



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: Everdry Waterproofing

UPPAC Database Record ID: 4730

Report Date: 8/20/2013

Investigator: Mike Orr

Damage Date: 5/6/2013

Damage Address: 1215 Korte Lane, Fort Wayne, Allen

### The Parties

Excavator: **Everdry Waterproofing**

Address: 5417 In Rt 930 East, Fort Wayne, In 46803

Facility Owner: **NIPSCO**

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Hand Tools

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: 1305060052

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 7/10/2013. The excavator, having called in a "normal notice" locate ticket, failed to wait the required two (2) full working days to allow locate marking to be executed at the site.

**Conclusion:** There was a failure to provide notice of excavation since damage occurred prior to the required wait time.

**Violation: IC 8-1-26-16(g)(prior) Failure to provide notice of excavation - damage occurred prior to two working days from request date.**



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. 4730  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4730

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: 5/6/2013  
Event Location: 1215 Korte Lane  
City: Indianapolis  
Facility Owner: Nipsco  
Excavator: Everdry Waterproofing  
Other Party: N/A  
Pipeline Division Case No. 4730

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. 4730</b>	
Date of Event	5/6/2013
Event Location	1215 Korte Lane
Event City	Fort Wayne
Facility Owner	Nipsco
Excavator	Everdry Waterproofing
Date of IURC Information Request	July 12, 2013
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	EverDry Waterproofing
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	5417 IN RT 930 East
CITY/ STATE/ZIP	Fort Wayne / IN / 46803
PREFERRED TELEPHONE	260-493-4100
CELL PHONE TELEPHONE	
EMAIL ADDRESS	anderson87_23@yahoo.com
<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	1215 Korte Lane
CITY/STATE/ZIP	Fort Wayne / IN /
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.)	5/8"
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	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	X
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)	Yes
IGNITION AND/OR FIRE (YES/NO)	No
EXCAVATOR NOTIFY 811 (YES/NO)	No
<b>LOCATE INFORMATION:</b>	
EXCAVATOR REQUEST LOCATE (YES/NO)	Yes

INDIANA 811 LOCATE TICKET NUMBER	1305060052
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>	
<p>Notification to one-call center made but not sufficient. Excavator dug before ticket was due.  NIPSCO Emergency Repair Ticket Number: 1305060908.</p>	

Fact Based Investigation Report

**Notification ID** 01820130506001  
**Damage Date** 05/06/2013 09:00  
**Notified By** SHERI MINKEMA (Other)  
**Damage Address** 1215 KORTE LN ALLEN/ WAYNE TWP  
FORT WAYNE, IN  
**District** Northern Indiana  
**Notification Date** 05/06/2013 09:28

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**Damaged Customer** NIPSCO

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**Investigation Date From** 05/06/2013 10:00:00 **To** 05/06/2013 10:25:00

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**Excavator Involved** EVERDRY WATERPROOFING  
**Type of Excavation** WATERPROOFING

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**Orig. Locate Request** 1305060052 **Start Date** 05/08/2013 07:00  
**Type of Ticket** Routine **Locate Req. Info** N/A

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**Damage Request #** M87508106 **Start Date** 05/06/2013 10:15

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**Pictures Taken By** ERIC BLANTON **Date** 05/06/2013 10:15  
**Photography Type** Digital **Frame #**

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**Investigator Emp. #** 113185 **Investigator Name** ROSS GILLESPIE  
**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 #** Blanton Eric - 134735 **Locator Not Known**

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**Investigation Findings**  
**Other Notes**

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**Investigation Methods**

Investigator Verified Existing Marks By Hooking Up  
Visual, Facility Exposed At Time Of Investigation

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**Investigator Statement/Causal Factors**

Contractor Dug Before Ticket Due

**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

**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** SERVICE

**Replacement Footage**

**Was contractor assistance required? If yes, who?**

1

No

**What contractor equipment was used?**

BACKHOE

**Is the facility shown on the utility records?**

No

**If yes, list record numbers**

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

NIPSCO 00013 IUPPSa 05/06/2013 06:35:17 1305060052-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1305060052 Date: 05/06/2013 Time: 06:27 Oper: MLJACKSON Chan:021

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

Address : 1215  
Street : KORTE LN  
Cross 1 : STRATFORD RD Within 1/4 mile: N  
Location: LOCATE A 3 FT RADIUS OF THE ENTIRE HOUSE  
:  
Grids : 4102B8509C 4102B8509D 4102C8509C 4102C8509D  
Boundary: n 41.042190 s 41.040372 w -85.155800 e -85.152665

Work type : WATERPROOFING  
Done for : HALMKE  
Start date: 05/08/2013 Time: 07:00 Hours notice: 48/048 Priority: NORM  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N  
Duration : 3 DAYS Depth: 4 FT

Company : EVERDRY Type: CONT  
Co addr : 5417 IN RT 930 EAST  
City : FORT WAYNE State: IN Zip: 46803  
Caller : ERIC ANDERSON Phone: (260)493-4100  
Contact : ERIC ANDERSON CELL Phone:  
BestTime:  
Mobile : (260)417-5866  
Fax : (260)493-4155  
Email : ANDERSON87\_23@YAHOO.COM

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

Submitted date: 05/06/2013 Time: 06:27  
Members: AEPIN CC FW ID8000 NIPSCO SM

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

NIPSCO 00239 IUPPSa 05/06/2013 09:24:33 1305060908-00A EMER NEW STRT

EMERGENCY SEE REMARKS

Ticket : 1305060908 Date: 05/06/2013 Time: 09:20 Oper: MMOELLER Chan:039

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

Address : 1215  
Street : KORTE LN  
Cross 1 : STRATFORD RD Within 1/4 mile: Y  
Location: LOCATE THE ENTIRE PROPERTY  
:  
Grids : 4102B8509C 4102B8509D 4102C8509C 4102C8509D  
Boundary: n 41.042235 s 41.040210 w -85.155951 e -85.152521

Work type : REPAIR GAS LINE  
Done for : NIPSCO  
Start date: 05/06/2013 Time: 09:22 Hours notice: 0/000 Priority: EMER  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
Duration : 1 DAY Depth: 8 FEET

Company : NIPSCO Type: MEMB  
Co addr : 801 EAST 86TH AVENUE  
City : MERRILLVILLE State: IN Zip: 46410  
Caller : SHERI MINKEMA Phone: (800)322-2806  
Contact : JASON HANER CELL Phone:  
BestTime:  
Mobile : (260)449-1112

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: 05/06/2013 Time: 09:20  
Members: AEPIN CC FW ID8000 NIPSCO SM

# NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA FLMAYNE MAXIMO WO # 748278 & 748360  
OPERATING AREA CONTACT DWIGHT WAGNER JOB ORDER # 595654  
TRACKING NUMBER \_\_\_\_\_ LOCATE REF # 1305010052  
Locate Performed By: STARTED JOB BEFORE LOCATE DATE

DATE AND TIME OF ACCIDENT 5-6 2013 9:06 AM DATE OF REPORT 5-6-13  
PLACE OF DAMAGE (INCLUDE CITY) 1215 KORTE LN.

### 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) 10" PRESSURE (PSI) 50 Lbs.

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

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

DURATION OF INTERRUPTION: TIME REPORTED 9:06 AM TIME SHUT OFF 9:30 AM TIME RESTORED 10:45 AM

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: CUT INTO

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

PARTY THAT CAUSED DAMAGES (NAME) EVER DRY WATERPROOFING

ADDRESS OF PARTY (INCLUDE CITY) 2002 MOELLER RD, NEW HAVEN NH 603-41004

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE DID NOT GET

WITNESS NAME AND ADDRESS NONE

WITNESS REMARKS NONE

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

- |  |                                     |  |   |
|--|-------------------------------------|--|---|
| <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 checked="" 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 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 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 checked="" type="checkbox"/> EXCAVATING BEFORE LOCATES DUE | <input type="checkbox"/> CARELESS MACHINE OPERATOR                          |
| <input type="checkbox"/> NO NOTIFICATION     | <input type="checkbox"/> MARKS DISTURBED                          | <input type="checkbox"/> STUB   |
|  |   | <input checked="" type="checkbox"/> OTHER <u>STARTER BEFORE LOCATE DATE</u> |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERSON PREPARING REPORT

JON HOAGLAND

FIELD SUPERVISOR

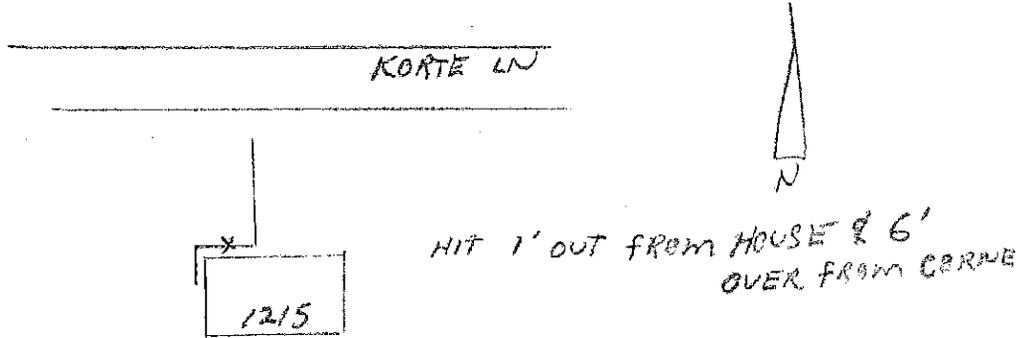
\_\_\_\_\_

FIELD MANAGER

JRH 022505

- 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: \_\_\_\_\_



Property of United States Infrastructure Corporation  
Photo taken on 5/6/2013 10:16:21 AM



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: May 29, 2013

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### 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

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### Excavator Information, if known

Full name: EverDry Waterproofing

Business address (*number and street*): 5417 IN RT 930 East

City, State, and ZIP code: Fort Wayne, IN 46803

Telephone number (*area code*): (260)493-4100

Fax number (*area code*): (260)493-4155

E-mail address: ANDERSON87\_23@YAHOO.COM

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### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Hand Tools

Type of work performed: Drainage

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## Date and Location of Damage

Date of damage (*month, day, year*): May 6, 2013

County: Allen

City: Fort Wayne

Street address (*number and street, city, state, and ZIP code*):  
1215 Korte Lane

Nearest intersection: Stratford Road

Right of way where damage occurred: Unknown/Other

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? 10

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## Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1305060052

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:

If other, please specify: \_\_\_\_\_

Was site marked by "White Lining"?

Were special instructions part of the locate request?

Were maps used to complete the locate request?

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

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### **Description of Cause**

Select from the list the most accurate cause for the damage: --Notification to one-call center made but not sufficient

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### **Additional Comments**

Emergency ticket# 1305060908

The excavator's original locate ticket #1305060052 was a normal notice ticket requiring a two (2) working day waiting period. The excavator failed to wait the required time.