



Pipeline Safety Division Investigation Report

Investigation regarding: **Cct Underground Llc**

UPPAC Database Record ID: 3310

Investigator: Howard Friend

Report Date: 08/16/2012

Damage Date: 07/03/2012 1:26:23 PM

Damage Address: W Washington Center Rd

City: Fort Wayne

County: Allen

The Parties

Excavator: **Cct Underground Llc**

Contact: Zach Baker, Director Of Operations

Address: 1021 E Michigan Road, Indianapolis, In 46202

Telephone: (317) 955-1583

Facility Owner: NIPSCO

Contact: Kit Earle

Address: 101 West Ohio Street, Indianapolis, IN 46204

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Investigation regarding: Cct Underground Llc

UPPAC Database Record ID: 3310

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: 1206152941

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Telecommunications

Synopsis: A natural gas service was damaged during excavation for a telecommunications line.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 07/30/2012. The excavator had a valid locate request and accurate locate markings. The excavator reported using hand tools while excavating. The operator reported the damage was caused by a backhoe. The investigation by the locate company confirmed operator's report. Excavator failed to maintain required clearance.

Conclusion: Excavator failed to maintain the required clearance with mechanized equipment.

Violation: IC 8-1-26-20(b): Failure to plan excavation to avoid damage or interference with underground facilities; 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: Aug 9, 2012

Who is submitting this information?

Name of person providing this information: Carrie Ludwig

Business address (*number and street*): 3511 East 15th Ave

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

Excavator Information, if known

Full name: CCT Underground LLC

Business address (*number and street*): 1021 E Michigan

City, State, and ZIP code: Indianapolis, IN 46202

Telephone number (*area code*): 317 955 1583

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Telecommunications

Date and Location of Damage

Date of damage (*month, day, year*): Jul 3, 2012 _____

County: Allen _____

City: Fort Wayne _____

Street address (*number and street, city, state, and ZIP code*):
5514 W Washington Center Rd Fort Wayne IN _____

Nearest intersection: Kruse Dr _____

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 _____

Enter number of injuries, if applicable and known: 0 _____

Enter number of fatalities, if applicable and known: 0 _____

Property damage, Estimate \$ _____

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? 22 _____

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1206152941 _____

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? 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? Yes

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

Damage ticket #: 1207032320

Nipsco emergency repair ticket #: 1207032389

UPPAC Case 3310. MAO 8/18/2012.



101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

August 13, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3310
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3310

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: 7/3/2012

Event Location: W Washington Center Rd, Fort Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: CCT Underground LLC

Other Party: N/A

Pipeline Division Case No. 3310

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,

A handwritten signature in black ink, appearing to read "Christopher Earle".

Christopher C. (Kit) Earle
NiSource Corporate Services - Legal
Phone: 317-684-4904
Fax: 317-684-4918
Email: cearle@nisource.com

IURC INFORMATION REQUEST	
Pipeline Safety Division Case No. 3310	
Date of Event	7/3/2012
Event Location	W Washington Center Rd, Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	CCT Underground LLC
Date of IURC Information Request	7/13/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	CCT UNDERGROUND
RESPONSIBLE PARTY PERSONAL NAME	SHANNON KORBE
TITLE (IF ANY)	
ADDRESS	1021 E. MICHIGAN
CITY/ STATE/ZIP	Indianapolis, IN 46202
PREFERRED TELEPHONE	317 955-1583
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:	
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
LOCATOR SERVICE INFORMATION	
BUSINESS NAME	USIC Locating Service
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	9045 North River Road, Suite 300
CITY/ STATE/ZIP	Indianapolis, IN 46240
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION	
PERSONAL CONTACT	
BUSINESS/ORGANIZATION NAME	
TITLE (IF ANY)	

ADDRESS	
CITY/ STATE/ZIP	
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
UTILITY LINE IMPACT	
LOCATION OF DAMAGE	
ADDRESS	5514 W. WASHINGTON CENTER ROAD
CITY/STATE/ZIP	Fort Wayne, IN
NEAREST INTERSECTION	
PRODUCT TYPE (Select One)	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
FACILITY TYPE (Select One)	
DISTRIBUTION	
GATHERING	
SERVICE/DROP	X
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	1 ¼
PRESSURE (PSIG/INCHES)	45
INTERRUPTION IN SERVICE (YES/NO)	Yes
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	0
REPAIR COST (IF KNOWN) (\$)	
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	X
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	
Probing Device	

Trancher	
Vacuum Equipment	
Unknown/Other	
TYPE OF WORK PERFORMED (Select One)	
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	X
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)	
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Yes

INDIANA 811 LOCATE TICKET NUMBER	
LOCATE MARKS VISIBLE (YES/NO)	Yes
LOCATE MARKS CORRECT (YES/NO)	Yes
EXCAVATOR "WHITE LINED" (YES/NO)	
MAPS USED TO MARK FACILITIES (YES/NO)	
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	No
INCIDENT IMPACT INFORMATION	
NUMBER OF OUTPATIENT TREATED	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FACILITIES	
FIRE DEPARTMENT RESPONSE (YES/NO)	
FPOLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
ADDITIONAL INFORMATION/COMMENTS	
Excavator hit accurately marked facility Nipsco emergency repair ticket #: 1207032389	

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA _____ MAXIMO WO # _____
OPERATING AREA CONTACT _____ JOB ORDER # JO 571294
TRACKING NUMBER 01820120703012 LOCATE REF # _____
Locate Performed By: _____

DATE AND TIME OF ACCIDENT 7/3/12 20 1:36 PM DATE OF REPORT 7/3/12
PLACE OF DAMAGE (INCLUDE CITY) 5514 W Washington Center Rd Ft Wayne

DAMAGE WAS TO:

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

OTHER (DESCRIBE) _____

GAS: SERVICE X MAIN () SIZE 1 1/4 MATERIAL: PLASTIC X STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE) _____

DEPTH OF FACILITY (inches) 22" PRESSURE (PSI) 45 Lbs.

RELEASE OF GAS: YES X NO () IGNITION OF GAS: YES () NO X EVACUATION REQUIRED: YES () # _____ NO X

INTERRUPTION OF SERVICE: YES X NO () NUMBER OF CUSTOMERS LOST: 1

DURATION OF INTERRUPTION: TIME REPORTED 1:36 PM TIME SHUT OFF 15:00 TIME RESTORED 16:00

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/2" x 3"

LOCATE MARKS ON SITE: YES X DISTANCE BETWEEN FACILITY AND LOCATE MARKS 4" Depth of facility 22"
HOW LOCATED: PAINT X FLAGS () BOTH () WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) CCT Underground (317) 955-1583

ADDRESS OF PARTY (INCLUDE CITY) 1021 E Michigan Indianapolis IN 46202

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Shannon Korbel

WITNESS NAME AND ADDRESS _____

WITNESS REMARKS _____

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY _____ REPORT # _____

FIRE () AGENCY _____ REPORT # _____

OTHER () _____ Any Injuries? () YES # _____ (X) NO

PHOTOS TAKEN: YES () NO X TAKEN BY: _____ (ATTACH PHOTOS TO REPORT)
MEDIA ON SITE YES () NO X

WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW

- () AGRICULTURE/FARMING () CABLE TV () CURB/SIDEWALK (X) 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 (X) 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 (X) CARELESS MACHINE OPERATOR
() NO NOTIFICATION () MARKS DISTURBED () STUB () OTHER

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

Fact Based Investigation Report

01820120703012
Northern IN
7/3/2012 1:23:00 PM
7/3/2012 1:30:11 PM
BRUCE CORNAELIUS
W WASHINGTON CENTER RD
FORT WAYNE
ST: IN ZIP:

NOTIFICATION ID:
DISTRICT:
DAMAGE DATE:
NOTIFICATION DATE:
NOTIFIED BY:
DAMAGE ADDRESS:
CITY:

NIPSCO

DAMAGED CUSTOMER:

07/03/2012
14:00:00
14:25:00

INVESTIGATION DATE:
FROM:
TO:

CCT underground
fiber install

EXCAVATOR INVOLVED:
TYPE OF EXCAVATION:

1206152941

ORIG. LOCATE REQ.:
START DATE/TIME:
TYPE OF TICKET:
LOCATE REQ. INFO N/A:

1207032320

DIG UP/DAMAGE REQ.:
START DATE/TIME:

Stephen Sedik
7/3/2012 2:15:00 PM
Digital

PICTURES TAKEN BY:
DATE/TIME:
PHOTOGRAPHY TYPE:
FRAME #:

125397

INVESTIGATOR EMP#:
INVESTIGATOR NAME:

Stephen Sedik
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?
No

Fact Based Investigation Customer Information

01820120703012

NIPSCO

(optional)

NOTIFICATION ID:

SELECT A CUSTOMER:

CUSTOMER #:

LOWPROF

Gas Service

Marcum Ron - 117462

FACILITY DESCRIPTION:

FACILITY ID:

LOCATOR NAME & EMP #:

LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:

Facility Marked Accurately

Other:

CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):

Visual, Facility Exposed At Time Of Investigation

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

paint lines up with damage site

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

na

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

na

LIST ANY OTHER INDIVIDUALS ON SITE:

na

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

cut in 2

REPLACEMENT FOOTAGE

1'

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?

No na

WHAT CONTRACTOR EQUIPMENT WAS USED?

backhoe

IS THE FACILITY SHOWN ON THE UTILITY RECORDS?

No

IF YES, PLEASE LIST RECORD #(S)

na

NIPSCO 00738 IUPPSa 07/03/2012 13:26:24 1207032320-00A EMER DAMG GRID

DAMAGE DAMAGE

#3310

Ticket : 1207032320 Date: 07/03/2012 Time: 13:23 Oper: SDOERFLEIN Chan:029

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

Address :

Street : W WASHINGTON CENTER RD

Cross 1 : KRUSE DR Within 1/4 mile: Y

Location: FROM ADDRESS 5514 W WASHINGTON CENTER RD - LOCATE EAST ON THE NORTH
SIDE OF THE ROAD FOR APPROX 1000 FEET - ENDING AT ADDRESS 5210 W WASHINGTON
CENTER RD

***Boring Where = UNDER RIGHT OF WAY

:

Grids : 4107A8512B 4107A8512A 4107A8513D 4107A8513C

Boundary: n 41.132763 s 41.131630 w -85.220879 e -85.210655

Work type : INSTALL FIBER OPTIC LINES

Done for : WINDSTREAM

Start date: 07/03/2012 Time: 13:23 Hours notice: 0/0 Priority: EMER

Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: Y

Duration : 1 WEEK Depth: 36 INCHES

Company : CCT UNDERGROUND LLC Type: CONT

Co addr : 3211 WESTFIELD ROAD

City : NOBLESVILLE State: IN Zip: 46062

Caller : BRUCE CORNAELIUS Phone: (317)557-1757

Contact : BRUCE CORNAELIUS - CELL Phone:

BestTime:

Mobile : (317)557-1757

Remarks : All tickets are taken and processed on Eastern Daylight Time
PER BRUCE-CREW HAS DAMAGED AN UNKNOWN GAS LINE IN THE FRONT ROAD R/O/W-THE LINE
IS BLOWING-IT IS A 3/4 INCH SERVICE LINE-CREW IS ON SITE-WILL CALL
NIPSCO-PREVIOUS TICKET 1206152941

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

:

Submitted date: 07/03/2012 Time: 13:23

Members: AEPIN CC FW ID2010 ID4636 ID4866 ID6111 ID7151 ID8000 NIPSCO
SM

NIPSCO 00703 IUPPSa 06/15/2012 14:59:48 1206152941-00A NORM NEW GRID

NORMAL NOTICE

#3310

Ticket : 1206152941 Date: 06/15/2012 Time: 14:55 Oper: KREED Chan:090

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

Address :

Street : W WASHINGTON CENTER RD

Cross 1 : KRUSE DR Within 1/4 mile: Y

Location: FROM ADDRESS 5514 W WASHINGTON CENTER RD - LOCATE EAST ON THE NORTH
SIDE OF THE ROAD FOR APPROX 1000 FEET - ENDING AT ADDRESS 5210 W WASHINGTON
CENTER RD

***Boring Where = UNDER RIGHT OF WAY

:

Grids : 4107A8512B 4107A8512A 4107A8513D 4107A8513C

Boundary: n 41.132763 s 41.131630 w -85.220879 e -85.210655

Work type : INSTALL FIBER OPTIC LINES

Done for : WINDSTREAM

Start date: 06/19/2012 Time: 15:15 Hours notice: 96/48 Priority: NORM

Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: N

Duration : 1 WEEK Depth: 36 INCHES

Company : CCT UNDERGROUND LLC Type: CONT

Co addr : 3211 WESTFIELD ROAD

City : NOBLESVILLE State: IN Zip: 46062

Caller : BRUCE CORNAELIUS Phone: (317)557-1757

Contact : BRUCE CORNAELIUS - CELL Phone:

BestTime:

Mobile : (317)557-1757

Remarks : All tickets are taken and processed on Eastern Daylight Time

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

:

Submitted date: 06/15/2012 Time: 14:55

Members: AEPIN CC FW ID2010 ID4636 ID4866 ID6111 ID7151 ID8000 NIPSCO
SM

COMMENTS: TRIED TO HAND DIG GROUND TO HARD USED MACHINE
HIT GAS LINE, GAS LINE DEPTH 22" TOP OF DRIVEWAY

PERSON PREPARING REPORT 121629 B. Hodjks

FIELD SUPERVISOR Q Roger Brown

FIELD MANAGER R. 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: _____

Information Request

Pipeline Safety Division Indiana Utility Regulatory Commission

Case No. 3310

The Pipeline Safety Division of the Indiana Utility Regulatory Commission requests any and all information you can provide regarding the following criteria:

The Parties:

Excavator Information:

Business Name: *CCT UNDERGROUND, LLC*

Responsible Party Personal Name:

Title (if any): *PROJECT MANAGER*

Address: *1021 East Michigan St*

City, State Zip: *Indpls IN 46202*

Preferred Telephone: *317-955-1583*

Cell Phone Number: *317 557-1757*

Email Address: *Bruce.Cornelius@CCTUNDERGROUND.COM*

Facility Information:

Business Name: *NORTHERN INDIANA PUBLIC SERVICE CO.*

Responsible Party Personal Name:

Title (if any):

Address:

City, State, Zip:

Preferred Telephone:

Cell Phone Number:

Email Address:

Locator Service Information:

Business Name:

Responsible Party Personal Name:

Title (if any):

Address:

City, State Zip:

Preferred Telephone:

Cell Phone Number:

Email Address:

Other (Witness, Police, Fire, Other) Information:

Personal Contact:

Business/Organization Name:

Title (if any)

Address:

City, State, Zip:

Preferred Telephone:

Cell Phone Number:

Email Address:

Utility Line Impact:

Location of Damage:

Address: W. WASHINGTON CENTER RD

City, State Zip: FORT WAYNE, INDIANA

Nearest Intersection:

Product Type (circle one):

Natural Gas

Liquid Pipeline

Unknown/Other

Facility Type (circle one):

Distribution

Gathering

Service/Drop

Transmission

Unknown/Other

Size (Diameter/etc.): 3/4"

Pressure (PSIG/Inches): NOT KNOWN

Interruption in Service: Yes / No Number of Customers Affected: 1

Evacuation: Yes / No If yes, How Many Evacuated? _____

Repair Cost (if known): \$ NOT KNOWN

Cause of Damage Information:

Type of Equipment (circle one):

Auger
Backhoe/Trackhoe
Boring /Drilling
Directional Drilling
Explosives
Farm Equipment
Grader/Scraper
Hand Tools
Milling Equipment
Probing Device
Trencher
Vacuum Equipment
Unknown/Other

Type of Work Performed (circle one):

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
Waterway Improvement
Unknown/Other

Release of Product: Yes / No

Ignition and/or Fire: Yes / No

Excavator Notify 811: Yes / No

Locate Information:

Excavator Request Locate: Yes / No

Indiana 811 Locate Ticket Number: 1206152923, 1206152914, 1206152948

Locate Marks Visible: Yes / No

Locate Marks Correct: Yes / No

Excavator "White Lined": Yes / No

Maps Used to Mark Facilities: Yes / No

Was Locate Provided within Two (2) Working Days: Yes / No

Operator Employees On-site during Excavation: Yes / No

Incident Impact Information:

Number of Outpatient Treated: N/A

Number of Inpatient Treated: N/A

Number of Fatalities: N/A

Fire Department Response: Yes / No

Police Department Response: Yes / No

Ambulance Response: Yes / No

Additional Information/Comments:

we ~~NO~~ DID NOT FAIL TO NOTIFY
we DID NOT white line per INDIANA LAW
we HIT LINE while HAND digging.

YOUR PIPELINE SAFETY DIVISION CASE NO. 3310

YOUR FULL NAME: Bruce Newman Cornelius JR

FULL NAME OF BUSINESS/ENTITY (if applicable): ACT Underground, LLC

YOUR BUSINESS TITLE (if applicable): PROJECT MANAGER

ADDRESS: 1021 East Michigan St.

CITY: INDPLS. STATE: IN ZIP CODE: 46202

YOUR TELEPHONE NUMBER: (317) 955-1583 SECOND NO. (317) 557-1257

YOUR EMAIL ADDRESS: Bruce.Cornelius@actunderground.com

TODAY'S DATE: 7/30/12

YOUR SIGNATURE: Bruce Cornelius TITLE (if any) PROJECT MANAGER

Please return your Narrative Statement and Answers to the above questions to:

Pipeline Safety Division – Case No. 3310
Indiana Utility Regulatory Commission
101 West Washington Street, # 1500E
Indianapolis, IN 46204

Or scan document(s) and Email to:

PipelineDamageCase@urc.in.gov

From: [Zach Baker](#)
To: [IURC PipelineDamageCase](#)
Cc: bruce.cornelius@cctunderground.com; zach.baker@cctunderground.com
Subject: case #3310
Date: Monday, July 30, 2012 11:55:58 AM
Attachments: [pipeline_damage_case#3310.pdf](#)

Mr. Boyd,

Here is the information form for case #3310.

Thank you,

Zach Baker
CCT Underground
Director of Operations
(317)955-1583 office
(317)955-1537 fax
(317)829-4881 cell
Zach.baker@cctunderground.com