



Pipeline Safety Division Investigation Report

Investigation regarding: **Shawnee Construction & Engineering**

UPPAC Database Record ID: 3649

Investigator: Howard Friend

Report Date: 11/01/2012

Damage Date: 07/18/2012

Damage Address: 1728 Spy Run Ave

City: Fort Wayne

County: Allen

The Parties

Excavator: **Shawnee Construction & Engineering**

Contact: Andrew Moses Andrew Moses

Address: 7701 Opportunity Way, Fort Wayne, In 46825

Telephone: 260-489-1234

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: Shawnee Construction & Engineering

UPPAC Database Record ID: 3649

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$32.53

Excavator Activities/Cause of damage information:

Excavator request locates: No Indiana 811 ticket Number:

Type of Equipment: Hand Tools

Type of work performed: Construction

Synopsis: A plastic natural gas service was damaged during excavation for building construction.

Findings: The service was accurately marked from a locate request for another company and had been exposed, but it ended up being cut by a shovel. Reported by NIPSCO; excavator signed for initial notice on 09/17/2012 but has not submitted a response.

Conclusion: Excavator failed to make a locate request for their own 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 89. The delivery record shows that this item was delivered on 09/17/2012 at 10:02 AM in FORT WAYNE, IN 46825. The scanned image of the recipient information is provided below.

Signature of Recipient:

Delivery Section	
Signature	
Printed Name	ALISON STRADER

Address of Recipient:

Delivery Address	7701 OPPORTUNITY DR
------------------	---------------------

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.

3649
SHAWNEE CONSTRUCTION & ENGINEERING
7701 OPPORTUNITY DR
FORT WAYNE IN 46825-3365



101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

October 22, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3649
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3649

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: 7/18/2012

Event Location: 1728 Spy Run Ave, Fort Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: Shawnee Construction & Engineering

Other Party: N/A

Pipeline Division Case No. 3649

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. 3649	
Date of Event	7/18/2012
Event Location	1728 Spy Run Ave, Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	Shawnee Construction & Engineering
Date of IURC Information Request	9/18/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Shawnee Construction
RESPONSIBLE PARTY PERSONAL NAME	Andrew Moses
TITLE (IF ANY)	
ADDRESS	7701 Opportunity Way
CITY/ STATE/ZIP	Fort Wayne, IN 46825
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	1728 Spy Run Avenue
CITY/STATE/ZIP	Fort Wayne, IN 46805
NEAREST INTERSECTION	Lawton Pl
PRODUCT TYPE (Select One)	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
FACILITY TYPE (Select One)	
DISTRIBUTION	
GATHERING	
SERVICE/DROP	X
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	5/8 plastic
PRESSURE (PSIG/INCHES)	50
INTERRUPTION IN SERVICE (YES/NO)	Yes
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	
REPAIR COST (IF KNOWN) (\$)	32.53
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	X
Milling Equipment	

Probing Device	
Trencher	
Vacuum Equipment	
Unknown/Other	
TYPE OF WORK PERFORMED (Select One)	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	X
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)	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	
LOCATE MARKS VISIBLE (YES/NO)	Yes
LOCATE MARKS CORRECT (YES/NO)	Yes
EXCAVATOR "WHITE LINED" (YES/NO)	
MAPS USED TO MARK FACILITIES (YES/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)	
POLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
ADDITIONAL INFORMATION/COMMENTS	
<p>No notification made to the one-call center – Excavator working under T E Inc. locates Ticket #: 1207033286 called in for T E Inc. Compensation has been received from the excavator.</p>	

NIPSCO 00638 IUPPSa 09/14/2011 13:44:08 1109142266-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1109142266 Date: 09/14/2011 Time: 13:34 Oper: MMOELLER Chan:039

State: IN Cnty: ALLEN Twp: WASHINGTON
Cityname: FORT WAYNE Inside: Y Near: N
Subdivision:

CASE #

3649

Address : 1728
Street : SPY RUN AVE
Cross 1 : LAWTON PL Within 1/4 mile: Y
Location: LOCATE THE EAST SIDE OF THE PROPERTY - FROM THE EXISTING BUILDING TO
THE ALLEY

Grids : 4105D8508D 4105C8508D 4105B8508D
Boundary: n 41.092693 s 41.087494 w -85.135292 e -85.133781

Work type : INSTALL FENCE
Done for : PRO RESOURCES
Start date: 09/16/2011 Time: 13:45 Hours notice: 48/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 2 WEEKS Depth: 4 FEET

Company : SHAWNEE CONSTRUCTION AND ENGINEERING Type: CONT
Co addr : 7701 OPPORTUNITY DR
City : FORT WAYNE State: IN Zip: 46825
Caller : MARK HAMILTON Phone: (260)489-1234
Contact : MARK HAMILTON OFFICE Phone:
BestTime:
Mobile : (260)489-1234
Fax : (260)489-3402
Email : MARK@SHAWNEECONSTRUCTION.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
Will you be white-lining the dig site area? YES
:

Submitted date: 09/14/2011 Time: 13:34
Members: AEPIN CC FW ID8000 NIPSCO SM

NIPSCO 01019 IUPPSa 07/03/2012 16:29:49 1207033286-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1207033286 Date: 07/03/2012 Time: 16:24 Oper: AHINES Chan:085

State: IN Cnty: ALLEN Twp: WAYNE
Cityname: FORT WAYNE Inside: Y Near: N
Subdivision:

CASE # 3649 ?

Address : 1728
Street : SPY RUN AVE
Cross 1 : LAWTON PL Within 1/4 mile: Y
Location: THIS IS AT PRO RESOURCES BUILDING -- LOCATE THE ENTIRE SITE
:
Grids : 4105C8507A 4105C8508D
Boundary: n 41.091408 s 41.090527 w -85.134544 e -85.132988

Work type : PARKING LOT ADD/INSTALL SANITARY STORM
Done for : SPY RUN PROPERTIES
Start date: 07/06/2012 Time: 16:45 Hours notice: 72/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 9 MONTHS Depth: 5 FEET

Company : T E INC Type: CONT
Co addr : 5540 HUGUENARD ROAD
City : FORT WAYNE State: IN Zip: 46818
Caller : JUSTIN HOFFMAN Phone: (260)489-5541
Contact : JUSTIN HOFFMAN - CELL Phone:
BestTime:
Mobile : (260)750-0473
Fax : (260)489-3174
Email : JHOFFMAN@T-EINC.COM

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

Submitted date: 07/03/2012 Time: 16:24
Members: AEPIN CC FW ID7053 ID8000 NIPSCO SM

DAMAGE WAS ON 7-18-12 .
THIS CONTRACTORS TICKET
IS VALID .

RECORDS SHOW SHAWNEE
CONSTRUCTION + ENGINEERING
CAUSED DAMAGE.

NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Ft. Wayne MAXIMO WO # _____
 OPERATING AREA CONTACT Jason Spurgeon JOB ORDER # 571304
 TRACKING NUMBER _____ LOCATE REF # 120 703 3287
 Locate Performed By: _____ 120 703 3286

DATE AND TIME OF ACCIDENT Wednesday July 18 20 12, 11:00 AM DATE OF REPORT Same
 PLACE OF DAMAGE (INCLUDE CITY) 1728 SP4 Ave Ft. Wayne

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

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

DEPTH OF FACILITY (inches) 24 PRESSURE (PSI) 50 Lbs.
 RELEASE OF GAS: YES NO () IGNITION OF GAS: YES () NO EVACUATION REQUIRED: YES () # _____ NO
 INTERRUPTION OF SERVICE: YES () NO () NUMBER OF CUSTOMERS LOST: 1
 DURATION OF INTERRUPTION: TIME REPORTED 11:00 TIME SHUT OFF 11:15 TIME RESTORED 12:15 pm
 DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/8"

LOCATE MARKS ON SITE: YES DISTANCE BETWEEN FACILITY AND LOCATE MARKS 100 ft on NO ()
 HOW LOCATED: PAINT FLAGS () BOTH () WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) Shawnee Const.

ADDRESS OF PARTY (INCLUDE CITY) 2701 Opportunity Way Ft. Wayne IN

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Andrew Moses

WITNESS NAME AND ADDRESS _____

WITNESS REMARKS _____

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

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

- WORK IN PROGRESS WHEN FACILITY DAMAGED** — CHECK APPROPRIATE CHOICE BELOW
- | | | | |
|---------------------------------------------------------|-------------------------------------|----------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> AGRICULTURE/FARMING | <input type="checkbox"/> CABLE TV | <input type="checkbox"/> CURB/SIDEWALK | <input type="checkbox"/> TELECOMMUNICATIONS |
| <input checked="" type="checkbox"/> BLDG CONSTRUCTION | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> DRAINAGE | <input type="checkbox"/> WATER |
| <input checked="" 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 checked="" 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 type="checkbox"/> OTHER _____ |

- REASON DAMAGE OCCURRED** — CHECK APPROPRIATE CHOICE BELOW
- | | | |
|----------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> AUTOMOTIVE ACCIDENT | <input type="checkbox"/> EXCAVATING BEFORE LOCATES DUE | <input checked="" type="checkbox"/> CARELESS MACHINE OPERATOR |
| <input type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED | <input type="checkbox"/> STUB |
| | | <input checked="" type="checkbox"/> OTHER <u>HIT WITH SHOVEL</u> |

COMMENTS: Was located correctly and exposed.
hit with shovel

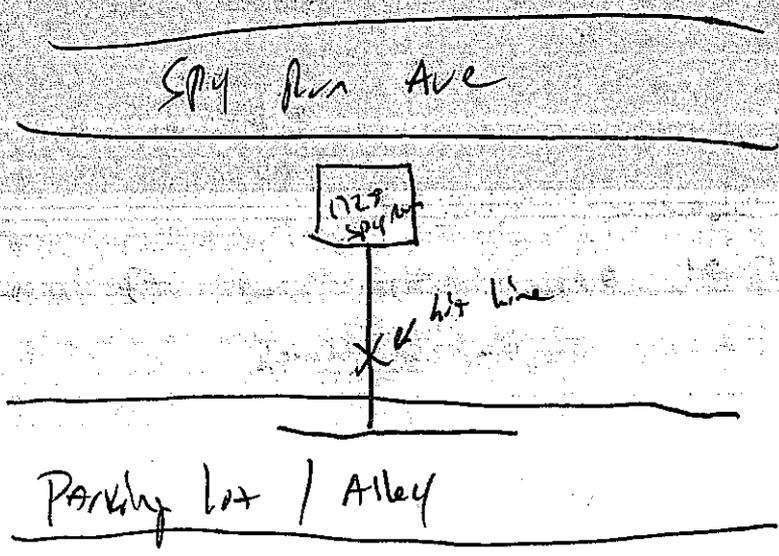
PERSON PREPARING REPORT C Smith

FIELD SUPERVISOR J. Thomas / J. Thomas 7-19-12

FIELD MANAGER R. Dunn / Robert 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: _____

LEAK INVESTIGATION FORM

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

CIS Ticket Number: 754764200 Date Reported: 7 18 12 Time Leak Reported (Military): 11 00
MO DAY YR HR MIN

LOA: Fr. Wayne GPS Coordinates: Latitude _____°N Longitude _____°W

City Name: Fr. Wayne

Address or Location: 1728 Sp4 Ave

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 _____ PSIG
for 1/1A minutes

Leak Grade:

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

Leak Resolution

- 1. Leak Repaired
- 2. Pipe Replaced
- 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: 02-278 Chet T Smith Leak Referred to: _____
(FIRST NAME) (MI) (LAST NAME)

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

Comments: Installed 518 end cap to pipe It is scheduled to be moved later in the week. JO 571304

Repaired/Inspected: 7 18 12 Time: 12 00 (Military) User ID: 02-278 Chet T Smith
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

Identificator:

Contractor Crew: _____

Third Party Name:

Shawnee Const.

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: UH-35-D Pipe Size: 518 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

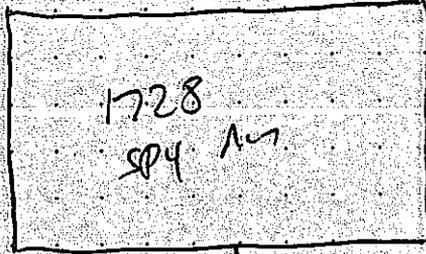
Pipeline Identifier:

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

Re-evaluation Comments: _____

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

SP4 Ave

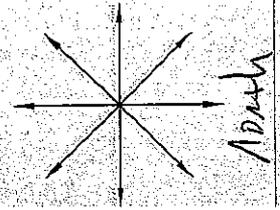


5/8 Service

Installed
End Cap

Parking Lot / Alley

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: Installed 5/8 end cap 6 1/2 feet west of
Asphalt parking lot. Marked with stake painted
gray at the top.

NIPSCO Jobbing Order

SAWO (S-)

Jobbing (JO-)

No 571304

Customer Name: Showace Const. Date: 7/18/12

Customer Acct No: _____

Service Address: 7701 Opportunity Way

City: Ft. Wayne 46825

Work Description: HIT Service AT

Pro Resource Inc 1728 SP4 Ave Ft. Wayne 46805

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: CTS 754764200 Tracking # ?

Plant Id: Regular Customer State Body Municipahty Other: _____

Plant Gas Main Ext Gas Service Ext Electric Line Ext Electric Service Ext Street Light Serv

Desc Elect Power Serv Undgnd Elect Serv Undgnd Distribution Public Improvement

General Ledger Class Code: Gas Jobbing General Gas Retirement WO Gas Specific WO

Work Order No: Elect Jobbing General Elect Retirement WO Elect Specific WO Elect Temp Serv

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

LABOR

(Please use straight time hours & show conversion Rate)

ID No & Name	Hours	Hr Rate	Labor \$
<u>02-2718</u> <u>C Smith</u>	<u>1</u>		

EQUIPMENT

Equip #	Hrs	Rate	Equip \$
<u>31476</u>	<u>1</u>		

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

Total Equipment (b) _____

Engineering Firm Estimate: _____
 Pre-Paid Total: _____

PARTS

SIN #	Quantity	Size	Manufacturer	Description	Unit Price	Parts \$
<u>300760</u>	<u>1</u>	<u>518</u>	<u>Plastic End Cap</u>			

CHARGES:

Service _____ (c) Labor _____

(a) Payroll Tax _____ (d) Material _____

(b) Equipment _____ (e) Overhead _____

(f) Additional _____ Material Sales Tax _____

TOTAL _____

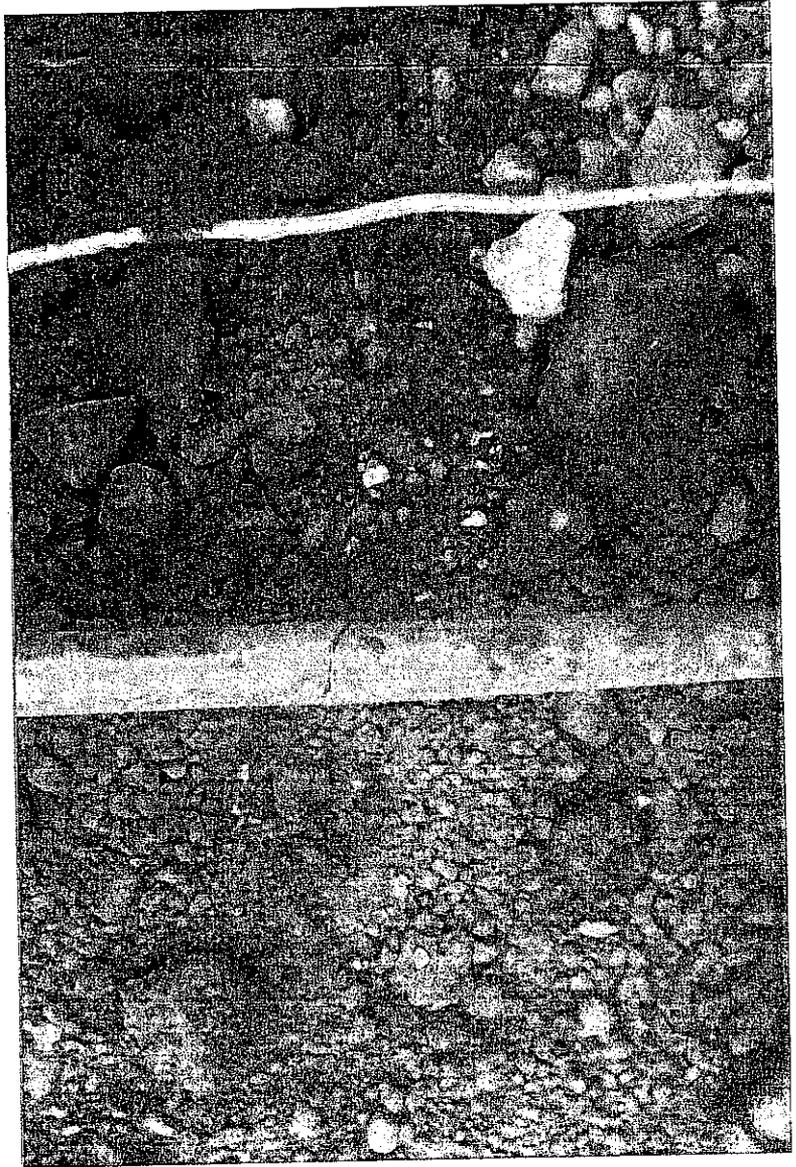
Parts Subtotal (d) _____
 Plus _____ % Overhead (e) _____
 Total Parts Cost _____

Additional Charges

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

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

Customer Acknowledgement: _____ Authorization No: _____



TIME IN: 7:30 TIME OUT: 16:00 NIPSCO INDIVIDUAL EMPLOYEE DAILY RECORD (SD-1) PAGE 1 OF PAGES

Employee ID Number: 02-2218 NAME: Chet T Smith DATE: 7/18/12 HRI NUMBER: 573-212-000 SUPV. NO. AUTH. [Signature]

ACTUAL HOURS	L O C	ACCOUNT NUMBER	ACTIVITY NUMBER	UPGRADE JOB NO.	DEPT.	HOURS				UNITS	VARIANCE			EQUIP. HRS.					
						MULT CODE	1	2	3		4	1	CODE		HOURS	GF	HRS.		
25	1	Safety	1586035			10-31													
25	2	633 Louisa Pl FW	2016585			10-31													
50	3	6030 Compensational Payment FW	2016522			10-31													
50	4	3130 Stewart Acad	2016524			10-31													
50	5	2510 Conkey Dr FW	2016522			10-31													
50	6	2020 Oldale Ave FW	2016524			10-31													
50	7	2104 Lathrop Dr FW	2016524			10-31													
50	8	2801 Starbuck Ave FW	2016524			10-31													
50	9	Comp Pounce Hwy FW	2016524			10-31													
50	A	1728 Spahn Ave FW	TO-571304			10-31													
50	B	2120 Edwille Dr FW	6547900			10-31													
50	C	1111 Duran Ave FW	2016524			10-31													
50	D	1059 E State St FW	2016522			10-31													
50	E	Shut off																	
TOTAL		10																	

CLOCK HOURS TO BE PAID @

10
12
15
20
25

AUTOMOTIVE EQUIPMENT

Q	#	EQUIPMENT NUMBER	START	END
		31446	11/4	

ODOMETER READINGS

HOUR METER READINGS

CODE

SP. RATES

REPEATED RECORDS

GAS ODDOR WEAK / GOOD / STRONG



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Aug 22, 2012

Who is submitting this information?

Name of person providing this information: Robert A. Hayward

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: Shawnee Construction & Engineering

Business address (*number and street*): 7701 Opportunity Way

City, State, and ZIP code: Fort Wayne, IN 46825

Telephone number (*area code*): 260-489-1234

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Hand Tools

Type of work performed: Bldg. Construction

Date and Location of DamageDate of damage (*month, day, year*): Jul 18, 2012

County: Allen

City: Fort Wayne

Street address (*number and street, city, state, and ZIP code*):
1728 Spy Run Ave Fort Wayne, IN 46805

Nearest intersection: Lawton Pl

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? _____

Was there a customer service interruption? Yes

If yes, how many affected? 1

Time to restore service (*in hours*): 1

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ _____

Affected Facility Information

What type of pipeline was damaged? Natural Gas

What was the affected facility? Service/Drop

What was the depth of the facility, in inches? 24

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1109142266

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: Other

If other, please specify: Paint marks there for another contractors ticket # 1207033286

Was site marked by "White Lining"?

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? No

Description of Cause

Select from the list the most accurate cause for the damage: Other

Additional Comments

Contractor hit accurately marked line with a shovel

Marks on site were for another contractor under ticket # 1207033286