



Pipeline Safety Division Investigation Report

Investigation regarding: **Walsh Construction**

UPPAC Database Record ID: 3442

Investigator: Howard Friend

Report Date: 11/5/2012

Damage Date: 5/30/2012

Damage Address: Rt 2 & Orchard Ave

City: Hebron

County: Lake

The Parties

Excavator: **Walsh Construction**

Contact:

Address: 1260 E Summit St, Crown Point, In 46307

Telephone: 219 661 2450

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: Walsh Construction

UPPAC Database Record ID: 3442

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: False

Number of Customers Affected: 0

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$3210

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1205211464

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Road Work

Synopsis: A 4" plastic natural gas line was damaged during excavation to install a culvert pipe.

Findings: Reported by NIPSCO; excavator's response to initial notice was received on 9/26/2012. The excavator had a valid locate request and the operator provided accurate locate marks.

Conclusion: The excavator hit the 4" plastic distribution main with a tooth of the excavator bucket.

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.



Saturday, September 22, 2012

Mr. William Boyd
Director, Pipeline Safety Division
Indiana Utility Regulatory Commission
101 W. Washington St. Suite 1500E
Indianapolis, IN 46204-3407

Subject: INDOT Contract IR-30293
State Road 2 and I-65 Interchange Improvements

RE: Notice of Preliminary Determination of Violation
Pipeline Safety Division Case No. 3442

Mr. Boyd,

On September 17, 2012, I received a notice from the IURC regarding the damage to a NIPSCO utility line that was struck on May 30, 2012. In response to this notice, I am hereby submitting a narrative providing the details of this matter.

On May 30th, 2012, a 15" drainage culvert was to be installed underneath an existing driveway. This pipe is intended to allow water to flow through the proposed ditch under the existing driveway. Prior to this work, NIPSCO had previously relocated several gas lines that needed to tie into the project. Part of NIPSCO's work was to install all lines a minimum of 4' below the "Proposed" ditch elevations. Walsh Construction had called in locates for the Project prior to beginning this work. The locate numbers are listed on sheet 3 of the IURC Information Request Form. Walsh Construction also tried to locate the Gas line by potholing with hand shovels and a probe rod. The additional potholes were attempted in 4 locations and the gas line was not found. After the pipe was installed, a metal end section was to be attached to the end of the pipe. While excavating for the metal end section, the teeth of the excavator bucket dragged across the gas line at an elevation approximately 12" below ditch grade. This contact with the utility was enough to cause a small leak in the pipe. It was at this time that the authorities were contacted and NIPSCO notified of the strike. I have attached two photos that show NIPSCO crew members excavating around the line to repair it. The location of the gas line can also be seen in the photos as well as the approximate bottom of ditch grade. You will also find



included with this letter a copy of the NIPSCO relocation drawing relative to this strike, with notes pertaining to relocated gas line and its required elevation in relationship to the proposed ditch.

I welcome the opportunity to discuss this matter further.

Sincerely,

Mike Kehle – Assistant Project Manager
Walsh Construction Company

CC: Marc Arena – WCCI
Encl: IURC Information Form
Pictures of Damaged Line
NIPSCO Relocation Drawing Sheet 1 of 7



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3442

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: WALSH CONSTRUCTION

Responsible Party Personal Name: MICHAEL KEHLE ; STEVE EVANS

Title (if any): ASSISTANT PROJECT MANAGER ; PIPE FOREMAN

Address (number and street): 1260 E. SUMMIT ST.

City, State and ZIP Code: CROWN POINT, IN 46307

Preferred Telephone Number (area code): 219-898-1357

Cellular Telephone Number (area code): SAME AS ABOVE

Email Address: mkehle@walshgroup.com

Facility Information:

Business Name: NIPSCO GAS

Responsible Party Personal Name: KOSTAS NIKITARAS

Title (if any): GAS SYSTEM DESIGN ENGINEER

Address (number and street): 801 E. 86TH AVE, MERRILLVILLE, IN 46410

City, State and ZIP Code: _____

Preferred Telephone Number (area code): 219-647-4798

Cellular Telephone Number (area code): SAME AS ABOVE

Email Address: knikitamas@nsource.com

Locator Service Information:

Business Name: USIC

Responsible Party Personal Name: REGGIE FLEMINGS

Title (if any): LOCATOR

Address (number and street): 518 HERRIMAN COURT

City, State and ZIP Code: NOBLESVILLE, IN 46060

Preferred Telephone Number (area code): 574-320-6621

Cellular Telephone Number (area code): SAME AS ABOVE

Email Address: _____

Cause of Damage Information

Type of Equipment (select one): CAT 336 EXCAVATOR

Type of Work Performed (select one): INSTALLATION OF PIPE

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

Personal Contact: DON DHOORE

Business/Organization Name: WALSH CONSTRUCTION

Title (if any): PROJECT SUPERINTENDENT

Address (number and street): 12600 E. SUMMIT ST.

City, State and ZIP Code: CROWN POINT, IN 46307

Preferred Telephone Number (area code): 219-898-9098

Cellular Telephone Number (area code): SAME AS ABOVE

Email Address: _____

Utility Line Impact

Location of Damage:

Address (number and street): SR2 & ORCHARD AVE, HEBRON, IN

City, State and ZIP Code: _____

Nearest Intersection: SR2 & ORCHARD, AVE.

Product Type (select one): GAS LINE

Facility Type (select one): NIPSCO

Size (Diameter/etc.): 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): \$ \$ 3210.25

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: 1205211464, 1205211474, 1205211483, 1205211495, 1205211501, 1205211509, 1205211513, 1205211522, 1205211532, 1205211536, 1205211546, 1205211556, 1205211562, 1205211572, 1205211586, 1205211590

- 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: ZERO

Number of Inpatient Treated: ZERO

Number of Fatalities: ZERO

Fire Department Response: Yes No

Police Department Response: Yes No

Ambulance Response: Yes No

Additional Information / Comments

PLEASE SEE ATTACHED NARRATIVE AND PHOTOS.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3442

Your Full Name: MICHAEL KEHLE

Full Name of Business / Entity (if applicable): WALSH CONSTRUCTION

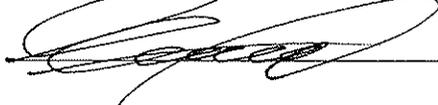
Your Business Title (if applicable): ASSISTANT PROJECT MANAGER

Address (number and street): 1200 E SUMMIT ST.

City: CROWN POINT State: IN ZIP Code: 46307

Your E-mail Address: mkehle@walshgroup.com

Today's Date (month, day, year): 09/22/12

Your Signature:  Title (if any) ASSISTANT PROJECT MGR.

Please return your Narrative Statement to:

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

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov



DAMAGED
PIPE

PIPE END SECTION
TO BE INSTALLED
HERE.

PIPE CONTACTED APPROX.
12" BELOW DITCH GRADE.

DAMAGED PIPE



Relocation Permit # CO-07895

LEGEND:

	PROPOSED GAS
	RETIRED GAS
	WETLANDS
MM	MAIN MARKER
TS	TEST STATION

AIR PRESSURE TEST #1

DURATION	AT	PSI
BY	DATE	

DESIGN PRESSURE: 60PSI

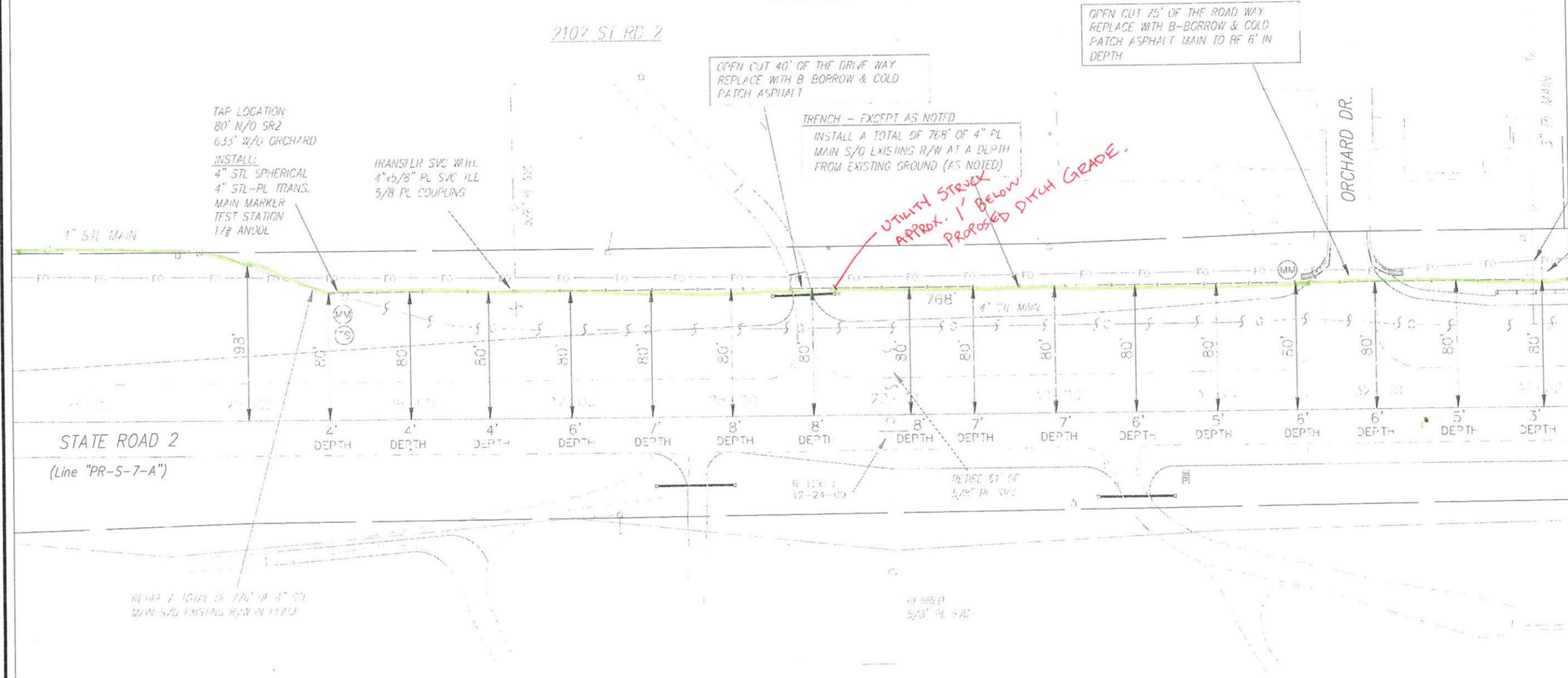
FLOW PRESSURE	40PSI
TEST PRESSURE	90PSI

Distribution Main Required System Data

Pressure System Name	173rd & Mississippi
Pressure System Number	59000306
MADP Defining WD Reference	WD#49162-59 / M301782
Operating Pressure (PSIG)	45
Feature MADP PSIG	60

- NOTES:**
- INDOT NEEDS TO HAVE PROPERTY AND R/W STAKED PRIOR TO START OF CONSTRUCTION
 - INDOT TO HAVE STATION NUMBERS STAKED PRIOR TO START OF CONSTRUCTION
 - PIPELINE INSTALLER NEEDS TO CALL LOCATES AT 1-800-382-5544 BEFORE CONSTRUCTION
 - PIPELINE INSTALLER TO MARK AS-BUILT DIMENSIONS AND ANY CHANGES ON THIS PRINT DURING CONSTRUCTION
 - PIPELINE INSTALLER TO ADD GAS MARKER DIMENSIONS TO AS-BUILT PRINTS
 - ALL CENTER LINE DIMENSIONS ARE FROM PROPOSED CENTER LINE, NOT EXISTING.

- Notes:**
- Top of proposed gas lines shall be a minimum of 4' below the bottom of proposed ditches and proposed pavement surfaces.
 - Top of proposed gas lines under pavements shall be a minimum of 2' below the bottom of sub-grade treatment.



- ADDITIONAL NOTES:**
- 12' TO 14' SUBGRADE TREATMENT UNDER ALL NEW SR 2, I-65 RAMPS, COLORADO STREET, AND FRONTAGE ROAD PAVEMENT, DEPENDING ON WHICH METHOD IS USED BY INDOT CONTRACTOR. INDOT PLAN TYPICAL CROSS SECTION DETAIL: 10' CONCRETE ON 9' SUBBASE ON 12' TO 14' OF SUBGRADE TREATMENT (POSSIBLY CHEMICAL MODIFICATION)
 - ANY LINES INSTALLED BY TRENCHING WITHIN 5.0' OF / OR UNDER PROPOSED PAVEMENT IS TO BE BACKFILLED WITH GRANULAR BACKFILL, B-BORROW.

SEE PG 2 →

DES NO. 9706420
INDOT CONTRACT IR-30293

A MSource Company	
ENGR: KOSTAS NIKITARAS PHONE NO: 219 647-4798 CELL NO: 219 921-4182 PAGER NO:	DRAWN: KOSTAS NIKITARAS DATE: 10/5/2011 TOWNSHIP: EAGLE CREEK COUNTY: LAKE
LOWELL - INDOT STATE ROAD 2 OFF RAMP 165 - Des#9706420	
LOCATION: STATE ROAD 2, AND I-65 FROM MISSISSIPPI TO EAST OF OKLAHOMA ALONG SR2	
DESCRIPTION: INSTALL 768' OF 4" PL DISTRIBUTION LINE	
RETIRE 776' OF 4" STL IN PLACE. TRANSFER ALL SERVICES TO PROPOSED MAINS	
FILENAME: CF264-49162-590-0000 PRIN: REVISED: 12/15/11 TAXING UNIT: M16	
SCALE: RET W.O. 79162-59 WORK ORDER NO.	49162-59 M301782
SHEET: 1 OF 7	



101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

October 16, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3442
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3442

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: 5/30/2012

Event Location: Rt 2 & Orchard Ave, Hebron

Facility Owner: Northern Indiana Public Service Company

Excavator: Walsh Construction

Other Party: N/A

Pipeline Division Case No. 3442

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. 3442	
Date of Event	5/30/2012
Event Location	Rt 2 & Orchard Ave, Hebron
Facility Owner	Northern Indiana Public Service Company
Excavator	Walsh Construction
Date of IURC Information Request	9/18/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Walsh Construction
RESPONSIBLE PARTY PERSONAL NAME	Steve Evens
TITLE (IF ANY)	Foreman
ADDRESS	1001 E. Summit
CITY/ STATE/ZIP	Crown Point, IN 46307
PREFERRED TELEPHONE	219 898-1357
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	Route 2
CITY/STATE/ZIP	Hebron, IN 46341
NEAREST INTERSECTION	Orchard Avenue.
PRODUCT TYPE (Select One)	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
FACILITY TYPE (Select One)	
DISTRIBUTION	X
GATHERING	
SERVICE/DROP	
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	4
PRESSURE (PSIG/INCHES)	45
INTERRUPTION IN SERVICE (YES/NO)	No
NUMBER OF CUSTOMERS AFFECTED	0
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	
REPAIR COST (IF KNOWN) (\$)	3,210.25
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	
Electric	
Engineering/Surveying	
Fencing	
Grading	
Irrigation	
Landscaping	
Liquid Pipeline	
Milling	
Natural Gas	
Pole	
Public Transit Authority	
Railroad Maintenance	
Road Work	X
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	1205211464
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	
Failure to support exposed facilities Nipsco emergency repair ticket #: 1205302873	

Visual, Facility Exposed At Time Of Investigation,
Investigation Results Verified By Utility Representative

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

USIC not at fault. Contractor exposed new 4" plastic main, and while digging, the walls caved in on the trench, and while digging the loose dirt back out, they nicked the main. Spoke with Mark Schiessle and he confirmed that we are not at fault.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

Mark Scheissle

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? Yes

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS? Yes

EXTENT OF FACILITY DAMAGE nicked main

REPLACEMENT FOOTAGE unknown

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? backhoe

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)

NIPSCO 00439 IUPPSa 05/21/2012 10:38:01 1205211464-00A NORM NEW GRID

NORMAL NOTICE JOB EXTENSION

Ticket : 1205211464 Date: 05/21/2012 Time: 10:33 Oper: DHIGHBAUGH Chan:000

State: IN Cnty: LAKE Twp: EAGLE CREEK
Cityname: HEBRON Inside: N Near: Y
Subdivision:

CASE #
3442

Address :

Street : IN RT 2

Cross 1 : I 65 Within 1/4 mile: Y

Location: FROM THE ABOVE INTERSECTION LOCATE GOING WEST ON THE NORTH SIDE OF IN
RT 2 FOR 2500 FEET EXTENDING 125 FEET NORTH INTO THE FIELD FOR THE ENTIRE
DISTANCE

:

Grids : 4117C8718D 4117C8718C 4117C8718B

Boundary: n 41.289883 s 41.288776 w -87.311028 e -87.300491

Work type : RELOCATE A DITCH LINE

Done for : WALSH CONSTRUCTION

Start date: 05/23/2012 Time: 10:45 Hours notice: 48/48 Priority: NORM

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

Duration : 1 YEAR Depth: 10 FEET

Company : WALSH CONSTRUCTION Type: CONT

Co addr : 1260 E SUMMIT ST

City : CROWN POINT State: IN Zip: 46307

Caller : COLEMAN LANGE Phone: (219)661-2450

Contact : COLEMAN LANGE - CELL Phone:

BestTime:

Mobile : (219)313-8444

Email : CLANGE@WALSHGROUP.COM

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

REMARK AS NEEDED---PREVIOUS TICKET 1205140603---THANK YOU

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

:

Submitted date: 05/21/2012 Time: 10:33

Members: IB ID2009 ID3907 ID5646 ID6468 NIPSCO

JO 572955

DAMAGE REQUEST INFORMATION

DATE 5-30-12

CITY Hebron

ADDRESS Route 2 + Orchard Ave. "300 ft west of Route 2 + Orchard"

CONTRACTOR Walsh Construction

TYPE OF EQUIPMENT Heavy Equipment

WORK TYPE Road Construction

LOCATE # 1205290748

LOCATES YES NO

ACCURATE LOCATES YES NO

PAINT, FLAGS OR BOTH

RELEASE OF GAS YES NO

old locates
new locate ticket OK later in
day

DETAILED DESCRIPTION OF EVENT INCLUDING EQUIPMENT USED:

Digging w/ heavy equipment for road construction hit 4" main

DEPTH OF LINE 10^{ft}

WERE LOCATES PERFORMED IN 2 WORKING DAYS YES NO

SERVICE OR MAIN AND SIZE OF LINE 4"

PRESSURE (PSI) 45

OUTAGE YES NO

HOW MANY CUSTOMERS LOST 0

TIME TO RESTORE SERVICE

EVACUATION YES NO

HOW MANY EVACUATED 0

DAMAGE OR LEAK

Submitted
7/17/12
entered
7/2/12



NORTHERN INDIANA PUBLIC SERVICE COMPANY
PROPERTY DAMAGE REPORT (CLAIMS FOR THE COMPANY) FAXED JUN 07 2012
FORWARD ORIGINAL AND 1 COPY
 ALL DAMAGES TO PROPERTY MUST BE REPORTED TO THE CLAIMS DEPARTMENT

REPORTING OPERATING AREA Crown Point 030 CLAIM NUMBER _____
 OPERATING AREA CONTACT M. Schiesske JOB ORDER NUMBER 572955
 TRACKING NUMBER 018-2012-0530-006 LOCATE REF NUMBER 1205211464
 NO LOCATE REQUESTED

1. DATE AND HOUR OF DAMAGE 11:26 AM 5:30.12.20 M DATE OF THIS REPORT 5:30.12
2. PLACE OF DAMAGE (INCLUDE CITY) Route 2 + Orchard Ave. Hebron
3. DAMAGE WAS TO POLE # _____ SIZE _____ YEAR INSTALLED _____ BROKEN YES NO
 GAS SERVICE MAIN SIZE 4" OTHER _____
4. PARTY RESPONSIBLE FOR DAMAGES (NAME) Walsh Construction (219) 898-1357
 (ADDRESS, CITY, STATE, ZIP) 1001 E. Summit St. Crown Point
5. WHO WAS IN CHARGE OF WORK AT PLACE AND TIME OF DAMAGE / CONTRACTORS FOREMAN
Frank Evans
6. NAME AND ADDRESS OF WITNESSES M. Schiesske, J. Cavalcante, J. Newton
J. Payne, J. Bova
7. REMARKS OF WITNESSES no hand excavation!

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 checked="" 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 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 checked="" type="checkbox"/> FAILURE TO HAND EXPOSE | <input type="checkbox"/> OTHER _____ |

OPINION AND RECOMMENDATION: BILL DO NOT BILL (REASON: _____)
no hand excavation to determine depth of main
- used digger -

PERSON PREPARING REPORT Eric Garcia 128175
 FIELD MANAGER Mel J. Sell

(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: Walsh Construction
Business address (number and street): 1260 E Summit St
City, State, and ZIP code: Crown Point, IN 46307
Telephone number (area code): 219 661 2450
Fax number (area code): _____
E-mail address: CLANGE@WALSHGROUP.COM

Excavation or Demolition Information

Excavator type: Contractor
Excavation or demolition equipment: Backhoe/Trackhoe
Type of work performed: Road Work

Date and Location of DamageDate of damage (*month, day, year*): May 30, 2012County: LakeCity: HebronStreet address (*number and street, city, state, and ZIP code*):
Rt 2 & Orchard Ave Hebron INNearest intersection: I 65Right of way where damage occurred: Private - Land OwnerWas 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? NoIf yes, how many affected? 0Time to restore service (*in hours*): _____Enter number of injuries, if applicable and known: 0Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ _____

Affected Facility InformationWhat type of pipeline was damaged? Natural GasWhat was the affected facility? DistributionWhat was the depth of the facility, in inches? 120

Notification, Locating, MarkingDid excavator request locates prior to commencing work? YesEnter Indiana 811 ticket number, if known: 1205211464

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? 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? 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: --Failure to verify location by test-hole (pot-holing)

Additional Comments

Nipsco emergency repair ticket #: 1205302873