

0143-2776

COLUMBIA GAS DISTRIBUTION COMPANIES
WORK MANAGEMENT SYSTEM
FACILITY DAMAGE REPORT

PAGE: 1
FILE: WLB6500
DATE: 01-28-2014
TIME: 10:38

JO NUMBER: 13-1755684-00
SUMMARY: COH CSL PROGRAM REPAIR/REPL

JO TYPE: 2413
JOB TYPE: 2413
LOCATION NUMBER: 0823
JOB STATUS: EX

LOCATED AT: 2430 STELZER RD

COUNTY: FRANKLIN

CITY: COLUMBUS

STATE: OH

BILL FOR DAMAGES: 02 YES - NO PRINT
DAMAGER NOTICE SENT(Y/N): N

LABOR 485.44
MATERIALS 18.95
VEH/GT/OTHER 488.20
CONTRACTS 0.00
GAS LOST 4.28
TAX AMOUNT 0.00

TOTAL: 996.87

RELATED JOB ORDERS

JO NUMBER 30062949913
JOB TYPE PR
JOB ORDER SUMMARY
LOCATED AT 2430 STELZER RD

GENERAL INFORMATION

TYPE OF FACILITY: 3 SERVICE LINE
LINE SIZE: 010 1"
YEAR INSTALLED: 2006
MATERIAL CODE: P
DEPTH OF COVER: 18
GAS LOST (Y/N): Y

DAMAGE DETAILS

DAMAGE DATE KNOWN (Y/N): Y
DAMAGE DATE: 11-15-2013
REPORTED DATE: 11-15-2013
TIME OF ARRIVAL: 10:01
DAMAGE TIME: 09:40
REPORTED TIME: 09:46
TIME MADE SAFE: 10:45
DPI NUMBER: C133888
REPORTED BY: RON
REPORTED TO: JJEKINS DPC
PERIOD OUT OF SV: 03:00

ACTIVITY TYPE: 13 CONSTRUCTION/MAINT - UTILITY
CAUSE OF DAMAGE: C EXCAVATION - EXCAVATOR ERROR
NO. CUST INTERRUPT: 1
DAMAGE LOCATION: 1
INJURY: 1
DAMAGE: 1
ONSITE: 1

LINE MARKINGS

AREA OF CONST (Y/N): Y
FACILITY LOC (Y/N): N
HOW FAC LOCATED:
HOW FAC MARKED:
MARKERS: OVERLINE(Y/N):
LOCATION REQUESTED: 1 YES, VIA ONE-CALL
LOCATE NUM: A331602703
HOW FAR: 0.0 FT.

COLUMBIA GAS DISTRIBUTION COMPANIES
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PAGE: 2
FILE: WLB6500
DATE: 01-28-2014
TIME: 10:38

DIST NEAREST TO DMG: 0 FT.

REPAIRS

REPAIRS: 1 PERMANENT TEST SECONDARY DMG (Y/N): Y
PICTURES (Y/N): Y SKETCH (Y/N): Y

COMMENTS

NO GAS BLOWING UPON ARRIVAL EFV SLIGHT ORDER SOUTH SHORE CABLE CONST
HIT CUST-COMP SL 1" PMP
CONTRACT LOCATOR HAS BEEN NOTIFIED OF DAMAGE.
DISTANCE FROM DAMAGE TO MAIN : 80
EXCESS FLOW VALVE IS OPEN.

DAMAGING PARTY

COMPANY NAME: SOUTH SHORE CABLE CONSTRUCTION, INC.
INDIVIDUAL NAME: FIRST: MI: LAST: - RD - -
LOCATED AT: 6400 - KOLTHOFF STATE: OH
CITY: BROOK PARK PHONE: 740-816-0033
ZIP CODE: 44145
PCID: 19374132 002

RESPONSIBILITY: 16 OTHER UTILITY CONTRACTOR
RESPONSIBLE FOR BILL (Y/N): Y

INSURANCE CARRIER:
NAME: UNKNOWN
ADDRESS: UNKNOWN

BILL COMMENTS

FOR DAMAGE TO COLUMBIA GAS OF OHIO FACILITY LOCATED AT 2430 STELZER RD
COLUMBUS, OH, ON OR ABOUT 11-15-13. JO 13-1755684-00 PT
LABOR 485.44
MATERIALS 18.95
VEH/GT/OTHER 488.20
GAS LOST 4.28
BILLING TOTAL 996.87

LABOR DETAIL

LABOR OVERHEAD COST: 195.32 TOTAL LABOR COST: 485.44

COLUMBIA GAS DISTRIBUTION COMPANIES
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PAGE: 3
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JO NUMBER	NAME	DATE	0	1	1.5	2	TOT	UNIT COST	TOT COST
30062949913	CAMERON	11-15-13		02:24			02:24	28.84	69.21
13175568400	LONG	11-15-13		04:21			04:21	28.84	125.45
13175568400	UMBLEBY	11-15-13		03:19			03:19	28.84	95.46

MATERIAL

STORES EXP: 0.00 MISC MTL: 0.00 TOTAL MATERIAL: 18.95
METER: 0.00 METER INSTALL: 0.00 HOUSE AND REG INSTALL: 0.00

JO NUMBER	STK SYM NO	STOCK DESCRIPTION	UOM	QTY	UNIT PRICE	TOTAL COST
13175568400	43-04-1153	1 CTS CPLG S	EA	2	0.94	1.89
13175568400	44-31-014	2.5B&T C/B 22-	EA	1	17.06	17.06

VEHICLE / GENERAL TOOL / OTHER

HOURS USED	ADDITIONAL HRS +/-	TOTAL HOURS	RATE	COST
TRUCK: 6:45	0:00 +	6:45	6.80	45.90
GEN TOOL: 4:25	0:00 -	3:19	12.00	39.80
CAR: 0:00	0:00 +	0:00	2.70	0.00
		TOTAL VEH/GT COST:	85.70	85.70
			AFUDC:	0.00
			SEGA:	0.00

EMPLOYEE EXP:

OTHER 1: DAMAGE PROCESSING FEE
OTHER 2: PREMIER LOCATING FEE
OTHER 3:

COST
0.00
315.00
87.50
0.00
488.20

TOTAL VEH/GT/OTHER COST:

GAS LOST

GAS LOST (Y/N): Y

FORMULA TYPE: 1 GAS OFF BY EXCESS FLOW VALVE (EFV)
HOLE SIZE: 0.50 UNITS: DIAM TIME GAS BLEW: 1:01
PIPE AT HOLE: SIZE: 010 1" KIND: P PLASTIC
SUPPLY PRESSURE: 35.0 UNITS: MAOP: 40.0 PSIG
OPER PRESSURE: MP

RESULTS

PRESSURE AT HOLE: 0.0 FLOW THRU HOLE: 0.0

COLUMBIA GAS DISTRIBUTION COMPANIES
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CALCULATED LOSS: 1.0 MCF BILLED LOSS: 1.0 MCF
REVIEWED BY (IF LOSS > 50 MCF): BILLED GAS LOST COST: \$ 4.28
COST PER MCF: \$ 4.28

=====

BILLING DETAIL

NUMBER OF BILLS:	1	TAX AMOUNT:	0.00	TOTAL AMOUNT:	996.87
CO	GEN	AUX	CE	PROJ	ACTIV
34	242	9900	8810		15380
34	892				02472
					FACIL
					101550
					HCC
					0823
					TCC
					5
					TAX
					5
					LABOR
					AMOUNT
					0.00
					485.44
					M & E
					AMOUNT
					4.28
					507.15

DAMAGE TO COMPANY FACILITIES REPORT

WMS JO# 13-1755684 DATE: 11-15-13 LOCATION#: 0823

DAMAGE LOCATION: 2930 STELLER RD

CITY COLUMBUS STATE OH ZIP CODE 43219-3128 MAP #: 7336432M

*****RELATED JOBS*****

JOB ORDER NUMBER	JOB TYPE	JOB ORDER NUMBER	JOB TYPE	JOB ORDER NUMBER	JOB TYPE
<u>300629499</u>	<u>PN</u>				

☐ REGULAR HOURS:(1x) HRS ☐ OVERTIME HOURS:(1.5x) HRS ☐ OVERTIME HOURS:(2x) HRS

*****GENERAL INFORMATION*****

*TYPE OF FACILITY:
☐ 1 - Plant Regulator
☐ 2 - Main
☒ 3 - Service Line
☐ 4 - Cust. Meter and/or Regulator
☐ 5 - Building
☐ 6 - Other (Comments Required on Reverse)

*MATERIAL:
☐ CI - Cast Iron
☐ CU - Copper
☐ OT - Other
☒ P - Plastic
☐ PI - Plastic Insert
☐ S - Steel
☐ ST - Steel Treated
☐ WI - Wrought Iron

LINE SIZE: 1"
 DEPTH OF COVER: _____ IN.
 YEAR INSTALLED: _____
 GAS LOST: ☐ YES ☐ NO

*****DAMAGE DETAILS*****

DPI NUMBER: C133888 DAMAGE DATE: 11-15-13 DAMAGE TIME: 09 HR: 45 MIN
 REPORTED BY: RON REPORTED DATE: 11-15-13 REPORTED TIME: 09 HR: 44 MIN
 REPORTED TO: IC Jenkins DR TIME OF ARRIVAL: 10 HR: 01 MIN TIME MADE SAFE: 10 HR: 49 MIN
 # OF CUST INTERRUPTED: 1 to 0 - Prop. VACANT PERIOD OUT OF SVC: 3

*TYPE OF ACTIVITY:
☐ 11 - Construction/Maint-Road
☒ 12 - Construction/Maint-Sewer
☒ 13 - Construction/Maint-Utility
☐ 14 - Construction/Maint-Private Property
☐ 15 - Construction/Maint-Demolition
☐ 18 - Natural Forces-Earth Movement
☐ 19 - Natural Forces-Frost
☐ 20 - Natural Forces-Lightning
☐ 21 - Natural Forces-Rain/Wind/Snow/Ice
☐ 23 - Outside Force-Motor Vehicle Accident
☐ 24 - Outside Force-Intentional/Vandalism
☐ 25 - Outside Force-Electrical Arcing
☐ 26 - Outside Force-Maritime Vessel Operations
☐ 27 - Outside Force-Fire/Explosion (Non-Gas Related)
☐ 28 - Outside Force-Previous Damage
☐ 29 - Outside Force-Sewer Clean Out
☐ 31 - Unknown/Other (Comments Required on Reverse)

*CAUSE OF DAMAGE:
☐ A - Excavation-Failed to Notify One-Call
☐ B - Excavation-Locating Error
☒ C - Excavation-Excavator Error
☐ D - Excavation-Poor Records (Comments Required on Reverse)
☐ E - Natural Forces
☐ F - Other Outside Force (Comments Required on Reverse)

*****LINE MARKINGS*****

*LOCATE REQUESTED:
☒ 1 - Yes, Via One-Call
☐ 2 - Yes, Other Method
☐ 3 - No, or N/A

FACILITY LOCATED: ☒ YES ☐ NO

*HOW FACILITY LOCATED:
☒ 1 - Line Locator
☒ 2 - Other or Above Ground

ONE CALL TICKET NUMBER: A331602703
 MARKS/MARKERS IN TOLERANCE ZONE: ☐ YES ☒ NO
 IF NO, MARKS HOW FAR OFF: _____ FT. _____ IN.
 DIST TO NEAREST MARK: _____ FT. _____ IN.
 CONTRACT LOCATOR NOTIFIED OF DAMAGE: ☒ YES ☐ NO

*****REPAIRS*****

*REPAIR TYPE: TEST FOR SECONDARY DAMAGE: ☒ YES ☐ NO
☒ 1 - Permanent PICTURES STORED NETWORK DRIVE: ☒ YES ☐ NO
☐ 2 - Temporary SKETCH ATTACHED: ☒ YES ☐ NO

PICTURES TAKEN: ☒ YES ☐ NO
 PICTURES TAKEN BY: R LONG
 RECORDS CORRECTIONS SUBMITTED: ☐ YES ☐ NO ☒ N/A

*****DAMAGING PARTY*****

*RESPONSIBILITY:
☐ 11 - Company Crew (1st Party)
☐ 12 - Company Contractor (2nd Party)
☐ 13 - Municipal/State Crew
☐ 14 - Municipal/State Contractor
☐ 15 - Other Utility Crew
☒ 16 - Other Utility Contractor
☐ 17 - Private Individual
☐ 18 - Private Contractor
☐ 23 - Natural Forces
☐ 25 - Unknown
☐ 28 - Other

COMPANY NAME: SOUTH SHORE CABLE CONST
 INDIVIDUAL NAME: RON VEH. LIC. PLATE NO. _____ STATE _____
 LOCATED AT: 6400 Kolthoff Dr
 CITY BROOK PARK OH STATE OH ZIP CODE 44142
 OFFICE/HOME PHONE: (440) 816 0033 CELL PHONE: (740) 279 5745
 E-MAIL ADDRESS: _____
 INSURANCE NAME: _____
 INSURANCE ADDRESS: _____

DAMAGE HOLE SIZE: 1.0 UNITS: ☒ DIAMETER (IN.) ☐ AREA (SQ.IN.) HOW LONG DID GAS BLOW? 1 HR: 04 MINLINE SIZE: 060

*MATERIAL:

- ☐ CI - Cast Iron
☐ CU - Copper
☐ OT - Other
☒ P - Plastic
☐ PI - Plastic Insert
☐ S - Steel
☐ ST - Steel Treated

STABLE SUPPLY PRESSURE: _____

MAOP: _____

BLOWING OPEN: ☒ YES ☐ NOWAS GAS LOSS RESTRICTED: ☐ YES ☒ NO

IF YES, HOW: _____

HOW LONG RESTRICTED: _____ HR: _____ MIN EXCESS FLOW VALVE: ☒ YES ☐ NOIF MAIN, DISTANCE TO INTERSECTION OR MAPPABLE FEATURE: _____ FT. IF SERVICE, DISTANCE FROM DAMAGE TO MAIN: 80 FT.

*****COMMENTS*****

ADDITIONAL FACTS OR COMMENTS:

NO gas blowing upon arrival EFV slight odor South Shore
CABLE CONST. hit CUST-EDM SL 1" PMT

1st RESPONDER NAME: JENNIFER CAMERON

(PRINT)

2nd RESPONDER NAME: Ryder Long

(PRINT)

[Signature]
 (SIGNATURE)

[Signature]
 (SIGNATURE)

FIELD OPERATIONS LEADER (FOL) ON SITE: ☐ YES ☐ NO

HRS/MINS ON SITE: _____ HR _____ MIN

FOL FACTS OR COMMENTS:

FIELD OPERATIONS LEADER NAME: _____

SIGNATURE: _____

DAN. PREV.

FIELD ENGINEERING ON SITE: ☒ YES ☐ NOHRS/MINS ON SITE: 1 HR 30 MIN

FIELD ENGINEERING FACTS OR COMMENTS:

CONTRACTOR HIT UNMARKED SERVICE LINE. CONTRACTOR HAS
GOOD LOCATOR TICKET THAT WAS A TURNBACK. TURNBACK HAD NOT BEEN
COMPLETED YET. CONTRACTOR STATED THEY WOULD NOT BE DIGGING UNTIL 11-20-201

FIELD ENGINEERING NAME: CHAD HURMANSIGNATURE: [Signature]COMPANY/CONTRACT LOCATOR ON SITE: ☐ YES ☐ NO

COMPANY/CONTRACT LOCATOR COMMENTS:

NAME: _____

DAMAGING PARTY COMMENTS:

NAME: _____ TITLE: _____

INSPECTED BY

REPORTED TO

AT 0946 HOUR ON

11 | 15 | 13

Indicate on sketch the relative magnitude of gas indication (% LEL or % gas)

INDICATE NORTH



LEGEND

- | | |
|-----|-------------------|
| X | CENTERED LEAK |
| ○ | VALVE OR CURBBOX |
| (S) | SEWER MANHOLE |
| (T) | TELEPHONE MANHOLE |
| (E) | ELECTRIC MANHOLE |
| (U) | UNKNOWN MANHOLE |
| □ | CATCH BASIN |
| ⊕ | UTILITY POLE |
| ☼ | LIGHT POLE |
| ⦿ | HYDRANT |
| ☞ | LEAK AREA |

• THE CONDITION HAS BEEN MADE SAFE..ACTION

NAME Kishu Singh

TIME 11-15-13 DATE 10.13.13

SURFACE TYPE CODE *	TYPE OF AREA	PROBABLE LEAK SOURCE			JOB ORDER OR ACCOUNT NO.
SOIL	<input type="checkbox"/> BUSINESS DISTRICT OR ANNUAL SURVEY <input checked="" type="checkbox"/> OUTSIDE BUSINESS DISTRICT (3 YR OR 5 YR SURVEY)	<input type="checkbox"/> TRANSMISSION LINE <input checked="" type="checkbox"/> SERVICE LINE	<input type="checkbox"/> DISTRIBUTION MAIN <input type="checkbox"/> CUST. METER SETTING	<input type="checkbox"/> MAIN VALVE <input type="checkbox"/> STATION PIPING	

REMARKS	DIG IN ON COMP - Cust SL 1" P MP CREW ONSITE TO MAKE SAFE 1040AM
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EXPOSURE DATA		MATERIAL CODE	PIPE CONDITION CODE	CORROSION CODE	PITS CODE	INTERNAL CORROSION FOUND?	COATING CODES		EXPOSED PIPE (FT.)	DEPTH OF COVER (IN.)	SOIL TYPE* REMOVED CODE	YEAR INSTALLED	PIPE SIZE		CORROSION CONTROL CODE*	
							CONDITION*	TYPE*					INCHES	FRACTION		
SERVICE LINE		P	G	N		N	N	N	5	18	2	2006		010		
MAIN																
LEAK CLEARANCE DATA		CLEARED BY CODE *		LEAK LOCATION CODE *		LEAK CAUSE CODE *		NO. CLAMPS INSTALLED		NO. ANODES INSTALLED		OPERATING PRESSURE CODE *		CLEARED DATE		
		37		51		E						MP		11/15/13		

REMARKS: (include mention of the other underground structures and leakage encounters)	
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Repaired Customer Service Line Where Damaged By Excavator

REPAIRED BY <i>Ryder, John</i>	DATE <i>11-15-2013</i>	REINSPECTED BY	DATE	OTHER REFERENCE NUMBER (DAMAGE REPORT, FACILITY FAILURE REPORT, J.O., OTHER)
CLEARED BY	DATE	REINSPECTED BY	DATE	
<i>Long, Umbleby</i>	<i>11-15-2013</i>	REINSPECTED BY	DATE	
FOLLOWUP INSPECTION BY	DATE	REINSPECTED BY	DATE	
		REINSPECTED BY	DATE	PIPE TO SOIL POTENTIAL
FOLLOWUP INSPECTION RESULTS <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE		NEW LEAK ORDER NUMBER (FOLLOWUP INSPECTION OR RECLASSIFICATION)		COHHARRIS156 VOLTS

* REFER TO DISTRIBUTION PLANT INSPECTION AND LEAKAGE REPAIR CODES FOUND ON REVERSE SIDE.

OPER ACTION ==> _____ EXECUTE ORDER DETAIL 34 0823 300629499 19/33

CUST NAME ES HARRIS DESIGN SERVIC PCID 14899243 CUST 001 1.
SERV ADDR 2430 STELZER RD CHECKFREE-ZIPCHECK
CITY COLUMBUS ST OH ZIP 432193128 NON PARTICIPANT

ORDER SEQ	ORDER 13	ORDER TYPE PR	ORDER STATUS E	ORDER CODE	TRANS DATE 11-15-2013
					DATE TAKEN 11-15-2013
					TIME TAKEN 0946

LOCATION 0823	REQUESTED BY	DAY COUNT 0	DATE EXEC 11-15-2013
SADC CODE C1	PRINT TERMNO	FGA	TIME EXEC 1102
METER READING 0000		ORDER ENTRY	DATE COMP 11-15-2013

SERVICE PERSON	TERMNO MDT	TIME COMP 1101
JENNIFER A CAMERON	OPERID JACAMER	ORIG TAKE 11-15-2013
	DATE SCHED 11-15-2013	ARRIVAL DATE 11-15-2013

SERVICE REMARKS	CALL CUST	ARRIVAL TIME 1001
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RON@740-279-5745, THEY HAVE HIT A MISMARKED GAS LINE, A331602703,
JJENKINS, DPC, 0946
DIG IN ON CUST-COMP 1" P MP SL NO GAS BLOWING EFV DPI# C133888
GR 1/PROP VACANT

F1=HELP F2=WRK-FUN F3=QUIT F4=ORD-TAK F5=INQ F6=ORD-EX F8=FWD
F9=INQ-CTL F10=EX-CTL F11=TAK-CTL F12=INFO F14=CONTACT F24=CASH

[illegible]

COHHARRIS158

0823
1) Field-Damage Information
Date of Damage 11-15-2013

Address 2430 STELZER RD,

Job # 13175368400

Dpi # 0133888

(Copy of both sides, list materials w/ stock symbol numbers, vehicles, equipment, provide meal/rental receipts)

Pre-excavation One Call Ticket# A331901029

Contract Locate Ticket# A331602703

Columbia Pictures yes/no - V-drive / enclosed (circle)

WMS Facility Damage (Form C-1318) _____

Mapping Correction Needed: YES or NO (circle) Form GS 2610.040-1

Completed by R LONG Date 11-15-2013

2) Required Packet Information
DPI (front and back w/ all materials listed)

WMS hard copy damage Form C-1318

Copy of Work Request

Digital Pictures

Copy of new tap card/survey card for mapping/records update
(if necessary, update **CSL** records via **MDT**)

Police Report (if auto accident)

Non-crew labor hours (FOL, OCM, Comm) (Form C-1318)

WMS Report- # straight hours, # OT hours per employee

3) 10 Day Exception: YES or NO (CIRCLE)
Type of Exception: CAP JO, GAS LOSS, TEMP REPAIRS or OTHER (CIRCLE ONE)

If yes, list exception comments below. Please include who is handling the exception. IE...Engineering, local area, etc...

Comments: _____

4) FOL - Damage Approval
Received Date: 11-18-13

Map Correction Required: Form GS 2610.040-1 YES or NO (circle)
(FOL and CREW are accountable for map corrections/CSL updates)

Bill for Damages: YES or NO (On packet, NOT in WMS)

Include specific comments relative to damage: _____

Approved by: [Signature]

Date Forwarded: 11-18-13

5) Damage Prevention & Recovery - Damage Billing

Received Date: _____

Letter Sent to Damager with Inserts: _____

JOB ORDER NUM: 13-1754263-00 *JOB TYPE: 2411 *LOC NUM: 0823 SPEC BUD:
JOB SUMMARY: TURN BACK TICKET A331602703 JOB STATUS: EX EXECUTED

COMMENTS

ORIGINAL TICKET CALL DATE 11/12/13 @ 04:05PM--WORK DATE 11/14/13 @04:20PM
LOCATE:FRONT OF PROPERTY. WE NEED TO EXCAVATE FOR A DUCT BLOCKAGE. CALL
MIKEAT 740.404.8060 FOR DETAILS.

COMPANY: SOUTH SHORE CABLE CONSTRUCTION - CALLER: TED CAMPBELL 440.816.0033
WORKTYPE: EXCAVATE TO EXPOSE EXISTING CONDUIT - DONE FOR: AT&T

TURN BACK LOCATOR: TOM BORAN 614.318.9910

NOTES: FULL TB - NEED THE CUSTOMER SIDE SERVICE LINE MARKED. NO TRACER
WIRE, TAP RECORDS ARE INACCURATE. THIS LINE WAS HIT ON 11/5/13, COLUMBIA
GAS REPAIRED BUT STILL NO CB AND TRACER WIRE AT THE METER. SPOKE WITH
CONTRACTOR TEDCAMPBELL 11/14/13 @ 1:23PM, HE STATED HE WILL NOT BE DIGGING
UNTIL NEXT WEDNESDAY 11/20/13.

CALL IC ASSIGNER IF DIGGING REQUIRED KLEE/OH-IC

NEXT: DATA:

PF1-HELP PF2-MAIN MENU PF3-RETURN PF4-CODES

T496

JOB ORDER INQUIRY - JO EXECUTION COMMENTS

01/28/14

JOB ORDER NUM: 13-1754263-00 *JOB TYPE: 2411 *LOC NUM: 0823 SPEC BUD:
JOB SUMMARY: TURN BACK TICKET A331602703 JOB STATUS: EX EXECUTED

COMMENTS

MARKED BY CHAD HUPMAN.

NEXT: DATA:
PF1-HELP PF2-MAIN MENU PF3-RETURN PF4-CODES

CGEO 00028 OUPSa 11/12/13 16:08:18 A331602703-00A ROUT NEW POLY LREQ

Ticket : A331602703 Rev: 00A Taken: 11/12/13 04:05 PM Channel: WEB

State: OH Cnty: FRANKLIN Place: MIFFLIN TWP
State: OH Cnty: FRANKLIN Place: COLUMBUS

Address : 2430 Street: STELZER RD
Cross 1 : AGLER RD Intersection: N
Rail/Hwy: Milemarker(s):
Where : FRONT OF PROPERTY. WE NEED TO EXCAVATE FOR A DUCT BLOCKAGE. CALL MIKE
: AT 740-404-8060 FOR DETAILS.

WorkType: EXCAVATE TO EXPOSE EXISTING CONDUIT
Done for: AT&T
Done by :
Whitelined: N Blasting: N
Means of Excavation: MINI EXCAVATOR

Work date: 11/14/13 04:20 PM Meet: N
Start by : 11/26/13 04:20 PM Response Due: 11/14/13 04:20 PM

Best Fit: 40.023882/-82.911769 40.023773/-82.910309
: 40.019828/-82.912070 40.019719/-82.910610

Comments:

Caller : TED CAMPBELL Phone: 440-816-0033
Company : SOUTH SHORE CABLE CONSTRUCTION, INC. Type: CONT
Co addr : 6400 KOLTHOFF ROAD
City : BROOKPARK St: OH Zip: 44145
Alt Tel#: 440-816-0033
Email: edwardccampbell@gmail.com

Members:

CGE	=COLUMBIA GAS OF OHIO - COLUMBU	CGEO	=COLUMBIA GAS OF OHIO	
CSP	=AEP COLUMBUS SOUTHERN POWER (FCE	=FRANKLIN CTY ENGS	
NEPP	=NATIONWIDE ENERGY PARTNERS	OFB	=AT&T - OHIO	
SCL	=COLUMBUS DEPT OF UTILITIES - C	TWLP	=TW TELECOM	/US
WCA	=TIME WARNER CABLE - COLUMBUS			

Audit History:

11/12/2013 4:08:49 PM: Received

DETAILS: Ticket received for registration code CGEO

11/13/2013 9:00:38 AM: Put in Folder

DETAILS: Put in CGEO Premier by Dave Nelson

11/13/2013 9:00:38 AM: Ticket Queued

DETAILS: Ticket queued for delivery

11/13/2013 9:00:42 AM: Ticket Delivered

DETAILS: Ticket successfully sent to tickets@pulmailzone.com

CGE 00485 OUPSa 11/12/13 16:08:17 A331602703-00A ROUT NEW POLY LREQ

Ticket : A331602703 Rev: 00A Taken: 11/12/13 04:05 PM Channel: WEB

State: OH Cnty: FRANKLIN Place: MIFFLIN TWP
State: OH Cnty: FRANKLIN Place: COLUMBUS

Address : 2430 Street: STELZER RD
Cross 1 : AGLER RD Intersection: N
Rail/Hwy: Milemarker(s):
Where : FRONT OF PROPERTY. WE NEED TO EXCAVATE FOR A DUCT BLOCKAGE. CALL MIKE
: AT 740-404-8060 FOR DETAILS.

WorkType: EXCAVATE TO EXPOSE EXISTING CONDUIT
Done for: AT&T
Done by :
Whitelined: N Blasting: N
Means of Excavation: MINI EXCAVATOR

Work date: 11/14/13 04:20 PM Meet: N
Start by : 11/26/13 04:20 PM Response Due: 11/14/13 04:20 PM

Best Fit: 40.023882/-82.911769 40.023773/-82.910309
: 40.019828/-82.912070 40.019719/-82.910610

Comments:

Caller : TED CAMPBELL Phone: 440-816-0033
Company : SOUTH SHORE CABLE CONSTRUCTION, INC. Type: CONT
Co addr : 6400 KOLTHOFF ROAD
City : BROOKPARK St: OH Zip: 44145
Alt Tel#: 440-816-0033
Email: edwardccampbell@gmail.com

Members:

CGE	=COLUMBIA GAS OF OHIO - COLUMBU	CGEO	=COLUMBIA GAS OF OHIO
CSP	=AEP COLUMBUS SOUTHERN POWER (FCE	=FRANKLIN CTY ENGS
NEPP	=NATIONWIDE ENERGY PARTNERS	OBF	=AT&T - OHIO
SCL	=COLUMBUS DEPT OF UTILITIES - C	TWLP	=TW TELECOM
WCA	=TIME WARNER CABLE - COLUMBUS		/US

Audit History:

11/12/2013 4:08:18 PM: Received

DETAILS: Ticket received for registration code CGE

11/12/2013 4:08:18 PM: Auto Process

DETAILS: Ticket Folder Recommended: 0822 Premier

11/13/2013 9:00:37 AM: Put in Folder

DETAILS: Put in 0823 by Dave Nelson

11/13/2013 9:00:37 AM: Assigned

DETAILS: Assigned to Premier Locating by Dave Nelson

NOTE: Assigned on folder placement

11/13/2013 9:00:37 AM: Ticket Queued

DETAILS: Ticket queued for delivery

11/13/2013 9:00:39 AM: Ticket Delivered

DETAILS: Ticket successfully sent to tickets@pulmailzone.com

11/15/2013 3:33:45 PM: Note Added

DETAILS: Note added by dawn miller

NOTE: Loc: 0823 Address: 2430 Stelzer Rd, Columbus Job Type: 2411
Ref# 201311141338 JO# 13-1754263-00 Locate# A331602703 TB-13-3857

COHHARRIS163



Incident/Interruption/Damage Tracking System Field Data Collection Form

Date of Damage: Friday, November 15, 2013 State: Ohio

Time of Damage: 9:30 AM Company: Columbia Gas Ohio

E.H.R. : _____ Region/Division: CGOH Columbus~0823

Utility Claim # _____ Utility Barn: _____

ESO# / GSO# _____ Locator Name: Borean, Thomas

DIG SAFE # 33160270300 Investigator Name: LeAndrew Smith

Utility Damaged: Gas Premier Claim #: 2013-3583

Utility Owned By: CGOH

Mark-out Video: N/A Damage Video: Smith, L 11-15-13

1) Gas = Service

If Other Is Selected, Must Describe Facility: _____

2) Gas = Plastic

If Other Is Selected, Must Describe Material: _____

3) Gas Size = 1"

If Other Is Selected, Must Describe Measurement: _____

Describe UTILITY, SIZE, and MATERIAL if not Listed above:

4) Damage Location:

Address: 2430 Stelzer Rd

Town / City: Columbus

County / State: Ohio



What Occurred:

Contractor was working in the front of 2430 Stelzer Rd to install communications conduit and hit an unmarked 1" plastic service. Ticket was turned back on 11-14-13 on CG TB#13-1754263-00

5) Excavator Information

Excavator Name: South Shore Cable

Excavator Address: _____

Excavator Type: Excavating Contractor

6) Damage Code:

0. Not Third-Party Damage

(Note: If Damage Reason codes 3 or 8 are used, Must Complete Below)

If code 3, Must choose specific reason from list

7) Root Cause:

Must choose specific reason from list

Explanation of Incorrect Mark Out or Non-preventable Damage:

Above Information was Prepared by: LeAndrew Smith

Date: Friday, November 15, 2013

Supervisor Approval by: LeAndrew Smith

Date: Friday, November 15, 2013



Detailed Diagram of Damage Scene

Damage Date: November 15, 2013

Company: Columbia Gas Ohio

Utility Damaged: Gas

Region / Division: CGOH Columbus~0823

DIG SAFE # 33160270300

Mark-out Video: N/A

Premier Claim # : 20133583

Damage Video: Smith, L 11-15-13

Address: _____

Town/City: Columbus

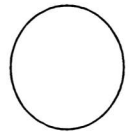
Utility Owned By: CGOH

Damage Code: (per DIG SAFE Standard)

Locator Name: LeAndrew Smith

0. Not Third-Party Damage

Indicate North in Circle



This foregoing document was electronically filed with the Public Utilities

Commission of Ohio Docketing Information System on

6/24/2016 4:50:24 PM

in

Case No(s). 15-0405-GA-CSS

Summary: Exhibit Ex. 6 to Application for Rehearing of Complainant Harris Design Services electronically filed by Mr. Grant A. Wolfe on behalf of Harris Design Services