



Pipeline Safety Division Investigation Report

Investigation regarding: Castleman Septic Systems & Sewers

UPPAC Database Record ID: 3441

Investigator: Howard Friend

Report Date: 11/7/2012

Damage Date: 6/15/2012

Damage Address: 428 Niblick St

City: Decatur

County: Adams

The Parties

Excavator: **Castleman Septic Systems & Sewers**

Contact: Steve Castleman, President

Address: 501 S Doyle, New Haven, In 46774

Telephone:

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: Castleman Septic Systems & Sewers

UPPAC Database Record ID: 3441

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$137

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1206112822

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Drainage

Synopsis: A natural gas service was damaged during excavation for drainage.

Findings: Reported by NIPSCO; excavator's response to initial notice was received on 10/15/2012. The excavator had a valid locate request and the operator provided accurate locate markings.

Conclusion: The excavator hand dug based on the locate markings. After digging down approx. two (2) feet they assume the locate marks to be incorrect and proceeded to excavate with the backhoe damaging the natural gas service.

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.



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3441

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

Upon completion of answers select email button for submission.

The Parties

Excavator Information:

Business Name: Cascon, Inc. dba Castleman Septic Systems & Sewers

Responsible Party Personal Name: Steve Castleman

Title (if any): Vice President

Address (number and street): 501 S. Doyle Rd.

City, State and ZIP Code: New Haven, IN 46774

Preferred Telephone Number (area code): 260-437-1692

Cellular Telephone Number (area code): 260-437-1692

Email Address: dawn.castleman@yahoo.com

Facility Information:

Business Name: _____

Responsible Party Personal Name: _____

Title (if any): _____

Address (number and street): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Locator Service Information:

Business Name: _____

Responsible Party Personal Name: _____

Title (*if any*): _____

Address (*number and street*): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Cause of Damage Information

Type of Equipment (*select one*): Backhoe/Trackhoe

Type of Work Performed (*select one*): Drainage

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

Personal Contact: _____

Business/Organization Name: _____

Title (*if any*): _____

Address (*number and street*): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Utility Line Impact

Location of Damage:

Address (number and street): 428 Niblick St.

City, State and ZIP Code: Decatur, IN 46733

Nearest Intersection: Elm St.

Product Type (select one): Natural Gas

Facility Type (select one): Service/Drop

Size (Diameter/etc.): 3/8"

Pressure (PSIG/Inches): Unknown

Interruption in Service: Yes No **Number of Customers Affected:** 5

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

Repair Cost (if known): \$ 137.47

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: 1206112795/2808/2822

- 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: ⁰ _____

Number of Inpatient Treated: ⁰ _____

Number of Fatalities: ⁰ _____

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

Additional Information / Comments

We were expecting the small service drop to be approximately 1-2 feet deep. After digging 2 ft. through hard dirt with a shovel, we perceived the line to be mis-marked. Then we started to dig deeper with the backhoe, striking the line.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3441

Your Full Name: Steven James Castleman

Full Name of Business / Entity (if applicable): Cascon, Inc.

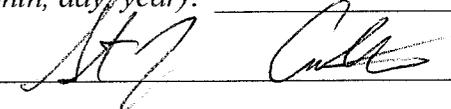
Your Business Title (if applicable): Vice President

Address (number and street): 501 S. Doyle Rd.

City: New Haven State: IN ZIP Code: 46774

Your E-mail Address: dawn.castleman@yahoo.com

Today's Date (month, day/year): 10-15-2012

Your Signature:  Title (if any) Vice President

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3441
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov



101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

October 16, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3441
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3441

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: 6/15/2012

Event Location: 428 Niblick St, Decatur

Facility Owner: Northern Indiana Public Service Company

Excavator: Steve Castleman

Other Party: N/A

Pipeline Division Case No. 3441

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. 3441	
Date of Event	6/15/2012
Event Location	428 Niblick St, Decatur
Facility Owner	Northern Indiana Public Service Company
Excavator	Steve Castleman
Date of IURC Information Request	9/18/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Castleman Septic Systems
RESPONSIBLE PARTY PERSONAL NAME	Steve Castleman
TITLE (IF ANY)	
ADDRESS	501 S. Doyle
CITY/ STATE/ZIP	New Haven, IN 46774
PREFERRED TELEPHONE	
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	428 Niblick St
CITY/STATE/ZIP	Decatur, IN 46733
NEAREST INTERSECTION	Elm St
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.)	5/8 plastic
PRESSURE (PSIG/INCHES)	40
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	
REPAIR COST (IF KNOWN) (\$)	137.47
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	

Trencher	
Vacuum Equipment	
Unknown/Other	
TYPE OF WORK PERFORMED (Select One)	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	
Bldg. Demolition	
Drainage	X
Driveway	
Electric	
Engineering/Surveying	
Fencing	
Grading	
Irrigation	
Landscaping	
Liquid Pipeline	
Milling	
Natural Gas	
Pole	
Public Transit Authority	
Railroad Maintenance	
Road Work	
Sewer (Sanitary/Storm)	
Site Development	
Steam	
Storm Drain/Culvert	
Street Light	
Telecommunications	
Traffic Signal	
Traffic Sign	
Water	
Waterway Improvement	
Unknown/Other	
RELEASE OF PRODUCT (YES/NO)	Yes
IGNITION AND/OR FIRE (YES/NO)	No
EXCAVATOR NOTIFY 811 (YES/NO)	No
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Yes

INDIANA 811 LOCATE TICKET NUMBER	1206112822
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
INCIDENT IMPACT INFORMATION	
NUMBER OF OUTPATIENT TREATED	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FATALITIES	0
FIRE DEPARTMENT RESPONSE (YES/NO)	
POLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
ADDITIONAL INFORMATION/COMMENTS	
<p>Failure to maintain clearance Compensation has been received from the excavator.</p>	

Fact Based Investigation Report

NOTIFICATION ID: 01820120615010 **DISTRICT:** Northern IN
DAMAGE DATE: 6/15/2012 3:25:00 PM **NOTIFICATION DATE:** 6/15/2012 4:37:59 PM
NOTIFIED BY: MARK Facility Owner
DAMAGE ADDRESS: 428 NIBLICK ST X WINCHESTER ST
CITY: DECATUR **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 06/15/2012
FROM: 17:10:00 **TO:** 17:30:00

EXCAVATOR INVOLVED: CASTLEMAN SEPTIC SYSTEM AND SEWER
TYPE OF EXCAVATION: TRENCHING

ORIG. LOCATE REQ.: 1206112822 **START DATE/TIME:**
TYPE OF TICKET: Routine **LOCATE REQ. INFO N/A:**

DIG UP/DAMAGE REQ.: M53624638 **START DATE/TIME:**

PICTURES TAKEN BY: TOM WILL **DATE/TIME:** 6/15/2012 5:20:00 PM
PHOTOGRAPHY TYPE: Digital **FRAME #:**

INVESTIGATOR EMP#: 117465 **INVESTIGATOR NAME:** TOM WILL
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120615010
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: *(optional)*

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** Gas Service
LOCATOR NAME & EMP #: Will Tom - 117465
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,

Investigation Results Verified By Utility Representative

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

SERV WAS MARKED ACCURATELY. PAINT/FLAGS MOSTLY DESTROYED FROM EXCAVATION.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

JOHN HARTMAN - MARKS WERE GOOD

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

STEVE CASTLEMAN - MARKS GOOD. TRIED TO HAND DUG, THEN USED BACKHOE BECAUSE GROUND WAS SO HARD. HIT SRV WITH BACKHOE.

LIST ANY OTHER INDIVIDUALS ON SITE:

N/A

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 5/8 PL SRV

REPLACEMENT FOOTAGE APPROX 12"

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? N/A

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S) N/A

NIPSCO 01147 IUPPSa 06/11/2012 14:14:26 1206112822-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1206112822 Date: 06/11/2012 Time: 14:12 Oper: LPORTER Chan:046

State: IN Cnty: ADAMS Twp: WASHINGTON
Cityname: DECATUR Inside: Y Near: N
Subdivision:

CASE #
3441

Address :
Street : NIBLICK ST
Cross 1 : ELM ST Within 1/4 mile: Y
Location: LOCATE ENTIRE PERIMETER OF DUPLEX AND 20 FEET OUT FOR 430 AND 432
NIBLICK ST

Grids : 4049C8455C 4049B8455C 4049C8455B 4049B8455B
Boundary: n 40.825012 s 40.822235 w -84.928894 e -84.923546

Work type : INSTALL STORM SEWER
Done for : COTTONWOOD CROSSING APTS
Start date: 06/13/2012 Time: 14:30 Hours notice: 48/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 2 WEEKS Depth: 6 FEET

Company : CASTLEMAN SEPTIC AND SEWERS Type: CONT
Co addr : 501 SOUTH DOYLE ROAD
City : NEW HAVEN State: IN Zip: 46774
Caller : DAWN CASTLEMAN Phone: (260)493-0999
Contact : STEVE CASTLEMAN - CELL Phone:
BestTime:
Mobile : (260)437-1692
Fax : (260)493-0999
Email : STEVE.CASTLEMAN@YAHOO.COM

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

Submitted date: 06/11/2012 Time: 14:12
Members: AEPIN ID2034 ID3814 ID8822 ID9036 NIPSCO ID5857 SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA FT. WAYNE MAXIMO WO # M486210
OPERATING AREA CONTACT TASON HANSEN JOB ORDER # 574367
TRACKING NUMBER 01820120615010 LOCATE REF # _____
Locate Performed By: URIC 015363354203

DATE AND TIME OF ACCIDENT 4:27 2012, 4-15M DATE OF REPORT 6-15-12
PLACE OF DAMAGE (INCLUDE CITY) 428 NIBLUK ST Danatur In 46733

DAMAGE WAS TO:

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

OTHER (DESCRIBE) _____

GAS: SERVICE MAIN () SIZE 518 MATERIAL: PLASTIC STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE) _____

DEPTH OF FACILITY (inches) 2' PRESSURE (PSI) 40 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 16:50 TIME RESTORED 17:45

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 2.8"

LOCATE MARKS ON SITE: YES DISTANCE BETWEEN FACILITY AND LOCATE MARKS _____ NO ()

HOW LOCATED: PAINT FLAGS BOTH WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) STEVE CASTELMAN

ADDRESS OF PARTY (INCLUDE CITY) 501 S DOYLE, NEW HAVEN, 46774

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE ABOVE

WITNESS NAME AND ADDRESS _____

WITNESS REMARKS _____

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY NONE REPORT # _____

FIRE () AGENCY _____ REPORT # _____

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

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

WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW

- | | | | |
|--|-------------------------------------|--|---|
| <input type="checkbox"/> AGRICULTURE/FARMING | <input type="checkbox"/> CABLE TV | <input type="checkbox"/> CURB/SIDEWALK | <input type="checkbox"/> TELECOMMUNICATIONS |
| <input type="checkbox"/> BLDG CONSTRUCTION | <input type="checkbox"/> DEMOLITION | <input checked="" type="checkbox"/> DRAINAGE | <input type="checkbox"/> WATER |
| <input type="checkbox"/> DRIVEWAY | <input type="checkbox"/> ELECTRIC | <input type="checkbox"/> SURVEYING | <input type="checkbox"/> DRAINS/CULVERTS |
| <input type="checkbox"/> FENCING | <input type="checkbox"/> GRADING | <input type="checkbox"/> IRRIGATION | <input type="checkbox"/> MOWING |
| <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> PIPELINE | <input type="checkbox"/> MILLING | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> POLE/SIGN POST | <input type="checkbox"/> ROAD WORK | <input type="checkbox"/> SEWER | |

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

- | | | |
|--|---|--|
| <input type="checkbox"/> AUGER | <input 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 checked="" type="checkbox"/> CARELESS MACHINE OPERATOR |
| <input type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED | <input type="checkbox"/> STUB |
| | | <input type="checkbox"/> OTHER _____ |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS:

HIT 5/8 SERVICES

PERSON PREPARING REPORT

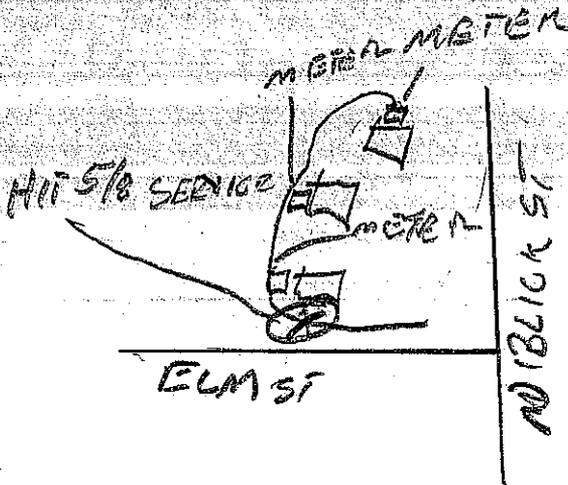
122277 / HARTMAN

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 | <input checked="" type="radio"/> NO |
| • NO IN 811 LOCATE CALLED IN | <input checked="" type="radio"/> YES | NO |
| • DAMAGE CAUSED FROM EXCAVATION WITHIN 24" ZONE | <input checked="" type="radio"/> YES | NO |
| • EXPIRED LOCATE | YES | NO |
| • WAS WHITE LINING INDICATED ON LOCATE REQUEST | YES | NO |

COMPLETED BY:

122277 / HARTMAN

DATE:

6-15-12

LEAK INVESTIGATION FORM

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

CIS Ticket Number: 363354203 Date Reported: 6-16-12 Time Leak Reported (Military): 15:26
 LOA: 220 GPS Coordinates: Latitude _____ N Longitude _____ W
 City Name: DALARTU12 SR 361906200
 Address or Location: 428 NIBLICK ST 193707

Leak Location:

1. No Leak Found
2. Customer Equip.
3. Main
4. Service
5. Meter Loop
(Lockwing and above)
6. Regulator Station

For Services Only:

Re-tested at 90 PSIG
 for 15 minutes

Leak Grade:

1. Hazardous
2. Non-Hazardous, Scheduled Repairs
3. Non-Hazardous, Monitored

Leak Resolution

1. Leak Repaired } M 486210
M 487162
2. Pipe Replaced } Leak Closed
3. Pipe Retired }
4. 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: 122277 JOHN HAZIMAN Leak Referred to: _____
 (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 HIT 518 SERVICE
JO574367

Repaired/Inspected: 6-15-12 Time: 18:00 (Military) User ID: 122277 JOHN HAZIMAN
 (MO) (DAY) (YR) (HR) (MIN) (FIRST NAME) (MI) (LAST NAME)

Cause of Leak:

A. Material or Welds

1. Faulty weld, dent, gouge, excess stress
2. Manufacturing defect

B. Corrosion

1. External
2. Internal
3. Stress Corrosion Cracking
(must be confirmed by Corrosion group)

C. Weather/Outside Forces

1. Natural Forces (weather, washouts, frost heave, frozen equipment etc.)
2. Other Outside Forces (fire, explosion, vandalism etc.)
(explain in comments)

D. Excavation

1. Company Crew
2. Contractor Crew
3. Third Party

Identificaton:

Contractor Crew: _____

Third Party Name: _____

STEVE CASIELMAN

E. Equipment Failure and Operations

1. Inadequate or failure to follow correct procedures
2. Equipment Malfunction (i.e. gasket/o-ring failure, stripped threads etc.)

F. Other (Explain in comments)(includes thread leaks)

Locate Information:

1. No Locate Request
2. Request, No Locate
3. Mislocated
4. 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

1. Leak Repaired } Leak Closed
2. Pipe Replaced }
3. Pipe Retired }
4. No Leak Found }
5. Leak Re-classified
6. Grade 2 or 3 Leak, Schedule for repair/re-evaluation

Re-classified Leak Grade:

1. Hazardous
2. Non-Hazardous, Scheduled Repairs
3. Non-Hazardous, Monitored

Material:

1. Coated Steel
2. Bare Steel
3. Plastic
4. Cast Iron
5. Copper
6. Wrought Iron

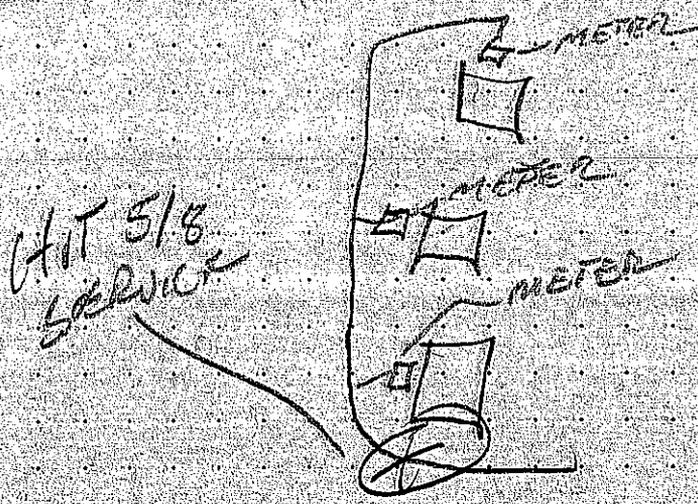
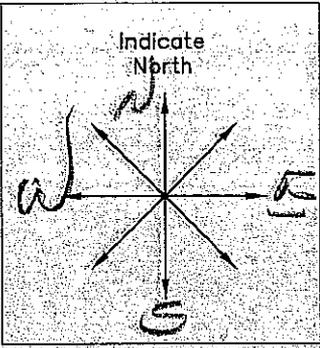
Pipeline Identifier:

1. Distribution
2. Transmission
3. Transmission HCA

METER #

Re-evaluation Comments: _____

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



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:

HIT 5/8 SERVICE

NIPSCO Jobbing Order

SAWO (S -)

Jobbing (JO-)

No 574367

Customer Name: STEVE CASTELMAN Date: 6/15/12

Customer Acct No:

Service Address: 5015 Doyle

City: New Haven Sm 46774

Work Description: 1417 5/8 PLASTIC SERVICE @ 428
Dorchester Sm 46783

Nublich St.

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 363354203 hooking 018-2012-0615-010

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: SERVICER Serial No: _____ Model No: _____
 Manufacturer: DORFAT Location: _____ Comments: _____

LABOR

EQUIPMENT

(Please use straight time hours & show conversion Rate)

ID No & Name	Hours	Hr Rate	Labor \$
<u>100277 / HARTMAN</u>	<u>1.5</u>	<u>3345</u>	

Equip #	Hrs	Rate	Equip \$
<u>31171</u>	<u>1.5</u>	<u>1.5</u>	

Labor Subtotal (c) _____
 Plus % Payroll Tax (a) _____
 Total Labor Cost _____

Total Equipment (b) _____
Engineering Firm Estimate: _____
Pre-Paid Total: _____

PARTS

SIN #	Quantity	Size	Manufacturer	Description	Unit Price	Parts \$
<u>301553</u>	<u>1</u>	<u>10x5/8</u>	<u>CONTINENTAL</u>	<u>COUPLING REPAIR</u>		

CHARGES:
 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 _____

Additional Charges	
Type	Amount
Meals	
Police Report	
Gas Loss	
Total Add'l Charge (f)	

Credit Card Name _____ Number _____ Expiration Date: ____ / ____ / ____

Customer Acknowledgement: _____ Authorization No: _____

IURC Damage Information Request

Complete at damage site. Please scan and email completed form to cludwig@nisource.com within 10 days of damage.

Date 6-15-12

City DELAWARE

Address 428 NUBLIK ST

Contractor STEVE CASTELMAN S&S

Type of Equipment BACKHOE

Work Type DIGGING

Locate #

Locates (yes/no)

Accurate Locates (yes/no)

Paint, flags or both

Release of Gas (yes/no)

Detailed description of Event including equipment used BACKHOE DIGGING

Depth of line 30-34"

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

Service or main and size of line 5/8

Pressure (PSI) 40

Outage (yes/no) 1

How many customers lost 1

Time to restore service 1.5

Evacuation (yes/no)

How many evacuated -

Ignition of product (yes/no)

Damage or leak BOTH



TRACKING 428 NIBLICK ST DECATUR
Mark Dilosa to: Nipsco - USIC Fort Wayne
Cc: SLC Distribution Clerks

06/15/2012 04:43 PM

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

ADDRESS:428 NIBLICK ST

CITY: DECATUR

RESPONDING SERVICEMAN:JOHN HARTMAN

CIS SITE ID #: 74017002

USIC TRACKING NUMBER: 018-2012-06 15-010

WMC ASSIGNER/DISPATCHER NAME: TODD BOROWY

INDIANA 811 LOCATE # (if applicable):

MAXIMO #

Updated 2/15/12

Mark Dilosa
WMC- Distrubution Clerk
219-647-4806

*6-15
Hartman
363354203*

GD

Employee ID Number: U122277 NAME: Tom Hartman DATE: 6/15/12 HRI NUMBER: 605-212- SPT SUPV. NO. AUTH.

JOB DETAIL

ACTUAL HOURS	ACCOUNT NUMBER	ACTIVITY NUMBER	UPGRADE JOB NO.	HOURS				UNITS	VARIANCE		EQUIP. HRS.
				MULT	CODE	1	2		3	4	
7 36		1586035				1031	N	1			
7 45		6546522				1031	N	1			
10 00		6546522				1031	N	1			
11 00		6547200				1031	N	1			
13 00		6546100				1031	N	1			
13 30		6546513				1031	N	1			
13 45		6547200				1031	N	1			
14 00		6546522				1031	N	1			
14 45		6547200				1031	N	1			
15 30		1031				1031	N	1			
16 00											
17 30		1031				1550	N	1			
00 00		1031				1555	N	1			
19 00		1550				1550	N	1			

10	8 00										
12											
15	3 50										
20											
25											

CLOCK HOURS TO BE PAID @		SP. RATES		REPEATED RECORDS	
15	3 50	CD	RATE	DAY	1
20				DAY	1
25				NO. OF HOLIDAYS	1



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)
INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Aug 2, 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: Steve Castleman

Business address (number and street): 501 S Doyle

City, State, and ZIP code: New Haven, IN 46774

Telephone number (area code): _____

Fax number (area code): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Unknown/Other

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Drainage

Date and Location of Damage

Date of damage (month, day, year): Jun 15, 2012

County: Adams

City: Decatur

Street address (number and street, city, state, and ZIP code):
428 Niblick St Decatur, IN

Nearest intersection: Elm St

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? 24

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1206112822

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 and Flags

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