
  4.  Service
  5.  Meter Loop (Lockwing and above)
  6.  Regulator Station

**For Services Only:**  
 Re-tested at 90 PSIG for 15 minutes

**Leak Grade:**

1.  Hazardous ✓
2.  Non-Hazardous, Scheduled Repairs
3.  Non-Hazardous, Monitored

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

**Leak Resolution:** Fuwo M 632010  
FD M 633515

1.  Leak Repaired
2.  Pipe Replaced } Leak Closed
3.  Pipe Retired }
4.  Grade 2 or 3 Leak Not Repaired To be scheduled for re-evaluation/repair

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

1st Responder: User ID: 121631 MO Ortiz Leak Referred to: SPT. GAS 90  
 (FIRST NAME) (MI) (LAST NAME)

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

Comments: Repaired 1 1/8 service  
JO 587403 ac.

Repaired/Inspected: 12-17-12 Time: 12:14 (Military) User ID: 121631 MO Ortiz  
 (MO) (DAY) (YR) (HR) (MIN) (FIRST NAME) (MI) (LAST NAME)

**Cause of Leak:**

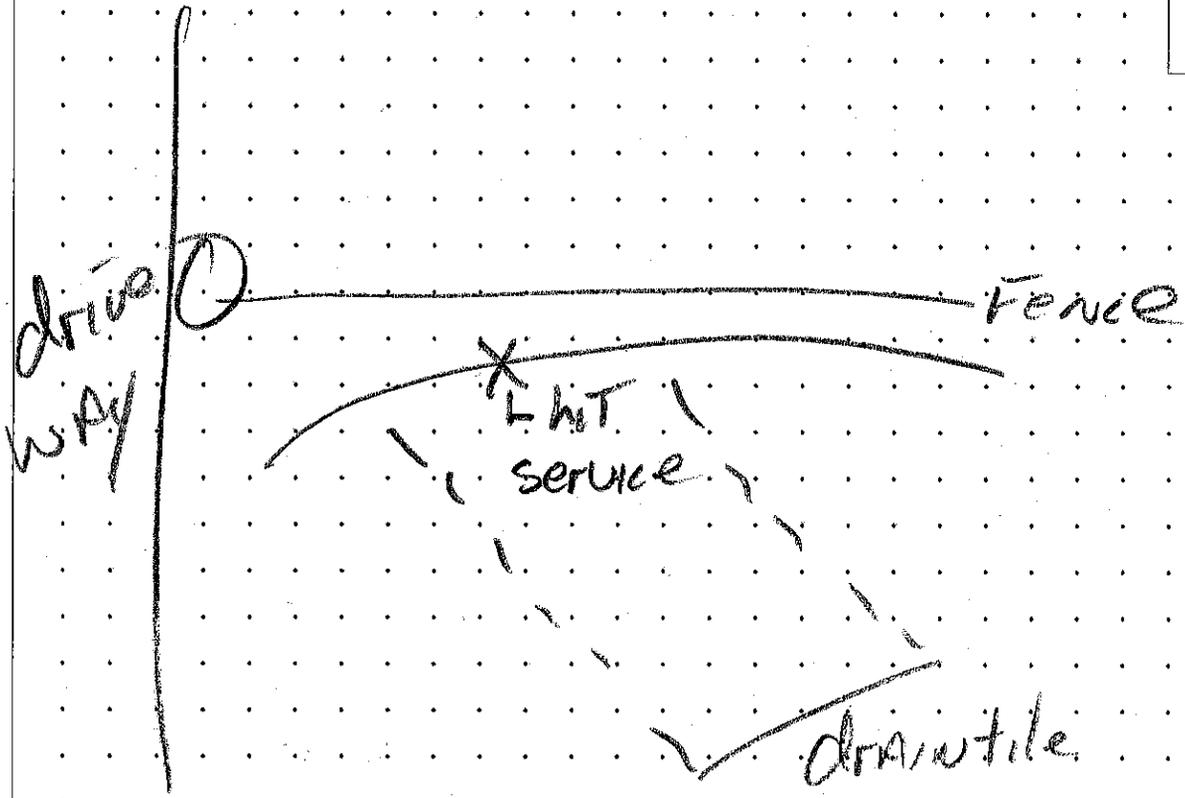
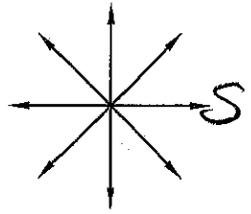
- |  |   |   |
|--|---|---|
| <p><b>A. Material or Welds</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> 1. Faulty weld, dent, gouge, excess stress</li> <li><input type="checkbox"/> 2. Manufacturing defect</li> </ol> <p><b>B. Corrosion</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> 1. External</li> <li><input type="checkbox"/> 2. Internal</li> <li><input type="checkbox"/> 3. Stress Corrosion Cracking (must be confirmed by Corrosion group)</li> </ol> | <p><b>C. Weather/Outside Forces</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> 1. Natural Forces (weather, washouts, frost heave, frozen equipment etc.)</li> <li><input type="checkbox"/> 2. Other Outside Forces (fire, explosion, vandalism etc.) ✓ (explain in comments)</li> </ol> <p><b>D. Excavation</b> → Identification: _____ Contractor Crew: _____ Third Party Name: <u>MARTIN USE</u></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> 1. Company Crew</li> <li><input type="checkbox"/> 2. Contractor Crew</li> <li><input checked="" type="checkbox"/> 3. Third Party</li> </ol> | <p><b>E. Equipment Failure and Operations</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> 1. Inadequate or failure to follow correct procedures</li> <li><input type="checkbox"/> 2. Equipment Malfunction (i.e. gasket/o-ring failure, stripped threads etc.)</li> </ol> <p><b>F. Other</b> (Explain in comments) (includes thread leak)</p> <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> No Locate Request</li> <li>2. <input type="checkbox"/> Request, No Locate</li> <li>3. <input type="checkbox"/> Mislocated</li> <li>4. <input type="checkbox"/> Accurate Locate</li> </ol> |
|--|---|---|

CIS Grid Number: \_\_\_\_\_ Pipe Size: 1 1/8 inches 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><b>Re-evaluated Leak Resolution</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Leak Repaired</li> <li>2. <input type="checkbox"/> Pipe Replaced</li> <li>3. <input type="checkbox"/> Pipe Retired</li> <li>4. <input type="checkbox"/> No Leak Found</li> <li>5. <input type="checkbox"/> Leak Re-classified</li> <li>6. <input type="checkbox"/> Grade 2 or 3 Leak, Schedule for repair/re-evaluation</li> </ol>	<p><b>Re-classified Leak Grade:</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Hazardous</li> <li>2. <input type="checkbox"/> Non-Hazardous, Scheduled Repairs</li> <li>3. <input type="checkbox"/> Non-Hazardous, Monitored</li> </ol>	<p><b>Material:</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Coated Steel</li> <li>2. <input type="checkbox"/> Bare Steel</li> <li>3. <input checked="" type="checkbox"/> Plastic</li> <li>4. <input type="checkbox"/> Cast Iron</li> <li>5. <input type="checkbox"/> Copper</li> <li>6. <input type="checkbox"/> Wrought Iron</li> </ol> <p><b>Pipeline Identifier:</b></p> <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> Distribution</li> <li>2. <input type="checkbox"/> Transmission</li> <li>3. <input type="checkbox"/> Transmission HCA</li> </ol> <p style="font-size: 2em; text-align: center;"><b>METER #</b> <u>9446317</u></p>
<p>Re-evaluation Comments: _____</p>		
<p>Repaired/Re-evaluated: _____ Time: _____ (Military) User ID: _____                  (MO) (DAY) (YR) (HR) (MIN) (FIRST NAME) (MI) (LAST NAME)</p>		

Indicate North



**Instructions:**

1. Locate leak point and mark with X
2. Provide dimensions from centerlines, utility poles, curb lines etc.
3. Outline leak migration perimeter, provide dimensions and indicate % gas from leak point to 0%.

**LEGEND**

- X Centered Leak
- O Valve or Curb Box
- △ Manhole
- △ Conduit Manhole
- Catch Basin
- ⊕ Utility Pole
- ▨ Leak Area

Comments:

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NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA FTW MAXIMO WO# N 633515
OPERATING AREA CONTACT Dwight Wagner JOB ORDER# 587403
TRACKING NUMBER 01220121217002 LOCATE REF #
Locate Performed By: USIC

DATE AND TIME OF ACCIDENT 12/17/2012 12:14 AM DATE OF REPORT 12/17/12
PLACE OF DAMAGE (INCLUDE CITY) 5124 Hoevel FTW 416806

DAMAGE WAS TO:

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

OTHER (DESCRIBE)

GAS: SERVICE MAIN ( ) SIZE 1 1/8 MATERIAL: PLASTIC ( ) STEEL ( ) METER ( ) REG STATION ( ) STUB ( )
OTHER (DESCRIBE)

DEPTH OF FACILITY (Inches) 11 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: 1

DURATION OF INTERRUPTION: TIME REPORTED 13:24 TIME SHUT OFF 14:00 TIME RESTORED 15:00

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/2" JER

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

PARTY THAT CAUSED DAMAGES (NAME) Martins Inc

ADDRESS OF PARTY (INCLUDE CITY) 5124 Hoevel FTW (PO Box 522 FTW IN 416801)

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Jerry Martin

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: (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: NO LOCATES

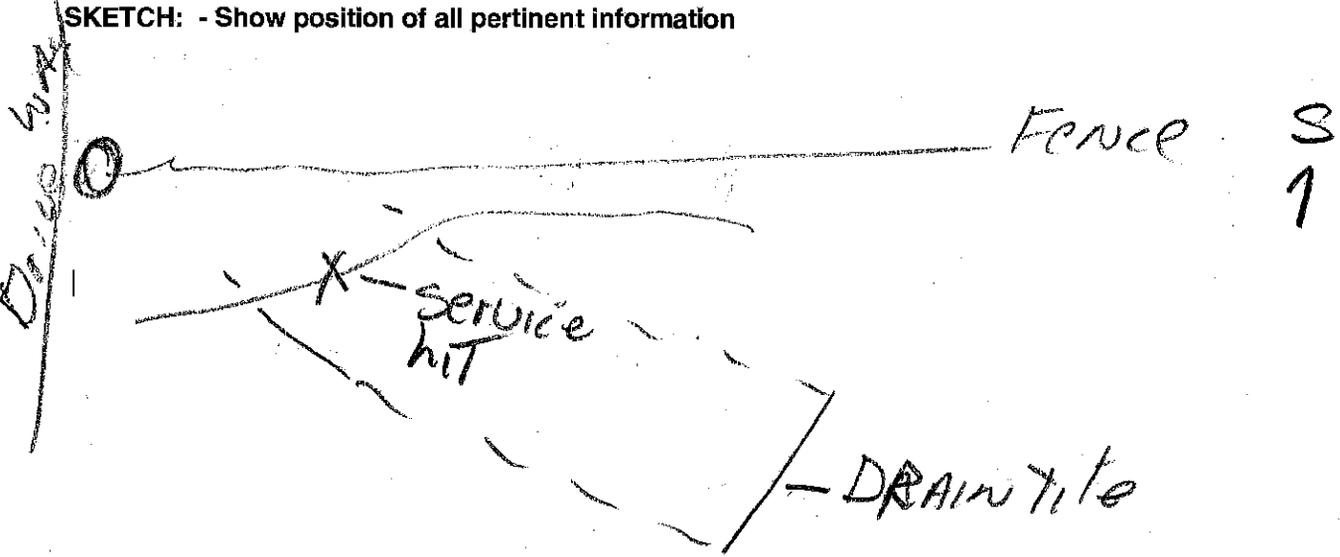
PERSON PREPARING REPORT Mortiz

FIELD SUPERVISOR JFH 022585

FIELD MANAGER Rachel 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: \_\_\_\_\_



Employee ID Number: 076240 NAME: Kevin W Doehman DATE: 12/17/12 HRI NUMBER: 605-212-000 SUPV. NO.: \_\_\_\_\_ AUTH. JKR

ACTUAL HOURS	LOC	ACCOUNT NUMBER	ACTIVITY NUMBER	UPGRADE JOB NO.	HOURS MULT CODE	BONUS CODES				UNITS	VARIANCE		EQUIP. HRS.
						1	2	3	4		CODE	HOURS	
0730-0745	1		1586035		10-31								
0830	2		2015004		10-31								
0900	3		2019704		10-31								
1045	4		6549704		10-31								
1130	5		6549704		10-31								
1215	6		6549704		10-31								
0050	7		1039960		00-31								
1330	8		6549704		10-31								
1430	9		2740 Stardale APTS		10-31								
1600	10		5124 Hoevel		10-31								
	B												
	C												
	D												
	E												

DEPT. \_\_\_\_\_

JOB DETAIL

CLOCK HOURS TO BE PAID @	AUTOMOTIVE EQUIPMENT					ODOMETER READINGS	HOUR METER READINGS	CODE
	Q #	EQUIPMENT NUMBER	START	END	START			
	10	0800	131326					
	12							
	15							
	20							
	25							

SP. RATES: CD RATE \_\_\_\_\_

REPEATED RECORDS: DAY 1 / /

NO. OF HOLIDAYS: DAY / /





TRACKING # / 5124 HOEVEL, FORT WAYNE  
Marcia King to: Nipsco - USIC Fort Wayne  
Cc: SLC Distribution Clerks

12/17/2012 01:36 PM

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**INDIANA 811 AND TRACKING NUMBERS FOR HIT LINES**  
**EFFECTIVE 2/15/12**

**ADDRESS: 5124 Hoevel**

**CITY: Fort Wayne**

**RESPONDING SERVICEMAN: Mel Ortiz**

**CIS SITE ID #: 270970008**

**USIC TRACKING NUMBER: 01220121217002**

**WMC ASSIGNER/DISPATCHER NAME: Todd Borowy**

**INDIANA 811 LOCATE # (if applicable):**

**MAXIMO #**

**Updated 2/15/12**

LA 263351

FURWO M 632010

FD FURWO M 633515

Order - GAS LEAK - Meter #
Live Search

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**Order/Ticket Charges = \$ 0.00, Ticket # 796045206, Order # 908996202**

Order Type: GAS LEAK  
Customer Name: MARTIN INC  
Customer Address: 5124 HOEVEL FORT WAYNE, IN  
Customer Phone: (260) 414-7807 Ext Contact Ph: (260) 447-5331 Ext  
Original Caller: KATHY HOGAN-STAFF ACCOUNTANT  
Modified Caller:  Manual Order  
Schedl Date/Time: 12/17/2012 12:00PM - 1:59PM Sent to WMS: 12/17/2012 12:24  
 Field Markups  
Employee ID: J131831  
Charge Type:   
Reschedule Psn:   
Appointment Text:   
Order Instructions: BLOWING GAS AT SERVICE ON SIDE OF BUILDING//C.S.  
Page 1 of 1

General

Order Activity

Feedback

Gas Leak

Related Orders

User name:

password:

GE:

1. login using user and password

Meter list

Done
Local Intranet
12:56