



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Pape Builders**

UPPAC Database Record ID: 3331

Investigator: Rich Medcalf

Report Date: 8/27/2012

Damage Date: 6/7/2012

Damage Address: 492 N Main St

City: Roanoke

County: Huntington

### The Parties

Excavator: **Pape Builders**

Contact:

Address: 1205 Valdosta Dr, Fort Wayne, In 46825

Telephone: 260 341 3702

Facility Owner: NIPSCO

Contact: Kit Earle

Address: 101 West Ohio Street, Indianapolis, IN 46204

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

**Investigation regarding: Pape Builders**

UPPAC Database Record ID: 3331

**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: No locate requested

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Sewer (Sanitary/Storm)

**Synopsis:** A 5/8" natural gas service was damaged during excavation for sewer installation.

**Findings:** Reported by Carrie Ludwig (NIPSCO); excavator did not respond to initial notice mailed July 13, 2012. Excavator failed to provide a notice to Indiana 811 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: Jul 9, 2012

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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 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

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### Excavator Information, if known

Full name: Pape Builders

Business address (*number and street*): 1205 Valdosta Dr

City, State, and ZIP code: Fort Wayne, IN 46825

Telephone number (*area code*): 260 341 3702

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 7, 2012 \_\_\_\_\_

County: Huntington \_\_\_\_\_

City: Roanoke \_\_\_\_\_

Street address (*number and street, city, state, and ZIP code*):  
492 N Main St \_\_\_\_\_

Nearest intersection: \_\_\_\_\_

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

Enter number of injuries, if applicable and known: 0 \_\_\_\_\_

Enter number of fatalities, if applicable and known: 0 \_\_\_\_\_

Property damage, Estimate \$ \_\_\_\_\_

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**Affected Facility Information**

What type of pipeline was damaged? Natural Gas

What was the affected facility? Distribution

What was the depth of the facility, in inches? 23 \_\_\_\_\_

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**Notification, Locating, Marking**

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known: No locate requested \_\_\_\_\_

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: no locates \_\_\_\_\_

Was site marked by "White Lining"?

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? Unknown/Other

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: --No notification made to the one-call center

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### **Additional Comments**



101 West Ohio Street, Suite 1707  
Indianapolis, IN 46204

August 13, 2012

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

Pipeline Safety Division – Case No. 3331  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3331

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: 6/7/2012

Event Location: 492 N Main St, Roanoke

Facility Owner: Northern Indiana Public Service Company

Excavator: Pape Builders

Other Party: N/A

Pipeline Division Case No. 3331

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. 3331</b>	
Date of Event	6/7/2012
Event Location	492 N Main St, Roanoke
Facility Owner	Northern Indiana Public Service Company
Excavator	Pape Builders
Date of IURC Information Request	7/13/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Pape Construction
RESPONSIBLE PARTY PERSONAL NAME	Richard
TITLE (IF ANY)	
ADDRESS	3136 E. CR 675 No
CITY/ STATE/ZIP	Huntington, IN 46750
PREFERRED TELEPHONE	260 341-3702
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	<a href="mailto:LSELKING@NISOURCE.COM">LSELKING@NISOURCE.COM</a>
<b>LOCATOR SERVICE INFORMATION</b>	
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	
<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	492 N. Main
CITY/STATE/ZIP	Roanoke, IN 46783
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 plastic
PRESSURE (PSIG/INCHES)	30
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) (\$)	
<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	
Milling Equipment	
Probing Device	

Trencher	
Vacuum Equipment	
Unknown/Other	X
<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)	No

INDIANA 811 LOCATE TICKET NUMBER	N/A
LOCATE MARKS VISIBLE (YES/NO)	N/A
LOCATE MARKS CORRECT (YES/NO)	N/A
EXCAVATOR "WHITE LINED" (YES/NO)	
MAPS USED TO MARK FACILITIES (YES/NO)	N/A
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 FACILITIES	
FIRE DEPARTMENT RESPONSE (YES/NO)	
POLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
No notification made to the one-call center by excavator.	

# Fact Based Investigation Report

01820120607001

Northern IN

6/7/2012 8:40:00 AM

6/7/2012 8:42:48 AM

Dawn Facility Owner

492 N Main St

Roanoke (JACKSON TOWNSHIP)

ST: IN ZIP:

NOTIFICATION ID:

DISTRICT:

DAMAGE DATE:

NOTIFICATION DATE:

NOTIFIED BY:

DAMAGE ADDRESS:

CITY:

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NIPSCO

DAMAGED CUSTOMER:

06/07/2012

INVESTIGATION DATE:

10:05:00

FROM:

10:20:00

TO:

---

PAPE CONST

EXCAVATOR INVOLVED:

DRAIN TILE

TYPE OF EXCAVATION:

---

Yes

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

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M52558738

DIG UP/DAMAGE REQ.:

6/7/2012 8:40:00 AM

START DATE/TIME:

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CLINT SLUSS

PICTURES TAKEN BY:

6/7/2012 10:15:00 AM

DATE/TIME:

Digital

PHOTOGRAPHY TYPE:

FRAME #:

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117331

INVESTIGATOR EMP#:

CLINT SLUSS

INVESTIGATOR NAME:

**BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?**

No

## Fact Based Investigation Customer Information

01820120607001

NIPSCO

(optional)

NOTIFICATION ID:

SELECT A CUSTOMER:

CUSTOMER #:

LOWPROF

Gas Service

Yes

FACILITY DESCRIPTION:

FACILITY ID:

LOCATOR NAME & EMP #:

LOCATOR NOT KNOWN:

**CHECK ALL THAT APPLY TO INVESTIGATION:**

No Locate Req. By Contractor

**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:**

CONTRACTOR DIDNT CALL IN FOR LOCATES , HE LOCATED IT HIMSELF. WAS DIGGIN TO EXPOSE IT AND CAUGHT IT WITH THE TOOTH OF THE BUCKET

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

NA

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

PAPE DIDNT CALL FOR LOCATES, LOCATED IT MYSELF

**LIST ANY OTHER INDIVIDUALS ON SITE:**

NA

**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**

4FT

**WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?**

No

**WHAT CONTRACTOR EQUIPMENT WAS USED?**

NA

**IS THE FACILITY SHOWN ON THE UTILITY RECORDS?**

No

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

RON.



# NORTHERN INDIANA PUBLIC SERVICE COMPANY

## PROPERTY DAMAGE REPORT (CLAIMS FOR THE COMPANY)

FORWARD ORIGINAL AND 1 COPY

ALL DAMAGES TO PROPERTY MUST BE REPORTED TO THE CLAIMS DEPARTMENT

REPORTING OPERATING AREA 220 CLAIM NUMBER 3111

OPERATING AREA CONTACT Jason Hauer JOB ORDER NUMBER 574315

TRACKING NUMBER 018 2012 0607 001 LOCATE REF NUMBER None  
CIS 313944203 NO LOCATE REQUESTED

1. DATE AND HOUR OF DAMAGE 6/7/12 2012 0732 M DATE OF THIS REPORT 6/7/12

2. PLACE OF DAMAGE (INCLUDE CITY) 492 N. MAIN Roadway In 46783

3. DAMAGE WAS TO POLE # \_\_\_\_\_ SIZE \_\_\_\_\_ YEAR INSTALLED \_\_\_\_\_ BROKEN  YES  NO  
GAS SERVICE / MAIN - SIZE 5/8 plastic OTHER \_\_\_\_\_

4. PARTY RESPONSIBLE FOR DAMAGES (NAME) PAPE Construction  
(ADDRESS, CITY, STATE, ZIP) \_\_\_\_\_

5. WHO WAS IN CHARGE OF WORK AT PLACE AND TIME OF DAMAGE / CONTRACTORS FOREMAN Richard  
260 341 3702

6. NAME AND ADDRESS OF WITNESSES \_\_\_\_\_

7. REMARKS OF WITNESSES \_\_\_\_\_

8.  POLICE REPORT ATTACHED (# \_\_\_\_\_) (IF NO POLICE REPORT - WHY \_\_\_\_\_)

9. PHOTOS TAKEN  YES  NO (IF YES, PLEASE FORWARD WITH COMPLETED PROPERTY DAMAGE REPORT.)

10. WORK IN PROGRESS WHEN DAMAGE OCCURRED:

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> SEWER | <input type="checkbox"/> ROAD CONSTRUCTION         | <input type="checkbox"/> FENCE WORK            |
| <input type="checkbox"/> WATER            | <input type="checkbox"/> CULVERTS OR DRAINS        | <input type="checkbox"/> DRIVEWAY              |
| <input type="checkbox"/> ELECTRIC         | <input type="checkbox"/> DITCH CLEANING            | <input type="checkbox"/> CURB OR SIDEWALK      |
| <input type="checkbox"/> TELEPHONE        | <input type="checkbox"/> LANDSCAPING               | <input type="checkbox"/> IRRIGATION            |
| <input type="checkbox"/> TV CABLE         | <input type="checkbox"/> POLE OR SIGN INSTALLATION | <input type="checkbox"/> BUILDING CONSTRUCTION |
| <input type="checkbox"/> OTHER _____      |  |  |

11. REASON DAMAGE OCCURRED:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> INACCURATE LOCATION            |
| <input type="checkbox"/> CARELESS MACHINE OPERATOR  | <input type="checkbox"/> INSUFFICIENT TIME NOTIFICATION |
| <input type="checkbox"/> DELIBERATE                 | <input type="checkbox"/> AUTOMOTIVE ACCIDENT            |
| <input type="checkbox"/> FAILURE TO HAND EXPOSE     | <input type="checkbox"/> OTHER _____                    |

OPINION AND RECOMMENDATION:  BILL  DO NOT BILL (REASON: \_\_\_\_\_)

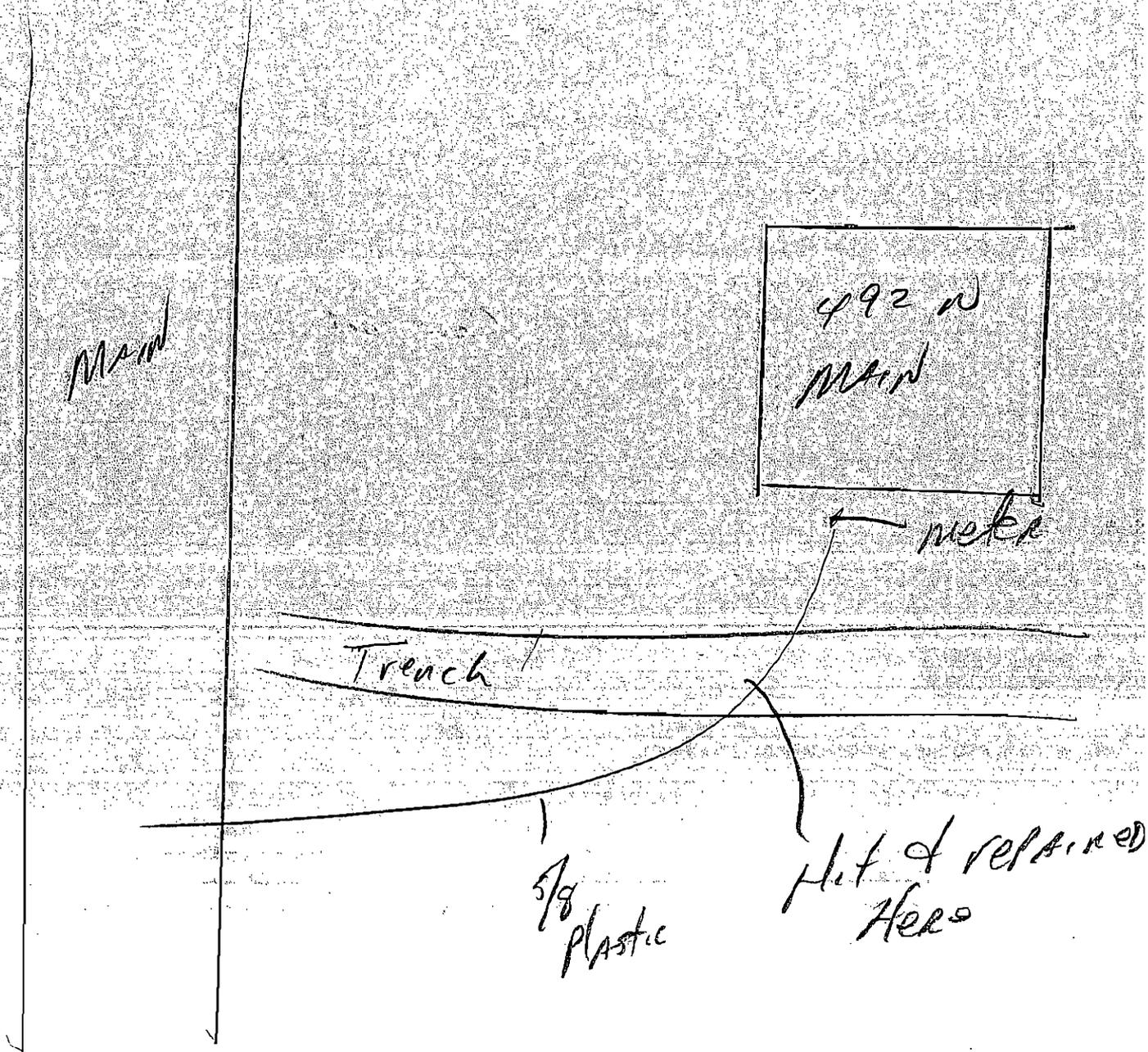
No locate request

PERSON PREPARING REPORT Jim Craig 118126

FIELD MANAGER [Signature]

(SKETCH ON OTHER SIDE)

[SKETCH - Show position of all pertinent information.]



SIZE OF PIPE  $5/8$  plastic  
PRESSURE 30 PSI  
SIZE OF HOLE severed / was pinched off  
TIME RECEIVED NOTICE OF LEAK 0732 CST  
TIME SERVICE/METER WAS SHUT OFF WAS pinched off  
CUSTOMER'S LOST /

# LEAK INVESTIGATION FORM

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

CIS Ticket Number: 313944203 Date Reported: 6-7-12 Time Leak Reported (Military): 07:32  
MO DAY YR HR MIN

LOA: 220 GPS Coordinates: Latitude \_\_\_\_\_ N Longitude \_\_\_\_\_ W

City Name: Rosnoke # JO 574315

Address or Location: 492 N. MAIN TK 018 2012 0607001

- Leak Location:
- No Leak Found
  - Customer Equip.
  - Main
  - Service
  - Meter Loop (Lockwing and above)
  - Regulator Station

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

- Leak Grade:
- Hazardous
  - Non-Hazardous, Scheduled Repairs
  - Non-Hazardous, Monitored

- Leak Resolution 193212
- Leak Repaired } M 478133
  - Pipe Replaced } Leak Closed
  - Pipe Retired } M 478182
  - Grade 2 or 3 Leak Not Repaired  
To be scheduled for re-evaluation/repair

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

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

1st Responder: User ID: 118126 CRAIG Leak Referred to: Repaired  
(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 cut 5/8 plastic Pipe Construction  
JO 574315

Repaired/Inspected: 6-7-12 Time: 10:30 (Military) User ID: 118126 CRAIG  
MO DAY YR HR MIN (FIRST NAME) (MI) (LAST NAME)

Cause of Leak:

- A. Material or Welds
- Faulty weld, dent, gouge, excess stress
  - Manufacturing defect
- B. Corrosion
- External
  - Internal
  - Stress Corrosion Cracking (must be confirmed by Corrosion group)

- C. Weather/Outside Forces
- Natural Forces (weather, washouts, frost heave, frozen equipment etc.)
  - Other Outside Forces (fire, explosion, vandalism etc.) (explain in comments)
- D. Excavation
- Company Crew
  - Contractor Crew
  - Third Party

- E. Equipment Failure and Operations
- Inadequate or failure to follow correct procedures
  - Equipment Malfunction (i.e. gasket/o-ring failure, stripped threads etc.)
- F. Other (Explain in comments) (includes thread leaks)
- Locate Information:
- No Locate Request
  - Request No Locate
  - Mislocated
  - Accurate Locate

CIS Grid Number: \_\_\_\_\_ Pipe Size: 5/8 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.

- Re-evaluated Leak Resolution
- Leak Repaired
  - Pipe Replaced
  - Pipe Retired
  - No Leak Found
  - Leak Re-classified
  - Grade 2 or 3 Leak, Schedule for repair/re-evaluation
- Re-classified Leak Grade:
- Hazardous
  - Non-Hazardous, Scheduled Repairs
  - Non-Hazardous, Monitored

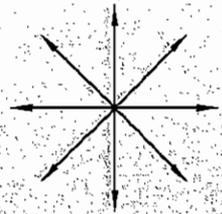
- Material:
- Coated Steel
  - Bare Steel
  - Plastic
  - Cast Iron
  - Copper
  - Wrought Iron
- Pipeline Identifier:
- Distribution
  - Transmission
  - Transmission HCA

METER # \_\_\_\_\_

Re-evaluation Comments: \_\_\_\_\_

Repaired/Re-evaluated: \_\_\_\_\_ Time: \_\_\_\_\_ (Military) User ID: \_\_\_\_\_  
MO DAY YR HR MIN (FIRST NAME) (MI) (LAST NAME)

Indicate North



MAIN

2/9 2 P.  
MAIN  
ROANOKE

meter

Trench

1/8 plastic

Plot of Repaired Here

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NIPSCO Jobbing Order**

SAWO (S-)

Jobbing (JO-)

No 574315

Customer Name: Papa Construction Date: 6/7/12

Customer Acct No: \_\_\_\_\_

Service Address: \_\_\_\_\_

City: \_\_\_\_\_

Work Description: Repaired cut 5/8 plastic @ 492N Main St Rossmore In 4678

Type:  Appliance Repair  Purchase Material  Relocate Services  Temporary Service  Energy Invest  
 Long Term JO  Contribution in Aid of Construction  
 Claims:  Insurance  Vehicle  Damage Number: \_\_\_\_\_

Reason:  No Charge - ESP  No Charge  No Charge-Call Back  Purchase Material  Temporary Serv  
 Time & Material  T & M - ESP  Firm Estimate  Flat Rate  Void  
 Other: CIS 313944203 tracking # 018-2012-0607-001

Plant Id:  Regular Customer  State Body  Municipality  Other: \_\_\_\_\_  
 Plant  Gas Main Ext  Gas Service Ext  Electric Line Ext  Electric Service Ext  Street Light Serv  
 Desc  Elect Power Serv  Undgnd Elect Serv  Undgnd Distribution  Public Improvement

General Ledger Class Code:  Gas Jobbing General  Gas Retirement WO  Gas Specific WO  
 Work Order No: \_\_\_\_\_  Elect Jobbing General  Elect Retirement WO  Elect Specific WO  Elect Temp Serv

Appliance Serviced: \_\_\_\_\_ Serial No: \_\_\_\_\_ Model No: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_ Location: \_\_\_\_\_ Comments: \_\_\_\_\_

LABOR (Please use straight time hours & show conversion Rate)				EQUIPMENT			
ID No & Name	Hours	Hr Rate	Labor \$	Equip #	Hrs	Rate	Equip \$
<u>118126</u>	<u>3</u>	<u>32.41</u>		<u>31347</u>			
<u>CPA16</u>							
			Labor Subtotal (c)	Total Equipment (b)			
			Plus % Payroll Tax (a)	Engineering Firm Estimate:			
			Total Labor Cost	Pre-Paid Total:			

PARTS						
SIN #	Quantity	Size	Manufacturer	Description	Unit Price	Parts \$
<u>301507</u>	<u>2</u>	<u>5/8</u>		<u>Stub Coupling</u>		
<u>285520</u>	<u>6'</u>	<u>5/8</u>		<u>tubing</u>		

<b>CHARGES:</b> Service _____ (c) Labor _____ (a) Payroll Tax _____ (d) Material _____ (b) Equipment _____ (e) Overhead _____ (f) Additional _____ Material Sales Tax _____ TOTAL _____	Parts Subtotal (d) Plus % Overhead (e) Total Parts Cost
	<b>Additional Charges</b> Type Amount Meals Police Report Gas Loss
	Total Add'l Charge (f)

Credit Card Name \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Customer Acknowledgement: \_\_\_\_\_ Authorization No: \_\_\_\_\_



TRACKING #- 492 N MAIN ST ROANOKE  
Dawn Galambus to: Nipsco - USIC Fort Wayne  
Cc: SLC Distribution Clerks

06/07/2012 08:43 AM

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

*6-7-12*

**ADDRESS: 492 N MAIN ST**

**CITY: ROANOKE**

*6/7*

**RESPONDING SERVICEMAN: JAMES CRAIG**

*Jim Craig*

**CIS SITE ID #: 418570007**

**USIC TRACKING NUMBER: 01820120607001**

**WMC ASSIGNER/DISPATCHER NAME: TODD BOROWY**

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

*CID #*

*313944203*

**MAXIMO #**

*LA 193212*

**Updated 2/15/12**

*FURWO*

*M478133*

Dawn Galambus  
Work Management Center  
Phone: 219-647-4806

*FOWO*

*M478182*

IURC Damage Information Request

Complete at damage site. Please scan and email completed form to [cludwig@nisource.com](mailto:cludwig@nisource.com) within 10 days of damage.

Date 6/7/12

City Roanoke

Address 492 N. Main

Contractor Pape Construction/Richard 260-341-3702

Type of Equipment Backhoe

Work Type Sewer

Locate # None

Locates (yes/no)  NO

Accurate Locates (yes/no) None

Paint, flags or both None

Release of Gas (yes/no) yes

Detailed description of Event including equipment used

digging with backhoe for sewer

Depth of line 23"

Were locates performed in 2 working days (yes/no) No

Service or main and size of line 5/8 plastic service

Pressure (PSI) 30 PSI

Outage (yes/no) No

How many customers lost 1

Time to restore service 2 hours

Evacuation (yes/no) No

How many evacuated None

Ignition of product (yes/no) No

Damage or leak Damage





## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jul 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: Pape Builders

Business address (*number and street*): 1205 Valdosta Dr

City, State, and ZIP code: Fort Wayne, IN 46825

Telephone number (*area code*): 260 341 3702

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

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

### 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 7, 2012

County: Huntington

City: Roanoke

Street address (*number and street, city, state, and ZIP code*):  
492 N Main St Roanoke IN

Nearest intersection: \_\_\_\_\_

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*): 2

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ \_\_\_\_\_

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**Affected Facility Information**

What type of pipeline was damaged? Natural Gas

What was the affected facility? Distribution

What was the depth of the facility, in inches? 23

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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: no locates \_\_\_\_\_

Was site marked by "White Lining"?

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? Unknown/Other

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: --No notification made to the one-call center

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### **Additional Comments**