



Pipeline Safety Division Investigation Report

Investigation regarding: City Of Plymouth Street Department

UPPAC Database Record ID: 1991

Investigator: Dan Novak

Report Date: 02/13/2012

Damage Date: 08/16/2011 10:09:55 AM

Damage Address: River St

City: Plymouth

County: Marshall

The Parties

Excavator: **City Of Plymouth Street Department**

Contact: Jim Marquardt, Street Superintendent

Address: 2124 Western Avenue, Plymouth, In 46563

Telephone: (574) 936-2017

Facility Owner: NIPSCO

Contact: Kit Earle

Address: 101 West Ohio Street, Indianapolis, IN 46204

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Investigation regarding: City Of Plymouth Street Department

UPPAC Database Record ID: 1991

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: False

Number of Customers Affected: 0

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$2221

Excavator Activities/Cause of damage information:

Excavator request locates: No Indiana 811 ticket Number:

Type of Equipment: Hand Tools

Type of work performed: Traffic Sign

Synopsis: Damage to a natural gas main occurred during replacement of a street sign.

Findings: Reported by Indiana 811; excavator's response to initial notice received on 12/16/2011. Excavator replaced a street sign using the same post-hole and did not call to request the location of underground utilities.

Conclusion: There was a failure to provide notice of excavation.

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

City Of Plymouth Street Department currently has no other reports of damages in the record.

NO

LOCATE

TICKET

PROVIDED



101 West Ohio Street
Suite 1707
Indianapolis, IN 46204

December 19, 2011

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 1991
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 1991

To Whom It May Concern:

Attached please find Northern Indiana Public Service Company's ("NIPSCO") written information relating to the following event:

Date of Event: 8/16/2011
Event Location: River St., Plymouth
Facility Owner: NIPSCO
Excavator: City of Plymouth Street Department
Other Party: N/A
Pipeline Division Case No. 1991

NIPSCO has reviewed its recovery and damage prevention files for this matter and has provided answers, when known, to the list of questions set forth in the Information Request.

Upon completion of the investigation, NIPSCO requests that it be provided with a copy of the Pipeline Division's Investigation Report with findings that will be forwarded to the Underground Plant Protection Advisory Committee. If there are any additional questions, please contact the undersigned.

Very truly yours,


Christopher C. (Kit) Earle
NiSource Corporate Services - Legal
Phone: 317-684-4904
Fax: 317-684-4918
Email: cearle@nisource.com

IURC INFORMATION REQUEST**Pipeline Safety Division Case No. 1991**

| | |
|----------------------------------|---|
| Date of Event | 8/16/2011 |
| Event Location | River St, Plymouth |
| Facility Owner | Northern Indiana Public Service Company |
| Excavator | City of Plymouth Street Department |
| Date of IURC Information Request | 11/18/2011 |

EVENT LOCATION:

| | |
|---|--------------|
| ADDRESS | |
| STREET | River Street |
| CITY/TOWN/IN ZIP CODE | Plymouth |
| COUNTY | Marshall |
| TOWNSHIP | Center |
| PROPERTY OWNER | |
| USE - COMMERCIAL/RESIDENTIAL | |
| TENANT'S NAME | |
| IF COMMERCIAL USE, TENANT OR OWNER OCCUPIED | |
| IF TENANT OCCUPIED, TENANT'S FULL NAME | |

EXCAVATOR:

| | |
|---------------------------------|-------------------------------------|
| NON BUSINESS FULL PERSONAL NAME | |
| BUSINESS NAME | Town of Plymouth, Street Department |
| ADDRESS | 124 |
| STREET | N. Michigan Street |
| CITY/ STATE/ZIP | Plymouth, IN 46563 |
| PREFERRED TELEPHONE | (574)936-2017 |
| SECONDARY TELEPHONE | |
| EMAIL ADDRESS | STREET@PLYMOUTHIN.COM |

FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:

| | |
|--|---|
| BUSINESS NAME | NORTHERN INDIANA PUBLIC SERVICE COMPANY |
| RESPONSIBLE BUSINESS PERSON NAME AND TITLE | LUKE SELKING |

ADDRESS
CITY/STATE/ZIP
PREFERRED TELEPHONE
SECONDARY TELEPHONE
EMAIL ADDRESS

1501 HALE AVENUE
FORT WAYNE, IN 46802
260/439-1290

LSELKING@NISOURCE.COM

LOCATE MARKS:

DATE LOCATE REQUESTED
DATE LOCATE PERFORMED
DATE OF EVENT
LOCATE NUMBER
811 DAMAGE NOTIFICATION NUMBER
WERE LOCATE MARKS VISIBLE
DID THE EXCAVATOR WHITE LINE
WERE MAPS USED TO MARK FACILITY
WAS THERE A POSITIVE RESPONSE FROM OPERATOR/HOW
WAS OPERATOR EMPLOYEES ON SITE AT TIME OF INCIDENT

No locate requested.
No locate requested.
No locate requested.
08/16/11
1108161030
No locate requested.
No locate requested.
No locate requested.
No locate requested.
No

INJURIES:

NUMBER OF OUT-PATIENT
NUMBER OF IN-PATIENT INJURIES
WAS LOCAL FIRE DEPARTMENT CALLED
FIRE DEPARTMENT NAME
FIRE DEPARTMENT RESPONSE DESCRIPTION
WAS LOCAL POLICE DEPARTMENT CALLED
DEPARTMENT NAME
POLICE DEPARTMENT RESPONSE DESCRIPTION
ANY OTHER RESPONSE - IF SO, WHO AND DESCRIBE

0
0
Unknown
Unknown
Unknown
Unknown
Unknown
Unknown
Unknown

DESCRIBE WHAT HAPPENED AND WHY

NIPSCO gas service struck and damaged during excavation for the installation of a new sign post. Excation was performed without the benefit of locates.

#1991

NIPSCO 00293 IUPPSa 08/16/2011 10:10:10 1108161030-00A EMER DAMG STRT

DAMAGE DAMAGE

Ticket : 1108161030 Date: 08/16/2011 Time: 10:04 Oper: SPEOPLES Chan:000

State: IN Cnty: MARSHALL Twp: CENTER
Cityname: PLYMOUTH Inside: Y Near: N
Subdivision:

Address :

Street : RIVER ST

Cross 1 : E LAPORTE ST Within 1/4 mile: Y

Location: LOCATE THE SOUTHEAST CORNER OF THE INTERSECTION

:

Grids : 4120C8618C

Boundary: n 41.340885 s 41.339787 w -86.306549 e -86.305084

Work type : REPLACING A SIGN

Done for : CITY OF PLYMOUTH STREET DEPT

Start date: 08/16/2011 Time: 10:05 Hours notice: 0/0 Priority: EMER

Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y

Duration : 1 HOUR Depth: 1 FOOT

Company : CITY OF PLYMOUTH STREET DEPARTMENT Type: OTHR

Co addr : 2124 WESTERN AVENUE

City : PLYMOUTH State: IN Zip: 46563

Caller : JIM MARQUARDT Phone: (574)936-2017

Contact : JIM - OFFICE Phone:

BestTime:

Mobile : (574)936-2017

Fax : (574)936-3551

Email : STREET@PLYMOUTHIN.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
PER JIM - GAS LINE HAS BEEN DAMAGED - GAS LINE IS HISSING AND SMELL IS EVIDENT
-HAVE ADVISED TO CALL 911- NIPSCO IS THE UTILITY-DESCRIPTION IS UNKNOWN - LINE
WAS DAMAGED IN BETWEEN RIVER STREET AND EAST LAPORTE STREET INBETWEEN THE STREET
AND SIDEWALK - CREW IS ON SITE - UTILITY HAS BEEN CALLED - NO PREVIOUS TICKET
NUMBER

Will you be white-lining the dig site area? NO

:

Submitted date: 08/16/2011 Time: 10:04

Members: COMCN ID1362 ID2034 ID4752 NIPSCO SM ID5857

COPY

Information Request

Pipeline Safety Division Indiana Utility Regulatory Commission

Case No. 1991

The Pipeline Safety Division of the Indiana Utility Regulatory Commission requests any and all information you can provide regarding the following criteria:

The Parties:

Excavator Information:

Business Name: *CITY OF PLYMOUTH STREET DEPT.*

Responsible Party Personal Name: *JIM MARQUARDT*

Title (if any): *STREET SUPERINTENDENT*

Address: *2124 WESTERN AVE.*

City, State Zip: *PLYMOUTH IN. 46583*

Preferred Telephone: *574-936-2017*

Cell Phone Number: *574-930-6308*

Email Address: *STREET@PLYMOUTH.IN.COM*

Facility Information:

Business Name: *NORTHERN INDIANA PUBLIC SERVICE COMPANY*

Responsible Party Personal Name: *MARY L. LECHOWICZ*

Title (if any): *LEADER FACILITY DAMAGES*

Address: *801 E. 86TH AVENUE*

City, State, Zip: *MERRILLVILLE IN. 46410*

Preferred Telephone: *800-884-2684*

Cell Phone Number:

Email Address:

Locator Service Information:

Business Name:

Responsible Party Personal Name:

Title (if any):

Address:

City, State Zip:

Preferred Telephone:

Cell Phone Number:

Email Address:

Other (Witness, Police, Fire, Other) Information:

Personal Contact:

Business/Organization Name:

Title (if any)

Address:

City, State, Zip:

Preferred Telephone:

Cell Phone Number:

Email Address:

Utility Line Impact:

Location of Damage:

Address:

SOUTH EAST SIDE OF INTERSECTION

City, State Zip:

PLYMOUTH IN. 46563

Nearest Intersection:

RIVER STREET + EAST LAPORTE STREET

Product Type (circle one):

Natural Gas

Liquid Pipeline

Unknown/Other

Facility Type (circle one):

Distribution

Gathering

Service/Drop

Transmission

Unknown/Other

Size (Diameter/etc.): _____

Pressure (PSIG/Inches): _____

Interruption in Service: Yes / No

Number of Customers Affected: 0

Evacuation: Yes / No

If yes, How Many Evacuated? _____

Repair Cost (if known): \$ 2,221.44

Cause of Damage Information:

Type of Equipment (circle one):

Auger
Backhoe/Trackhoe
Boring /Drilling
Directional Drilling
Explosives
Farm Equipment
Grader/Scraper
Hand Tools
Milling Equipment
Probing Device
Trencher
Vacuum Equipment
Unknown/Other

Type of Work Performed (circle one):

Agriculture
Cable TV
Curb/Sidewalk
Bldg. Construction
Bldg. Demolition
Drainage
Driveway
Electric
Engineering/Surveying
Fencing
Grading
Irrigation
Landscaping
Liquid Pipeline
Milling
Natural Gas
Pole
Public Transit Authority
Railroad Maintenance
Road Work
Sewer (Sanitary/Storm)
Site Development
Steam
Storm Drain/Culvert
Street Light
Telecommunications
Traffic Signal
Traffic Sign
Water
Waterway Improvement
Unknown/Other

Release of Product: Yes / No

Ignition and/or Fire: Yes / No

Excavator Notify 811: Yes / No

Locate Information:

Excavator Request Locate: Yes / No

Indiana 811 Locate Ticket Number: _____

Locate Marks Visible: Yes / No

Locate Marks Correct: Yes/No

Excavator "White Lined": Yes / No

Maps Used to Mark Facilities: Yes / No

Was Locate Provided within Two (2) Working Days: Yes / No

Operator Employees On-site during Excavation: Yes / No

Incident Impact Information:

Number of Outpatient Treated: _____ 0

Number of Inpatient Treated: _____ 0

Number of Fatalities: _____ 0

Fire Department Response: Yes / No

Police Department Response: Yes / No

Ambulance Response: Yes / No

Additional Information/Comments:

OUR SIGN CREW WAS REPLACING A EXISTING STREET SIGN THAT WAS BENT. WHEN WE PUT A NEW ANCHOR POST IN THE SAME HOLE IT HIT A GAS LINE AND CAUSED A SMALL LEAK. WHEN I TALKED WITH THE SIGN CREW AFTER THE LEAK I TOLD THEM THAT WE NEED TO CALL IN LOCATES EVEN WHEN WE ARE USING THE SAME HOLE.

YOUR PIPELINE SAFETY DIVISION CASE NO. 1991

YOUR FULL NAME: JAMES R MARQUARDT

FULL NAME OF BUSINESS/ENTITY (if applicable): CITY OF PLYMOUTH STREET DEPT.

YOUR BUSINESS TITLE (if applicable): STREET SUPERINTENDENT

ADDRESS: 2124 WESTERN AVE.

CITY: Plymouth STATE: IN ZIP CODE: 46563

YOUR TELEPHONE NUMBER: (574) 936-2017 SECOND NO. (574) 930-6308

YOUR EMAIL ADDRESS: STREET@PLYMOUTH.IN.COM

TODAY'S DATE: 11-30-2011

YOUR SIGNATURE: James R Marquardt TITLE (if any) STREET SUPERINTENDENT

Please return your Narrative Statement and Answers to the above questions to:

Pipeline Safety Division – Case No. 1991
Indiana Utility Regulatory Commission
101 West Washington Street, # 1500E
Indianapolis, IN 46204

Or scan document(s) and Email to:

PipelineDamageCase@urc.in.gov



Facility Damage Recovery
801 E. 86th Avenue
Merrillville, IN 46410-6271
www.nipsco.com
(219) 647-4033
(800) 884-2684

September 23, 2011

*mailed to
Michelle
9/29/2011
9:30 AM*

City Of Plymouth
Attn: Clerk Treasurer
124 N. Michigan Street
P. O. Box 492
Plymouth, IN 46563

RE: Our Claim 11 1855

Gentlemen:

Enclosed is our Damage Claim Bill in the amount of \$2,221.44, being the expense this Company incurred as the result of your contact with our facilities located in the vicinity of River and LaPorte Streets, Plymouth, Indiana. Our reports indicate that our facilities were damaged on August 16, 2011.

If you have insurance to cover this type of damage claim, please forward the enclosed Damage Claim Bill and envelope to your insurance carrier for payment and advise this Department of the company's name and address so that we can follow the matter to a conclusion. In the event you are not insured, your check, draft or money order in the above amount is hereby requested. To insure proper credit to your account, please remit the top portion of the Damage Claim Bill, along with your payment, in the enclosed pre-addressed envelope.

If you wish to discuss this matter further, please contact the undersigned.

Sincerely,

MARY L. LECHOWICZ
Leader Facility Damages

MLL:kml

Enclosure

TO: City Attorney's Office
Attn: Claims Department

LIABILITY CLAIM FORM
(Please write or print clearly)

CLAIMANT NAME: Northern Indiana Public Service Company **Telephone:** 219-647-4033

Address: Facility Damage Recovery, 801 E. 86th Avenue, Merrillville, IN 46310-6271
Number Street City State Zip

Date and Time Loss occurred: 8/16/11 09:01 AM

Location loss occurred: Intersection of River and Laporte Streets, Plymouth

Extent of loss: (Please provide two (2) written estimates for property damage): \$2221.44 - Bill Enclosed

Describe what happened: _____

NIPSCO gas main struck and damaged during installation of stake for a sign by the
Plymouth Street Department.

Names of person(s) involved (if known); Plymouth Street Department

Amount of damages sought: \$ 2221.44

Claimant's residence at time of loss: 801 E. 86th Avenue, Merrillville, IN 46410-6271

Signature: Mary Lechowicz **Date:** 09/23/11

**Northern Indiana Public Service Company
DAMAGE CLAIM BILL**

CLAIM NO.: 11 1855

JOB ORDER NO.: 526014

DATE: September 23, 2011

City Of Plymouth
Attn: Clerk Treasurer
124 N. Michigan Street
P. O. Box 492
Plymouth, IN 46563

PAYMENT DUE 28 DAYS FROM ABOVE DATE.
PLEASE MAKE REMITTANCE PAYABLE TO:

NORTHERN INDIANA PUBLIC SERVICE COMPANY
801 E. 86TH AVENUE
MERRILLVILLE, INDIANA 46410-6271
ATTENTION: FACILITY DAMAGES RECOVERY

| |
|-----------------|
| AMOUNT REMITTED |
| |

| |
|------------|
| AMOUNT DUE |
| \$2,221.44 |

↓ PLEASE DETACH HERE AND RETURN THIS PORTION WITH PAYMENT ↓

| DATE | DESCRIPTION | AMOUNT |
|---|---|--------------------|
| 8/16/2011 | Expense incurred as the result of damage to NIPSCO facilities located in the vicinity of River And Laporte Streets, Plymouth, Indiana, by the above organization. | |
| | LABOR: | \$ 1,704.56 |
| | MATERIAL: | 117.21 |
| | EQUIPMENT: | 353.23 |
| | MEALS: | <u>46.44</u> |
| | TOTAL EXPENSE: | \$ 2,221.44 |
| <p>If you have any questions regarding this bill, please contact Mary Lechowicz, Leader Facility Damages, at 219-647-4033 or 1-800-884-2684</p>  <p>811 Know what's below. Call before you dig.</p> | | |

Northern Indiana Public Service Company
DAMAGE CLAIM BILL

CLAIM NO.: 11 1855

JOB ORDER NO.: 526014

DATE: September 23, 2011