



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Angel Lopez**

UPPAC Database Record ID: 3654

Investigator: Howard Friend

Report Date: 10/18/2012

Damage Date: 08/12/2012

Damage Address: 1614 Kelly Dr

City: Fort Wayne

County: Allen

### The Parties

Excavator: **Angel Lopez**

Contact: Angel Lopez

Address: 1614 Kelly Dr, Fort Wayne, In 46808

Telephone: 260-403-1909

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: Angel Lopez**

UPPAC Database Record ID: 3654

**Damage Impact**

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$120.71

**Excavator Activities/Cause of damage information:**

Excavator request locates: No    Indiana 811 ticket Number:

Type of Equipment: Hand Tools

Type of work performed: Drainage

**Synopsis:** A plastic natural gas service was damaged by homeowner during drainage excavation.

**Findings:** Excavator failed to request that underground utilities be located and marked prior to beginning work. Reported by NIPSCO; excavator signed for initial notice on 09/18/2012 but has not submitted a response.

**Conclusion:** Excavator failed to provide notice of excavation.

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



Date: 09/18/2012

MAIL MAIL:

The following is in response to your 09/18/2012 request for delivery information on your Certified Mail(TM)/RRE item number 9214 8901 0661 5400 0004 2850 34. The delivery record shows that this item was delivered on 09/18/2012 at 10:51 AM in FORT WAYNE, IN 46808. The scanned image of the recipient information is provided below.

Signature of Recipient:

*Angel Lopez*  
Angel LOPEZ

Address of Recipient:

1614 KELLY 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.

3654  
ANGEL LOPEZ  
1614 KELLY DR  
FORT WAYNE IN 46808-3227



101 West Ohio Street, Suite 1707  
Indianapolis, IN 46204

October 22, 2012

*Via Electronic Transmission – [PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)*

Pipeline Safety Division – Case No. 3654  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3654

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: 8/12/2012

Event Location: 1614 Kelly Dr, Fort Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: Angel Lopez

Other Party: N/A

Pipeline Division Case No. 3654

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](mailto:cearle@nisource.com)

<b>IURC INFORMATION REQUEST</b>	
<b>Pipeline Safety Division Case No. 3654</b>	
Date of Event	8/12/2012
Event Location	1614 Kelly Dr, Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	Angel Lopez
Date of IURC Information Request	9/18/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Angel Lopez
RESPONSIBLE PARTY PERSONAL NAME	Same
TITLE (IF ANY)	Homeowner
ADDRESS	1614 Kelly Drive
CITY/ STATE/ZIP	Fort Wayne, IN 46808
PREFERRED TELEPHONE	260 403-1909
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<b>FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:</b>	
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
<b>LOCATOR SERVICE INFORMATION</b>	
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	
<b>OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION</b>	
PERSONAL CONTACT	
BUSINESS/ORGANIZATION NAME	

TITLE (IF ANY)	
ADDRESS	
CITY/ STATE/ZIP	
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<b>UTILITY LINE IMPACT</b>	
<b>LOCATION OF DAMAGE</b>	
ADDRESS	1614 Kelly Drive
CITY/STATE/ZIP	Fort Wayne, IN 46808
NEAREST INTERSECTION	
<b>PRODUCT TYPE (Select One)</b>	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
<b>FACILITY TYPE (Select One)</b>	
DISTRIBUTION	
GATHERING	
SERVICE/DROP	X
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	5/8
PRESSURE (PSIG/INCHES)	45
INTERRUPTION IN SERVICE (YES/NO)	Yes
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	
REPAIR COST (IF KNOWN) (\$)	120.71
<b>CAUSE OF DAMAGE INFORMATION:</b>	
<b>TYPE OF EQUIPMENT (Select One)</b>	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	X
Milling Equipment	

Probing Device	
Trencher	
Vacuum Equipment	
Unknown/Other	
<b>TYPE OF WORK PERFORMED (Select One)</b>	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	
Bldg. Demolition	
Drainage	X
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
<b>LOCATE INFORMATION:</b>	

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
<b>INCIDENT IMPACT INFORMATION</b>	
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)	
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
No notification made to the one-call center	

**Fact Based Investigation Report**

**NOTIFICATION ID:** 01820120812003                      **DISTRICT:** Northern IN  
**DAMAGE DATE:** 8/12/2012 3:55:00 PM    **NOTIFICATION DATE:** 8/12/2012 5:35:41 PM  
**NOTIFIED BY:** DAN LOPEZ Facility Owner  
**DAMAGE ADDRESS:** 1614 KELLY DR X SPRING ST.  
**CITY:** FORT WAYNE                      **ST:** IN    **ZIP:**

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**DAMAGED CUSTOMER:** NIPSCO

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**INVESTIGATION DATE:** 08/12/2012  
**FROM:** 17:45:00    **TO:** 18:15:00

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**EXCAVATOR INVOLVED:** Homeowner  
**TYPE OF EXCAVATION:** drain

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

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**DIG UP/DAMAGE REQ.:** M60038507                      **START DATE/TIME:**

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**PICTURES TAKEN BY:** Stephen Sedik    **DATE/TIME:** 8/14/2012 6:05:00 PM  
**PHOTOGRAPHY TYPE:** Digital                      **FRAME #:**

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**INVESTIGATOR EMP#:** 125397                      **INVESTIGATOR NAME:** Stephen Sedik  
**BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?** No

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**Fact Based Investigation Customer Information**

**NOTIFICATION ID:** 01820120812003  
**SELECT A CUSTOMER:** NIPSCO  
**CUSTOMER #:** (optional)

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

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**CHECK ALL THAT APPLY TO INVESTIGATION:**  
No Locate Req. By Contractor

**Other:**

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**CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):**  
Visual, Facility Exposed At Time Of Investigation

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**INVESTIGATOR STATEMENT/CAUSAL FACTORS:**

no ticket called in prior to damage

**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

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**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?** No

**EXTENT OF FACILITY DAMAGE** cut in 2

**REPLACEMENT FOOTAGE** 1'

**WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?** No na

**WHAT CONTRACTOR EQUIPMENT WAS USED?** shovel

**IS THE FACILITY SHOWN ON THE UTILITY RECORDS?** No

**IF YES, PLEASE LIST RECORD #(S)** na

# 0182012 0812-003 LEAK INVESTIGATION FORM

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

CIS Ticket Number: 111974204 Date Reported: 8-12-12 Time Leak Reported (Military): \_\_\_\_\_  
 LOA: 220 GPS Coordinates: Latitude \_\_\_\_\_ N Longitude \_\_\_\_\_ W  
 City Name: FTW  
 Address or Location: 1614 Kelly 544820006 196685

### 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: 1555  
 1  Hazardous 1611  
 2  Non-Hazardous, Scheduled Repairs  
 3  Non-Hazardous, Monitored

Leak Resolution M 529499  
 1.  Leak Repaired } M 529510  
 2.  Pipe Replaced } Leak Closed  
 3.  Pipe Retired } 46808  
 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: 121235 Larry Hunter Leak Referred to: repaired  
(FIRST NAME) (MI) (LAST NAME)

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

Comments: hit s/8 Plastic made repairs

Repaired/Inspected: 8-12-12 Time: \_\_\_\_\_ (Military) User ID: 121235 Larry Hunter  
(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

- 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)

Identificator: \_\_\_\_\_ Contractor Crew: Home owner  
 Third Party Name: Lopez  
 Locate Information:  
 1.  No Locate Request  
 2.  Request, No Locate  
 3.  Mislocated  
 4.  Accurate Locate

CIS Grid Number: \_\_\_\_\_ Pipe Size: \_\_\_\_\_ 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
- } Leak Closed

### 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

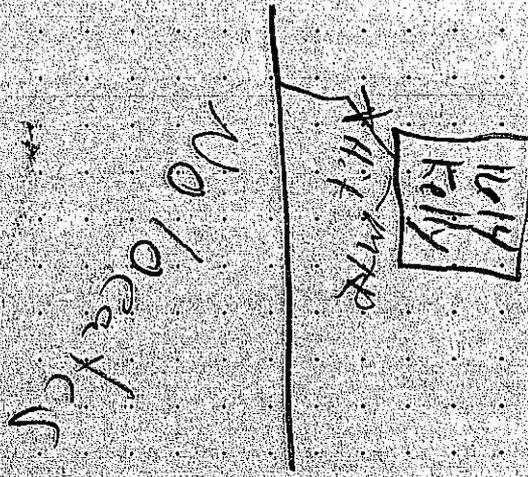
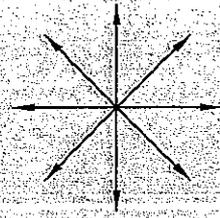
### Pipeline Identifier:

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)

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:

hit s/g Service No locates

# NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA FTW 220 MAXIMO WO # N 529510  
 OPERATING AREA CONTACT J Haner JOB ORDER # 564970  
 TRACKING NUMBER 0182012 0812-003 LOCATE REF # No Locates  
 Locate Performed By: None CIS 11974204

DATE AND TIME OF ACCIDENT 8-12-12 2012 4:59 M DATE OF REPORT 8-12-12  
 PLACE OF DAMAGE (INCLUDE CITY) 1614 Kelly Dr, FtW IN 46808

**DAMAGE WAS TO:**

**ELECTRIC** - POLE / TRANSFORMER: # \_\_\_\_\_ SIZE \_\_\_\_\_ YEAR INSTALLED \_\_\_\_\_ BROKEN YES ( ) NO ( )

OTHER (DESCRIBE) \_\_\_\_\_

**GAS:** SERVICE ( ) MAIN ( ) SIZE 5/8 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: 1

DURATION OF INTERRUPTION: TIME REPORTED 4:59 TIME SHUT OFF 5:20pm TIME RESTORED 6:20pm

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: complete cut 1/2"

LOCATE MARKS ON SITE: YES ( ) DISTANCE BETWEEN FACILITY AND LOCATE MARKS \_\_\_\_\_ NO ( )

HOW LOCATED: PAINT ( ) FLAGS ( ) BOTH ( ) WHITE LINED ( )

PARTY THAT CAUSED DAMAGES (NAME) Angel Lopez 260-403-1909

ADDRESS OF PARTY (INCLUDE CITY) 1614 Kelly Dr

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Same

WITNESS NAME AND ADDRESS Angel Lopez

WITNESS REMARKS non

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 type="checkbox"/> DEMOLITION | <input checked="" 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 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 checked="" type="checkbox"/> AUTOMOTIVE ACCIDENT | <input type="checkbox"/> EXCAVATING BEFORE LOCATES DUE | <input 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>Thought it was a root</u> |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS: No locates requested  
complete cut s/8 plastic

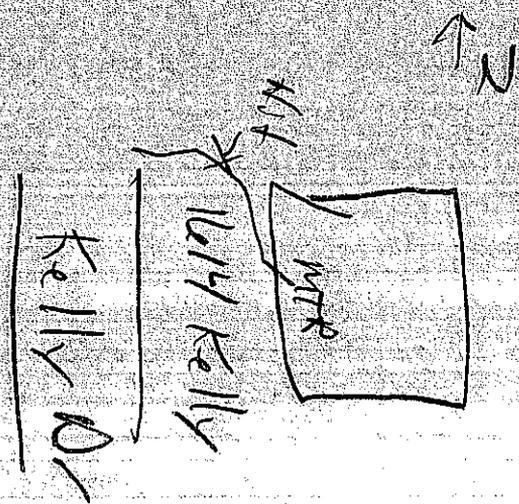
PERSON PREPARING REPORT Larry Hunter

FIELD SUPERVISOR JRP

FIELD MANAGER Reid Damm

- 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: \_\_\_\_\_

**NIPSCO Jobbing Order**

SAWO (S-)  Jobbing (JO-)

No. 564970

Customer Name: Angel Lopez

Date: 8/12/12

Customer Acct No:

Service Address: 1614 Kelly Dr

City: FTW In 46808

Work Description:

Digging trench for Drains @ 1614 Kelly FTW In 46808

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 111974204 - Tracking # 018-2012-0812-003

Plant Id:  Regular Customer  State Body  Municipality  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>Hunter</u>			
<u>121235</u>	<u>2.5</u>	<u>32.41</u>	

**EQUIPMENT**

Equip #	Hrs	Rate	Equip \$
<u>3552</u>	<u>2.5</u>		

Labor Subtotal (c)

Plus % Payroll Tax (a)

Total Labor Cost

1 1/2 hr @ DT

Total Equipment (b)

Engineering Firm Estimate:

Pre-Paid Total:

**PARTS**

SIN #	Quantity	Size	Manufacturer	Description	Unit Price	Parts \$
<u>385520</u>	<u>1</u>	<u>5/8</u>		<u>Coupling</u>		
<u>31507</u>	<u>1</u>	<u>5/8</u>		<u>Plastic</u>		

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: \_\_\_\_\_

Employee ID Number: 121035 NAME: Larry Hunter DATE: 8/12/12 HRI NUMBER: 605-212 -- SUPV. NO. AUTH.

JOB DETAIL

ACTUAL HOURS	L C	ACCOUNT NUMBER	ACTIVITY NUMBER	UPGRADE JOB NO.	DEPT. Se 1				UNITS	VARIANCE		EQUIP. HRS.
					HOURS	BONUS CODES	1	2		3	4	
1300-1315	1		1586035		2050	E						
1345-1345	2	7000322	6546513		2050	1						
1345-1500	3	4924	Hossten Cassel	2016585	2050	1		1				
1500-1530	4	4423	Champlain	2016585	2050	1		1				
1530-1600	5	4501	Champlain	7000322	6546513	2050	3	1				
1600-1700	6	4606	SK Verisell	62016585	2050	1		1				
1700-1830	7	4712	Joe Kelly	62016585	2050	1		1				
1830-2000	8	205	Gransstand	62016585	2050	1		1				
2000-2000	9	1411	Curdas	2016585	2050	1		1				
2100-2115	A	1415	Curdas	2016585	2050	1		1				
2115-2100	B	12528	Redding	62016585	2050	5		5				
2100-2100	C	1421	Wentworth	62016585	2050	1		1				
	D											
	E											

11	50	10	12	15	20	25	11	50	
TOTAL		ODOMETER READINGS		HOUR METER READINGS		CODE		TOTAL	

CLOCK HOURS TO BE PAID @		AUTOMOTIVE EQUIPMENT		EQUIPMENT NUMBER		ODOMETER READINGS		HOUR METER READINGS		CODE		SP. RATES		REPEATED RECORDS	
		3		36552								DAY 1 / /		DAY 1 / /	

GAS ODOM 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 28, 2012

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### 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

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### Excavator Information, if known

Full name: Angel Lopez

Business address (*number and street*): 1614 Kelly Dr

City, State, and ZIP code: Fort Wayne, IN 46808

Telephone number (*area code*): 260-403-1909

Fax number (*area code*): \_\_\_\_\_

E-mail address: \_\_\_\_\_

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### Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Hand Tools

Type of work performed: Drainage

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**Date and Location of Damage**Date of damage (*month, day, year*): Aug 12, 2012County: AllenCity: Fort WayneStreet address (*number and street, city, state, and ZIP code*):  
1614 Kelly Dr, Fort wayne, IN 46808

Nearest intersection: \_\_\_\_\_

Right 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? No

If yes, how many evacuated? \_\_\_\_\_

Was there a customer service interruption? YesIf yes, how many affected? 1Time to restore service (*in hours*): 1.5Enter number of injuries, if applicable and known: 0Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ \_\_\_\_\_

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**Affected Facility Information**What type of pipeline was damaged? Natural GasWhat was the affected facility? Service/DropWhat was the depth of the facility, in inches? 18

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**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? No

Did the excavator notify 911 in the event of a release of product? Yes

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### **Description of Cause**

Select from the list the most accurate cause for the damage: --No notification made to the one-call center

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### **Additional Comments**