



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Austgen Equipment Incorporated**

UPPAC Database Record ID: 3142

Investigator: Mike Orr

Report Date: 1/4/2013

Damage Date: 6/6/2012 9:25:46 AM

Damage Address: N West St

City: Crown Point

County: Lake

### The Parties

Excavator: **Austgen Equipment Incorporated**

Contact: David J. Austgen, Owner

Address: Po Box 366, Lowell, In 46356

Telephone:

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: Austgen Equipment Incorporated**

UPPAC Database Record ID: 3142

### **Damage Impact**

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 3

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

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

Excavator request locates: Yes    Indiana 811 ticket Number: 1205311685

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Curb / Sidewalk

**Synopsis:** Damage to a natural gas main occurred during a procedure to install curb/sidewalk.

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 7/23/2012. Excavator had a valid locate prior to beginning work; however, the gas operator failed to locate a purge drip which was 2 inches below surface resulting in an OPERATOR VIOLATION for failure to locate the facility. The gas operator was noticed of the initial determination in a mailing from the IURC 8/13/2012 for further information response.

**Conclusion:** The gas operator failed to properly locate the affected facility resulting in an OPERATOR VIOLATION.

**Violation: IC 8-1-26-18(f): Operator failed to locate or provided incorrect locate markings.**



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jul 17, 2012

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### Who is submitting this information?

Name of person providing this information: Carrie Ludwig (NIPSCo)

Business address (*number and street*): 3511 East 15th Ave

City, State, and ZIP code: Gary, IN 46403

Telephone number (*area code*): 219 962 0422

Fax number (*area code*): 219 962 0404

E-mail address: cludwig@nisource.com

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### Excavator Information, if known

Full name: Austgen Equipment Inc

Business address (*number and street*): PO Box 366

City, State, and ZIP code: Lowell, IN 46356

Telephone number (*area code*): 219 690 1850

Fax number (*area code*): 219 690 1852

E-mail address: MHAKOS@AUSTGENEQUIPMENT.COM

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### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Curb/Sidewalk

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**Date and Location of Damage**

Date of damage (*month, day, year*): Jun 6, 2012 \_\_\_\_\_

County: Lake \_\_\_\_\_

City: Crown Point \_\_\_\_\_

Street address (*number and street, city, state, and ZIP code*):  
Monitor & West (517 N West) Crown Point IN \_\_\_\_\_

Nearest intersection: W Anderson St \_\_\_\_\_

Right of way where damage occurred: Private - Land Owner

Was there a release of product? Yes

If yes, was there an ignition of product? No

Were evacuations necessary as a result of release? No

If yes, how many evacuated? 0 \_\_\_\_\_

Was there a customer service interruption? Yes

If yes, how many affected? 3 \_\_\_\_\_

Time to restore service (*in hours*): 2 \_\_\_\_\_

Enter number of injuries, if applicable and known: 0 \_\_\_\_\_

Enter number of fatalities, if applicable and known: 0 \_\_\_\_\_

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

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**Affected Facility Information**

What type of pipeline was damaged? Natural Gas

What was the affected facility? Service/Drop

What was the depth of the facility, in inches? 2 \_\_\_\_\_

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**Notification, Locating, Marking**

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1205311685 \_\_\_\_\_

Was the locate request completed within two working days? Yes

If locates were performed, were they done so by a contractor or pipeline employee? Contract Locator

If a contractor locator, enter the company name, if known: USIC

Were facility marks visible in the area of excavation? Yes

Were facilities marked correctly? No

Type of markings used: Paint

If other, please specify: \_\_\_\_\_

Was site marked by "White Lining"?

Were special instructions part of the locate request? Unknown/Other

Were maps used to complete the locate request? Unknown/Other

Were pipeline company representatives on site during excavation? No

Did the excavator notify the operator in the event of this damage? Yes

Did the excavator notify Indiana 811 in the event of this damage? Yes

Did the excavator notify 911 in the event of a release of product? Unknown/Other

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### **Description of Cause**

Select from the list the most accurate cause for the damage: --Facility could not be found/located

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### **Additional Comments**

Damage ticket #: 1206060858

Nipsco emergency repair ticket #: 1206060986

Un-locateable steel purge pipe was damaged

Excavator not at fault. Gas operator failed to locate or provided incorrect locate markings. MAO 7/18/2012.



101 West Ohio Street, Suite 1707  
Indianapolis, IN 46204

August 13, 2012

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

Pipeline Safety Division – Case No. 3142  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3142

To Whom It May Concern:

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

Date of Event: 6/6/2012

Event Location: N West St, Crown Point

Facility Owner: Northern Indiana Public Service Company

Excavator: Austgen Equipment Incorporated

Other Party: N/A

Pipeline Division Case No. 3142

NIPSCO has reviewed its recovery and damage prevention files for this matter and has provided answers, when known, to the list of questions set forth in the Information Request. To the extent available, NIPSCO is also providing a copy of the Damage Information Report – Pipeline Safety Division previously submitted by NIPSCO to IURC Pipeline Safety as well as additional documentation relating to this Event Location.

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

Very truly yours,

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

<b>IURC INFORMATION REQUEST</b>	
<b>Pipeline Safety Division Case No. 3142</b>	
Date of Event	6/6/2012
Event Location	N West St, Crown Point
Facility Owner	Northern Indiana Public Service Company
Excavator	Austgen Equipment Incorporated
Date of IURC Information Request	7/13/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Austgen Equipment Inc
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	PO Box 366
CITY/ STATE/ZIP	Lowell, IN 46356
PREFERRED TELEPHONE	219 690 1850
CELL PHONE TELEPHONE	219 689 6148
EMAIL ADDRESS	<a href="mailto:mhakos@austgenequipment.com">mhakos@austgenequipment.com</a>
<b>FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:</b>	
BUSINESS NAME	NORTHERN INDIANA PUBLIC SERVICE COMPANY
RESPONSIBLE PARTY PERSONAL NAME	LUKE SELKING
TITLE	
ADDRESS	1501 HALE AVENUE
CITY/STATE/ZIP	FORT WAYNE, IN 46802
PREFERRED TELEPHONE	260/439-1290
SECONDARY TELEPHONE	
EMAIL ADDRESS	<a href="mailto:LSELKING@NISOURCE.COM">LSELKING@NISOURCE.COM</a>
<b>LOCATOR SERVICE INFORMATION</b>	
BUSINESS NAME	USIC
RESPONSIBLE PARTY PERSONAL NAME	Morgan Thompson
TITLE (IF ANY)	Claims Coordinator
ADDRESS	9045 N. River Rd. Suite 300
CITY/ STATE/ZIP	Indianapolis, IN 46240
PREFERRED TELEPHONE	1-317-538-7301
CELL PHONE TELEPHONE	Same
EMAIL ADDRESS	<a href="mailto:morganthompson@usicinc.com">morganthompson@usicinc.com</a>
<b>OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION</b>	
PERSONAL CONTACT	
BUSINESS/ORGANIZATION NAME	
TITLE (IF ANY)	

ADDRESS	
CITY/ STATE/ZIP	
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<b>UTILITY LINE IMPACT</b>	
<b>LOCATION OF DAMAGE</b>	
ADDRESS	N West St
CITY/STATE/ZIP	Crown Point, IN
NEAREST INTERSECTION	W Anderson St
<b>PRODUCT TYPE (Select One)</b>	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
<b>FACILITY TYPE (Select One)</b>	
DISTRIBUTION	
GATHERING	
SERVICE/DROP	
TRANSMISSION	
UNKNOWN/OTHER	X steel purge pipe
SIZE (DIAMETER/ETC.)	¾"
PRESSURE (PSIG/INCHES)	45
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	3
EVACUATION (YES/NO)	N
IF YES, HOW MANY EVACUATED	0
REPAIR COST (IF KNOWN) (\$)	
<b>CAUSE OF DAMAGE INFORMATION:</b>	
<b>TYPE OF EQUIPMENT (Select One)</b>	
Auger	
Backhoe/Trackhoe	X
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	
Probing Device	

Trencher	
Vacuum Equipment	
Unknown/Other	
<b>TYPE OF WORK PERFORMED (Select One)</b>	
Agriculture	
Cable TV	
Curb/Sidewalk	X
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)	Y
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	Y 1206060858
<b>LOCATE INFORMATION:</b>	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1205311685
LOCATE MARKS VISIBLE (YES/NO)	Y
LOCATE MARKS CORRECT (YES/NO)	Y
EXCAVATOR "WHITE LINED" (YES/NO)	N
MAPS USED TO MARK FACILITIES (YES/NO)	Y
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	N
<b>INCIDENT IMPACT INFORMATION</b>	
NUMBER OF OUTPATIENT TREATED	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FACILITIES	
FIRE DEPARTMENT RESPONSE (YES/NO)	
FPOLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
<p>Excavator hit purge valve on accurately marked main  Nipsco emergency repair ticket #: 1206060986</p>	

# Fact Based Investigation Report

01820120606003  
Northern IN  
6/6/2012 9:22:00 AM  
6/6/2012 9:30:11 AM  
MIKE HAKOS  
N WEST ST  
CROWN POINT  
ST: IN ZIP:

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NOTIFICATION ID:  
DISTRICT:  
DAMAGE DATE:  
NOTIFICATION DATE:  
NOTIFIED BY:  
DAMAGE ADDRESS:  
CITY:

NIPSCO

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DAMAGED CUSTOMER:

06/06/2012  
08:15:00  
09:00:00

---

INVESTIGATION DATE:  
FROM:  
TO:

Austgen Equipment Inc.  
site work

---

EXCAVATOR INVOLVED:  
TYPE OF EXCAVATION:

1205311685  
6/4/2012 11:30:00 AM  
Ongoing Project

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

M52392646  
6/6/2012 10:40:00 AM

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

reggie flemings  
6/6/2012 8:25:00 AM  
Digital

---

PICTURES TAKEN BY:  
DATE/TIME:  
PHOTOGRAPHY TYPE:  
FRAME #:

129675  
reggie flemings  
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?

INVESTIGATOR EMP#:  
INVESTIGATOR NAME:

Possibly

## Fact Based Investigation Customer Information

01820120606003

NIPSCO

(optional)

NOTIFICATION ID:

SELECT A CUSTOMER:

CUSTOMER #:

LOWPROF

valve

Flemings Reginald - 129675

FACILITY DESCRIPTION:

FACILITY ID:

LOCATOR NAME & EMP #:

LOCATOR NOT KNOWN:

### CHECK ALL THAT APPLY TO INVESTIGATION:

Facility Marked Accurately

Other:

### CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):

Visual, Facility Exposed At Time Of Investigation

### INVESTIGATOR STATEMENT/CAUSAL FACTORS:

Purge valve on the main was damaged. post locate photos show the main marked. In the post locate photos you can see the marks on the main. The line was marked correctly.

### NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

na

### NAMES OF EXCAVATOR'S REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

na

### LIST ANY OTHER INDIVIDUALS ON SITE:

na

WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL?

Yes

WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA?

Yes

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS?

Yes

EXTENT OF FACILITY DAMAGE

Caught purge valve.

REPLACEMENT FOOTAGE

unknown

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?

No

WHAT CONTRACTOR EQUIPMENT WAS USED?

unknown

IS THE FACILITY SHOWN ON THE UTILITY RECORDS?

No

IF YES, PLEASE LIST RECORD #(S)

NIPSCO 00202 IUPPSa 06/06/2012 09:25:47 1206060858-00A EMER DAMG GRID

DAMAGE

Ticket : 1206060858 Date: 06/06/2012 Time: 09:22 Oper: TFRICKE Chan:028

State: IN Cnty: LAKE Twp: CENTER  
Cityname: CROWN POINT Inside: Y Near: N  
Subdivision:

Address :

Street : N WEST ST

Cross 1 : W ANDERSON ST Within 1/4 mile: Y

Location: FROM THE NORTH SIDE OF THE INTERSECTION - LOCATE SOUTH FOR APPROX 750  
FEET ON BOTH SIDES OF WEST ST

:

Grids : 4125C8721A 4125B8721A 4125C8722D 4125B8722D

Boundary: n 41.426296 s 41.422817 w -87.367371 e -87.365829

Work type : SITE EXCAVATION FOR ROAD WORK

Done for : ARMY CORP

Start date: 06/06/2012 Time: 09:22 Hours notice: 0/0 Priority: EMER

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

Duration : 4 WEEKS Depth: 5 FEET

Company : AUSTGEN EQUIPMENT INCORPORATED Type: CONT

Co addr : PO BOX 366

City : LOWELL State: IN Zip: 46356

Caller : MIKE HAKOS Phone: (219)690-1850

Contact : MIKE HAKOS - CELL Phone:

BestTime:

Mobile : (219)689-6148

Fax : (219)690-1852

Email : MHAKOS@AUSTGENEQUIPMENT.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time  
PER MIKE - A NIPSCO GAS LINE HAS BEEN CUT - LINE IS BLOWING - 911 HAS BEEN  
CALLED - ADVISED CALLER TO CONTACT NIPSCO - THINKS LINE IS A 1" SERVICE LINE -  
DOES NOT KNOW COLOR - DIGGING IN STREET R-O-W - CREW IS ON SITE - PREVIOUS  
TICKET 1205311685

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

:

Submitted date: 06/06/2012 Time: 09:22

Members: COMCN IB ID2287 NIPSCO SM

CASE # 3142

NIPSCO 00476 IUPPSa 05/31/2012 11:16:25 1205311685-00A NORM NEW GRID

NORMAL NOTICE REMARK

Ticket : 1205311685 Date: 05/31/2012 Time: 11:12 Oper: LSTEVENSON Chan:018

State: IN Cnty: LAKE Twp: CENTER  
Cityname: CROWN POINT Inside: Y Near: N  
Subdivision:

Address :

Street : N WEST ST

Cross 1 : W ANDERSON ST Within 1/4 mile: Y

Location: FROM THE NORTH SIDE OF THE INTERSECTION - LOCATE SOUTH FOR APPROX 750  
FEET ON BOTH SIDES OF WEST ST

:

Grids : 4125C8721A 4125B8721A 4125C8722D 4125B8722D

Boundary: n 41.426296 s 41.422817 w -87.367371 e -87.365829

Work type : SITE EXCAVATION FOR ROAD WORK

Done for : ARMY CORP

Start date: 06/04/2012 Time: 11:30 Hours notice: 96/48 Priority: NORM

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

Duration : 4 WEEKS Depth: 5 FEET

Company : AUSTGEN EQUIPMENT INCORPORATED Type: CONT

Co addr : PO BOX 366

City : LOWELL State: IN Zip: 46356

Caller : MIKE HAKOS Phone: (219)690-1850

Contact : MIKE HAKOS - CELL Phone:

BestTime:

Mobile : (219)689-6148

Fax : (219)690-1852

Email : MHAKOS@AUSTGENEQUIPMENT.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time  
PLEASE REMARK AS NEEDED DUE TO WEATHER AND CONSTRUCTION---PREVIOUS TICKET NUMBER  
IS 1205182712

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

:

Submitted date: 05/31/2012 Time: 11:12

Members: COMCN IB ID2287 NIPSCO SM

CASE # 3142

JO 572970

IURC Damage Information Request

Complete at damage site. Please scan and email completed form to [cludwig@nisource.com](mailto:cludwig@nisource.com) within 10 days of damage.

Date 6-6-12

City Crown Pt.

Address Intersection of West St. & Monitor

Contractor Austgen Equip.

Type of Equipment crawler backhoe

Work Type side walk replacement

Locate #

Locates  (yes/no)

Accurate Locates  (yes/no)

Paint flags or both

Release of Gas  (yes/no)

Detailed description of Event including equipment used *Excavator scraping surface of ground hit 3/4" STEEL purge pipe buried 2" under surface*

Depth of line 2" !!!

Were locates performed in 2 working days (yes/no)

*Not locateable directly over 2" STL main*

Service or main and size of line

*3/4" purge riser left in ground 40 years ago*

Pressure (PSI)

*45 lbs.*

Outage (yes/ no)

How many customers lost 0

Time to restore service 2 hrs.

Evacuation (yes/ no)

How many evacuated

Ignition of product (yes/ no)

Damage or leak

*This purge pipe could not be discernable from the locate of the main because the 3/4" STL pipe came almost to the surface of the ground (within 2")*

*submitted 7/17/12  
entered 7/13/12*

*ruschick*



# NORTHERN INDIANA PUBLIC SERVICE COMPANY

## PROPERTY DAMAGE REPORT (CLAIMS FOR THE COMPANY)

FORWARD ORIGINAL AND 1 COPY

FAXED JUN 27 2012

ALL DAMAGES TO PROPERTY MUST BE REPORTED TO THE CLAIMS DEPARTMENT

REPORTING OPERATING AREA 030 CLAIM NUMBER \_\_\_\_\_  
 OPERATING AREA CONTACT M. Schiessle JOB ORDER NUMBER 572970  
 TRACKING NUMBER 018-2012-0606 005 LOCATE REF NUMBER \_\_\_\_\_  
 NO LOCATE REQUESTED

- DATE AND HOUR OF DAMAGE 6-6 8:23 2012 4 M DATE OF THIS REPORT 6-6-12
- PLACE OF DAMAGE (INCLUDE CITY) Intercession Monitor + West St. Crown Point
- DAMAGE WAS TO POLE # \_\_\_\_\_ SIZE \_\_\_\_\_ YEAR INSTALLED \_\_\_\_\_ BROKEN  YES  NO  
 GAS SERVICE  MAIN SIZE 2" STEEL OTHER \_\_\_\_\_
- PARTY RESPONSIBLE FOR DAMAGES (NAME) AUSTGEN EPT Inc.  
 (ADDRESS, CITY, STATE, ZIP) P.O. Box 366 Lowell Ind. 46356
- WHO WAS IN CHARGE OF WORK AT PLACE AND TIME OF DAMAGE / CONTRACTORS FOREMAN MIKE HAKOS  
689-6148
- NAME AND ADDRESS OF WITNESSES \_\_\_\_\_
- REMARKS OF WITNESSES M. Schiessle, J. Adams, J. Newton,
- POLICE REPORT ATTACHED (# \_\_\_\_\_) (IF NO POLICE REPORT - WHY NOT NEEDED)
- PHOTOS TAKEN  YES  NO (IF YES, PLEASE FORWARD WITH COMPLETED PROPERTY DAMAGE REPORT.)
- WORK IN PROGRESS WHEN DAMAGE OCCURRED:

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> SEWER | <input checked="" type="checkbox"/> ROAD CONSTRUCTION | <input type="checkbox"/> FENCE WORK            |
| <input type="checkbox"/> WATER            | <input type="checkbox"/> CULVERTS OR DRAINS           | <input type="checkbox"/> DRIVEWAY              |
| <input type="checkbox"/> ELECTRIC         | <input type="checkbox"/> DITCH CLEANING               | <input type="checkbox"/> CURB OR SIDEWALK      |
| <input type="checkbox"/> TELEPHONE        | <input type="checkbox"/> LANDSCAPING                  | <input type="checkbox"/> IRRIGATION            |
| <input type="checkbox"/> TV CABLE         | <input type="checkbox"/> POLE OR SIGN INSTALLATION    | <input type="checkbox"/> BUILDING CONSTRUCTION |
| <input type="checkbox"/> OTHER _____      |   |  |

11. REASON DAMAGE OCCURRED:
- |  |   |
|--|---|
| <input type="checkbox"/> NO NOTIFICATION           | <input type="checkbox"/> INACCURATE LOCATION            |
| <input type="checkbox"/> CARELESS MACHINE OPERATOR | <input type="checkbox"/> INSUFFICIENT TIME NOTIFICATION |
| <input type="checkbox"/> DELIBERATE                | <input type="checkbox"/> AUTOMOTIVE ACCIDENT            |
| <input type="checkbox"/> FAILURE TO HAND EXPOSE    | <input type="checkbox"/> OTHER _____                    |

OPINION AND RECOMMENDATION:  BILL  DO NOT BILL (REASON: DRIP TANK FOR)

Hydrocarbon Collection  
point - old Drip tank pump point buried 2" deep!  
excavator scrapping ground hit it - not locatable

PERSON PREPARING REPORT James A Adams  
 FIELD MANAGER Mark A. Schiessle

(SKETCH ON OTHER SIDE)



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)  
INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jul 17, 2012

### Who is submitting this information?

Name of person providing this information: Carrie Ludwig

Business address (*number and street*): 3511 East 15th Ave

City, State, and ZIP code: Gary, IN 46403

Telephone number (*area code*): 219 962 0422

Fax number (*area code*): 219 962 0404

E-mail address: cludwig@nisource.com

### Excavator Information, if known

Full name: Austgen Equipment Inc

Business address (*number and street*): PO Box 366

City, State, and ZIP code: Lowell, IN 46356

Telephone number (*area code*): 219 690 1850

Fax number (*area code*): 219 690 1852

E-mail address: MHAKOS@AUSTGENEQUIPMENT.COM

### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Curb/Sidewalk

**Date and Location of Damage**

Date of damage (month, day, year): Jun 6, 2012

County: Lake

City: Crown Point

Street address (number and street, city, state, and ZIP code):  
Monitor & West (517 N West) Crown Point IN

Nearest intersection: W Anderson St

Right of way where damage occurred: Private - Land Owner

Was there a release of product? Yes

If yes, was there an ignition of product? No

Were evacuations necessary as a result of release? No

If yes, how many evacuated? 0

Was there a customer service interruption? Yes

If yes, how many affected? 3

Time to restore service (in hours): 2

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$

**Affected Facility Information**

What type of pipeline was damaged? Natural Gas

What was the affected facility? Service/Drop

What was the depth of the facility, in inches? 2

**Notification, Locating, Marking**

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1205311685

Was the locate request completed within two working days? Yes

If locates were performed, were they done so by a contractor or pipeline employee? Contract Locator

If a contractor locator, enter the company name, if known: USIC

Were facility marks visible in the area of excavation? Yes

Were facilities marked correctly? Yes

Type of markings used: Paint

If other, please specify: \_\_\_\_\_

Was site marked by "White Lining"?

Were special instructions part of the locate request? Unknown/Other

Were maps used to complete the locate request? Unknown/Other

Were pipeline company representatives on site during excavation? No

Did the excavator notify the operator in the event of this damage? Yes

Did the excavator notify Indiana 811 in the event of this damage? Yes

Did the excavator notify 911 in the event of a release of product? Unknown/Other

### Description of Cause

Select from the list the most accurate cause for the damage: --Facility could not be found/located

### Additional Comments

Damage ticket #: 1206060858

Nipsco emergency repair ticket #: 1206060986

Un-locateable steel purge pipe was damaged



## INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3142 \_\_\_\_\_

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

*Upon completion of answers select email button for submission.*

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### The Parties

#### Excavator Information:

Business Name: Austgen Equipment Inc. \_\_\_\_\_

Responsible Party Personal Name: David J. Austgen \_\_\_\_\_

Title (if any): Owner \_\_\_\_\_

Address (number and street): P.O.Box366 \_\_\_\_\_

City, State and ZIP Code: Lowell, Indiana,46356 \_\_\_\_\_

Preferred Telephone Number (area code): 1-219-690-1850 \_\_\_\_\_

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: mhakos@austgenequipment.com \_\_\_\_\_

#### Facility Information:

Business Name: Northern Indiana Public Service Co. \_\_\_\_\_

Responsible Party Personal Name: \_\_\_\_\_

Title (if any): \_\_\_\_\_

Address (number and street): \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

Preferred Telephone Number (area code): \_\_\_\_\_

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Locator Service Information:**

Business Name: \_\_\_\_\_

Responsible Party Personal Name: \_\_\_\_\_

Title (*if any*): \_\_\_\_\_

Address (*number and street*): \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

Preferred Telephone Number (area code): \_\_\_\_\_

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

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**Cause of Damage Information**

**Type of Equipment (*select one*):** Backhoe/Trackhoe

**Type of Work Performed (*select one*):** Road Work

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

Personal Contact: \_\_\_\_\_

Business/Organization Name: \_\_\_\_\_

Title (*if any*): \_\_\_\_\_

Address (*number and street*): \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

Preferred Telephone Number (area code): \_\_\_\_\_

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

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**Utility Line Impact**

**Location of Damage:**

Address (*number and street*): \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

Nearest Intersection: west st. and goldbourh

**Product Type (*select one*):** Natural Gas

**Facility Type (*select one*):** Transmission

**Size (Diameter/etc.):** \_\_\_\_\_

**Pressure (PSIG/Inches):** \_\_\_\_\_

**Interruption in Service:**      Yes      No     **Number of Customers Affected:** \_\_\_\_\_

**Evacuation:**      Yes      No     **If yes, How Many Evacuated?** \_\_\_\_\_

**Repair Cost (if known):** \$ \_\_\_\_\_

**Release of Product:**      Yes      No

**Ignition and/or Fire:**      Yes      No

**Excavator Notify 811:**      Yes      No

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**Locate Information**

**Excavator Request Locate:**      Yes      No

**Indiana 811 Locate Ticket Number:** 1205311685/ 1206060858

- 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: <sup>0</sup> \_\_\_\_\_

Number of Inpatient Treated: <sup>0</sup> \_\_\_\_\_

Number of Fatalities: <sup>0</sup> \_\_\_\_\_

- Fire Department Response:  Yes  No
- Police Department Response:  Yes  No
- Ambulance Response:  Yes  No

### Additional Information / Comments

Per. Jim (Supervisor of NIPSCO), there would be no charge due to this was a purge line that was with in inches of surface and that this would not have been located due to no knowledge of the purge line being their. Main was approx. 2.5 ' below grade, and was exposed in other areas. This is another area of schooling for the employees and the company due to not having seen this before. Picture is included for this break.

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 3142

Your Full Name: David J. Austgen

Full Name of Business / Entity (if applicable): Austgen Equipment Inc

Your Business Title (if applicable): Owner

Address (number and street): P.O. Box 366

City: Lowell State: In. ZIP Code:

Your E-mail Address: 46356

Today's Date (month, day, year): 7/19/2012

Your Signature: David J. Austgen Title (if any) Owner

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 3142**  
**Indiana Utility Regulatory Commission**  
**101 West Washington Street, 1500E**  
**Indianapolis, IN 46204**

Or scan the statement and Email to:

[PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)