



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: Affordable Sprinklers LLC.

UPPAC Database Record ID: 4794

Report Date: 8/2/2013

Investigator: Mike Orr

Damage Date: 4/29/2013

Damage Address: 3654 Flagstone Dr, Zionsville, Boone

The Parties

Excavator: **Affordable Sprinklers Llc.**

Address: 6265 Coffman Rd., Indianapolis, In 46268

Facility Owner: **Vectren**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Trencher

Type of Work Performed: Irrigation

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$500

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1304251217

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

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

Findings: Reported by John Burke (Vectren); excavator's response to initial notice was received on 7/24/2013. The excavator had a valid locate ticket and the gas operator provided accurate locate markings. The excavator wrongly claims the service facility should have been 3 to 4 feet deep.

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

Violation: IC 8-1-26-20(a)(2) Failure to maintain two (2) feet clearance with mechanized equipment.



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: May 2, 2013

Who is submitting this information?

Name of person providing this information: John Burke (Vectren)

Business address (*number and street*): 1995 E. Main St.

City, State, and ZIP code: Danville, IN 46122

Telephone number (*area code*): (317) 776-5566

Fax number (*area code*): (317) 718-3677

E-mail address: jburke@vectren.com

Excavator Information, if known

Full name: Affordable Sprinklers LLC.

Business address (*number and street*): 6265 Coffman Rd.

City, State, and ZIP code: Indianapolis, IN 46268

Telephone number (*area code*): (317) 293-0845

Fax number (*area code*): (317) 663-3037

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Trencher

Type of work performed: Irrigation

Date and Location of Damage

Date of damage (*month, day, year*): Apr 29, 2013

County: Boone

City: Zionsville

Street address (*number and street, city, state, and ZIP code*):
3654 Flagstone Dr

Nearest intersection: S CR 875 E

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? 0

Was there a customer service interruption? Yes

If yes, how many affected? 1

Time to restore service (*in hours*): 1.5

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 500

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? 20

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1304251217

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? Yes

Type of markings used: Paint

If other, please specify: _____

Was site marked by "White Lining"? No

Were special instructions part of the locate request? Unknown/Other

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? 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

Contractor installing irrigation system was plowing irrigation facility into the ground eventually damaging the gas service.



DAMAGE INFORMATION REPORT – PIPELINE SAFETY
State Form 54122 (R2 / 7-11)
INDIANA UTILITY REGULATORY COMMISSION

INITIAL DOCUMENTS -
OPERATOR
CASE # 4794

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3654 Flagstone Dr, Zionsville, IN 46077

Nearest intersection: S CR 875 E

Right of way where damage occurred: Private - Land Owner

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Description of Cause

Select from the list the most accurate cause for the damage: --Failure to use hand tools where required

Additional Comments

Contractor installing Irrigation system plowed into service



2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH

NOW DUE

FINAL
\$522.41

AFFORDABLE SPRINKLERS
6265 COFFMAN ROAD
INDIANAPOLIS, IN 46268

Type: GAS
Invoice: FDS0017699
BillToID: 33215
Billing Date: 6/21/2013
Date of Loss: 4/29/2013
5954 103.0510

Please return this portion with your remittance.



Mail Payment To:
Vectren Utilities Holding Company
1239 Reliable Parkway
Chicago, IL 60686-0012
Inquiries: 1-877-902-2934, Mon.-Fri., 8-5
Risk Management/Claims Department

NOW DUE

FINAL
\$522.41

AFFORDABLE SPRINKLERS
6265 COFFMAN ROAD
INDIANAPOLIS, IN 46268

Type: GAS
Invoice: FDS0017699
BillToID: 33215
Billing Date: 6/21/2013
Date of Loss: 4/29/2013

Invoice For Costs to Repair and Reconstruct Damaged Property

Address: 3654 FLAGSTONE, ZIONSVILLE
1" PLASTIC SERVICE SEVERED BY PLOW. NOT HAND EXPOSED.

Material:	\$75.57
Company Labor:	\$325.38
Contract Labor:	\$0.00
Transportation/Equipment:	\$121.46
Misc:	\$0.00
Gas Loss:	\$0.00
Adjustments:	\$0.00
Payments:	\$0.00
Total:	\$522.41

5954 103.0510

Remember, call two (2) working days before digging. Contact I.U.P.S. at 1-800-382-5544.

Task No: 108.0510 Capital / O & M (circle one)

Vectren Claim Number: _____

Date of Damage 4 / 29 / 13

Police Report / MO #: _____

Cost Center # Danville

FACILITIES DAMAGE REPORT

Vectren Claims Camera:

Time Occurred 12:15 am / pm

Time Found 12:48 am / pm

Latitude 39.991900 Longitude -86.303110

VE02482
4

DAMAGE SITE:
Address 3654 FLAGSTONE DR Lot # _____

FACILITY TYPE:
 Distribution Propane
 Service Storage
 Transmission: (include supplemental report)

County Boone City Lionsville State IN Township Earle

FACILITIES DAMAGED:	ORIFICE SIZE(S):	(1)	(2)	(3)
<input type="checkbox"/> Farm Tap	0.50 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Heater	5/8 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Main	0.75 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Meter (Residential)	1.00 inch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Meter (Industrial / Commercial)	1.25 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Odorizer	2.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Regulator Station	3.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Relief Valve	4.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Riser	5.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Service Line	6.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Valve	10.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	16.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	20.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other			

VISUAL OBSERVATION AT DAMAGE SITE: 4/29

Visual Observation: Above Ground Below Ground

Locate Applicable Yes No N/S

Facilities Properly Marked Yes No N/S

Marking Methods: Conventional Flags None Whiskers
 Offset Paint Stakes

Locate Marking Faded: Yes No N/S

Wrong Address Requested Yes No N/S

TYPE OF MATERIAL: Cast Iron Plastic (HDPE) Plastic (MDPE) Steel Other

DAMAGE TYPE: Severed Not Cut Severed Size 1 x 1

PRESSURE: 25 PSIG 40 PSIG 50 PSIG 55 PSIG 60 PSIG 6 WC (.2163) 7 WC (.252) Other

Facilities Improperly Located:
 Qualified Locator Could Not Have Accurately Located
 Inaccurate Maps / Cards
 Broken or No Tracer Wire (Plastic)
 Insulation Preventing Accurate Locate

Locator Error:
 Failure to Follow Policy
 Inappropriate Site Markings
 Incomplete Locate
 No Locates Performed
 Qualified Locator Could Have Accurately Located
 Wrong Address Located
 Marking Off By: _____ (Feet / Inches)

PROTECTION IN PLACE: Building Fence None Post Rail Vault N/A Other

DURATION OF ESCAPING GAS:
Minutes: 30

Were Facility Marks Visible Yes No

Was Area White Lined Yes No Destroyed

Positive Response Yes No Destroyed

Tolerance Zone Violated Yes No

Part of Project Yes No

Company Representative On-Site Yes No

LEAK REPORT NUMBER: _____

EFV Activated Yes No N/S

Number of Customers Affected: 1

Total Hours Service Was Off: 1

Observation by (ID#): _____

Name of Locator: _____

LOCATING ORGANIZATION:
 Contract Locator
 Unknown / Other
 Utility Owner

SERVICE ORDER NUMBER: _____

DAMAGED BY: Company Crew Contractor County Developer Farmer Municipality Property Owner/ Tenant Railroad State Unknown Utility Vehicle Accident Other

TYPE OF CONSTRUCTION:
 Agriculture Building Construction Building Demolition Cable TV Curbs / Sidewalk Drainage Driveway Electric Engineering / Surveying Fencing Grading Irrigation Landscaping Liquid Pipeline Milling Pole Natural Gas Public Transit Authority Railroad Maintenance Other

NOTIFICATIONS AND OTHER DETAILS OF LOCATE:
 Locate Ticket: _____

Date: _____ Time: _____ am / pm

WORKING FOR: City County Developer State Property Owner Utility

TYPE OF REQUEST:
 Regular Request Emergency Request

Locate Company Notified

Contact Name: _____

Time Called: _____ am / pm

Time Locator Arrived at the Site: _____ am / pm

Company Notified of Locate Near Critical Facilities Yes No N/S

Copy of Mark Out Request Provided Within 2 Working Days Yes No N/S

ONE-CALL CENTER:
 IUPPS
 OUPS
 Unknown

Vectren Claim Number: _____

TYPE OF EQUIPMENT:

- Auger
- Backhoe / Track hoe
- Boring
- Drilling
- Explosives
- Farm Equipment
- Grader / Scraper
- Hand Tools
- Milling Equipment
- Plow
- Probing Device
- Trencher
- Vacuum Equipment
- Vehicle
- Other _____

ROOT DAMAGING CAUSE:

- Abandoned Facility
- Deteriorated Facility
- Facility Could Not be Found/ Located
- Facility Was Not Located / Marked
- Failure to Maintain Clearance
- Failure to Maintain Marks
- Failure to Support Exposed Facility
- Failure to Use Hand Tools Where Required
- Improper Backfilling
- Incorrect Records / Maps
- Marking or Location Not Sufficient
- No Notification Made to One-Call
- One-Call Notification Error
- Previous Damage
- Wrong Information Provided
- Other _____

CONTRACTOR REPAIRS:

- Contractor Working for Vectren Made Repairs at Own Expense
 - Yes No N/S
- Contractor Repaired Damage
 - Yes No N/S

Name of Contractor: _____
 # of Regular Hours: _____
 # of Overtime Hours: _____
 # of Regular Hours: _____
 Crew Type: _____

MATERIALS OR ROAD WORK:

- Meter was replaced _____ (Stores Code)
- Regulator Was Replaced _____ (Stores Code)
- Temporary Asphalt Repair: _____ (sq. ft.)
- Permanent Asphalt Repair: _____ (sq. ft.)

RIGHT OF WAY:

- Dedicated Utility Easement
- Federal Utility Easement
- Pipeline
- Power / Transmission Line
- Private - Business
- Private - Easement
- Private - Land Owner
- Public - County Road
- Public - Interstate Highway
- Public - Other
- Public - State Highway
- Public - City Street
- Unknown

- Did Excavator Notify You Yes No
- Excavation Required Yes No
- Media at Site Yes No
- Was There Ignition of Gas? Yes No

INVOICE: Yes No N/S

DAMAGING PARTY:
 Name: Billboard Services
 Address: 1245 College Rd
 City/ State/ Zip: Indianapolis, IN 46202
 Phone: (317) 281-2620
Stankovich 4-27-2012
 Prepared / Investigated By: _____ Date: _____
219 987 2326

PARTY TO INVOICE:
 Name: Vectren
 Address: _____
 City/ State/ Zip: _____
 Phone: _____
J Alexander 5/1/12
 Reviewed by Field Supervisor: _____ Date: _____

*Investigation Crew from the Service
 and found no EFV stopped the gas
 from blowing - handles were right on
 CONTRACTOR DID NOT HAND DIG TO SPOT ANY UTILITIES*

NORMAL NOTICE

Ticket : 1304243030 Date: 04/24/2013 Time: 15:32 Oper: NIKOL.GRAHAM.IN Chan:000

State: IN Cnty: BOONE Twp: EAGLE
 Cityname: ZIONSVILLE Inside: Y Near: N
 Subdivision: ROCK BRIDGE

Address : 3654
 Street : FLAGSTONE DR
 Cross 1 : WEATHER STONE XING Within 1/4 mile: Y
 Location: LOCATE ENTIRE PROPERTY
 :
 Grids : 3959C8618D
 Boundary: n 39.989535 s 39.987597 w -86.303090 e -86.301543

Work type : INSTALLING SPRINKLER SYSTEM
 Done for : SPRINKLER CUSTOMER
 Start date: 04/26/2013 Time: 15:45 Hours notice: 48/048 Priority: NORM
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
 Duration : 2 DAYS Depth: 2 FEET

Company : AFFORDABLE SPRINKLERS LLC Type: CONT
 Co addr : 6265 COFFMAN ROAD
 City : INDIANAPOLIS State: IN Zip: 46268
 Caller : NIKOL GRAHAM Phone: (317)293-0845
 Contact : CHRIS PETERS Phone:
 BestTime:
 Mobile : (317)828-2670
 Email : INFO@AFFORDABLEPRINKLERSLLC.COM

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

Submitted date: 04/24/2013 Time: 15:32
 Members: ID1048 ID1501 ID3011 ID4471 ID5291 ID6921 ID9999 SM

Member Name	Facility Types
BOONE COUNTY REMC	ELECTRIC
BRIGHT HOUSE NETWORKS INDIANAPOLIS	CABLE TV
CITIZENS WATER / FORMERLY VEOLIA WATER	WATER
COMMUNICATIONS CORP / TDS TELECOM	TELEPHONE
COUNTRYMARK REFINING AND LOGISTICS, LLC	PIPELINE
VECTREN - DANVILLE	GAS

NORMAL NOTICE

Ticket : 1304251217 Date: 04/25/2013 Time: 10:19 Oper: CWATSON Chan:052

State: IN Cnty: BOONE Twp: EAGLE
 Cityname: ZIONSVILLE Inside: N Near: Y
 Subdivision: ROCKBRIDGE

Address : 3654
 Street : FLAGSTONE DR
 Cross 1 : S 875 E Within 1/4 mile: Y
 Location: LOCATE THE FRONT AND BACK YARDS OF THE PROPERTY
 :
 Grids : 3959C8618D
 Boundary: n 39.989535 s 39.987597 w -86.303090 e -86.301543

Work type : INSTALL SPRINKLER SYSTEM
 Done for : TOM MCGUIRE
 Start date: 04/29/2013 Time: 10:30 Hours notice: 96/048 Priority: NORM
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
 Duration : 1 DAY Depth: 1 FOOT

Company : AFFORDABLE SPRINKLERS LLC Type: HOME
 Co addr : 6265 COFFMAN ROAD
 City : INDIANAPOLIS State: IN Zip: 46268
 Caller : TOM MCGUIRE Phone: (317)293-0845
 Contact : TOM MCGUIRE - CELL Phone:
 BestTime:
 Mobile : (317)908-1252

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

Submitted date: 04/25/2013 Time: 10:19
 Members: ID1048 ID1501 ID3011 ID4471 ID5291 ID6921 ID9999 SM

Member Name	Facility Types
BOONE COUNTY REMC	ELECTRIC
BRIGHT HOUSE NETWORKS INDIANAPOLIS	CABLE TV
CITIZENS WATER / FORMERLY VEOLIA WATER	WATER
COMMUNICATIONS CORP / TDS TELECOM	TELEPHONE
COUNTRYMARK REFINING AND LOGISTICS, LLC	PIPELINE
VECTREN - DANVILLE	GAS



Property of United States Infrastructure Corporation
Photo taken on 4/29/2013 8:53:54 AM



Property of United States Infrastructure Corporation
Photo taken on 4/29/2013 8:53:58 AM



Property of United States Infrastructure Corporation
Photo taken on 4/29/2013 8:54:06 AM



Property of United States Infrastructure Corporation
Photo taken on 4/29/2013 8:54:38 AM

Tuesday, May 7, 2013

Service Order Status

Enter Service Order Number:

5617264



Banner Instance: CS03PROD CS01PROD CS02PROD

Order Number: N5617264

Order Type: LEAK

Order Status: Completed

Customer: 620925063 - MCGUIRE TOM

Prem: 5978301 - 3654 FLAGSTONE DR

Technician: 2822 - Steelsmith, Greg

Order Dates and Times

Need Date: 4/29/2013 12:50:00 PM
Time Created: 4/29/2013 12:28:51 PM
Time Dispatched: 4/29/2013 12:28:51 PM
Time In Route: 4/29/2013 12:30:36 PM
Time On-Site: 4/29/2013 12:47:12 PM
Tech Complete: 4/29/2013 1:37:01 PM
Time Closed: 4/29/2013 1:37:01 PM

Events Performed/Completion Code

LKOT - CMP

Meter Information

Current ReadStatus

Old Meter: 3190 Active

New Meter:

Completion Notes

fds 0017699 1in severed pl service//owner of irrigation co. doesnt think he need s to hand dig to spot utilities/////2822 mtr test o / relite ok///2822

Request Notes

HIT 1" PLSTIC LN PER CHRIS PETRIS (AFFORDABLE SPRINKLERS). HIT W/ PLOW.HISSING & BLWING. NOT ENTERI NG HM. HIT IN FRNT LWN. XST OLD STONE & 875 E.NO LOC#. MILD ODOR. CE# 317-828-2670. CREW ONSITE.

MDSI Event Dates and Times

Event	Date/Time	User
-------	-----------	------

NOTE:The Reporting database replicates in near real-time; it has been approximately 19 minute(s) since the last transaction replicated.



INFORMATION REQUEST

State Form 54909 (R / 3-13)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4794 _____

Date of Damage (*month, day, year*): 04/29/13 _____

Location of Damage:

Address (*number and street*): 3654 Flagstone Drive _____

City, State and ZIP Code: Zionsville, IN 46077 _____

Nearest Intersection: _____

Excavator Information:

Business Name: Affordable Sprinklers, LLC _____

Responsible Party Personal Name: Christopher Peters _____

Title (*if any*): Owner _____

Address (*number and street*): 6265 Coffman Road _____

City, State and ZIP Code: Indianapolis, IN 46268 _____

Preferred Telephone Number (area code): 317-293-0845 _____

Email Address: info@affordablesprinklersllc.com _____

Utility Information:

Utility Name: _____

Contact Person: _____

Title (*if any*): _____

Cause of Damage Information

Type of Equipment (*select one*):

Type of Work Performed (*select one*):

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

Locate Information

Excavator Request Locate: Yes No

Indiana 811 Locate Ticket Number: 1304243030

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

Incident Information:

Fire Department Response: Yes No

Police Department Response: Yes No

Ambulance Response: Yes No

Additional Information / Comments

The area was marked. However the pipe was not as deep as it should have been. The pipe itself was 8 inches under the dirt. It should have been 3-4 feet deep. A little further up from where we hit the line the pipe was 4 ft under ground.

Printed Name: Christopher Peters _____

Signature: _____ Date (month, day, year): 07/24/2013

**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

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**