



Pipeline Safety Division Investigation Report

Investigation regarding: **Ziese & Sons Excavating, Inc.**

UPPAC Database Record ID: 3440

Investigator: Howard Friend

Report Date: 11/7/2012

Damage Date: 5/31/2012

Damage Address: 380 Ellendale Pkwy

City: Crown Point

County: Lake

The Parties

Excavator: **Ziese & Sons Excavating, Inc.**

Contact: Kenneth D. Ziese, President

Address: 6929 West 109th Ave, Crown Point, In 46307

Telephone: 219 663 2625

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: Ziese & Sons Excavating, Inc.

UPPAC Database Record ID: 3440

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$254

Excavator Activities/Cause of damage information:

Excavator request locates: No Indiana 811 ticket Number:

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Water

Synopsis: A natural gas service was damaged during excavation to install a water line.

Findings: Reported by NIPSCO; excavator's response to initial notice was received on 10/12/2012. The excavator failed to provide notice of excavation.

Conclusion: There was a failure to provide notice of excavation.

Violation: IC 8-1-26-16(g): Failure to provide notice of excavation.



ZIESE & SONS EXCAVATING, INC.

6929 W. 109th Avenue
Crown Point, IN 46307-8843
(219) 663-2625 Office
(219) 663-1620 Fax

October 10, 2012

Pipeline Safety Division
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 E
Indianapolis, IN 46204
(317) 232-2701 Office
(317) 232-6758 Fax

Re: "INITIAL DOCUMENTS – EXCAVATOR"
Pipeline Safety Division Case No. 3440
380 Ellendale Parkway, Crown Point, Lake
Ziese & Sons Excavating - Excavator

To Whom It May Concern:

Ziese & Sons Excavating, Inc. is the corporation which was excavating in the subject incident. Tina Brite is an employee, the office manager, of the corporation. Tina Brite's responsibility as to this incident is limited to her responsibilities to call in locate requests/notifications for jobsites where the corporation is working. Zachary Ziese is the Vice President of the company. Kenneth R. Ziese is the Secretary of the company. Kenneth D. Ziese is the President of the company.

Violations identified: IC 8-1-26-16 (g): Failure to provide notice of excavation.

The jobsite in question, 380 Ellendale Parkway, Crown Point Lake County, was called in for locates with Indiana 811 Underground Locating on November 01, 2011. Obviously, the ticket for this job had long expired when the gas line was damaged by our operator. Due to inclement weather over the winter months we were not performing any work on the jobsite. Ziese & Sons went back to the jobsite in May to install a water line for the homeowner. The owner of the company, Zachary Ziese sent Kirk Ziese an operator for the company to install the water line. However, Zachary Ziese did not inform the office that this work was being performed on the jobsite and locates were not recalled in for the next phase of work. The damage to the line was due to miscommunication between the field crew and office staff.

Sincerely,

Tina Brite
Office Manager
Ziese & Sons Excavating, Inc.
(219) 663-2625
tina@ziese.net



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: #3440 _____

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: Ziese & Sons Excavating, Inc.

Responsible Party Personal Name: Kenneth R. Ziese or Zachary S. Ziese, Corporate Officers and Employees

Title (if any): Secretary and Vice President

Address (number and street): 6929 W. 109th Avenue

City, State and ZIP Code: Crown Point, IN 46307

Preferred Telephone Number (area code): (219) 663-2625

Cellular Telephone Number (area code): _____

Email Address: ziese@ziese.net

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: Indiana Underground Plant Protection Service

Responsible Party Personal Name: Ziese understands that IUPPS is the clearinghouse for receiving those notifications, but is not the location marking service.

Title (if any): Ziese does not know who IUPPS notifies and is responsible for the location marking for NIPSCO facilities, but is believed to be USIC. IUPPS' records, presumably, would show to whom the location request/notification was given.

Address (number and street): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): 811 or (800) 382-5544

Cellular Telephone Number (area code): _____

Email Address: _____

Cause of Damage Information

Type of Equipment (select one): Backhoe/Trackhoe

Type of Work Performed (select one): Water

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

Personal Contact: Kirk Ziese - Operator

Business/Organization Name: Ziese & Sons Excavating, Inc.

Title (if any): Operator, Laborer

Address (number and street): 6929 W. 109th Avenue

City, State and ZIP Code: Crown Point, IN 46307

Preferred Telephone Number (area code): (219) 663-2625

Cellular Telephone Number (area code): (219) 745-2820

Email Address: ziese@ziese.net

Utility Line Impact

Location of Damage:

Address (*number and street*): 380 Ellendale Pkwy

City, State and ZIP Code: Crown Point, IN, Lake County

Nearest Intersection: S. Court Street

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Service/Drop

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

Pressure (PSIG/Inches): _____

Interruption in Service: Yes No Number of Customers Affected: _____

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

Repair Cost (if known): \$ _____

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: _____

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

Kirk Ziese - Operator

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

The jobsite in question was called in on 10/12/11 for locates with Indiana 811.

Locate numbers with IUPPS #1110122095

Obviously, the ticket had expired at the date of damage.

Due to inclement weather during the winter months, locates were not recalled in through the winter.

Owner Zachary Ziese sent the operator out to complete the next phase of the job in May.

Zachary Ziese did not inform the office that the next phase was beginning. Therefore, locates were not recalled in and updated for the project.

The damage to this line was due to miscommunication between owner, operator, and office staff.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: #3440

Your Full Name: Tina Brite

Full Name of Business / Entity (if applicable): Ziese & Sons Excavating, Inc.

Your Business Title (if applicable): Office Manager

Address (number and street): 6929 W. 109th Avenue

City: Crown Point State: IN ZIP Code: 46307

Your E-mail Address: tina@ziese.net

Today's Date (month, day, year): 10/10/12

Your Signature: Tina Brite Title (if any) office Manager

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number #3440
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. 3440
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3440

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: 5/31/2012

Event Location: 380 Ellendale Pkwy, Crown Point

Facility Owner: Northern Indiana Public Service Company

Excavator: Ziese & Sons Excavating, Inc.

Other Party: N/A

Pipeline Division Case No. 3440

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. 3440	
Date of Event	5/31/2012
Event Location	380 Ellendale Pkwy, Crown Point
Facility Owner	Northern Indiana Public Service Company
Excavator	Ziese & Sons Excavating, Inc.
Date of IURC Information Request	9/18/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Zeise & Sons Excavating
RESPONSIBLE PARTY PERSONAL NAME	Kirk Zeise
TITLE (IF ANY)	
ADDRESS	6919 W. 109 th
CITY/ STATE/ZIP	Crown Point, IN 46307
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	380 Ellendale Pkwy
CITY/STATE/ZIP	Crown Point, IN 46307
NEAREST INTERSECTION	S Court 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
PRESSURE (PSIG/INCHES)	40
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) (\$)	254.22
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	
Driveway	X
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)	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
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>No notification made to the one-call center Compensation has been received from the excavator.</p>	

Fact Based Investigation Report

NOTIFICATION ID: 01820120531015 **DISTRICT:** Northern IN
DAMAGE DATE: 5/31/2012 2:05:00 PM **NOTIFICATION DATE:** 5/31/2012 3:41:12 PM
NOTIFIED BY: MAGGIE Facility Owner
DAMAGE ADDRESS: 380 ELLENDALE PKWY X S COURT ST
CITY: CROWN POINT **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 05/31/2012
FROM: 14:55:00 **TO:** 15:25:00

EXCAVATOR INVOLVED: ZIESE & SONS EXCAVATING
TYPE OF EXCAVATION: unknown

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

DIG UP/DAMAGE REQ.: M51796765 **START DATE/TIME:** 5/31/2012 4:40:00 PM

PICTURES TAKEN BY: reggie flemings **DATE/TIME:** 5/31/2012 2:55:00 PM
PHOTOGRAPHY TYPE: Digital **FRAME #:**

INVESTIGATOR EMP#: 129675 **INVESTIGATOR NAME:** reggie flemings
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? Possibly

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120531015
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** Gas Service
LOCATOR NAME & EMP #:
LOCATOR NOT KNOWN: Yes

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 hit gas service while tearing out driveway. search for previous ticket found nothing.

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? No

WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA? No

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS? No

EXTENT OF FACILITY DAMAGE unknown

REPLACEMENT FOOTAGE unknown

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? unknown

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)

Jo 572960

DAMAGE REQUEST INFORMATION

DATE 5-31-12

CITY CROWN POINT

ADDRESS 380 BELLINGDALE PKWY

CONTRACTOR ZEISE & SON EXCAVATION

TYPE OF EQUIPMENT BACK HOE

WORK TYPE DRIVEWAY

LOCATE #

LOCATES (YES/NO)

ACCURATE LOCATES (YES/NO)

PAINT, FLAGS OR BOTH

RELEASE OF GAS (YES/NO)

DETAILED DESCRIPTION OF EVENT INCLUDING EQUIPMENT USED: HIT LINE WHILE DISCING UP DRIVEWAY

DEPTH OF LINE 12"

WERE LOCATES PERFORMED IN 2 WORKING DAYS (YES/NO)

SERVICE OR ~~SIZE~~ AND SIZE OF LINE 5/8" PLASTIC

PRESSURE (PSI) 60

OUTAGE (YES/NO)

HOW MANY CUSTOMERS LOST 1

TIME TO RESTORE SERVICE

EVACUATION (YES/NO)

HOW MANY EVACUATED

DAMAGE OR LEAK

Submitted 7/17/12
entered 7/13/12



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 030 CLAIM NUMBER _____
 OPERATING AREA CONTACT M. Schiessle JOB ORDER NUMBER 572960
 TRACKING NUMBER DIR 2012 0531 015 LOCATE REF NUMBER _____
 NO LOCATE REQUESTED

- DATE AND HOUR OF DAMAGE 5-31 2012 1400M DATE OF THIS REPORT 5-31-12
- PLACE OF DAMAGE (INCLUDE CITY) 380 ELLENBALL AVE
- DAMAGE WAS TO POLE # _____ SIZE _____ YEAR INSTALLED _____ BROKEN YES NO
 GAS SERVICE ~~1/2"~~ - SIZE 5/2" OTHER _____
- PARTY RESPONSIBLE FOR DAMAGES (NAME) ZELSE - SON EXCAVATING
 (ADDRESS, CITY, STATE, ZIP) CROWN POINT
- WHO WAS IN CHARGE OF WORK AT PLACE AND TIME OF DAMAGE / CONTRACTORS FOREMAN KIRK ZELSE
- NAME AND ADDRESS OF WITNESSES Scott Abell
- REMARKS OF WITNESSES _____
- POLICE REPORT ATTACHED (# _____) (IF NO POLICE REPORT - WHY _____)
- PHOTOS TAKEN YES NO (IF YES, PLEASE FORWARD WITH COMPLETED PROPERTY DAMAGE REPORT.)
- 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 checked="" 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 _____ | | |

- 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 locates

PERSON PREPARING REPORT _____
 FIELD MANAGER Mel J. Smith
 (SKETCH ON OTHER SIDE)

RETENTION: ORIGINAL - 5 YEARS AFTER SETTLEMENT
 COPY - 2 YEARS



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Jul 17, 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: Ziese & Sons Excavating

Business address (*number and street*): 6929 West 109th Ave

City, State, and ZIP code: Crown Point, IN 46307

Telephone number (*area code*): 219 663 2625

Fax number (*area code*): 219 663 1620

E-mail address: TINA@ZIESE.NET

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Driveway

Date and Location of Damage

Date of damage (month, day, year): May 31, 2012

County: Lake

City: Crown Point

Street address (number and street, city, state, and ZIP code):
380 EllenDale Pkwy Crown Point IN

Nearest intersection: Chessington 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): _____

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? Distribution

What was the depth of the facility, in inches? 12

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"? 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? Unknown/Other

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

Additional Comments

Nipsco emergency repair ticket #: 1205313257