

*17. Description of the CGA-DIRT Root Cause (select only the one predominant first level CGA-DIRT Root Cause and then, where available as a choice, the one predominant second level CGA-DIRT Root Cause as well):

One-Call Notification Practices Not Sufficient: (select only one)

- No notification made to the One-Call Center
- Notification to One-Call Center made, but not sufficient
- Wrong information provided

Locating Practices Not Sufficient: (select only one)

- Facility could not be found/located
- Facility marking or location not sufficient
- Facility was not located or marked
- Incorrect facility records/maps

Excavation Practices Not Sufficient: (select only one)

- Excavation practices not sufficient (other)
- Failure to maintain clearance
- Failure to maintain the marks
- Failure to support exposed facilities
- Failure to use hand tools where required
- Failure to verify location by test-hole (pot-holing)
- Improper backfilling

One-Call Notification Center Error

Abandoned Facility

Deteriorated Facility

Previous Damage

Data Not Collected

Other / None of the Above (explain)

G4 - Other Outside Force Damage - *only one sub-cause can be picked from shaded left-hand column

<input type="checkbox"/> Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Incident																			
<input type="checkbox"/> Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation	1. Vehicle/Equipment operated by: <i>(select only one)</i> <input type="radio"/> Operator <input type="radio"/> Operator's Contractor <input type="radio"/> Third Party																		
<input type="checkbox"/> Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring	2. Select one or more of the following IF an extreme weather event was a factor: <input type="radio"/> Hurricane <input type="radio"/> Tropical Storm <input type="radio"/> Tornado <input type="radio"/> Heavy Rains/Flood <input type="radio"/> Other _____																		
<input type="checkbox"/> Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation																			
<input type="checkbox"/> Electrical Arcing from Other Equipment or Facility																			
<input type="checkbox"/> Previous Mechanical Damage NOT Related to Excavation	<p>Complete Questions 3-7 ONLY IF the "Item Involved in Incident" (from PART C, Question 3) is Pipe or Weld.</p> <p>3. Has one or more internal inspection tool collected data at the point of the Incident? <input type="radio"/> Yes <input type="radio"/> No</p> <p>3.a If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:</p> <table style="margin-left: 40px;"> <tr><td><input type="radio"/> Magnetic Flux Leakage</td><td> / / / / /</td></tr> <tr><td><input type="radio"/> Ultrasonic</td><td> / / / / /</td></tr> <tr><td><input type="radio"/> Geometry</td><td> / / / / /</td></tr> <tr><td><input type="radio"/> Caliper</td><td> / / / / /</td></tr> <tr><td><input type="radio"/> Crack</td><td> / / / / /</td></tr> <tr><td><input type="radio"/> Hard Spot</td><td> / / / / /</td></tr> <tr><td><input type="radio"/> Combination Tool</td><td> / / / / /</td></tr> <tr><td><input type="radio"/> Transverse Field/Triaxial</td><td> / / / / /</td></tr> <tr><td><input type="radio"/> Other</td><td> / / / / /</td></tr> </table> <p>4. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained? <input type="radio"/> Yes <input type="radio"/> No</p> <p>5. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Incident?</p> <p><input type="radio"/> Yes ⇨ Most recent year tested: / / / / / Test pressure (psig): / / / / /</p> <p><input type="radio"/> No</p> <p>6. Has one or more Direct Assessment been conducted on the pipeline segment?</p> <p><input type="radio"/> Yes, and an investigative dig was conducted at the point of the Incident ⇨ Most recent year conducted: / / / / /</p> <p><input type="radio"/> Yes, but the point of the Incident was not identified as a dig site ⇨ Most recent year conducted: / / / / /</p> <p><input type="radio"/> No</p> <p><i>(This section continued on next page with Question 7.)</i></p>	<input type="radio"/> Magnetic Flux Leakage	/ / / / /	<input type="radio"/> Ultrasonic	/ / / / /	<input type="radio"/> Geometry	/ / / / /	<input type="radio"/> Caliper	/ / / / /	<input type="radio"/> Crack	/ / / / /	<input type="radio"/> Hard Spot	/ / / / /	<input type="radio"/> Combination Tool	/ / / / /	<input type="radio"/> Transverse Field/Triaxial	/ / / / /	<input type="radio"/> Other	/ / / / /
<input type="radio"/> Magnetic Flux Leakage	/ / / / /																		
<input type="radio"/> Ultrasonic	/ / / / /																		
<input type="radio"/> Geometry	/ / / / /																		
<input type="radio"/> Caliper	/ / / / /																		
<input type="radio"/> Crack	/ / / / /																		
<input type="radio"/> Hard Spot	/ / / / /																		
<input type="radio"/> Combination Tool	/ / / / /																		
<input type="radio"/> Transverse Field/Triaxial	/ / / / /																		
<input type="radio"/> Other	/ / / / /																		

	<p>7. Has one or more non-destructive examination been conducted at the point of the Incident since January 1, 2002? <input type="radio"/> Yes <input type="radio"/> No</p> <p>7.a If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted:</p> <p><input type="radio"/> Radiography <u> / / / / / </u></p> <p><input type="radio"/> Guided Wave Ultrasonic <u> / / / / / </u></p> <p><input type="radio"/> Handheld Ultrasonic Tool <u> / / / / / </u></p> <p><input type="radio"/> Wet Magnetic Particle Test <u> / / / / / </u></p> <p><input type="radio"/> Dry Magnetic Particle Test <u> / / / / / </u></p> <p><input type="radio"/> Other _____ <u> / / / / / </u></p>
<input type="checkbox"/> Intentional Damage	<p>8. Specify:</p> <p><input type="radio"/> Vandalism <input type="radio"/> Terrorism</p> <p><input type="radio"/> Theft of transported commodity <input type="radio"/> Theft of equipment</p> <p><input type="radio"/> Other _____</p>
<input type="checkbox"/> Other Outside Force Damage	<p>*9. Describe: _____</p>

G6 - Equipment Failure - *only one sub-cause can be picked from shaded left-hand column

<input type="checkbox"/> Malfunction of Control/Relief Equipment	1. Specify: <i>(select all that apply)</i> <input type="radio"/> Control Valve <input type="radio"/> Instrumentation <input type="radio"/> SCADA <input type="radio"/> Communications <input type="radio"/> Block Valve <input type="radio"/> Check Valve <input type="radio"/> Relief Valve <input type="radio"/> Power Failure <input type="radio"/> Stopple/Control Fitting <input type="radio"/> Pressure Regulator <input type="radio"/> ESD System Failure <input type="radio"/> Other _____
<input type="checkbox"/> Compressor or Compressor-related Equipment	2. Specify: <input type="radio"/> Seal/Packing Failure <input type="radio"/> Body Failure <input type="radio"/> Crack in Body <input type="radio"/> Appurtenance Failure <input type="radio"/> Pressure Vessel Failure <input type="radio"/> Other _____
<input type="checkbox"/> Threaded Connection/Coupling Failure	3. Specify: <input type="radio"/> Pipe Nipple <input type="radio"/> Valve Threads <input type="radio"/> Mechanical Coupling <input type="radio"/> Threaded Pipe Collar <input type="radio"/> Threaded Fitting <input type="radio"/> Other _____
<input type="checkbox"/> Non-threaded Connection Failure	4. Specify: <input type="radio"/> O-Ring <input type="radio"/> Gasket <input type="radio"/> Seal (NOT compressor seal) or Packing <input type="radio"/> Other _____
<input type="checkbox"/> Defective or Loose Tubing or Fitting	
<input type="checkbox"/> Failure of Equipment Body (except Compressor), Vessel Plate, or other Material	
<input type="checkbox"/> Other Equipment Failure	*5. Describe: _____ _____

Complete the following if any Equipment Failure sub-cause is selected.

- *6. Additional factors that contributed to the equipment failure: *(select all that apply)*
- Excessive vibration
 - Overpressurization
 - No support or loss of support
 - Manufacturing defect
 - Loss of electricity
 - Improper installation
 - Mismatched items (different manufacturer for tubing and tubing fittings)
 - Dissimilar metals
 - Breakdown of soft goods due to compatibility issues with transported gas/fluid
 - Valve vault or valve can contributed to the release
 - Alarm/status failure
 - Misalignment
 - Thermal stress
 - Other _____

G7 - Incorrect Operation - *only one sub-cause can be picked from shaded left-hand column	
<input type="checkbox"/> Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage	
<input type="checkbox"/> Underground Gas Storage, Pressure Vessel, or Cavern Allowed or Caused to Overpressure	1. Specify: <input type="radio"/> Valve Misalignment <input type="radio"/> Incorrect Reference Data/Calculation <input type="radio"/> Miscommunication <input type="radio"/> Inadequate Monitoring <input type="radio"/> Other _____
<input type="checkbox"/> Valve Left or Placed in Wrong Position, but NOT Resulting in an Overpressure	
<input type="checkbox"/> Pipeline or Equipment Overpressured	
<input type="checkbox"/> Equipment Not Installed Properly	
<input type="checkbox"/> Wrong Equipment Specified or Installed	
<input type="checkbox"/> Other Incorrect Operation	*2. Describe: _____
<p>Complete the following if any Incorrect Operation sub-cause is selected.</p> <p>*3. Was this Incident related to: <i>(select all that apply)</i></p> <p><input type="radio"/> Inadequate procedure <input type="radio"/> No procedure established <input type="radio"/> Failure to follow procedure <input type="radio"/> Other: _____</p> <p>*4. What category type was the activity that caused the Incident:</p> <p><input type="radio"/> Construction <input type="radio"/> Commissioning <input type="radio"/> Decommissioning <input type="radio"/> Right-of-Way activities <input type="radio"/> Routine maintenance <input type="radio"/> Other maintenance <input type="radio"/> Normal operating conditions <input type="radio"/> Non-routine operating conditions (abnormal operations or emergencies)</p> <p>*5. Was the task(s) that led to the Incident identified as a covered task in your Operator Qualification Program? <input type="radio"/> Yes <input type="radio"/> No</p> <p>*5.a If Yes, were the individuals performing the task(s) qualified for the task(s)?</p> <p><input type="radio"/> Yes, they were qualified for the task(s) <input type="radio"/> No, but they were performing the task(s) under the direction and observation of a qualified individual <input type="radio"/> No, they were not qualified for the task(s) nor were they performing the task(s) under the direction and observation of a qualified individual</p>	
G8 – Other Incident Cause - *only one sub-cause can be picked from shaded left-hand column	
<input type="checkbox"/> Miscellaneous	*1. Describe: _____ _____
<input type="checkbox"/> Unknown	*2. Specify: <input type="radio"/> Investigation complete, cause of Incident unknown <input type="radio"/> Still under investigation, cause of Incident to be determined* <i>(*Supplemental Report required)</i>

PART H – NARRATIVE DESCRIPTION OF THE INCIDENT (Attach additional sheets as necessary)

Lined area for narrative description of the incident.

***PART I – PREPARER AND AUTHORIZED SIGNATURE**

Preparer's Name (type or print) _____ Preparer's Telephone Number _____
Preparer's Title (type or print) _____
Preparer's E-mail Address _____ Preparer's Facsimile Number _____
Authorized Signature _____ *Date _____ Authorized Signature Telephone Number _____
*Authorized Signature's Name (type or print) _____
Authorized Signature's Title (type or print) _____ Authorized Signature's E-mail Address _____

Reproduction of this form is permitted

VII. PACKAGING INFORMATION: If the package is overpacked (consists of several packages, e.g. glass jars within a fiberboard box), begin with Column A for information on the innermost package.

ITEM	A	B	C
30. TYPE OF PACKAGING, INCLUDING INNER RECEPTACLES (e.g. Steel drum, tank car)			
31. CAPACITY OR WEIGHT PER UNIT PACKAGE (e.g. 55 gallons, 65 lbs.)			
32. NUMBER OF PACKAGES OF SAME TYPE WHICH FAILED IN IDENTICAL MANNER			
33. NUMBER OF PACKAGES OF SAME TYPE IN SHIPMENT			
34. PACKAGE SPECIFICATION IDENTIFICATION (e.g. DOT 17E, DOT 105A100, UN 1A1 or none)			
35. ANY OTHER PACKAGING MARKINGS (e.g. STC, 18/16-55-88, Y1 4/150#7)			
36. NAME AND ADDRESS, SYMBOL OR REGISTRATION NUMBER OF PACKAGING MANUFACTURER			
37. SERIAL NUMBER OF CYLINDERS, PORTABLE TANKS, CARGO TANKS, TANK CARS			
38. TYPE OF LABELING OR PLACARDING APPLIED			
39. IF RECONDITIONED OR REQUALIFIED	A. REGISTRATION NUMBER OR SYMBOL		
	B. DATE OF LAST TEST OR INSPECTION		
40. EXEMPTION/APPROVAL/COMPETENT AUTHORITY NUMBER, IF APPLICABLE (e.g. DOT E1012)			

VIII. DESCRIPTION OF PACKAGING FAILURE: Check all applicable boxes for the package(s) identified above.

41. ACTION CONTRIBUTING TO PACKAGING FAILURE				42. OBJECT CAUSING FAILURE			
A	B	C		A	B	C	
a.	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORT VEHICLE COLLISION	j.	<input type="checkbox"/>	<input type="checkbox"/>	CORROSION
b.	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORT VEHICLE OVERTURN	k.	<input type="checkbox"/>	<input type="checkbox"/>	METAL FATIGUE
c.	<input type="checkbox"/>	<input type="checkbox"/>	OVERLOADING/OVERFILLING	l.	<input type="checkbox"/>	<input type="checkbox"/>	FRICION/RUBBING
d.	<input type="checkbox"/>	<input type="checkbox"/>	LOOSE FITTINGS, VALVES	m.	<input type="checkbox"/>	<input type="checkbox"/>	FIRE/HEAT
e.	<input type="checkbox"/>	<input type="checkbox"/>	DEFECTIVE FITTINGS, VALVES	n.	<input type="checkbox"/>	<input type="checkbox"/>	FREEZING
f.	<input type="checkbox"/>	<input type="checkbox"/>	DROPPED	o.	<input type="checkbox"/>	<input type="checkbox"/>	VENTING
g.	<input type="checkbox"/>	<input type="checkbox"/>	STRUCK/RAMMED	p.	<input type="checkbox"/>	<input type="checkbox"/>	VANDALISM
h.	<input type="checkbox"/>	<input type="checkbox"/>	IMPROPER LOADING	q.	<input type="checkbox"/>	<input type="checkbox"/>	INCOMPATIBLE MATERIALS
i.	<input type="checkbox"/>	<input type="checkbox"/>	IMPROPER BLOCKING	r.	<input type="checkbox"/>	<input type="checkbox"/>	OTHER

43. HOW PACKAGE(S) FAILED				44. PACKAGE AREA THAT FAILED				45. WHAT FAILED ON PACKAGE(S)			
A	B	C		A	B	C		A	B	C	
a.	<input type="checkbox"/>	<input type="checkbox"/>	PUNCTURED	a.	<input type="checkbox"/>	<input type="checkbox"/>	END, FORWARD	a.	<input type="checkbox"/>	<input type="checkbox"/>	BASIC PACKAGE MATERIAL
b.	<input type="checkbox"/>	<input type="checkbox"/>	CRACKED	b.	<input type="checkbox"/>	<input type="checkbox"/>	END, REAR	b.	<input type="checkbox"/>	<input type="checkbox"/>	FITTING/VALVE
c.	<input type="checkbox"/>	<input type="checkbox"/>	BURST/INTERNAL PRESSURE	c.	<input type="checkbox"/>	<input type="checkbox"/>	SIDE, RIGHT	c.	<input type="checkbox"/>	<input type="checkbox"/>	CLOSURE
d.	<input type="checkbox"/>	<input type="checkbox"/>	RIPPED	d.	<input type="checkbox"/>	<input type="checkbox"/>	SIDE, LEFT	d.	<input type="checkbox"/>	<input type="checkbox"/>	CHIME
e.	<input type="checkbox"/>	<input type="checkbox"/>	CRUSHED	e.	<input type="checkbox"/>	<input type="checkbox"/>	TOP	e.	<input type="checkbox"/>	<input type="checkbox"/>	WELD/SEAM
f.	<input type="checkbox"/>	<input type="checkbox"/>	RUBBED/ABRADED	f.	<input type="checkbox"/>	<input type="checkbox"/>	BOTTOM	f.	<input type="checkbox"/>	<input type="checkbox"/>	HOSE/PIPING
g.	<input type="checkbox"/>	<input type="checkbox"/>	RUPTURED	g.	<input type="checkbox"/>	<input type="checkbox"/>	CENTER	g.	<input type="checkbox"/>	<input type="checkbox"/>	INNER LINER
h.	<input type="checkbox"/>	<input type="checkbox"/>	OTHER	h.	<input type="checkbox"/>	<input type="checkbox"/>	OTHER	h.	<input type="checkbox"/>	<input type="checkbox"/>	OTHER

IX. DESCRIPTION OF EVENTS: Describe the sequence of events that led to incident, action taken at time discovered, and action taken to prevent future incidents. Include any recommendations to improve packaging, handling, or transportation of hazardous materials. Photographs and diagrams should be submitted when necessary for clarification. ATTACH A COPY OF THE HAZARDOUS WASTE MANIFEST FOR INCIDENTS INVOLVING HAZARDOUS WASTE. Continue on additional sheets if necessary.

46. NAME OF PERSON RESPONSIBLE FOR PREPARING REPORT	47. SIGNATURE		
48. TITLE OF PERSON RESPONSIBLE FOR PREPARING REPORT	49. TELEPHONE NUMBER (Area Code)	50. DATE REPORT SIGNED	

INCIDENT NOTIFICATION – TELEPHONIC REPORT

Complete this form for each incident and send it to the Code Compliance Section for coordination and filing.

INCIDENT

NOTICE RECEIVED FROM _____

OCCURRED: DATE _____ TIME _____

LOCATION _____

DESCRIPTION _____

<u>REPORT TO:</u>	<u>BY</u>	<u>PERSON CONTACTED</u>	<u>DATE - TIME*</u>
<input type="checkbox"/> DOT	_____	_____	_____
<input type="checkbox"/> ICC	_____	_____	_____
<input type="checkbox"/> CFD	_____	_____	_____
<input type="checkbox"/> CPD	_____	_____	_____

*If the time when an incident occurred and the telephonic report to DOT or ICC exceeds two hours, list the extenuating circumstances: _____

DATE _____ SIGNATURE _____

Form 372 7-1-84

**HAZARDOUS MATERIAL INCIDENT
REPORT TO IEMA
(Illinois Emergency Management Agency)**

Complete this form for each incident and send it to the Environmental Affairs Department for coordination and filing.

INCIDENT

NOTICE RECEIVED FROM _____

OCCURRED: DATE _____ TIME _____

LOCATION _____

DESCRIPTION _____

TELEPHONIC REPORT

DATE

TIME*

TO DOT _____

TO IEMA _____

INCIDENT REPORT

INSTRUCTED _____ TO PREPARE WRITTEN

INCIDENT REPORT. DATE _____

*When the time an incident occurred and the telephonic report to DOT or IEMA exceeds two hours, list the extenuating circumstances: _____

NOTIFIED _____ VICE PRESIDENT

DATE _____ SIGNATURE _____

Form 383 5-13-77

SAFETY RELATED
CONDITION REPORT

Date of Report _____

1) Operator Peoples Energy Corporation
130 East Randolph Drive
Chicago, IL 60601

2) Person submitting report Name _____
Title _____
Work phone _____

3) Person who determined the condition exists Name _____
Title _____
Work phone _____

4) Date condition was discovered _____
Date condition was first determined to exist _____

5) Location of condition Illinois _____

City or Town and Address _____

or

County, Name of Pipeline _____

Milepost or Landmark _____

6) Description of the condition including circumstances leading to discovery and any significant effects of the condition on safety, and the name of the commodity transported or stored. (Attach additional sheet(s) if more space is needed).

7) Corrective action taken (reduction of pressure, shut down or other action). Planned follow up and future corrective action including anticipated schedule. (Attach additional sheet(s) if more space if needed).

ILLINOIS COMMERCE COMMISSION
 Illinois Underground Utility Facilities Damage Prevention Act
 Incident Report

After you complete the Incident Report, please click the **SUBMIT BUTTON**; just once, on the bottom of page 2 to electronically send the Incident Report to the Illinois Commerce Commission. Thank you.

Provide the following information and include copies of any relevant photos, drawings, damage reports, etc.

INCIDENT DATE & TIME:		REPORT DATE:	
Date: <input style="width: 150px;" type="text"/>	Time: <input style="width: 80px;" type="text"/>	<input style="width: 150px;" type="text" value="06/21/2007"/>	
REPORTER: <input style="width: 250px;" type="text"/>		Work No. <input style="width: 150px;" type="text"/>	
Company: <input style="width: 250px;" type="text"/>		Fax No. <input style="width: 150px;" type="text"/>	
Address: <input style="width: 250px;" type="text"/>		E-Mail: <input style="width: 150px;" type="text"/>	
City: <input style="width: 250px;" type="text"/>			
State: <input style="width: 60px;" type="text"/> Zip Code: <input style="width: 100px;" type="text"/>			
EXCAVATOR: <input style="width: 250px;" type="text"/>		Work No. <input style="width: 150px;" type="text"/>	
Contact Person: <input style="width: 250px;" type="text"/>		Fax No. <input style="width: 150px;" type="text"/>	
Address: <input style="width: 250px;" type="text"/>		E-Mail: <input style="width: 150px;" type="text"/>	
City: <input style="width: 250px;" type="text"/>			
State: <input style="width: 60px;" type="text"/> Zip Code: <input style="width: 100px;" type="text"/>			
UTILITY OPERATOR: <input style="width: 500px;" type="text"/>			
LOCATE COMPANY: <input style="width: 500px;" type="text"/>			
INCIDENT LOCATION:		Please Check One:	Please Check One:
Address: <input style="width: 250px;" type="text"/>		Public Property: <input type="checkbox"/>	State ROW*: <input type="checkbox"/>
City/town: <input style="width: 250px;" type="text"/>		Private Property: <input type="checkbox"/>	City ROW: <input type="checkbox"/>
County: <input style="width: 250px;" type="text"/>			County ROW: <input type="checkbox"/>
		*Right of Way	

INCIDENT DESCRIPTION:

Provide a detailed explanation of the circumstances and cause of the incident:

If the incident was a result of the owner's/operator's failure to mark properly the location of underground facilities, provide a detailed sketch and/or picture of the incident area and the damaged facilities that includes (a) the underground utilities, roads, fixed landmarks, etc., (b) the point of damage using distances to the landmarks, (c) the actual position of each paint mark or flag placed by the operator for the facility, and (c) the actual distances between the facilities and the paint or flags.

JULIE Dig Number(s):

Mechanical Equipment/Hand Tool Involved:

Nature of Excavation or Demolition (Trenching/Plowing/Drilling/Boring/etc.):

Direction of excavation relative to the facility: Parallel Perpendicular

INCIDENT IMPACT:

No. Customers Affected: Repair Cost:

Injury - No. of Outpatient Care: Injury - No. of Inpatient Care: Fatalities:

Fire Department Response: Yes No Police Department Response: Yes No

Other Property Impacted:

Other Property Repair Cost:

FACILITIES INVOLVED:

Type of facility (check one):

Gas Water Electric CATV Telecommunications Sewer Common Carrier Pipeline Facility

Material Type: (check one):

Steel Plastic Cast Iron Copper Fiber Optic Concrete Other

Facility Size: Pipe: inches diameter
Operating Pressure: psig / inches water
Voltage: Volts / Kv
Other:

Facility Function (check one):

Service Main Primary Secondary Transmission Trunk Other

Depth Of Facility: Inches

SUBMIT BUTTON

April 1, 2010

Attn: DOT/PHMSA Office of Pipeline Safety
Information Resources Manager
1200 New Jersey Avenue, S.E.
East Building, 2nd Floor, (PHP -10)
Room Number E22-321
Washington, DC 20590

Re: Reported incident at (insert address)
NRC Report No. (insert NRC report #)

Dear Manager:

Enclosed is a completed form PHMSA F7100.1 relating to an incident which occurred at the referenced location on March 5, 2010. .

Very truly yours,

A. S. Ulanday
Manager, Technical Training and Standards
Peoples Gas Light & Coke Company
1235 S. Kilbourn Ave.
Chicago, Illinois 60623

Encl.

Cc: Mr. D. Burk, Illinois Commerce Commission

April 1, 2010

Illinois Commerce Commission
Attn: Darin Burk
4th Floor
527 East Capitol Avenue
Springfield, IL 62701

Re: Reported incident at (insert address)
NRC Report No. (Insert NRC report #)

Dear Mr. Rex Evans:

Enclosed is a copy of the PHMSA F7100.1 form which was submitted to the DOT relating to an incident which occurred at the referenced location on March 5, 2010. Edward Doerk has contacted you and your staff about this incident.

Very truly yours,

A. S. Ulanday
Manager, Technical Training and Standards
Peoples Gas Light & Coke Company
1235 S. Kilbourn Ave.
Chicago, Illinois 60623

Encl.

SECURITY INCIDENT REPORT

PGL NSG PESG PERC PEP PEC

1	(Office Use Only)
Incident No.	
Code No.	

Complete legibly for each incident of theft, vandalism, assault, hold-up, breaking and entering, etc. For bomb threats, complete both front and back.

(See Reverse Side for Further Instructions)

Nature of Incident – Describe briefly	2	This report is:	3	Date/Time Discovered	4
		<input type="checkbox"/> Original <input type="checkbox"/> Supplemental	Month Day Year [][] [][] [][][][]		Military [][][][]

Name of Facility Involved	5	Date/Time/Day of Incident	6
		Month Day Year To Month Day Year Day [][][][] [][][][] [][][][] [][][][] [][][][] [][][][] [][][][] [][][][]	DAY CODE Sunday - Sun Monday - Mon Tuesday - Tue Wednesday - Wed Thursday - Thu Friday - Fri Saturday - Sat Sunday - Sun Weekend - Wke Unknown - Unk
		Military Time [][][][] To [][][][]	Note: Use three-character abbreviation for date of week.

Location of Incident – Give Complete Address Including City of Township	7	<input type="checkbox"/> Incident Discovered or <input type="checkbox"/> Witnessed by	8
		_____	_____

Property Involved – Full Description – Include Serial Numbers, Etc., and Estimated Replacement Value of Property, Labor and Equipment Costs	9
<input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Lost <input type="checkbox"/> Recovered <input type="checkbox"/> Other	

	\$
	\$
	\$

DETAILS OF INCIDENT

Below tell what happened, giving all details (Who, What, When, Why, How) known to you or obtained from someone else, including action taken. Give names of any individual victims of personal losses or injuries.

Place Additional Remarks on Back

Police Department Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No Were Photographs Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No	11	Date Agency Was Notified	12	Name of Police Department	13

Reviewer's Suggestions on How This Incident Could Have Been Prevented	14	(Office Use Only)	15

Report Submitted by	16	Department or Plant	17	Date Prepared	18	Reviewed by	19

INSTRUCTIONS

Please follow these instructions carefully, referring to numbered areas on the form.
Accurate data is essential.

- 1. Do not use this space.
- 2. Example, gunshot damage to streetlight, theft of chain saw, assault of employee, stolen vehicle, etc.
- 3. "Original" refers to the initial report, "Supplemental" reflects new or additional information.
- 4. Fill out all blanks to show date and military time.
- 5. Example, Transportation, South Shop; Distribution, Central Shop; 63rd St. Store, Crawford Station.
- 6. If exact date and time can be established, enter in appropriate blanks. If uncertain of exact date and time, use both sets of blanks to show time span covered. For day of week, use three-character code shown.
- 7. Be sure to give complete address. Include Street Number, Apt. No., etc.
- 8. Check appropriate box and furnish full name of person(s).
- 9. Give a full description of the property involved and furnish estimated replacement value of property. Check one box which best describes what happened to the property.
- 10. Write out in full detail exactly what happened. Additional space is available on back of form.
- 11-12-13. Check appropriate boxes; provide date and name of agency notified. Obtain Police Record No. if available.
- 14. Your suggestions help! Be original.
- 15. Do not use this space.
- 16-17-18. Signature of person preparing report, work location and date prepared.
- 19. Signature of person responsible for security at facility.

Direct any questions concerning the completion of this form to the Security Director, PGL & C Co.

Send original to the manager, Safety and Security, PGL & C Co., with copies to the Division Vice President and the Department Head. Each completed copy should be sent in a sealed envelope marked confidential.

BOMB THREAT DETAILS:

Who Received Threat? _____ How? _____ Date/Time: _____

Exact Words of Caller and of Person Receiving Threat: _____

Describe Caller's Voice and Background Noises:

Extent of Search and/or Evacuation: _____

Was Explosive Found? Yes No If Yes, Where? _____

REMARKS: _____

ADDITIONAL REMARKS AND COMMENTS: (Attached additional sheets if needed) _____



Peoples Gas Emergency Outage Notification



**Please Fax to City of Chicago - Attn: Rey Aquino FAX: (312) 744 - 6451
(Or: Vic Rojas, Deputy CMSR, ESB)**

Incident Date: _____ **Incident Time:** _____

Location of Incident: _____

Location of Utility Infrastructure: _____

Nature of Incident: _____

Estimated Time to Eliminate Immediate Danger to Public Health and Safety: _____

Estimated Time of Service Restoration to Customers: _____

Number of Meters/Customers _____ **Number of Services/Buildings** _____

Geographic Boundaries of Area Affected: _____

Critical Facilities Affected: _____

Periodic Updates Regarding Incident: _____

*For updates and additional information please contact Peoples Gas Corporate Communications
Bonnie J. Johnson at (312) 240 - 3661 or pager (888) 216 - 2437.*

CHECK LIST WHEN A BOMB THREAT IS RECEIVED

Time and Date Reported: _____

How Reported: _____

Exact Words of Caller: _____

Questions to Ask:

- 1. When is bomb going to explode? _____
- 2. Where is bomb right now? _____
- 3. What kind of bomb is it? _____
- 4. What does it look like? _____
- 5. Why did you place the bomb? _____
- 6. Where are you calling from? _____

Description of Caller

Voice Characteristics

____ Male ____ Young
____ Female ____ Middle Age
 ____ Old

____ Raspy ____ High Pitch
____ Soft ____ Pleasant
____ Loud ____ Intoxicated

Speech

Accent

Language

____ Fast ____ Soft
____ Distinct ____ Distorted
____ Stutter ____ Nasal
____ Slurred ____ Lisp

____ Local ____ Excellent ____ Good
____ Foreign ____ Fair ____ Poor
____ Race ____ Foul

Manner

Background Noises

____ Calm ____ Angry
____ Rational ____ Irrational
____ Coherent ____ Incoherent
____ Deliberate ____ Emotional
____ Righteous ____ Laughing

____ Factory ____ Trains
____ Bedlam ____ Animals
____ Music ____ Quiet
____ Office ____ Voices
____ Mixed ____ Airplanes
____ Traffic ____ Party

Time Caller Hung Up: _____ Remarks _____

Person Receiving Call _____

VI. EMERGENCY MATERIAL AND EQUIPMENT

(192.615, a4)

A. CITY OF CHICAGO

It is essential that specific quantities of required types of pipe and repair fittings be available at all times for emergency purposes. Included in the emergency stock concept are repair fittings to be used for emergency purposes. It is the responsibility of IBS Supply Chain Services to inspect all "emergency" material semi-annually and to assure that these materials are kept in an easily accessible location and in a satisfactory usable condition. IBS Supply Chain Services shall also conduct a physical inventory annually of the emergency materials to assure specified quantities are available.

Material stored for "emergency purposes" shall not be used for general construction work without the consent of a district General Manager. It shall be the responsibility of IBS Supply Chain Services to arrange for the immediate replacement of emergency materials used on the job. IBS Supply Chain Services shall issue a monthly summary report to the Central General Managers of all "emergency" items including the required stocking level and the on-hand balance.

Temporary repairs may be used in an emergency. However, permanent repairs utilizing appropriate pipe shall be made as soon as practical unless otherwise specifically approved by the district General Manager. Repairs or replacements shall be made with material suitable to maintain the maximum allowable operating pressure of the facility.

The list of materials designated for emergency use for the distribution system and the transmission system inside the Chicago city limits is the responsibility of the Central General Manager. It is reviewed annually and updated as necessary. All designated emergency material is stored at the Elston Ave. warehouse except certain sizes of coated steel pipe that are stored at the three shops as well as the Elston Ave. warehouse.

All tools and equipment at the company shops and sub-shops are available for emergency use.

B. TRANSMISSION SYSTEM OUTSIDE OF CITY AND MANLOVE FIELD

Emergency material for the transmission system outside of the City of Chicago is the responsibility of the pipeline operations group supervisor and is stored at the Elwood Facility.

The Manager, Gas Storage is responsible for maintaining the list of emergency material necessary for operation of the Manlove storage field and station. These materials are stored at Manlove Field.

The inventory of Company equipment readily available for emergencies is inspected and documented for operable condition annually. A list of equipment and location is in Paragraph C.

Several sizes of transmission service qualified pipe and fittings are stored at various locations for emergency use. This material will not be used for routine or scheduled repairs and will be inventoried annually and resupplied, if necessary. All pipe and fittings ready for emergencies will be hydrostatically tested beforehand and stenciled externally with the hydrostatic test date and pressure. See the Transmission System Operating and Maintenance Manual for procedures regarding hydrostatic testing of pipeline pipe and fittings. All numbers pertaining to a particular length of pipe or fitting shall be stenciled every 6' along the exterior of the pipe or fitting within 12" of the longitudinal seam. A list of emergency pipeline materials is in Paragraph D.

Personnel available for emergency response are included in the Pipeline Emergency Callout Procedure in Section II. Additional personnel may be called if conditions at the scene of the emergency require them.

C. EMERGENCY EQUIPMENT

1. MANLOVE FIELD

EQUIPMENT NUMBER	DESCRIPTION
PV2671	Chevy Tandem Dump Truck
PV2670	GMC 5 yd Dump Truck W/Lift arm
PV2727	GMC Bucket Truck
PV8069	Ford Flatbed Truck W/Winch
PE4274	John Deere 410G Backhoe
PE4390	Ditchwitch 3500 W/Trailer
PE4851	Broderson 15 Ton Crane
PE5494	175 CFM Air Compressor
PE5496	375 CFM Air Compressor
PE5854	250 Amp Lincoln Welder
PE5855	Lincoln TIG Welder
PE5882	200 Amp Lincoln Welder
PE7385	John Deere 770 Grader
	Thermadyne Plasma Cutter
	Air Movers
	Cable Slings
	Nylon Slings
	Fire Extinguisher
	Emergency Lighting
	Shunt
	Gas Detectors
	Ladders
	Portable Tools
	Portable Pumps
	Acetylene Torch

2. JOLIET FACILITY

EQUIPMENT NUMBER	DESCRIPTION
PV1050	Dump truck – 1 ton w/plow
PE1037	Polaris 6 wheel ATV
PE2090	Skid Steer w/ bucket, forks and mower
PE5599	250 CFM Air Compressor
PE4601	JD 35-D Mini Excavator
PT6970	10' ATV trailer
PT6490	20' Flat Bed Trailer
	Air Movers
	Cable Slings
	Nylon Slings
	Fire Extinguisher
	Portable Generator
	Shunt
	Gas Detectors
	Ladders
	Portable Tools
	Portable Pumps
	Acetylene Torches
	Wood Chipping Machine

D. EMERGENCY MATERIALS

1. MANLOVE FIELD

		MAOP	
QUANTITY	DESCRIPTION	CLASS 1	CLASS 3
1	30" Grove B5 Ball Valve, ANSI 400, WE, w/pups attached (Reconditioned)	850	514
147'	30" OD x 0.375" Wall API 5LX65 (310935)	1080 PSI	653 PSI

2. ELWOOD FACILITY

		MAOP	
QUANTITY	DESCRIPTION	CLASS 1	CLASS 3
90'	42" X 65 0.450" Wall	1002 PSI	695 PSI
20'	42" X 52 0.380" Wall	674 PSI	468 PSI
100'	36" X 70 0.450" Wall	1260 PSI	875 PSI

3. CITY OF CHICAGO

EMERGENCY MATERIAL LISTING

Material Code Number	Material Description	Storage Location	Unit	Quantity
1226570	PIPE 3"IPS PLASTIC MED.DEN.	IL790	FT	80
1226665	PIPE 3" PLASTIC DRISCO 8000	IL790	FT	80
1226591	PIPE 36" STL.375"W X-46 COATED BEV.DRL.	IL790	FT	120
1226567	PIPE 24" STL.375"W. GR B COATED BEV.DRL.	IL790	FT	168
1226586	PIPE 30" STL .375"W.GR B COATED BEV.DRL.	IL790	FT	126
1226592	PIPE 36" STL .375"W.X-60 COATED BEV.DRL.	IL790	FT	67
1226611	PIPE 42" STL.354"W. X-52 COATED BEV.DRL	IL790	FT	126
1226613	PIPE 48" STL.500"W.CASING PIPE BARE BEV.	IL790	FT	84
1205454	CLAMP 4" POROUS WELD F/STL PIPE STYLE 57	IL790	PC	2
1205455	CLAMP 4" PERMA TIGHT F/STL PIPE STYLE 77	IL790	PC	2
1205430	CLAMP 20"X 24"REPAIR 21.60"-22.00"OD CIP	IL790	PC	2
1205469	CLAMP 6"POROUS WELD STY55 F/6.625"OD.STL	IL790	PC	2
1205472	CLAMP 6" PERMA TIGHT STL PIPE STY 75	IL790	PC	2

Material Code Number	Material Description	Storage Location	Unit	Quantity
1205413	CLAMP 16"X 12"REPAIR 17.40"-17.75"OD CIP	IL790	PC	2
1205475	CLAMP 6"X 12"LONG REPAIR F/STL.PIPE	IL790	PC	2
1205490	CLAMP 8"X 12" REPAIR STL. W/ ALLOY BOLTS	IL790	PC	1
1205402	CLAMP 12"X 20"REPAIR 13.20"-13.50"OD CIP	IL790	PC	2
1205611	COUPLING 36"CI/STL.F/37.96"CI RED,INSUL.	IL790	PC	4
1205396	CLAMP 12"X 12"REPAIR F/ 12.75" OD STEEL	IL790	PC	2
1205484	CLAMP 8" POROUS WELD FOR 8.625"O.D. STL	IL790	PC	2
1205436	CLAMP 24"X 16" REPAIR F/25.50" OD CIP	IL790	PC	2
1205563	COUPLING 10"CI/STL.RED INSUL STY 39-63	IL790	PC	2
1205562	COUPLING 10"CI/STL11.05"CIP INSUL	IL790	PC	2
1205486	CLAMP 8" PERMA TIGHT F/STL PIPE STY77	IL790	PC	2
1205392	CLAMP 10"PERMA TIGHT F/STL PIPE STYLE 75	IL790	PC	2
1205437	CLAMP 24"X 24"LONG REPAIR F/25.80"OD CIP	IL790	PC	2
1205391	CLAMP 10"POROUS WELD F/10.75"STL STY.55	IL790	PC	2
1231460	COUPLING 2"IPS ELECTROFUSION	IL790	PC	2
1205397	CLAMP 12"POROUS WELD F/STL PIPE STYLE 55	IL790	PC	2
1205395	CLAMP 10" REPAIR F/11.05"-11.40" OD CIP	IL790	PC	1
1205398	CLAMP 12" PERMA TIGHT F/STL PIPE STY 75	IL790	PC	2
1205408	CLAMP 16" PERMA TIGHT F/STL PIPE STY 75	IL790	PC	2
1205405	CLAMP 14" POROUS WELD F/STL PIPE STY 55	IL790	PC	2
1205409	CLAMP 16" POROUS WELD F/STL PIPE STY55	IL790	PC	2
1205406	CLAMP 14" PERMA TIGHT F/STL STY76	IL790	PC	2
1205404	CLAMP 12"X 12"REPAIR 13.20"-13.50"OD CIP	IL790	PC	2
1231461	COUPLING 3"IPS ELECTROFUSION	IL790	PC	2
1205226	CAP 24" TEST F/26.25" OD OVERSIZE CIP	IL790	PC	2
1231462	COUPLING 4"IPS ELECTROFUSION	IL790	PC	2
1205565	COUPLING 12"IPS ELECTROFUSION	IL790	PC	1
1205266	CAP 16"F/17.40"OD.CIP. COMP INSULATED	IL790	PC	2
1231463	COUPLING 6"IPS ELECTROFUSION	IL790	PC	2
1205279	CAP 20" COMP F/20"OD.STL AL-CLAD COATED	IL790	PC	2
1205568	COUPLING 12"CI/STL.F/13.20"CI RED INSUL.	IL790	PC	2
1205605	COUPLING 30"CI/STL.F/32.00"CI RED INSUL.	IL790	PC	4
1205606	COUPLING 30"CI/STL.F/31.74"CI RED INSUL	IL790	PC	4
1205407	CLAMP 16"X20" DBL BAND 15.92"-16.67"OD.	IL790	PC	2
1205648	COUPLING 8"IPS ELECTROFUSION	IL790	PC	2
1205628	COUPLING 42" STL STYLE 38 AL-CLAD COAT	IL790	PC	4
1205571	COUPLING 16"CI/STL.F/17.40"CI RED INSUL.	IL790	PC	1
1205427	CLAMP 20" POROUS WELD F/STL PIPE STY 55	IL790	PC	2

Material Code Number	Material Description	Storage Location	Unit	Quantity
1205433	CLAMP 24"POROUS WELD F/STL PIPE STYLE 55	IL790	PC	2
1205608	COUPLING 30"CI/STL.F/32.40"CI RED INSUL.	IL790	PC	2
1205609	COUPLING 30"CI/STL.F/32.74"CI RED INSUL.	IL790	PC	2
1205445	CLAMP 30" POROUS WELD F/STL PIPE STY 56	IL790	PC	2
1205610	COUPLING 30"F/32.125"OD.CIP RED INSUL.	IL790	PC	2
1205591	COUPLING 24"CI/STL F/ 25.50" CI. RED INSUL	IL790	PC	4
1205449	CLAMP 36"POROUS WELD F/STL PIPE STYLE 55	IL790	PC	2
1205592	COUPLING 24"CI/STL.F/25.80"CI RED INSUL.	IL790	PC	2
1205426	CLAMP 20" PERMA TIGHT F/STL PIPE STY 75	IL790	PC	2
1205432	CLAMP 24" PERMA TIGHT F/STL PIPE STY75	IL790	PC	2
1205586	COUPLING 20"CI/STL.F/21.25"CI RED INSUL.	IL790	PC	2
1205446	CLAMP 30" PERMA TIGHT F/STL PIPE	IL790	PC	2
1205450	CLAMP 36" PERMA TIGHT F/STL PIPE STY 76	IL790	PC	2
1205587	COUPLING 20"CI/STL.F/21.60"CI RED INSUL.	IL790	PC	2
1205466	CLAMP 42" PERMA TIGHT F/STL PIPE STY 76	IL790	PC	2
1205588	COUPLING 20"CI/STL.F/22.06"CI RED INSUL	IL790	PC	2
1205280	20"cap for 22.06 CI	IL790	PC	2
1205281	CAP 20"F/21.60"OD.CIP COMP INSUL	IL790	PC	2
1205286	CAP 24"F/25.375"OD.CIP. COMP INSUL	IL790	PC	2
1205287	CAP 24"F/25.50"OD.CIP. COMP INSUL	IL790	PC	2
1205289	CAP 24"F/25.80"OD.CIP COMP INSUL	IL790	PC	2
1205467	CLAMP 42" POROUS WELD STYLE 55	IL790	PC	2
1205291	CAP 24" WELDING .375"WALL SEAMLESS STEEL	IL790	PC	2
1205614	COUPLING 36"STL STYLE 38 AL-CLAD COATED	IL790	PC	4
1205304	CAP 30" WELDING .375"W Y-52 SEAMLESS STL	IL790	PC	2
1205305	CAP 30" WELDING .375"WALL SEAMLESS STEEL	IL790	PC	1
1205310	CAP 36" WELDING .375"WALL SEAMLESS STEEL	IL790	PC	1
1205323	CAP 42" WELDING .354"W Y-52 SEAMLESS	IL790	PC	2
1205632	COUPLING 48"CI/STL,F/50.80"CI RED INSUL.	IL790	PC	2
1205633	COUPLING 48"CI/STL F/50.50"CI RED INSUL	IL790	PC	1
1205324	CAP 42" .416W Y-65 SEAMLESS STL	IL790	PC	2
1205771	ELL 24" WELD LR90 DEG. 375W SEAMLESS	IL790	PC	2
1205789	ELL 30" WELD LR90 DEG.375"W SEAMLESS	IL790	PC	2
1205790	ELL 36" WELD LR 90 DEG.375W STL	IL790	PC	2
1205791	ELL 36" WELD LR 90 DEG.375W Y-46 STL	IL790	PC	2
1205863	FITTING 6" 6.90"-7.10"CI LINE STOP 150#	IL790	PC	2

Material Code Number	Material Description	Storage Location	Unit	Quantity
1205868	FITTING 8"F/9.05"-9.30"CI LINE STOP 150#	IL790	PC	2
1205866	FITTING 8" LINE STOP BOTT-OUT,WELD F/STL	IL790	PC	2
1205854	FITTING 12"F/13.20"OD.CI. LINE STOP 150#	IL790	PC	1
1205870	FITTING 8" LINE STOPP WELD F/STL 150#FLG	IL790	PC	2
1232678	FITTING 12"LINE STOPP BOTT-OUT,WELDF/STL	IL790	PC	2
1205855	FITTING 12"LINE STOPP WELD F/STL 150#FLG	IL790	PC	2
1205980	SAVE-A-VALVE 3"QUALI-TECHW/CAP&PLUG F/4"	IL790	PC	2
1206970	RING 30" STEEL BACK-UP .375 WALL	IL790	PC	4
1206971	RING 36" STEEL BACK-UP .375 WALL	IL790	PC	6
1206972	RING 42" STEEL BACK-UP .416"WALL	IL790	PC	6
1234104	SLEEVE 4" STL. REINFOR.3125"W WELDOVER	IL790	PC	2
1207166	SLEEVE 30" STL REINFOR .375" W WELDOVER	IL790	PC	2
1207167	SLEEVE 36"STL REINFOR .5"W WELDOVER	IL790	PC	1
1207168	SLEEVE 42"STL REINFORC.5"W WELDOVER	IL790	PC	1
1207182	SLEEVE 24" F/25.50" CI TAPPING INS.STY.50	IL790	PC	1
1207183	SLEEVE 24"F/25.80"CI.TAPPING INS.STY 50A	IL790	PC	1
1207158	SLEEVE 12" SPLIT F/13.20"OD.CIP. STY 126	IL790	PC	1
1244513	REDUCER 48"X 42" WELD CONC.375"W	IL790	PC	1
1207159	SLEEVE 6" F/6.90"OD CIP STY126 BELL PACK	IL790	PC	2
1207145	SLEEVE 12"REPAIR F/13.20"CI.INS STY 87-B	IL790	PC	2
1207146	SLEEVE 16"REPAIR F/17.40"CI.INS STY 87-B	IL790	PC	1
1207147	SLEEVE 20" REPAIR F/21.60"CI INS STY87-B	IL790	PC	2
1207173	SLEEVE 24"F/25.50"CI.INS STY 87-B	IL790	PC	2
1207148	SLEEVE 24"F/25.80"CI.INS STY 87-B	IL790	PC	2
1207160	SLEEVE 16" SPLIT INS. F/17.40"CI STY126	IL790	PC	1
1207151	SLEEVE 10" SPLIT F/STEEL PIPE STYLE 96	IL790	PC	1
1207174	SLEEVE 30"REPAIR F/32.00"CI.INS STY 87-B	IL790	PC	2
1207152	SLEEVE 20" SPLIT F/STEEL PIPE STYLE 96	IL790	PC	1
1207149	SLEEVE 36" F/37.96"OD CIP INS STYLE 87-	IL790	PC	2
1207161	SLEEVE 8"F/9.05"CI.STY126 1"FIPS VENT	IL790	PC	1
1207157	SLEEVE 20"F/21.60"OD CIP COUPLING STY 96	IL790	PC	1
1234106	SLEEVE 6" REINFOR .375" W WELDOVER STY220	IL790	PC	2
1207176	SLEEVE 48"F/50.50"CIP INS STYLE 87-B	IL790	PC	1
1206904	REDUCER 14"X 12" WELDING ECC .375"W	IL790	PC	2
1234108	SLEEVE 8" REINFOR.250W WELDOVER STY220	IL790	PC	2
1207171	SLEEVE 16" REINFOR.250W WELDOVER STY220	IL790	PC	3

Material Code Number	Material Description	Storage Location	Unit	Quantity
1234113	SLEEVE 12"REINFOR.375"W WELDOVER STY 220	IL790	PC	3
1207184	SLEEVE 30"F/31.74"CI.TAPPING INS STY50A	IL790	PC	1
1207185	SLEEVE 30"F/32.00"CI.TAPPING INS STY 50A	IL790	PC	1
1207186	SLEEVE 30"F/32.40"CI.TAPPING INS STY50A	IL790	PC	1
1206906	REDUCER 26"X 24" WELDING ECC .375"WALL	IL790	PC	2
1207187	SLEEVE 36"F/37.96"CI.TAPPING INS STY 50A	IL790	PC	1
1207188	SLEEVE 36"F/38.30"CI TAPPING INS STY 50A	IL790	PC	1
1207144	SLEEVE 48" REPAIR INS.F/50.50	IL790	PC	1
1207162	SLEEVE 30" SPLIT F/31.74"CI 3"FIP VENT	IL790	PC	1
1207164	SLEEVE 20" REINFOR.375"W WELDOVER STY221	IL790	PC	4
1207189	SLEEVE 48"F/50.50"CI.INS STY50A NO VENT	IL790	PC	2
1206898	REDUCER 48"X 36" WELD CONC.375"W	IL790	PC	2
1207165	SLEEVE 24" REINFOR.375"W WELDOVER STY220	IL790	PC	1
1207169	SLEEVE 48"REINFOR.375"W. WELDOVER STY220	IL790	PC	1

EMERGENCY MATERIALS - NSG

It is essential that specific quantities of required types of pipe and repair fittings be available at all times for emergency purposes. Included in the minimum stock concept are repair fittings to be used for emergency purposes. It is the responsibility of IBS Supply Chain Services to inspect all "emergency" material semi-annually and to assure that these materials are kept in an easily accessible location and in a satisfactory usable condition. IBS Supply Chain Services shall also conduct physical inventory annually of the emergency materials to assure specified quantities are available.

Material stored for "emergency purposes" shall not be used for general construction work without the consent of the Manager, Operations. However, if emergency pipe is not used for a significant period and new pipe is available, existing emergency stock may be replaced if practical. It shall be the responsibility of IBS Supply Chain Services to arrange for the immediate replacement of emergency materials used on the job. IBS Supply Chain Services shall advise the Manager, Operations of all "emergency" items withdrawn from inventory.

Temporary repairs may be used in an emergency. However, permanent repairs utilizing appropriate pipe shall be made as soon as practical unless otherwise specifically approved by the Manager, Operations. Repairs or replacements shall be made with material suitable to maintain the maximum allowable operating pressure of the facility.

The list begins on the next page.

Item #	Description (NSG)	Qty.	Unit	Store	Located
1220121	3/4" steel pipe .133 wall	40	FT	Wauk	Free Area
1220121	3/4" steel pipe .133 wall	26	FT	Mund	Free Area
1220122	3/4" steel pipe .154 wall	40	FT	Wauk	Free Area

1220122	¾" steel pipe .154 wall	40	FT	Mund	Free Area
1220126	1.25" steel pipe .140 wall	40	FT	Wauk	Free Area
1220126	1.25" steel pipe .140 wall	20	FT	Mund	Free Area
1220131	2" steel pipe .154 wall	20	FT	Wauk	Free Area
1220131	2" steel pipe .154 wall	20	FT	Mund	Free Area
1226603	4" steel pipe .237 wall	46	FT	Mund	Pipe Shed
1220146	6" steel pipe .250 wall	71	FT	Mund	Pipe Shed
1226631	8" steel pipe .250 wall	18	FT	Mund	Pipe Shed
1226531	10" steel pipe C&W .250 wall	42	FT	Mund	Pipe Shed
1226535	12" steel pipe C&W .250 wall	36	FT	Mund	Pipe Shed
1226547	16" steel pipe .250 wall	35	FT	Mund	Pipe Shed
1226559	20" steel pipe .250 wall *	12	FT	Mund	Pipe Shed
1226561	20" steel pipe .375 wall *	44	FT	Mund	Pipe Shed
1226567	24" steel pipe .375 wall	40	FT	Mund	Pipe Shed
1226586	30" steel pipe .375 wall *	40	FT	Mund	Pipe Shed
1220028	2" plastic pipe	180	FT	Wauk	Free Area
1220028	2" plastic pipe	150	FT	Mund	Free Area
1220032	4" plastic pipe	20	FT	Wauk	Free Area
1220032	4" plastic pipe	20	FT	Mund	Free Area
1220445	6" plastic pipe	53	FT	Wauk	Free Area
1220445	6" plastic pipe	50	FT	Mund	Free Area
1220450	8" plastic pipe	62	FT	Wauk	Free Area
1220450	8" plastic pipe	82	FT	Mund	Free Area
1205349	8" repair cap	1	PC	Wauk	West Aisle 3
1205221	10" repair cap	1	PC	Wauk	West Aisle 3
1205222	12" repair cap	1	PC	Wauk	West Aisle 3
1205224	16" repair cap	1	PC	Wauk	West Aisle 3
1205225	20" repair cap	1	PC	Wauk	West Aisle 3
1205227	24" repair cap	1	PC	Wauk	West Aisle 3
1205229	30" repair cap	1	PC	Wauk	West Aisle 3
1205455	4" clamp Perma-Tight f/stl style 77	1	PC	Wauk	West Aisle 3
1205472	6" clamp Perma-Tight f/stl style 75	1	PC	Wauk	West Aisle 3
1205486	8" clamp Perma-Tight f/stl style 77	1	PC	Wauk	West Aisle 3
1205392	10" clamp Perma-Tight f/stl style 75	1	PC	Wauk	West Aisle 3
1205398	12" clamp Perma-Tight f/stl style 75	1	PC	Wauk	West Aisle 3
1205469	6" clamp porous weld style 55	1	PC	Wauk	West Aisle 3
1205397	12" clamp porous weld style 55	1	PC	Wauk	West Aisle 3
1205487	8" clamp full seal split f/steel pipe	1	PC	Wauk	West Aisle 3
1205487	8" clamp full seal split f/steel pipe	2	PC	Mund	SW Corner

Item #	Description (NSG)	Qty.	Unit	Store	Located
1205457	4" clamp weld high pressure	2	PC	Wauk	West Aisle 3
1205457	4" clamp weld high pressure	1	PC	Mund	SW Corner
1205473	6" clamp weld high pressure	3	PC	Wauk	West Aisle 3
1205473	6" clamp weld high pressure	1	PC	Mund	SW Corner
1205488	8" clamp weld high pressure	1	PC	Wauk	West Aisle 3
1205488	8" clamp weld high pressure	1	PC	Mund	SW Corner
1205393	10" clamp weld high pressure	1	PC	Wauk	West Aisle 3
1205399	12" clamp weld high pressure	1	PC	Wauk	West Aisle 3
1205410	16" clamp weld high pressure	1	PC	Wauk	West Aisle 3
1205428	20" clamp weld high pressure	1	PC	Wauk	West Aisle 3
1205434	24" clamp weld high pressure	1	PC	Wauk	West Aisle 3
1205419	2" clamp repair pit hole smith	1	PC	Wauk	West Aisle 3
1205459	4" clamp repair pit hole smith	1	PC	Wauk	West Aisle 3
1205474	6" clamp repair pit hole smith	1	PC	Wauk	West Aisle 3
1205489	8" clamp repair pit hole smith	1	PC	Wauk	West Aisle 3
1205394	10" clamp repair pit hole smith	1	PC	Wauk	West Aisle 3
1205401	12" clamp repair pit hole smith	1	PC	Wauk	West Aisle 3
1205411	16" clamp repair pit hole smith	1	PC	Wauk	West Aisle 3
1205429	20" clamp repair pit hole smith	1	PC	Wauk	West Aisle 3
1205435	24" clamp repair pit hole smith	1	PC	Wauk	West Aisle 3
1205447	30" clamp repair pit hole smith	1	PC	Wauk	West Aisle 3
1205395	10" clamp (repair)	2	PC	Wauk	West Aisle 3
1205477	6" x 8" leak clamp full seal	9	PC	Wauk	West Aisle 3
1205477	6" x 8" leak clamp full seal	1	PC	Mund	SW Corner
1205407	16" x 20" leak band clamp	2	PC	Wauk	SW Aisle 5
1205620	4" coupling style 40 al-clad coated	3	PC	Wauk	West Aisle 3
1205624	4" steel coupling stab 38 shop coat	1	PC	Wauk	West Aisle 3
1205624	4" steel coupling stab 38 shop coat	1	PC	Mund	SW Corner
1205858	4" B.O. stopper fitting	3	PC	Wauk	SW Aisle 5
1205858	4" B.O. stopper fitting	1	PC	Mund	SW Corner
1205861	6" B.O. stopper fitting	0*	PC	Wauk	SW Aisle 5
1205861	6" B.O. stopper fitting	2	PC	Mund	SW Corner
1205867	8" B.O. stopper fitting	2	PC	Mund	SW Corner
1205871	8" C.B. stopper fitting	2	PC	Wauk	SW Aisle 5
1205871	8" C.B. stopper fitting	2	PC	Mund	SW Corner
1205851	10" stopper fitting	2	PC	Wauk	SW Aisle 5
1205853	12" stopper fitting	2	PC	Wauk	SW Aisle 5
1205860	4" C.B. stopper fitting 300#	1	PC	Wauk	SW Aisle 5
1200259	6" C.B. stopper fitting 300#	1	PC	Mund	SW Corner
1206757	2" steel plug 3000# rating	2	PC	Wauk	SW Aisle 5
1206765	4" steel plug 3000# rating	1	PC	Wauk	SW Aisle 5
1206769	6" steel plug	4	PC	Wauk	West Aisle 3

Item #	Description (NSG)	Qty.	Unit	Store	Located
1207150	6" sleeve split f/steel pipe style 96	1	PC	Wauk	West Aisle 3
1207154	8" sleeve split f/steel pipe style 96	1	PC	Wauk	West Aisle 3
1207151	10" sleeve split f/steel pipe style 96	1	PC	Wauk	West Aisle 3
1207155	12" sleeve split f/steel pipe style 96	1	PC	Wauk	West Aisle 3
1207156	16" sleeve split f/steel pipe style 96	1	PC	Wauk	West Aisle 3
1207152	20" sleeve split f/steel pipe style 96	1	PC	Wauk	West Aisle 3
1207153	24" sleeve split f/steel pipe style 96	1	PC	Wauk	West Aisle 3
1207172	24" sleeve split repair (Plidco)	1	PC	Wauk	West Aisle 3
1234104	4" weldover reinforce sleeve .3125	4	PC	Wauk	West Aisle 3
1234106	6" weldover reinforce sleeve .375 w style 221	1	PC	Wauk	West Aisle 3
1234108	8" weldover reinforce sleeve .375 w style 220	5	PC	Wauk	West Aisle 3
1200600	10" weldover reinforce sleeve .375 w style 221	1	PC	Wauk	West Aisle 3
1234113	12" weldover reinforce sleeve .375 w style 221	1	PC	Wauk	West Aisle 3
1207163	16" weldover reinforce sleeve .375 w style 220	1	PC	Wauk	West Aisle 3
1205946	2" thread-o-let 4" to 6" pipe size	2	PC	Wauk	SW Aisle 5
1205955	3" thread-o-let 8" steel pipe	6	PC	Wauk	West Aisle 3
1205958	4" thread-o-let 8" to 10" pipe size	6	PC	Wauk	SW Aisle 5
1205925	4" thread-o-let 12" to 20" pipe size	0*	PC	Wauk	SW Aisle 5
1205928	6" thread-o-let 16" pipe 3000#	4	PC	Wauk	SW Aisle 5
1205943	6" thread-o-let 30" to 36" pipe 3000#	4	PC	Wauk	SW Aisle 5

* Not Tested ** 2 on Order

VII. CONTRACTORS AND UTILITIES

Listed below are the pipeline contractors who have indicated a willingness to provide their services and equipment, as may be needed in assisting company crews, in the event of an emergency. They are experienced in all phases of pipeline construction and are aware of our requirements.

On the following page, Page number VII-2, the “Nicor Gas/Peoples Gas Mutual Assistance Program” begins. This protocol is the result of numerous discussions between Peoples Gas and Nicor Gas management personnel.

The list below includes the name, address and business telephone numbers of each contractor. The construction coordinators of the Engineering Services Department and the pipeline operations group supervisor have contractor home telephone numbers as required.

NPL

4554 W North Avenue

Chicago, IL 60639

Ken Travis, (815)378-5428 mobile

(847)923-7567 home

Dylan Hradek (815)378-6858 mobile

(815)464-4836 home

Arnie Albrecht (815)378-3570 mobile

(815)212-2946 home

CONTRACTING AND MATERIAL COMPANY

9550 W 55th Street, Suite B

McCook, IL 60525

Mr. Frank Lizzadro, - (708)588-2500, extension 6002

MICHEL'S PIPELINE CONSTRUCTION

P.O. Box 128

817 W. Main St.

Brownsville, WI 53006

Mr. Robert C. Osborn – (920)583-3132

BIG INCH FABRICATORS

P.O. Box 99

Montezuma, IN 47862

Mr. Blake Hartman (765) 245-9353

MINNESOTA LIMITED, INC.

3221 E. Mill Rd.

Altamont, IL 62411

Mr. Gary Norris – (618) 483-9031 (office) (217) 343-8118 (cell)

MIDWESTERN CONTRACTORS, INC.
P.O. Box number 706,
Wheaton, IL 60189
Mr. Steve Figi, - (630) 668-3420

For utility information, other than Nicor Gas, see Emergency Response Contacts in Section VIII, the Emergency List in Section II, or contact Gas Control via telephone or the company nextel.

Nicor Gas/Peoples Gas Mutual Assistance Program

I. OBJECTIVE

The premise of this document is to collate useful information that can provide assistance to either party in the event of an emergency. The emergency can be a loss of supply, 3rd party damage to gas facilities, or the loss of critical communication networks.

II. EMERGENCY COMMUNICATION PROCEDURES

A. Call Center Activation

This section describes the protocol to be used to activate the Nicor Gas/Peoples Gas Mutual Assistance plan for handling emergency phone calls during a disaster recovery (DR) situation. Use of this protocol will initiate the procedure to route customer calls to the assisting utility.

Initiating Disaster Recovery

Both Nicor Gas and Peoples Gas must be engaged to activate mutual assistance operations.

**Peoples Gas Procedure For Handling Nicor Gas Emergency Calls
Monday 6:00 a.m. through Saturday 11:59 p.m.**

These hours are considered normal business hours at Peoples Gas. Peoples Gas has a staffed call center downtown during these hours. During this time period, should Nicor Gas determine to route its emergency calls to Peoples Gas, a designated Nicor Gas contact person should contact the first available individual from the list below.

	Office	Pager	Home	Nextel
Sandra Whittaker	312-240-7483	312-295-1876	708-865-1124	312-446-8819
Frank Scumacci	312-240-3903	None	847-741-6392	312-446-6976

1. Upon notification from Nicor Gas, Peoples Gas will be prepared to handle emergency inquiries in 60 minutes from the time notified.
2. At the time of notification, Nicor Gas should provide an estimated time Peoples Gas should expect to handle the incoming emergency calls. This estimate will be used to determine if additional resources should be contacted to assist in handling the increased call volume and/or if the Peoples Gas call center should stay open into a period where the calls are normally alternatively handled.
3. Nicor Gas will also advise Peoples Gas which method of notification should be used (fax, cell phone, nextel private network or Nicor Gas private radio network). If fax is the method to be implemented, the associated number should also be provided.
4. Peoples Gas will begin to accept emergency phone calls for customers in the Nicor Gas territory. The form agreed upon (called downtime form) will be used to obtain all required information from each inquiry received.
5. Peoples Gas will add a control number to the top right hand corner of each form prior to faxing the documents to the number provided. Peoples Gas will contact the Nicor Gas dispatch center at 1-800-942-8900 to confirm receipt of the first three orders.
6. Peoples Gas will continue operating in such a manner until contacted by the appropriate Nicor Gas representative that Peoples Gas is no longer needed to handle Nicor's emergency calls.
7. All downtime forms will be delivered via messenger to Nicor Gas; 1844 Ferry Road; Naperville, IL 60563.

**Peoples Gas Procedure for Handling Nicor Gas Emergency Calls
Sunday 12:00 a.m. to Monday 5:59 a.m.**

During normal business operations, emergency calls directed to Peoples Gas are handled at the company's City-Wide Dispatch, not in the downtown call center location. As a result, the process for initiating the mutual assistance plan is slightly different. Should Nicor Gas determine to route its emergency calls during this time period, a designated Nicor Gas contact person should contact the first available individual from the list below. Peoples Gas will be available immediately to handle emergency calls, although the resulting service level may be unacceptable. To remedy this, within three hours of notification, Peoples Gas will arrange to open a fully staffed call center from an equipped location. City-Wide Dispatch must be notified that they will be receiving calls, prior to any action being taken.

	Office	Pager	Home	Nextel
Sandra Whittaker	312-240-7843	312-295-1876	708-865-1124	312-446-8819
Frank Scumacci	312-240-3903	None	847-741-6392	312-446-6976
City-Wide Dispatch	800-773-1200			1374*5

Mutual Assistance from the Customer's Perspective

During disaster recovery, the customer will continue to use the same phone numbers to contact either utility. However, the call processing will be different. The most significant change is elimination of the IVR (interactive voice response) functionality and all scripts associated with it. Customer's calls will be processed as follows.

The customer calls a customer service number for either utility. All incoming emergency calls will be queued to the next available representative, regardless of the company from which it originated. The following message will be recorded on the IVR to assist in the management of calls to be handled.

“For all customers of Nicor Gas and Peoples Gas: We are here to serve you during this critical time. Currently, we are only taking natural gas emergency calls. Please remain on the line and listen carefully to the menu that follows. If you are calling about a non-emergency, please call back at a later time. Thank you for your cooperation.”

After the announcement, music will be heard. If all available trunks are busy, the next caller will receive a message stating that the call cannot be completed at the current time. The caller must hang up and retry later.

Establishing a New Emergency Number

If excessive delays occur during activation of disaster recovery, a new gas emergency number can be publicized for immediate processing of these calls at Milwaukee Avenue. The number, 312-395-4095 should be provided to media outlets and the 911 Emergency Center. Calls to this number are directed to the emergency number, UCD (universal call distributor) group at Milwaukee Avenue.

B. Nextel Fleet to Fleet Communication Model

The radio feature of the nextel phones can be used to communicate between companies. This feature, referred to as the “fleet to fleet” mode, will allow personnel involved in an emergency to communicate between Nicor Gas and Peoples Gas. In order to communicate between companies, the unique company identification code must be entered before the individual phone ID. The identification codes for Nicor Gas and Peoples Gas are listed below.

- Nicor Gas: 111*96*phone ID
- Peoples Gas: 111*374*phone ID
- Manlove: 188*374*phone ID

For example, in order for a Nicor Gas employee to contact a Peoples Gas employee using this feature, enter 111*374* followed by the nextel phone ID listed on the emergency contact page of this document. (Note: asterisks must be included when entering the company ID number). The phone can then be used in the same manner as in the push to talk mode.

C. Satellite Telephone Communication

Nicor Gas and Peoples Gas each have at least one satellite telephone available in the event that land lines or the nextel system is not functioning. On the next page is a list of the phones with the corresponding phone number.

Description	Location	Phone Numbers: Land Line or Cell Phone to Satellite Phone	Phone Numbers: Satellite phone to Satellite phone
Five (5) Peoples Gas Satellite Phones	Gas Control Center	(877) 818-7240	(500) 180-2603
	City-Wide Dispatch	(877) 818-7241	(500) 180-2604
	Manlove Field	(877) 818-7242	(500) 180-2605
	Manlove Field	(877) 818-7244	(500) 180-2606
	North Shore Gas	(877) 283-5918	(500) 180-2598
One (1) Nicor Gas Satellite Phone	Naperville, IL	(877) 209-2808	(500) 180-2424

Each satellite phone has two numbers associated with it as listed above. When calling from one satellite phone to another satellite phone, the 500 area code number should be used. The 877 area code number should be used when calling to a satellite phone from any non-satellite phone.

III. Shared Field Response - Activation Protocol

A. Activation Protocol

This document describes the protocol for Nicor Gas and Peoples Gas to follow when activating the Nicor Gas/Peoples Gas Mutual Assistance Agreement. Use of this protocol will initiate the procedure for receiving assistance for various services for either Peoples Gas from Nicor Gas or to Nicor Gas from Peoples Gas.

Both Nicor Gas' and Peoples Gas' dispatching centers are staffed 24 hours per day seven days a week for all types of workloads. As a result, personnel from either company should make contact with the dispatch departments initially after consultation with their respective upper management. Following are two protocols for contact; normal business hours and after-hours.

Initiating Mutual Assistance

Both Nicor Gas and Peoples Gas must be engaged and agree to activate mutual assistance operations. Mutual assistance operations may consist of any of the following types of workloads, which may be deemed as “capital projects”, “operating” or “maintenance” work. Examples of these workloads include: emergency customer driven workloads, non-emergency customer driven workloads, contractor driven workloads such as locates, installation and maintenance of company owned gas distribution facilities such as mains, service pipes, regulators and meters, and regulatory activities such as mandated surveys and inspections of company equipment/facilities. Upon request for assistance, representatives from each company shall meet and discuss the plan to implement the mutual assistance protocol. Topics discussed will include, but not be limited to, timing of help, type of work to be completed, materials needed, reporting requirements, the type of personnel skill-sets required, the number of people needed, and the reporting location. There are no restrictions for assigned job tasks based on “Operator Qualifications” since all covered job tasks have been cross-referenced and validated by both companies’ training groups.

Nicor Gas Procedure for Field Response During Normal Business Hours Monday-Friday, 8:00 a.m. to 4:30 p.m.

Should Peoples Gas determine a need for assistance from Nicor Gas during normal business hours the following procedure should be followed:

1. A designated employee from Peoples Gas should notify one of the following:

Contact	Office Ext.	Mobile
Jim Griffin (AVP Customer Services)	815-754-3360	630-918-0339
Ron Roulo (General Manager Operations)	815-754-3363	630-918-0362
Pat Whiteside (General Manager Centralized Dispatching)	815-754-3330	630-327-2439
Dan Rosanova (Dispatch Manager)	815-754-3400	630-669-9381
Kip Hildebrand (Dispatch Supervisor)	815-754-3401	630-816-0204

During normal business hours the department secretary may answer the above extensions. Should Peoples Gas reach the secretary rather than the contact individual, Peoples Gas should identify itself and state the nature of the call. The department secretary will immediately notify the above Nicor Gas contacts. Peoples Gas is requested to provide a contact name and number for return call purposes.

2. At the time of initial notification, Peoples Gas should provide:
 - a. Completed documentation sheets of field personnel and equipment being requested,
 - b. Estimated duration of Nicor Gas’ assistance,
 - c. The method of communication to be used initially (office telephone number, dispatch fax # or pager #),
 - d. Time and place to meet for an initial planning session.
3. Nicor Gas’ dispatch and workload areas will work together to determine if they can fulfill the field personnel and/or equipment requirements or services requested from Peoples Gas, and notify them of the findings.

4. Nicor Gas and Peoples Gas will have an initial meeting to discuss the site of a command center to be used by Nicor Gas representatives, documentation needed to be completed, strategic planning of area to work in, communication planning, and union considerations.
5. Nicor Gas will deploy resources to the agreed upon command center.
6. Nicor Gas will work in the affected area and Peoples Gas will make notification to Nicor Gas when their services are no longer required.
7. Nicor Gas will return to normal operations upon completion of the incident or occurrence.

**Nicor Gas Procedures for Field Response
After Normal Business Hours
(Monday-Friday, 4:30 p.m. to 8:00 a.m. including Saturday and Sunday)**

Should Peoples Gas need assistance from Nicor Gas after normal business hours the following procedure should be followed:

1. A designated employee from Peoples Gas should contact Nicor Gas' dispatching department at 1-800-942-8900 and inform the dispatcher that the mutual assistance plan is required and provide a contact name and phone number.
2. The Nicor Gas dispatcher will notify the dispatch manager. The dispatch manager will implement the above protocol.

**Peoples Gas Procedure for Field Response
During Normal Business Hours Monday-Friday, 7:00 a.m. to 4:30 p.m.**

Should Nicor Gas determine a need for assistance from Peoples Gas during normal business hours the following procedure should be followed:

1. A designated employee from Nicor Gas should notify one of the following:

<u>Contact</u>	<u>Office</u>	<u>Pager #</u>
Bob Walsh, Manager Centralized planning. District Operations & City-Wide Dispatch	(312) 240-7850	None
Mike Revello, City-Wide Dispatch	(773) 240-4777	-

Dispatch supervisor in City-Wide Dispatch at 1-800-773-1200.

Nicor Gas is requested to provide a contact name and number for return call purposes.

2. At the time of initial notification, Nicor Gas should provide:
 - a. Completed documentation sheets of field personnel and equipment being requested,
 - b. Estimated duration of Peoples Gas assistance,
 - c. The method of communication to be used initially (office phone #, dispatch fax # or pager #),
 - d. Time and place to meet for an initial planning session.

3. Peoples Gas City-Wide Dispatch and functional responsibility areas will work together to determine if they can fulfill the field personnel and/or equipment requirements requested from Nicor Gas, and notify them of the findings.
4. Peoples Gas and Nicor Gas will have an initial meeting to discuss the site of a command center to be used by Peoples Gas representatives, documentation needed to be completed, strategic planning of area to work in, communication planning, and union considerations.
5. Peoples Gas will deploy resources to the agreed upon command center.
6. Peoples Gas will work in the affected area until Nicor Gas makes notification that services are no longer required.
7. Peoples Gas will return to normal operations upon completion of the incident or occurrence.

**Peoples Gas Procedures for Field Response
After Normal Business Hours
(Monday-Friday, 4:30 p.m. to 7:00 a.m. to Include Saturday and Sunday)**

Should Nicor Gas need assistance from Peoples Gas after normal business hours the following procedure should be followed:

1. A designated employee from Nicor Gas should contact City-Wide Dispatch at 1-800-773-1200 and inform the dispatch supervisor that the mutual assistance plan is required and provide a contact name and phone number.
2. The dispatch supervisor will notify the district manager of City-Wide Dispatch and/or the on-call coordinating supervisor. The manager or coordinating supervisor will implement the above protocol.

IV. Recommended Mutual Assistance Task List

Mutual assistance operations may consist of any of the following types of workloads, which may be deemed as “capital projects”, “operating” or “maintenance” work. Upon request for assistance, representatives from each company shall meet and discuss the plan to implement the mutual assistance protocol. Topics discussed will include, but not be limited to, timing of help, type of work to be completed, materials needed, reporting requirements, the type of personnel skill-sets required, the number of people needed, and the reporting location. **There are no restrictions for assigned job tasks based on “Operator Qualifications” since all covered job tasks have been cross-referenced and validated by both companies’ training groups.**

Tasks include:

- **Leak repair**
- **Service installation**
- **Service replacement**
- **Service line repairs**
- **Leak investigation**

- **Meter relocates (moving inside meters outside)**
- **Meter exchanges**
- **Repairs on meter sets**
- **Relighting customer appliances**
- **Performing safety checks for hazardous or non-conforming conditions**
- **Leak Survey Work**
- **Locating**



V. Contact Information

The following pages provide valuable and confidential information, which can and should be utilized for implementation of this Mutual Assistance Plan. This plan and information is to be used for internal communication only and should not be published, printed, or distributed to anyone outside of each respective organization. *Names and/or phone numbers are subject to change.*

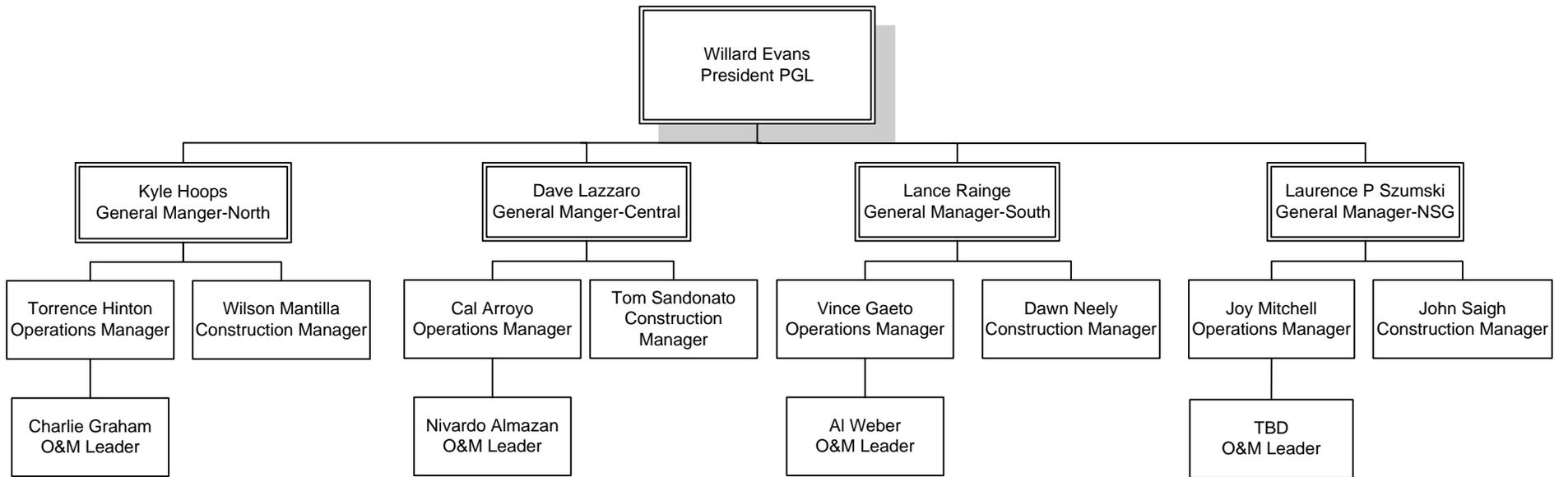
Nicor Gas (Centralized Dispatch #1-800-942-8900, Fax #630-416-6662)

Name	Title	Office Telephone	Cell Phone	Nextel #	Internet "E" Mail Address	Home Telephone #
Rocco D'Alessandro	Senior Vice President Operations	(630) 983-8676 Extension 2244	(630) 399-2536	N/A	Rdaless@nicor.com	(630) 208-6602
Jim Griffin	Assistant Vice President Customer Services	(815) 754-3360	(630) 918-0339	(630) 918-0339 111*96*347	Jgriffi@nicor.com	(630) 892-2142
Anthony McCain	Vice President Distribution	(630) 983-8676 Extension 2250	(630) 399-5922	N/A	Amccain@nicor.com	(630) 226-9913
Dan Rosanova	Manager Operations Dispatching/Workload	(815)754-3400	(630) 669-9381	(630) 669-9381 111*96*9381	Drosano@nicor.com	(630) 851-5003
Ron Roulo	General Manager Operations	(815) 754-3363	(630) 918-0362	(630) 918-0362 111*96*309	Rroulo@nicor.com	(708) 361-2730
Tom Renner	Manager Operations North Region	(815) 965-5416 Extension 226	(630) 742-4347	(630) 742-4347 111*96*221	Trenner@nicor.com	(815) 398-4041
Keith Vanderlee	Manager Operations Metro Region	(708) 544-5707 Extension 201	(815) 378-5690	(815) 378-5690 111*96*88	Kvander@nicor.com	(815) 609-8036
Pat Whiteside	General Manager Centralized Dispatching	(815) 754-3330	(630) 327-2439	(630) 327-2439 111*96*2439	Pwhites@nicor.com	(630) 833-2625
Dave Shipley	Manager Operations Central Region	(630) 629-2900 Extension 201	(630) 816-2229	(630) 816-2229 111*96*7026	Dshiple@nicor.com	(815) 546-0031

People's Gas (City-Wide Dispatch #1-800-773-1200, Fax #773-762-6644)

Name	Title	Office Telephone	Cell Phone	Nextel #	Internet "E" Mail Address	Home Telephone #
Willard Evans	President PGL & NSG.	(312) 240-4417	(312) 375-5394	111*374*7500	WSEvans@peoplesgasdelivery.com	0-
Ted Lenart	General Manager Field Operations Support	(773) 395-7430	(312) 446-8811	111*374*4682	TJLenart@peoplesgasdelivery.com	(847) 823-9247
John Just	General Manager Field Operations	(773) 395-7415	(847) 489-6307	111*374*1067 9	JJust@peoplesgasdelivery.com	(847) 317-9228
Kyle Hoops	General Manager Operations North	(773) 794-6838	(847) 489-6259	111*374*234	KAHoops@northshoregasdelivery.com	(847) 489-6259
Dave Lazzaro	Manager Operations Central	(773) 542-7850	773-446-7651	111*374*231	DJLazzaro@peoplesgasdelivery.com	(815)730-3478
Lance Rainge	General Manager Operations South	(773) 962-4990	(773) 491-9482	111*374*101	LLRainge@peoplesgasdelivery.com	(630) 579-4661
	General Manager Operations NSG					
Wilson Mantilla	Manager Construction North	(773) 794-6851	312-296-6865	111*374*27	WPMantilla@peoplesgasdelivery.com	()-
Dawn P Neely	Manager Construction South	(773) 962-4840	312-296-6839	111*374*6839	DPNeely@peoplesgasdelivery.com	()-
Tom Sandonato	Manager Construction Central	(773) 542-7909	773-458-6055-	111*374*4843	JLFelicicchia@peoplesgasdelivery.com	()-
	Manager New Services					
John Saigh	Manager Construction NSG	847-263-4660	(773) 447-9283	73	JRSaigh@peoplesgasdelivery.com	() -
	General Supv. GOS & Metering					

Peoples Gas Organizational Structure for Mutual Assistance



VIII. EMERGENCY RESPONSE CONTACTS

(Outside City of Chicago)

A. AERIAL MARKER *(pictured below)*

Aerial markers are also called mile markers. They are markers that identify the pipeline's location. Aerial markers are used by our pilot as reference marks for aerial surveys.



B. EMERGENCY MANAGEMENT AGENCIES

COUNTY	DIRECTOR	EMERGENCY	BUSINESS
Champaign	William Keller	217-333-8911	217-384-3826
Cook	Kevin Phillips	708-865-4766	708-865-4766
Ford	Donald Jones	217-379-2324	217-379-2946
Kankakee	Brad O'Keefe	911	815-933-3324
Livingston	Charles T. Schopp	815-844-0911	815-844-7741
Piatt	Charles Morris	217-762-5761	217-762-9482
Will	William Gerguson	815-740-0911	815-740-8351
State of Illinois	Scott Gavin	217-782-7860	217-557-4793

C. LOCAL OFFICIALS

AERIAL MARKER	TOWNSHIP	FIRE DISTRICT	LOCAL POLICE	COUNTY	COUNTY SHERIFF
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1. MAHOMET PIPELINE

102 - 102	Newcomb	Sangamon Valley (217) 897-6250		Champaign	Champaign, IL (217) 333-8911
103 - 109	Brown	Sangamon Valley (217) 897-6299		Champaign	Champaign, IL (217) 333-8911
110 - 120	Drummer	Gibson City (217) 784-4221		Ford	Paxton, IL (217) 379-2324
118 - 119	Dix	Elliott (217) 379-2324		Ford	Paxton, IL (217) 379-2324
119 - 132	Sullivant	Roberts-Melvin (217) 388-7717		Ford	Paxton, IL (217) 379-2324
132 - 141	Chatsworth	Chatsworth (815) 635-3103		Livingston	Pontiac, IL (815) 844-2774
141 - 148	Pella	Piper City (217) 379-2324		Ford	Paxton, IL (217) 379-2324
148 - 153	Cullom	Cullom (217) 379-2324		Ford	Paxton, IL (217) 379-2324
153 - 160	Mona	Kempton (217) 379-2324		Ford	Paxton, IL (217) 379-2324
160 - 163	Rogers	Cabery (217) 379-2324		Ford	Paxton, IL (217) 379-2324

AERIAL MARKER	TOWNSHIP	FIRE DISTRICT	LOCAL POLICE	COUNTY	COUNTY SHERIFF
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1. MAHOMET PIPELINE (cont'd)

163 - 175	Norton & Pilot	Hersher (815) 426-2121		Kankakee	Kankakee, IL (815) 933-3324
175 - 181	Salina	Salina Township (815) 935-1411		Kankakee	Kankakee, IL (815) 933-3324
182 - 183	Custer	Custer 911		Will	Joliet, IL (815) 727-8575
183 - 188	Wesley	Wilmington 911		Will	Joliet, IL (815) 727-8575
188 - 192	Florence	Wilmington 911		Will	Joliet, IL (815) 727-8575
192 - 194	Wilton	Manhattan 911	Manhattan (815) 478-3226	Will	Joliet, IL (815) 727-8575
194 - 203	Manhattan	Manhattan 911	Manhattan (815) 478-3226	Will	Joliet, IL (815) 727-8575
203 - 212	New Lenox	New Lenox (815) 485-2121	New Lenox (815) 485-2500	Will	Joliet, IL (815) 727-8575
212 - 217	Homer	Homer (815) 838-2151	Homer (815) 727-6191	Will	Joliet, IL (815) 727-8575
216 - 218	Homer	NW Homer (815) 838-2151	Homer (815) 727-6191	Will	Joliet, IL (815) 727-8575
217 - 220	Lemont	Lemont 911	Lemont 911	Cook	Cook, IL (708) 865-4766
220 - 225	Palos	Palos (708) 448-2181	Palos Park (708) 448-2191	Cook	Cook, IL (708) 865-4766
225 - 227	Palos South Cal-Sag	Palos (708) 448-2181	Palos Heights (708) 448-2131	Cook	Cook, IL (708) 865-4766
227 - 230	Palos North Cal-Sag	North Palos (708) 422-3003	Palos Hills (708) 598-2151	Cook	Cook, IL (708) 865-4766
230 - 230.5	Lyons	Roberts Park (708) 598-2121	Hickory Hills (708) 598-1313	Cook	Cook, IL (708) 865-4766
99th & 76 ^{Ave} 83rd & Newcastle	Lyons	Bridgeview (708) 499-7721	Bridgeview (708) 458-2131	Cook	Cook, IL (708) 865-4766
77th St. 83rd St.	Stickney	Burbank (708) 636-2050	Burbank (708) 924-7300	Cook	Cook, IL (708) 865-4766
65th to 77th to Cicero	Stickney	Bedford Park (708) 458-2161	Bedford Park (708) 458-2171	Cook	Cook, IL (708) 865-4766

AERIAL MARKER	TOWNSHIP	FIRE DISTRICT	LOCAL POLICE	COUNTY	COUNTY SHERIFF
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2. MAHOMET LATERAL

M1-2	Newcomb	Sangamon Valley (217) 897-1167		Champaign	Champaign, IL (217) 333-8911
M3-8	Blue Ridge	Northern Piatt (217) 762-5761		Piatt	Monticello, IL (217) 762-7533

3. 8" FUEL GAS (Elwood Facility)

00 - 02	Jackson	Elwood (815) 423-5211	Elwood (815) 423-5411	Will	Joliet, IL (815) 727-8575
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4. ROGERS PARK PIPELINE

	Skokie	Skokie (847) 982-5300	Skokie (847) 982-5900	Cook	Cook (708) 865-4766
	Lincolnwood	Lincolnwood (847) 673-2161	Lincolnwood (847) 573-2167	Cook	Cook (708) 865-4766

6. 24" ELWOOD I (Elwood Facility)

00 - 06	Jackson	Elwood (815) 423-5211	Elwood (815) 423-5411	Will	Joliet, IL (815) 727-8575
07	Manhattan	Manhattan, IL 911	Manhattan, IL (815) 478-3226	Will	Joliet, IL (815) 727-8575

9. PERC PEAKING PLANT (131st & Bell Rd)

219	Lemont	Lemont 911	Lemont 911	Cook	Cook, IL (708) 865-4766
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10. LINCOLN PIPELINE

00-04	Manhattan	Manhattan 911	Manhattan (815) 478-3226	Will	Joliet, IL (815) 727-8575
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11. CONSTELLATION PIPELINE

None	Monee	University Park 911	University Park 911	Will	Joliet, IL (815) 727-8575
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12. PPL PIPELINE

None	Monee	University Park 911	University Park 911	Will	Joliet, IL (815) 727-8575
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13. 36" ELWOOD II PIPELINE

00 - 03	Jackson	Elwood (815) 423-5211	Elwood (815) 423-5411	Will	Joliet, IL (815) 727-8575
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D. FOREIGN CROSSING EMERGENCY NUMBERS

Company	Emergency	Mile Post
BP-AMOCO	800-548-6482	Multiple
Alliance	800-884-8811	Multiple
ANR	313-965-1616	Mahomet 193
ANR Tennessee	800-397-2214	Multiple
Aux Sable Liquid Products	815-941-5858	Multiple
Buckeye Pipeline	800-331-4115	Mahomet 197
Badger	800-248-4140	Lemont 01
Chi-Cap	800-548-6482	Multiple
Commonwealth Edison	800-334-7661	Multiple
Dome	800-265-6000	Mahomet 167
Exxon-Mobil	214-742-3106	Multiple
Explorer	888-876-0036	Mahomet 143
Kinder Morgan	888-844-5658	Morris P/L
Lakehead	800-858-5253	Mahomet 217
Marathon	800-537-6644	Multiple
Enterprise Pipeline	800-546-3482	Multiple
Northern Border	888-417-6275	Multiple
NGPL	800-733-2490	Multiple
NiCor	888-642-6748	Multiple
Phillips	800-766-8230	Mahomet 141
SBC	888-611-4466	Multiple
Shell	800-634-4325	Mahomet 141 & 228
TEPPCO	800-530-1050	Multiple
TEPPCO	812-522-3715	Mahomet 206
Trunkline	800-225-3913	Manlove
Unoven	630-257-4580	Lemont 100
Vector	888-427-7777	Multiple
West Shore	888-625-7310	Mahomet 219
Wolverine	888-337-5004	Multiple

IX. PERSONNEL TRAINING

(192.615b2)

A. CITY OF CHICAGO

All management personnel and some technical personnel in the Gas Operations Division and selected management and technical personnel from other departments are given emergency response training. This training includes:

Initial Training

- Review of the Emergency Operating Plan
- An overview of the distribution system from the city gate stations through pressure regulator vaults to the customer service line and meter
- Information on the properties of natural gas, reading and interpreting atlas pages, EOP maps, valve registers, regulator vault plats, etc.
- Emergency response concepts through the use of fictitious or actual case studies

Annual Training

- Review of any changes to the Emergency Operating Plan
- Review emergency response concepts previously taught
- Dependent on current issues:
 - Hold mock emergency drills in a classroom setting, where personnel are placed in emergency response roles and work as a team to control various emergency situations. The team response is then analyzed and evaluated for effectiveness.
 - Review actual incidents in a case study format. This review could include PGL specific incidents as well incidents occurring throughout the state or country as documented in local commission or NTSB reports. The intent would be for PGL personnel to learn from any of the mistakes or positive responses made.

Documentation of this training will be maintained for all management and technical personnel.

Non-management field employees receive emergency response training included in their “Abnormal Conditions” course, as part of operator qualification training.

- All pipeline employees who perform “covered task(s)” as defined in 192.801(b) shall be qualified in accordance with the PGL Operator Qualification Program.

B. TRANSMISSION SYSTEM OUTSIDE CITY OF CHICAGO

- All pipeline employees who perform “covered task(s)” as defined in 192.801(b) shall be qualified in accordance with the PGL Operator Qualification Program.
- Employee activities during an actual emergency shall be reviewed by the Pipeline Operations Group Supervisor to determine the effectiveness of the procedures and whether the procedures were effectively followed. (192.615b3)
- All personnel who may be involved in emergency actions shall be furnished the latest copy of the Emergency Operating Plan. (192.615b1) Copies of the EOP are available on the corporate website.