



Buried Hazards Form

To Return

Email: NIPSCONewBusiness@NiSource.com
 Mail: NIPSCO • New Business
 801 E. 86th Ave • Merrillville, IN 46410

Service Address Site Contact for utility/facility/hazard locating

Service Address Site Contact Name _____ Phone Number _____

This may be someone other than the customer such as a contractor, builder, etc. This person could be the customer if the customer is coordinating/overseeing the project.

Lead time locate notification _____ days (5 working days maximum)

The amount of time the Service Address Site Contact person needs to be notified ahead of the project start date to insure buried facilities are located/exposed/protected, etc.

Customer

Name _____ Date _____ Phone Number _____

Service Address

Street _____

City, State, Zip _____

Mailing Address

Street _____

City, State, Zip _____

Buried hazards buried or concealed utilities, facilities, or hazards are as follows:

Buried Facilities	In Path	On Property	Does Not Exist
Well, Water Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanitary Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drain, Field Tile, Dry Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas, Fuel, Oil Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Septic Tank / Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weed Barrier / Fabric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buried Structures / Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invisible Fence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stumps, concrete, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



The above facilities or hazards will be marked, located, protected, or exposed (preferred method), by the property owner or his designees as follows: Located Exposed Protected Other please describe below:



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Buried hazards **continued**

Describe depth, location, or other pertinent information of indicated buried utilities, facilities, hazards:

Other identified objects that may need to be moved/removed for construction, (fences, material, equipment, etc.):

Signature

The undersigned represents that he/she is the owner of the real property identified as the Service Address and/or is authorized to execute this form and make the representations and warranties set forth herein for myself and on behalf of any owners, tenants or other person or entity responsible for the maintenance or operation of any underground, buried or concealed utilities, structures, facilities, objects or hazards (collectively "Buried Facilities") or any other person or entity who has an interest in the Service Address (individually and collectively all such persons or entities the "Property Owner"). On behalf of the Property Owner, the undersigned represents and warrants that all Buried Facilities at the Service Address have been located and are clearly marked and identified. On behalf of the Property Owner, the undersigned further represents and warrants that this form has been properly and accurately completed with respect to identification of Buried Facilities at the Service Address and that Northern Indiana Public Service Company ("NIPSCO") has a right to rely upon the information provided on behalf of the Property Owner on this form. Further, in exchange for NIPSCO performing the work set forth below, on behalf of the Property Owner, the undersigned to the extent allowed by law, hereby releases, waives and agrees to hold harmless NIPSCO, its affiliates, agents and employees, from any and all liability, claims, causes of actions, demands or damage brought by any person or entity relating to or arising from damage to any of the Buried Facilities.

Description of work to be performed by NIPSCO:

Signed property owner or authorized representative _____ Date _____