



Pipeline Safety Division Investigation Report

Investigation regarding: **Willie Oxendine Excavating**

UPPAC Database Record ID: 3647

Investigator: Howard Friend

Report Date: 04/27/2012

Damage Date: 06/28/2012

Damage Address: 1113 W Wallen Rd

City: Fort Wayne

County: Allen

The Parties

Excavator: **Willie Oxendine Excavating**

Contact: Willie Oxendine

Address: 814 E Jefferson Blvd, Fort Wayne, In, 46806

Telephone: 260-420-6501

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: Willie Oxendine Excavating

UPPAC Database Record ID: 3647

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: False

Number of Customers Affected: 0

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$64.15

Excavator Activities/Cause of damage information:

Excavator request locates: No Indiana 811 ticket Number:

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Demolition

Synopsis: A plastic natural gas service was damaged during a building demolition.

Findings: Excavator, while in the process of demolishing a building, severed a plastic service stub near the main that was still energized. NIPSCO reports that the service was located, but this excavator did not request it; therefore, this excavator was working without a valid locate request. Reported by NIPSCO; excavator signed for initial notice on 09/17/2012 but has not submitted a response.

Conclusion: Excavator failed to request that underground facilities be located and marked prior to beginning work.

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



Date: 09/17/2012

MAIL MAIL:

The following is in response to your 09/17/2012 request for delivery information on your Certified Mail(TM)/RRE item number 9214 8901 0661 5400 0004 2843 03. The delivery record shows that this item was delivered on 09/17/2012 at 10:52 AM in FORT WAYNE, IN 46803. The scanned image of the recipient information is provided below.

Signature of Recipient:

A scanned image of a handwritten signature and address. The signature "Willie Oxendine" is written in cursive over a horizontal line. Below it, the address "Willie Oxendine Dr," is also written in cursive over another horizontal line. To the left of the signature, the word "Signature" is printed vertically. To the left of the address, the words "Address" are printed vertically.

Address of Recipient:

A scanned image of a handwritten address. The address "814 E JEFFERSON" is written in cursive over a horizontal line. To the left of the address, the words "Address" are printed vertically.

Thank you for selecting the Postal Service for your mailing needs. If you require additional assistance, please contact your local Post Office or postal representative.

Sincerely,

United States Postal Service

The customer reference info shown below is not validated or endorsed by the United States Postal Service. It is solely for customer use.

3647
WILLIE OXENDINE EXCAVATING
814 E JEFFERSON BLVD
FORT WAYNE IN 46803-3941



101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

October 22, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3647
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3647

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: 6/28/2012

Event Location: 1113 W Wallen Rd, Fort Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: Willie Oxendine Excavating

Other Party: N/A

Pipeline Division Case No. 3647

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. 3647	
Date of Event	6/28/2012
Event Location	1113 W Wallen Rd, Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	Willie Oxendine Excavating
Date of IURC Information Request	9/18/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Willie Oxendine Excavating
RESPONSIBLE PARTY PERSONAL NAME	Willie Oxendine
TITLE (IF ANY)	
ADDRESS	814 E. Jefferson Blvd
CITY/ STATE/ZIP	Fort Wayne, IN 46803
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
RESPONSIBLE PARTY PERSONAL NAME	Morgan Thompson
TITLE (IF ANY)	Claims Coordinator
ADDRESS	9045 N. River Rd. Suite 300
CITY/ STATE/ZIP	Indianapolis, IN 46240
PREFERRED TELEPHONE	1-317-538-7301
CELL PHONE TELEPHONE	
EMAIL ADDRESS	morganthompson@usicinc.com
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	1113 W. Wallen Rd
CITY/STATE/ZIP	Fort Wayne, IN 46825
NEAREST INTERSECTION	Lima Rd/SR 3
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.)	1 1/8 plastic
PRESSURE (PSIG/INCHES)	45
INTERRUPTION IN SERVICE (YES/NO)	No
NUMBER OF CUSTOMERS AFFECTED	0
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	0
REPAIR COST (IF KNOWN) (\$)	64.15
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	
Trancher	
Vacuum Equipment	
Unknown/Other	
TYPE OF WORK PERFORMED (Select One)	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	
Bldg. Demolition	X
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)	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)	No
LOCATE MARKS CORRECT (YES/NO)	No
EXCAVATOR "WHITE LINED" (YES/NO)	No
MAPS USED TO MARK FACILITIES (YES/NO)	No
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)	N/A
POLICE DEPARTMENT RESPONSE (YES/NO)	N/A
AMBULANCE RESPONSE (YES/NO)	N/A
ADDITIONAL INFORMATION/COMMENTS	
<p>Facility struck was a stub. No riser.</p> <p>No notification made to the one-call center by THIS contractor.</p>	

Fact Based Investigation Report

01820120628009
Northern IN
6/28/2012 5:35:00 PM
6/28/2012 5:41:39 PM
kate
1113 west wallen rd
ft wayne
ST: IN ZIP:

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

NIPSCO

DAMAGED CUSTOMER:

06/28/2012
18:00:00
18:30:00

INVESTIGATION DATE:
FROM:
TO:

OXENDINE EXCAVATING
Demolish House

EXCAVATOR INVOLVED:
TYPE OF EXCAVATION:

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

M55117818
6/28/2012 4:45:00 PM

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

Christopher Rumbaugh
6/28/2012 6:20:00 PM
Digital

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

132171

INVESTIGATOR EMP#:
INVESTIGATOR NAME:

Christopher Rumbaugh
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?
No

Fact Based Investigation Customer Information

01820120628009

NIPSCO

(optional)

NOTIFICATION ID:

SELECT A CUSTOMER:

CUSTOMER #:

LOWPROF

service

Rumbaugh Christophe - 132171

FACILITY DESCRIPTION:

FACILITY ID:

LOCATOR NAME & EMP #:

LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:

Contractor Damaged Exposed Facility,
Facility Marked Accurately,
Contractor Dug Outside Marking Instructions

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:

Heard Nipsco guy that showed up at site say something about the service should have been retired, and it's somebody's butt cause it's not yet.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

Mel

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

Willy Oxendyne

LIST ANY OTHER INDIVIDUALS ON SITE:

Christopher Rumbaugh

Yes
No
Yes
severed
unknown may be retiring
No
Large Excavator
No

WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL?
WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA?
WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS?
EXTENT OF FACILITY DAMAGE
REPLACEMENT FOOTAGE
WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?
WHAT CONTRACTOR EQUIPMENT WAS USED?
IS THE FACILITY SHOWN ON THE UTILITY RECORDS?
IF YES, PLEASE LIST RECORD #(S)

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA FORT WAYNE MAXIMO WO# M 497756

OPERATING AREA CONTACT DWIGHT WAGNER JOB ORDER# 564737

TRACKING NUMBER 018-2012-0628-009 LOCATE REF#
Locate Performed By: USIC

DATE AND TIME OF ACCIDENT 6/28/12 2012 M DATE OF REPORT 6.28.12

PLACE OF DAMAGE (INCLUDE CITY) # 1113 W. WARREN RD. FORT WAYNE 46825

DAMAGE WAS TO:
ELECTRIC POLE/TRANSFORMER: # SIZE YEAR INSTALLED BROKEN YES () NO ()

OTHER (DESCRIBE)

GAS SERVICE () MAIN () SIZE 1 1/2" MATERIAL PLASTIC () STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE)

DEPTH OF FACILITY (inches) 18" PRESSURE (PSI) 45 lbs

RELEASE OF GAS: YES () NO () IGNITION OF GAS: YES () NO () EVACUATION REQUIRED: YES () # NO ()

INTERRUPTION OF SERVICE: YES () NO () NUMBER OF CUSTOMERS LOST 0

DURATION OF INTERRUPTION: TIME REPORTED 6:30 PM TIME SHUT OFF 6:30 PM TIME RESTORED 6:45 PM

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY 1/2"

LOCATE MARKS ON SITE: YES () NO () DISTANCE BETWEEN FACILITY AND LOCATE MARKS NO ()
HOW LOCATED: PAINT () FLAGS () BOTH () WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) WILLIE OXENDING EXCAVATING

ADDRESS OF PARTY (INCLUDE CITY) # 314 E. JEFFERSON BLVD. F.W.

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE WILLIE OXENDING

WITNESS NAME AND ADDRESS

WITNESS REMARKS

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY REPORT #

FIRE () AGENCY REPORT #

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

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

WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW

- () AGRICULTURE/FARMING () GABLE TV () CURB/SIDEWALK () TELECOMMUNICATIONS
() BLDG CONSTRUCTION () DEMOLITION () DRAINAGE () WATER
() DRIVEWAY () ELECTRIC () SURVEYING () DRAINS/CULVERTS
() FENCING () GRADING () IRRIGATION () MOWING
() LANDSCAPING () PIPELINE () MILLING () OTHER
() POLE/SIGN POST () ROAD WORK () SEWER

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

- () AUGER () HAND TOOLS () BACKHOE/TRACKHOE
() MILLING EQUIPMENT () PROBING DEVICE () BORING / DRILLING
() EXPLOSIVES () TRENCHER () FARM EQUIPMENT
() VACCUUM EQUIPMENT () GRADER () OTHER EXCAVATOR

REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW

- () AUTOMOTIVE ACCIDENT () EXCAVATING BEFORE LOCATES DUE () CARELESS MACHINE OPERATOR
() NO NOTIFICATION () MARKS DISTURBED () STUB () OTHER

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

SIN #110601 Rev. 6-12

Dent 7-16-12

COMMENTS: DEMOLISHING HOME & HIT RETIRED
STUB. NO RISER ON SITE.

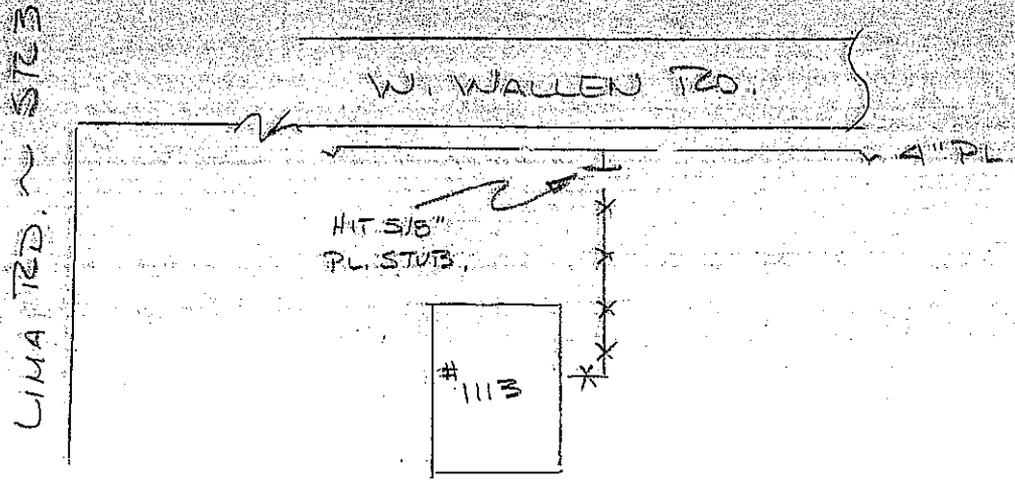
PERSON PREPARING REPORT MEL ORTIZ

FIELD SUPERVISOR Roughs Wagner

FIELD MANAGER Rodell Dunn

- 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 | NO |
| • NO IN 811 LOCATE CALLED IN | YES | NO |
| • DAMAGE CAUSED FROM EXCAVATION WITHIN 24\" ZONE | YES | NO |
| • EXPIRED LOCATE | YES | NO |
| • WAS WHITE LINING INDICATED ON LOCATE REQUEST | YES | NO |

COMPLETED BY: _____ DATE: _____

11/11/13
11:30 AM

LEAK INVESTIGATION FORM

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

CIS Ticket Number: 148164202 Date Reported: 6-28-12 Time Leak Reported (Military): _____
MO DAY YR HR MIN
LOA: 22 GPS Coordinates: Latitude _____ N Longitude _____ W
City Name: FTW SR 744816209
Address or Location: 1113 Usallen Rd 194437

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 497756
- 2. Pipe Replaced } N 498209 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: 121631 MO Cortie Leak Referred to: me!
(FIRST NAME) (MI) (LAST NAME)

Section 2 - To be Completed by the Person Making Repairs to a Grade 1, 2 or 3 Leak

Comments: put cap on service JO564737

Repaired/Inspected: 6-29-12 Time: 18:30 (Military) User ID: 121631 MO Cortie
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

Identification:

Contractor Crew: Willie Oxparline
Third Party Name: _____

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: 1 1/8 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
- 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:

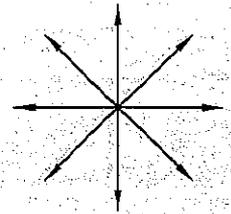
- 1. Distribution
- 2. Transmission
- 3. Transmission HCA

METER #

Re-evaluation Comments: _____

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

Indicate
North



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: _____

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA 22 MAXIMO WO # M 497756
OPERATING AREA CONTACT Daniel V. Hauer JOB ORDER # 564737
TRACKING NUMBER: 018-2012-0628-009 LOCATE REF # _____
Locate Performed By: USIC

DATE AND TIME OF ACCIDENT 6/28/12 2012 M DATE OF REPORT 6 28 12
PLACE OF DAMAGE (INCLUDE CITY) 1136 WALKER St. Wayne 46825

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

OTHER (DESCRIBE) _____
GAS: SERVICE MAIN () SIZE 1 1/8 MATERIAL: PLASTIC STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE) _____

DEPTH OF FACILITY (inches) 18 PRESSURE (PSI) _____ Lbs. _____
RELEASE OF GAS: YES NO () IGNITION OF GAS: YES () NO () EVACUATION REQUIRED: YES () # _____ NO ()

INTERRUPTION OF SERVICE: YES () NO NUMBER OF CUSTOMERS LOST: _____
DURATION OF INTERRUPTION: TIME REPORTED _____ TIME SHUT OFF 6:30 AM TIME RESTORED _____

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: _____

LOCATE MARKS ON SITE: YES DISTANCE BETWEEN FACILITY AND LOCATE MARKS _____ NO ()
HOW LOCATED: PAINT FLAGS BOTH () WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) Willie Oxendine Excavating

ADDRESS OF PARTY (INCLUDE CITY) _____

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Willie Oxendine

WITNESS NAME AND ADDRESS _____

WITNESS REMARKS _____

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY _____ REPORT # _____
FIRE () AGENCY _____ REPORT # _____
OTHER () _____ Any Injuries? () YES # _____ () NO

PHOTOS TAKEN: YES () NO TAKEN BY: _____ (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 checked="" type="checkbox"/> DEMOLITION | <input 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 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 checked="" type="checkbox"/> OTHER <u>excavator (lg)</u> |

- 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 checked="" type="checkbox"/> STUB () OTHER _____ |

NIPSCO Jobbing Order

SAWO (S-) Jobbing (JO-)

No 564737

Customer Name: OXENDING EXCAV. Date: 6/28/12 Customer Acct No: _____
 Service Address: _____ City: FTW
 Work Description: 1/8 ser. hit CAPped hole DEEPS @ 1113 Wacker Rd
2nd. down. 1st on 46 P25

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 148164202 banking # 018-2012-0628-009
 Plant Id: Regular Customer State Body Municipality Other: _____
 Plant Desc: Gas Main Ext Gas Service Ext Electric Line Ext Electric Service Ext Street Light Serv
 Elect Power Serv Undgnd Elect Serv Undgnd Distribution Public Improvement
 General Ledger Class Code: Gas Jobbing General Gas Retirement WO Gas Specific WO
 Work Order No: Elect Jobbing General Elect Retirement WO Elect Specific WO Elect Temp Serv

Appliance Serviced: _____ Serial No: _____ Model No: _____
 Manufacturer: _____ Location: _____ Comments: _____

LABOR (Please use straight time hours & show conversion Rate)				EQUIPMENT			
ID No & Name	Hours	Hr Rate	Labor \$	Equip #	Hrs	Rate	Equip \$
121631 <u>MOM</u>	1	30.11		30873	1		
Labor Subtotal (c) _____				Total Equipment (b) _____			
Plus % Payroll Tax (a) _____				Engineering Firm Estimate: _____			
Total Labor Cost _____				Pre-Paid Total: _____			

PARTS						
SIN #	Quantity	Size	Manufacturer	Description	Unit Price	Parts \$
300766	1			1/8 CAP		
Parts Subtotal (d) _____					Plus % Overhead (e) _____	
Total Parts Cost _____						

CHARGES:

Service _____ (c) Labor _____
 (a) Payroll Tax _____ (d) Material _____
 (b) Equipment _____ (e) Overhead _____
 (f) Additional _____ Material Sales Tax _____
 TOTAL _____

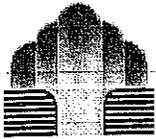
Additional Charges	
Type	Amount
Meals	
Police Report	
Gas Loss	
Total Add'l Charge	(f) _____

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 028/12
City FTW
Address 1113 W Waller
Contractor Oxendine excavating will be Oxendine
Type of Equipment 1 lg. excavator
Work Type demo - lot
Locate # MSS 117818
Locates (yes/no) MSS 117818
Accurate Locates (yes/no)
 Paint, flags or both
Release of Gas (yes/no)
Detailed description of Event including equipment used demo, lot hit line
Depth of line 16-18"
Were locates performed in 2 working days (yes/no)
 Service or main and size of line 1 1/4"
Pressure (PSI)
Outage (yes/no)
How many customers lost 0
Time to restore service
Evacuation (yes/no)
How many evacuated
Ignition of product (yes/no)
Damage or leak



EMERGENCY RESPONSE > 60 FT WAYNE

DUNN-DIRECT-REPORTS-FORT

Brian Dering to: WAYNE_ANGOLA GAS, Sandra Crutchfield,
Sandy Bilger, C

06/29/2012 04:06 AM

EMERGENCY RESPONSE > 60 MINUTES - FORT WAYNE LOA

DATE: 6-28-2012

ADDRESS: 1113 W WALLENRD FT WAYNE

1ST RESPONDER: MEL ORTIZ

TIMESTAMPS:

CIS CREATION	1622	CIS TICKET NO.	148164202
TIME PAGED	1624		
VERBAL CONFIRMATION	1625		
DISPATCHED	17:53	ENROUTE	17:54
ARRIVED	17:55	COMPLETED	18:17
ACTUAL ARRIVED	17:00		

OTHER COMMENTS:

SHOWED MEL OUT OF COVERAGE

FOLLOW-UP INFORMATION

ROOT CAUSE

MDT ISSUES



tracking # 018-2012-0628-009
Kate Ward-Turner to: Nipsco - USIC Fort Wayne
Cc: SLC Distribution Clerks

06/28/2012 05:44 PM

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

ADDRESS: 1113 w Wallen rd

CITY: Ft. Wayne

RESPONDING SERVICEMAN:

CIS SITE ID #: 617310008

USIC TRACKING NUMBER: 018-2012-0628-009

WMC ASSIGNER/DISPATCHER NAME: Todd B.

INDIANA 811 LOCATE # (if applicable):

MAXIMO #

Updated 2/15/12

Kate Ward-Turner



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Aug 21, 2012

Who is submitting this information?

Name of person providing this information: Tommy Buher

Business address (*number and street*): 3511 E 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: Willie Oxendine Excavating

Business address (*number and street*): 814 E Jefferson Blvd

City, State, and ZIP code: Fort Wayne, IN, 46806

Telephone number (*area code*): 260-420-6501

Fax number (*area code*): _____

E-mail address: oxendineent@frontier.com

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Bldg. Demolition

Date and Location of DamageDate of damage (*month, day, year*): Jun 28, 2012

County: Allen

City: Fort Wayne

Street address (*number and street, city, state, and ZIP code*):
1113 W Wallen Rd, Fort Wayne, IN

Nearest intersection: _____

Right of way where damage occurred: Private - Land Owner

Was there a release of product? Yes

If yes, was there an ignition of product? No

Were evacuations necessary as a result of release? No

If yes, how many evacuated? _____

Was there a customer service interruption? No

If yes, how many affected? _____

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? Service/Drop

What was the depth of the facility, in inches? 17

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? 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? No

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

Additional Comments

there were locates for another contractor at this address

IURC Damage Information Request

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Date 6/28/12
City FTW
Address 1113 W Walker
Contractor Oxendine excavating willie Oxendine
Type of Equipment 1 lg. excavator
Work Type demo - lot
Locate # MS5 117818
Locates (yes/no) MS5 117818
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Detailed description of Event including equipment used demo, lot hit line
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Damage or leak