



## Pipeline Safety Division Investigation Report

### Investigation regarding: County Line Tile & Excavating LLC

UPPAC Database Record ID: 5118

Report Date: 10/3/2013

Investigator: Mike Orr

Damage Date: 6/6/2013

Damage Address: 107 Middle Street, Buffalo, White

### The Parties

Excavator: County Line Tile & Excavating LLC

Address: 9118 West Co Rt 1000 South, Winamac, In 46996

Facility Owner: NIPSCO

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Sewer

### 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: 1306020507

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

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

**Findings:** Reported by Carrie Ludwig (NIPSCO); excavator's response to initial notice was received on 8/9/2013. The excavator had a valid locate ticket and the gas operator provided accurate locate markings; however, the excavator failed to maintain required clearance from the gas service with the backhoe.

**Conclusion:** There was a failure to maintain clearance with mechanized equipment 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: Jun 25, 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: County Line Tile & Excavating LLC

Business address (*number and street*): 9118 WEST CO RT 1000 SOUTH

City, State, and ZIP code: WINAMAC, IN 46996

Telephone number (*area code*): (574)278-7484

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: Sewer (Sanitary/Storm)

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**Date and Location of Damage**

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

County: White

City: Buffalo

Street address (*number and street, city, state, and ZIP code*):  
107 Middle Street

Nearest intersection: Cross Street

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*): \_\_\_\_\_

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? 12

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**Notification, Locating, Marking**

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1306020507

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?

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

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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

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### **Additional Comments**



150 West Market Street, Suite 600  
Indianapolis, IN 46204

August 29, 2013

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

Pipeline Safety Division – Case No. 5118  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 5118

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: 6/6/2013

Event Location: 107 Middle Street

City: Buffalo

Facility Owner: NIPSCO

Excavator: County Line Tile & Excavating LLC

Other Party: N/A

Pipeline Division Case No. 5118

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. 5118</b>	
Date of Event	6/6/2013
Event Location	107 Middle Street
Event City	Buffalo
Facility Owner	NIPSCO
Excavator	County Line Tile & Excavating LLC
Date of IURC Information Request	July 29, 2013
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	County Line Tile & Excavating LLC
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	9118 West CO RT 1000 South
CITY/ STATE/ZIP	Winamac / IN / 46996
PREFERRED TELEPHONE	
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	107 Middle Street
CITY/STATE/ZIP	Buffalo / 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)	
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	
Irrigation	
Landscaping	
Liquid Pipeline	
Milling	
Natural Gas	
Pole	
Public Transit Authority	
Railroad Maintenance	
Road Work	
Sewer (Sanitary/Storm)	X
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	1306020507
LOCATE MARKS VISIBLE (YES/NO)	Yes
LOCATE MARKS CORRECT (YES/NO)	Yes
EXCAVATOR "WHITE LINED" (YES/NO)	No
MAPS USED TO MARK FACILITIES (YES/NO)	Yes
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>	
Failure to use hand tools where required.	

# 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 PATHER JOB ORDER # 584397  
 TRACKING NUMBER 018-2013-0606-005 LOCATE REF # 1306020507  
 Locate Performed By: \_\_\_\_\_

DATE AND TIME OF ACCIDENT 06-06-13 @ 0809 A <sup>EST</sup> M DATE OF REPORT 06-06-13  
 PLACE OF DAMAGE (INCLUDE CITY) 107 Middle St., Buffalo

**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) 12 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: 1

DURATION OF INTERRUPTION: TIME REPORTED 0809 TIME SHUT OFF 0810 TIME RESTORED \_\_\_\_\_

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

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

PARTY THAT CAUSED DAMAGES (NAME) County Line Tile & Excavating LLC.

ADDRESS OF PARTY (INCLUDE CITY) ~~FAAO~~ 9118 W. 1000 S., Whamie 594-278-7484  
IN 47925?

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Travis Eza

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**

- |  |                                     |   |   |
|--|-------------------------------------|---|---|
| <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 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 checked="" type="checkbox"/> SEWER |   |

**TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> AUGER             | <input type="checkbox"/> HAND TOOLS     | <input checked="" 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 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>Failure to Hand Expose</u> |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS: Contractor hit 5/8" plastic serv. line while excavating. Operating machinery in close proximity on ~~serv~~ utility

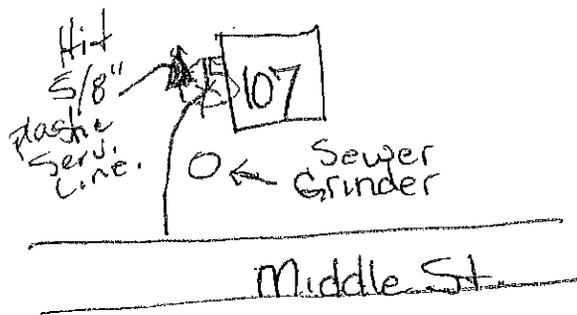
PERSON PREPARING REPORT R. Watson

FIELD SUPERVISOR \_\_\_\_\_

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



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: Distribution Lines; Folder: On-Hold folder; Assigned To: N/A

NIPSCO 00165 IUPPSa 06/02/2013 23:09:02 1306020507-00A NORM NEW STRT

NORMAL NOTICE

Ticket : 1306020507 Date: 06/02/2013 Time: 22:56 Oper: MMILLER Chan:001

State: IN Cnty: WHITE Twp: LIBERTY  
Cityname: BUFFALO Inside: Y Near: N  
Subdivision:

Address : 107  
Street : MIDDLE ST  
Cross 1 : CROSS ST Within 1/4 mile: Y  
Location: LOCATE FROM THE GRINDER TO THE HOUSE - AREA MARKED WITH BLUE FLAGS  
:  
Grids : 4052A8644A 4052A8644B 4053D8644A 4053D8644B  
Boundary: n 40.884076 s 40.882145 w -86.746092 e -86.744635

Work type : GRINDER HOOKUP  
Done for : LINN EZRA  
Start date: 06/05/2013 Time: 07:00 Hours notice: 56/048 Priority: NORM  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N  
Duration : 1 WEEK Depth: 4 FEET

Company : COUNTY LINE TILING AND EXCAVATING LLC Type: CONT  
Co addr : 9118 WEST CO RT 1000 SOUTH  
City : WINAMAC State: IN Zip: 46996  
Caller : CINDY EZRA Phone: (574)278-7484  
Contact : MIKE EZRA - HOME Phone:  
BestTime:  
Mobile : (574)278-7484

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

Submitted date: 06/02/2013 Time: 22:56  
Members: ID6676 ID7161 ID8338 NIPSCO SM

Fact Based Investigation Report

**Notification ID** 01820130606005  
**Damage Date** 06/06/2013 09:55  
**Notified By** Annissa (Facility Owner)  
**Damage Address** 107 Middle St (WHITE CTY) X 16 119  
Buffalo , IN  
**District** Northern Indiana  
**Notification Date** 06/06/2013 09:57

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**Damaged Customer** NIPSCO

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**Investigation Date From** 06/06/2013 11:15:00 **To** 06/06/2013 11:45:00

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**Excavator Involved** COUNTY LINE TILING & EXCAVATING

**Type of Excavation** sewer line

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**Orig. Locate Request** 1306020507 **Start Date** 06/05/2013 07:00  
**Type of Ticket** Routine **Locate Req. Info** N/A

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**Damage Request #** M91935002 **Start Date** 06/06/2013 10:00

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**Pictures Taken By** Tim Bednarz **Date** 06/06/2013 11:25

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

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**Investigator Emp. #** 116288 **Investigator Name** Tim Bednarz

**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 #** Bednarz Tim - 116288 **Locator Not Known**

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**Investigation Findings**

Facility Marked Accurately

**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 probed area near gas marks hitting something solid thinking it was the gas line but it was a piece of concrete. As contractor was digging out root bound ground caught gas line with bucket cutting it in half.

**Names of Utility Representatives Contacted or on Site and Statement**

N/A

**Names of Excavator's Representatives Contacted or on Site and Statement**

Crew with county line tiling (3)

**Other individuals on site**

None

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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

<b>Was the excavation within the tolerance zone of marks?</b>	Yes
<b>Extent of facility damage</b>	cut in half
<b>Replacement Footage</b>	splice 1-2 ft
<b>Was contractor assistance required? If yes, who?</b>	No
<b>What contractor equipment was used?</b>	
<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 6/6/2013 11:36:48 AM



**INFORMATION REQUEST**

State Form 54909 (R / 3-13)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

**RECEIVED**

**AUG 09 2013**

**INDIANA UTILITY  
REGULATORY COMMISSION**

**Case Number:** 5118

**Date of Damage (month, day, year):** 6/6/13

**Location of Damage:**

**Address (number and street):** 107 middle st white county

**City, State and ZIP Code:** buffalo in 47925

**Nearest Intersection:** middle st & cross st

**Excavator Information:**

**Business Name:** county line tiling/ exc LLC

**Responsible Party Personal Name:** Mike Ezra

**Title (if any):** owner

**Address (number and street):** 9118w 1000s

**City, State and ZIP Code:** Winamac In 46996

**Preferred Telephone Number (area code):** 574-278-7484

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

**Utility Information:**

**Utility Name:** nipsco

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

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

**Cause of Damage Information**

Type of Equipment (select one): Backhoe/Trackhoe

Type of Work Performed (select one): sewer (Sanitary/Storm)

Repair Cost: \$ 95.75

- 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: 1305014033 & 1306020507

- 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

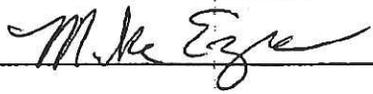
**Incident Information:**

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

**Additional Information / Comments**

problem caused by roots from very large tree located just east of site. root was intangle into gas line and when root was pull out gas line was tore

Printed Name: Mike Ezra

Signature: 

Date (month, day, year): 8/8/13

*\*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**