



Pipeline Safety Division Investigation Report

Investigation regarding: **Berry-it, Inc.**

UPPAC Database Record ID: 2942

Investigator: Howard Friend

Report Date: 7/30/2012

Damage Date: 5/9/2012 6:39:49 PM

Damage Address: 5711 Clinton Dr

City: Kokomo

County: Howard

The Parties

Excavator: **Berry-it, Inc.**

Contact: Kurt Yattaw

Address: 225 West 450 North, Kokomo, In 46901

Telephone: 765-450-8804

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: Berry-it, Inc.

UPPAC Database Record ID: 2942

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$208.81999999999999

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1205011188

Type of Equipment: Directional Drilling

Type of work performed: Telecommunications

Synopsis: A 5/8" natural gas service was damaged during directional drilling to install a telecommunications line.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 7/16/2012. Excavator reports having a valid locate request and the operator accurately marked the facility line.

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.

Berry-it, Inc. currently has 22 other reports of damages in the record, between 8/24/2009 4:17:03 PM and 7/11/2012 1:03:20 PM.

NO

LOCATE

TICKET

PROVIDED



101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

July 25, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 2942
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 2942

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: 5/9/2012

Event Location: 5711 Clinton Dr, Kokomo

Facility Owner: Northern Indiana Public Service Company

Excavator: Berry-it, Inc.

Other Party: N/A

Pipeline Division Case No. 2942

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

IURC INFORMATION REQUEST	
Pipeline Safety Division Case No. 2942	
Date of Event	5/9/2012
Event Location	5711 Clinton Dr, Kokomo
Facility Owner	Northern Indiana Public Service Company
Excavator	Berry-it, Inc.
Date of IURC Information Request	7/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Berry-It
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	225 West 450 North
CITY/ STATE/ZIP	Kokomo, IN 46901
PREFERRED TELEPHONE	765 450 8804
CELL PHONE TELEPHONE	317 432 0642
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	Nipsco
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	2000 South Home Ave
CITY/ STATE/ZIP	Kokomo, IN 46902
PREFERRED TELEPHONE	765 472 6453
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	5711 Clinton Dr
CITY/STATE/ZIP	Kokomo, IN
NEAREST INTERSECTION	Albany Dr
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"
PRESSURE (PSIG/INCHES)	
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	N
IF YES, HOW MANY EVACUATED	0
REPAIR COST (IF KNOWN) (\$)	208.82
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	

Probing Device	
Trancher	
Vaccuum Equipment	
Unknown/Other	X
TYPE OF WORK PERFORMED (Select One)	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	
Bldg. Demolition	
Drainage	
Driveway	
Electric	X
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)	Y
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	Y
LOCATE INFORMATION:	

EXCAVATOR REQUEST LOCATE (YES/NO)	Y
INDIANA 811 LOCATE TICKET NUMBER	1205011188
LOCATE MARKS VISIBLE (YES/NO)	Y
LOCATE MARKS CORRECT (YES/NO)	Y
EXCAVATOR "WHITE LINED" (YES/NO)	N
MAPS USED TO MARK FACILITIES (YES/NO)	Y
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	N
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 failed to maintain clearance Damage ticket #: 1205093452	



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Jul 12, 2012

Who is submitting this information?

Name of person providing this information: Carrie Ludwig

Business address (*number and street*): 3511st 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: Berry-It

Business address (*number and street*): 225 W 450 N

City, State, and ZIP code: Kokomo, IN 46901

Telephone number (*area code*): 765 450 6042

Fax number (*area code*): _____

E-mail address: dispatch@berryit.net

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Unknown/Other

Type of work performed: Unknown/Other

Date and Location of DamageDate of damage (*month, day, year*): May 9, 2012County: HowardCity: KokomoStreet address (*number and street, city, state, and ZIP code*):
5711 Clinton Dr, Kokomo, INNearest intersection: Albany DrRight of way where damage occurred: Private - BusinessWas there a release of product? YesIf yes, was there an ignition of product? NoWere evacuations necessary as a result of release? NoIf yes, how many evacuated? 0Was there a customer service interruption? YesIf yes, how many affected? 1Time to restore service (*in hours*): 1Enter number of injuries, if applicable and known: 0Enter number of fatalities, if applicable and known: 0Property damage, Estimate \$

Affected Facility InformationWhat type of pipeline was damaged? Natural GasWhat was the affected facility? Service/DropWhat was the depth of the facility, in inches? 14

Notification, Locating, MarkingDid excavator request locates prior to commencing work? YesEnter Indiana 811 ticket number, if known: 1205011188

Was the locate request completed within two working days? Yes

If locates were performed, were they done so by a contractor or pipeline employee? Utility Owner

If a contractor locator, enter the company name, if known: Nipsco

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"?

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 maintain clearance

Additional Comments

Damage ticket #: 1205093452



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 _____ CLAIM NUMBER _____

OPERATING AREA CONTACT _____ JOB ORDER NUMBER 567641

TRACKING NUMBER _____ LOCATE REF NUMBER 1205011188

NO LOCATE REQUESTED

1. DATE AND HOUR OF DAMAGE 5/9/12 6:00 AM 20____ M DATE OF THIS REPORT 5/9/2012

2. PLACE OF DAMAGE (INCLUDE CITY) 5111 Clinton Dr Kokomo

3. DAMAGE WAS TO POLE # _____ SIZE _____ YEAR INSTALLED _____ BROKEN YES NO

GAS SERVICE / MAIN - SIZE 5/8 PL OTHER _____

4. PARTY RESPONSIBLE FOR DAMAGES (NAME) BERRY IT

(ADDRESS, CITY, STATE, ZIP) 225 W. 950 N. Kokomo

5. WHO WAS IN CHARGE OF WORK AT PLACE AND TIME OF DAMAGE / CONTRACTORS FOREMAN _____

Kurt Yarrow

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 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 checked="" type="checkbox"/> OTHER <u>conduit to med one</u> | | |

11. REASON DAMAGE OCCURRED:

- | | |
|----------------------------------------------------|---------------------------------------------------------|
| <input 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: _____)

They did hand spot Larry Reamer hooked
5ER as they were pulling back 3' from their
spot hole

PERSON PREPARING REPORT 4/20198

FIELD MANAGER Susan Sparks

(SKETCH ON OTHER SIDE)

ID8011 00053 IUPPSa 05/09/2012 18:40:01 1205093452-00A EMER DAMG STRT

DAMAGE DAMAGE

Ticket : 1205093452 Date: 05/09/2012 Time: 18:36 Oper: DWILSON Chan:006

State: IN Cnty: HOWARD Twp: TAYLOR
Cityname: KOKOMO Inside: Y Near: N
Subdivision:

#2942

Address : 5711
Street : CLINTON DR
Cross 1 : ALBANY DR Within 1/4 mile: Y
Location: LOCATE ENTIRE EAST SIDE OF PROPERTY EXTENDING FROM CLINTON DR TO
BUILDING - PLEASE PAINT AND FLAG
***Boring Where = ENTIRE JOB
:
Grids : 4026C8607C 4025A8607C 4026D8607C 4026C8607B 4025A8607B
Grids : 4026D8607B
Boundary: n 40.438919 s 40.431332 w -86.127899 e -86.124298

Work type : BORING FOR FIBER OPTIC CABLE
Done for : BERRY-IT
Start date: 05/09/2012 Time: 18:36 Hours notice: 0/0 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: Y
Duration : 10 DAYS Depth: 4 FEET

Company : BERRY-IT INCORPORATED Type: CONT
Co addr : 225 WEST 450 NORTH
City : KOKOMO State: IN Zip: 46901
Caller : KURT YATTAW Phone: (765)450-8804
Contact : KENT---CELL Phone:
BestTime:
Mobile : (765)450-8804
Fax : (765)450-6042
Email : DISPATCH@BERRYIT.NET

Remarks : All tickets are taken and processed on Eastern Daylight Time
NIPSCO GAS LINE HAS BEEN DAMAGED--GAS IS NOT BLOWING--DAMAGED RIGHT BEHIND THE
DUMPSTER--1 INCH STEEL LINE--HAS CALLED 911--WILL CALL NIPSCO--PREVIOUS TICKET
1205011188--
Will you be white-lining the dig site area? NO
:

Submitted date: 05/09/2012 Time: 18:36
Members: ID0002 ID2181 ID4752 ID5240 ID5509 ID8011 SBCIN SM

ID8011 00054 IUPPSa 05/01/2012 10:25:06 1205011188-00A NORM NEW STRT

NORMAL NOTICE

Ticket : 1205011188 Date: 05/01/2012 Time: 10:24 Oper: LSTEVENSON Chan:018

State: IN Cnty: HOWARD Twp: TAYLOR
Cityname: KOKOMO Inside: Y Near: N
Subdivision:

#29.42

Address : 5711
Street : CLINTON DR
Cross 1 : ALBANY DR Within 1/4 mile: Y
Location: LOCATE ENTIRE EAST SIDE OF PROPERTY EXTENDING FROM CLINTON DR TO
BUILDING - PLEASE PAINT AND FLAG
***Boring Where = ENTIRE JOB

:
Grids : 4026C8607C 4025A8607C 4026D8607C 4026C8607B 4025A8607B
Grids : 4026D8607B
Boundary: n 40.438919 s 40.431332 w -86.127899 e -86.124298

Work type : BORING FOR FIBER OPTIC CABLE
Done for : BERRY-IT
Start date: 05/03/2012 Time: 10:45 Hours notice: 48/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: N
Duration : 10 DAYS Depth: 4 FEET

Company : BERRY-IT INCORPORATED Type: CONT
Co addr : 225 WEST 450 NORTH
City : KOKOMO State: IN Zip: 46901
Caller : KAMIE ALLEN Phone: (765)450-8804
Contact : KENT---CELL Phone:
BestTime:
Mobile : (317)432-0642
Fax : (765)450-6042
Email : DISPATCH@BERRYIT.NET

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

Submitted date: 05/01/2012 Time: 10:24
Members: ID0002 ID2181 ID4752 ID5240 ID5509 ID8011 SBCIN SM

Fact Based Investigation Report

01820120509013
Northern IN
5/9/2012 6:36:00 PM
5/9/2012 6:45:08 PM
KURT YATTAW
5711 CLINTON DR
KOKOMO
ST: IN ZIP:

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

NON SMP CUSTOMER

DAMAGED CUSTOMER:

05/09/2012
19:00:00
19:05:00

INVESTIGATION DATE:
FROM:
TO:

BERRY IT INC
FIBER INSTALL

EXCAVATOR INVOLVED:
TYPE OF EXCAVATION:

1205011188
Yes

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

NA
5/9/2012 7:00:00 PM
Digital
NA

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

117330
BRAD WELLMAN
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?
No

INVESTIGATOR EMP#:
INVESTIGATOR NAME:



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jul 12, 2012

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

Excavator Information, if known

Full name: Berry It, Inc.

Business address (*number and street*): 225 W 450 N

City, State, and ZIP code: Kokomo, IN 46901

Telephone number (*area code*): 765 450 8804

Fax number (*area code*): 765 450 6042

E-mail address: DISPATCH@BERRYIT.NET

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Unknown/Other

Type of work performed: Unknown/Other

Date and Location of Damage

Date of damage (*month, day, year*): May 9, 2012

County: Howard

City: Kokomo

Street address (*number and street, city, state, and ZIP code*):
5711 Clinton Dr Kokomo IN

Nearest intersection: Albany Dr

Right of way where damage occurred: Private - Business

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? 14

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1205011188

Was the locate request completed within two working days? Yes

If locates were performed, were they done so by a contractor or pipeline employee? Utility Owner

If a contractor locator, enter the company name, if known: _____

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"?

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 maintain clearance

Additional Comments

Damage ticket #: 1205093452

This damage was reported to IN811 in Spreadsheet CA. MAO 7/13/2012.

Information Request
Pipeline Safety Division
Indiana Utility Regulatory Commission



Case No. 2942

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: BERRY-IT, Inc.
Responsible Party Personal Name: KURT HATTAW
Title (if any): CREW LEADER / LOCATOR
Address: 225 W. 450 N.
City, State / Zip: KOKOMO, IN 46901
Preferred Telephone: 765-450-8804
Cell Phone Number:
Email Address: dispatch@berryit.net

Facility Information:

Business Name: NIPSCO
Responsible Party Personal Name:
Title (if any):
Address:
City, State, Zip:
Preferred Telephone:
Cell Phone Number:
Email Address:

Locator Service Information:

Business Name: IUPPS
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: AARON HARELL
Business/Organization Name: Berry-It, Inc.
Title (if any): OPERATOR
Address: 225 W. 450 N.
City, State, Zip: KOKOMO, IN 46901
Preferred Telephone: 765-450-8804
Cell Phone Number:
Email Address:

Utility Line Impact:

Location of Damage: 5711 Clinton Dr.
Address:
City, State Zip: Kokomo, IN.
Nearest Intersection: Albany Dr

Product Type (circle one):

Natural Gas
 Liquid Pipeline
 Unknown/Other

Facility Type (circle one):

Distribution
 Gathering
 Service/Drop
 Transmission
 Unknown/Other

Size (Diameter/etc.): 5/8"

Pressure (PSIG/Inches): _____

Interruption in Service: Yes No

Number of Customers Affected: 1

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

Repair Cost (if known): \$ 208.82

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 311: Yes / No

Locate Information:

Excavator Request Locate: Yes / No
Indiana 311 Locate Ticket Number: 120501-1188
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:

There were locates at this address but locates were 1 1/2 to 2 feet off. That is why we hit the line

YOUR PIPELINE SAFETY DIVISION CASE NO. 2942
YOUR FULL NAME: STEPHEN KURTIS YATTAW
FULL NAME OF BUSINESS/ENTITY (if applicable): BERRY-IT INC.
YOUR BUSINESS TITLE (if applicable): LOCATOR
ADDRESS: 715 E. JACKSON ST
CITY: MUNCIE STATE: IN ZIP CODE: 47305
YOUR TELEPHONE NUMBER: (765) 716-9006 SECOND NO. () N/A
YOUR EMAIL ADDRESS: N/A

TODAY'S DATE: 6-29-12
YOUR SIGNATURE: Stephen K. Yattaw TITLE (if any) LOCATOR

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

Pipeline Safety Division - Case No. 2942
Indiana Utility Regulatory Commission
101 West Washington Street, # 1500E
Indianapolis, IN 46204

Or scan document(s) and Email to:

PipelineDamageCase@iurc.in.gov