



Pipeline Safety Division Investigation Report

Investigation regarding: **Pioneer Associates Incorporated**

UPPAC Database Record ID: 3365

Investigator: Howard Friend

Report Date: 11/21/2012

Damage Date: 7/13/2012 10:56:45 AM

Damage Address: In Rt 43

City: Chalmers

County: White

The Parties

Excavator: **Pioneer Associates Incorporated**

Contact: Andy Arney, Controller

Address: 0728 East 400 North, Albion, In 46701

Telephone:

Facility Owner: NIPSCO

Contact: Kit Earle

Address: 101 West Ohio Street, Indianapolis, IN 46204

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Transmission

Investigation regarding: Pioneer Associates Incorporated

UPPAC Database Record ID: 3365

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: False

Number of Customers Affected: 0

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$96200

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1204120721, Expired

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Road Work

Synopsis: A natural gas transmission line was damaged during excavation for a bridge replacement.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 8/27/2012. The excavator requested locates in April and damaged the line in July. The excavator reported the gas line was exposed at the time of the damage and it should have been relocated prior to starting the bridge replacement project.

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

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



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3365

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.

The Parties

Excavator Information:

Business Name: Pioneer Associates, Inc.

Responsible Party Personal Name: Kathy D. Jones

Title (if any): President

Address (number and street): 0728 E 400 N

City, State and ZIP Code: Albion, IN 46701

Preferred Telephone Number (area code): 260-636-3000

Cellular Telephone Number (area code): _____

Email Address: kjones@pioneerassociatesinc.com

Facility Information:

Business Name: NIPSCO

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: _____

Cause of Damage Information

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

Type of Work Performed (*select one*): Waterway Improvement

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

Personal Contact: Todd Cook

Business/Organization Name: Pioneer Associates, Inc.

Title (*if any*): Foreman

Address (*number and street*): 0728 E 400 N

City, State and ZIP Code: Albion, IN 46701

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): 260-385-1537

Email Address: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): In Rt 43 Chalmer, IN White County

City, State and ZIP Code: _____

Nearest Intersection: _____

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Unknown/Other

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

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

Pioneer is a bridge builder though out Indiana. We were contracted with INDOT to replace a bridge on In Rt 43 near Chalmers, IN. Pioneer was to start construction in 2011. Many utilities lines were around this structure so we requested that they be moved so that damages would not occur. W did not start construction on this bridge til 2012.

The NIPSCO gas line was marked and was laying in the bottom of the creek in about 2" of mud. Our foreman, Todd Cook, was shocked to see it there since it was supposed to be moved also. In order to go ahead with the construction process, we protected the gas line by laying a crane mat on top of it. On July 13, 2012; our operator, Paul Trimble, accidently clipped the line with an excavator bucket while he was moving the crane mat.

INDOT has a utility coordinator, Mike Essling. He apparently was disappointed that NIPSCO did not move their gas line prior to construction. John Shafer was an INDOT employee that was on site and he can verify the entire scenario that occurred on July 13.

Mike Essling 219-325-7542
John Shafer 219-984-5150

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3365

Your Full Name: Andrew S. Arney

Full Name of Business / Entity (if applicable): Pioneer Associates, Inc.

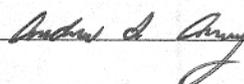
Your Business Title (if applicable): Controller

Address (number and street): 0728 E 400 N

City: Albion State: IN ZIP Code: 46701

Your E-mail Address: aarney@pioneerassociatesinc.com

Today's Date (month, day, year): August 27, 2012

Your Signature:  Title (if any) Controller

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3365
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov



101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

September 14, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3365
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3365

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: 7/13/2012

Event Location: In Rt 43, Chalmers

Facility Owner: Northern Indiana Public Service Company

Excavator: Pioneer Associates Incorporated

Other Party: N/A

Pipeline Division Case No. 3365

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

IURC INFORMATION REQUEST	
Pipeline Safety Division Case No. 3365	
Date of Event	7/13/2012
Event Location	In Rt 43, Chalmers
Facility Owner	Northern Indiana Public Service Company
Excavator	Pioneer Associates Incorporated
Date of IURC Information Request	8/16/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Pioneer Associates
RESPONSIBLE PARTY PERSONAL NAME	Todd Cook
TITLE (IF ANY)	
ADDRESS	728 E. 400 N.
CITY/ STATE/ZIP	Albion, IN 46701
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:	
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	LSELKING@NISOURCE.COM
LOCATOR SERVICE INFORMATION	
BUSINESS NAME	USIC Locating Service
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	9045 North River Road, Suite 300
CITY/ STATE/ZIP	Indianapolis, IN 46240
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION	
PERSONAL CONTACT	
BUSINESS/ORGANIZATION NAME	
TITLE (IF ANY)	

ADDRESS	
CITY/ STATE/ZIP	
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
UTILITY LINE IMPACT	
LOCATION OF DAMAGE	
ADDRESS	SR 43
CITY/STATE/ZIP	Chalmers, IN
NEAREST INTERSECTION	CR 350 S.
PRODUCT TYPE (Select One)	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
FACILITY TYPE (Select One)	
DISTRIBUTION	
GATHERING	
SERVICE/DROP	
TRANSMISSION	X
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	6" steel
PRESSURE (PSIG/INCHES)	285
INTERRUPTION IN SERVICE (YES/NO)	No
NUMBER OF CUSTOMERS AFFECTED	N/A
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	N/A
REPAIR COST (IF KNOWN) (\$)	
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	X
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	
Probing Device	

Trencher	
Vacuum Equipment	
Unknown/Other	
TYPE OF WORK PERFORMED (Select 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	X
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)	Yes
IGNITION AND/OR FIRE (YES/NO)	No
EXCAVATOR NOTIFY 811 (YES/NO)	Yes 1207131478
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Yes

INDIANA 811 LOCATE TICKET NUMBER	1204120721 Over 3 months old
LOCATE MARKS VISIBLE (YES/NO)	No
LOCATE MARKS CORRECT (YES/NO)	N/A
EXCAVATOR "WHITE LINED" (YES/NO)	No
MAPS USED TO MARK FACILITIES (YES/NO)	N/A
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	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	
<p>Line was exposed at time of damage. Locate request was over 3 months old and no marks were present on site. Excavator failed to maintain clearance of exposed facility.</p> <p>Nipsco emergency repair ticket #: 1207132162</p>	

Fact Based Investigation Report

01820120713003
Northern IN
7/13/2012 10:56:46 AM
7/13/2012 11:05:12 AM
ANDY ARNEY
IN RT 43
CHALMERS
ST: IN ZIP:

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

NIPSCO

DAMAGED CUSTOMER:

07/13/2012
11:30:00
15:00:00

INVESTIGATION DATE:
FROM:
TO:

PIONEER ASSOCIATES
BRIDGE REPLACEMNT

EXCAVATOR INVOLVED:
TYPE OF EXCAVATION:

1204120721

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

M56643449

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

BRAD WELLMAN
7/13/2012 1:00:00 PM
Digital
NA

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

117330

INVESTIGATOR EMP#:
INVESTIGATOR NAME:

BRAD WELLMAN
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?
No

Fact Based Investigation Customer Information

01820120713003

NIPSCO

(optional)

NOTIFICATION ID:

SELECT A CUSTOMER:

CUSTOMER #:

HIPROF

Gas Main - High Pressure

Bednarz Tim - 116288

FACILITY DESCRIPTION:

FACILITY ID:

LOCATOR NAME & EMP #:

LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:

Old Request,
Relocate Needed

Other:

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

Visual, Facility Exposed At Time Of Investigation,
Investigation Results Verified By Utility Representative

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

THE CONTRACTOR RUPTURED A 6 INCH TRANSMISSION MAIN WHEN HIS EXCAVATORS TRACK HIT THE SIDE OF THE GAS MAIN EXPOSED IN BOTTOM OF CREEK. THE LAST TICKET THE CONTRACTOR HAD WAS NEARLY 3 MONTHS AGO, NO MARKS WERE LEFT ON SITE. THIS MAIN WAS CARRYING 275 POUNDS OF PRESSURE, AND THE RUPTURE CAUSED A LOSS OF 100 POUNDS IN PRESSURE AT THE CHALMERS REG.STATION. THE MAIN BLEW FOR 18 HOURS BEFORE A BYPASS COULD BE BUILT TO KEEP CHALMERS AND BROOKSTON ONLINE. THE GAS LEAK CAUSED SR 43 TO BE CLOSED AND THE CSX RAILROAD TO BE SHUT DOWN UNTIL REPAIRS WERE MADE.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

DAVE PRATHER, JOHN TODD

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

NA

LIST ANY OTHER INDIVIDUALS ON SITE:

CHALMERS VOL. FD., WHITE COUNTY EMERGENCY MANAGEMENT AND POLICE, CSX RAILROAD POLICE - AGENT STEPHENS.

WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL?

No

WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA?

Yes

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS?

No

EXTENT OF FACILITY DAMAGE

3 INCH GASH IN SIDE OF MAIN

REPLACEMENT FOOTAGE

500FT OF NEW 6 INCH STEEL BORED IN.

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?

No

WHAT CONTRACTOR EQUIPMENT WAS USED?

NA

IS THE FACILITY SHOWN ON THE UTILITY RECORDS?

Yes

FIELBROWSER

IF YES, PLEASE LIST RECORD #(S)

NIPSCO 00412 IUPPSa 07/13/2012 10:56:47 1207131478-00A EMER DAMG GRID

DAMAGE DAMAGE

Case 3365

Ticket : 1207131478 Date: 07/13/2012 Time: 10:54 Oper: LPORTER Chan:046

State: IN Cnty: WHITE Twp: BIG CREEK
Cityname: CHALMERS Inside: N Near: Y
Subdivision:

Address :

Street : IN RT 43

Cross 1 : EAST ST Within 1/4 mile: Y

Location: LOCATE THE ENTIRE BRIDGE A HALF MILE NORTH OF CR 350 ON SR 43 OVER THE
BIG CREEK

:

Grids : 4042B8652C

Boundary: n 40.710461 s 40.708885 w -86.872978 e -86.870903

Work type : BRIDGE REPLACEMENT

Done for : INDOT

Start date: 07/13/2012 Time: 10:54 Hours notice: 0/0 Priority: EMER

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

Duration : TWO MONTHS Depth: 20 FEET

Company : PIONEER ASSOCIATES INCORPORATED Type: CONT

Co addr : 0728 EAST 400 NORTH

City : ALBION State: IN Zip: 46701

Caller : ANDY ARNEY Phone: (260)636-3000

Contact : TODD COOK Phone:

BestTime:

Mobile : (260)341-1594

Fax : (260)636-3001

Email : AARNEY@PIONEERASSOCIATESINC.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
PER TODD COOK - PULLED AN EXPOSED NIPSCO GAS LINE - GAS IS BLOWING -LINE IS AN
OLD STEEL GAS LINE - HAS CALLED 911 - CREW STILL ON SITE - DIGGING IN CREEK BED
- TODD TO CONTACT NIPSCO - PREVIOUS TICKET 1204120721
Will you be white-lining the dig site area? NO

:

Submitted date: 07/13/2012 Time: 10:54

Members: ID2034 ID2708 ID5693 ID7161 NIPSCO ID5857 SM

NIPSCO 00171 IUPPSa 04/12/2012 09:28:16 1204120721-00A NORM NEW GRID

NORMAL NOTICE

Case 3365

Ticket : 1204120721 Date: 04/12/2012 Time: 09:16 Oper: ANDY.ARNEY Chan:000

State: IN Cnty: WHITE Twp: BIG CREEK
Cityname: CHALMERS Inside: N Near: Y
Subdivision:

Address :

Street : IN RT 43

Cross 1 : EAST ST Within 1/4 mile: Y

Location: LOCATE THE ENTIRE BRIDGE A HALF MILE NORTH OF CR 350 ON SR 43 OVER THE
BIG CREEK

:

Grids : 4042B8652C

Boundary: n 40.710461 s 40.708885 w -86.872978 e -86.870903

Work type : BRIDGE REPLACEMENT

Done for : INDOT

Start date: 04/16/2012 Time: 09:45 Hours notice: 96/48 Priority: NORM

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

Duration : TWO MONTHS Depth: 20 FEET

Company : PIONEER ASSOCIATES INCORPORATED Type: CONT

Co addr : 0728 EAST 400 NORTH

City : ALBION State: IN Zip: 46701

Caller : ANDY ARNEY Phone: (260)636-3000

Contact : TODD COOK Phone:

BestTime:

Mobile : (260)385-1537

Fax : (260)636-3001

Email : AARNEY@PIONEERASSOCIATESINC.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time

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

:

Submitted date: 04/12/2012 Time: 09:16

Members: ID2034 ID2708 ID5693 ID7161 NIPSCO ID5857 SM

**NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT**

** COMPLETE FORM FOR ALL DAMAGES TO NIPSCO FACILITIES **

REPORTING OPERATING AREA Monticello MAXIMO WO # _____

OPERATING AREA CONTACT DAVE PRATER JOB ORDER # 563267

TRACKING NUMBER _____ LOCATE REF # NA #1

Locate Performed By: _____

DATE AND TIME OF ACCIDENT 07-13-12 0947A M DATE OF REPORT 07-13-12

PLACE OF DAMAGE (INCLUDE CITY) ST. Route 43 / County Rd. 350 S

DAMAGE WAS TO:
ELECTRIC - POLE / TRANSFORMER: # _____ SIZE _____ YEAR INSTALLED _____ BROKEN YES () NO ()

OTHER (DESCRIBE) _____

GAS: SERVICE () MAIN SIZE 6" MATERIAL: PLASTIC () STEEL METER () REG STATION () STUB ()
OTHER (DESCRIBE) Transmission

DEPTH OF FACILITY (inches) _____ PRESSURE (PSI) 285 Lbs. _____

RELEASE OF GAS: YES NO () IGNITION OF GAS: YES () NO EVACUATION REQUIRED: YES () # _____ NO

INTERRUPTION OF SERVICE: YES () NO NUMBER OF CUSTOMERS LOST: 0

DURATION OF INTERRUPTION: TIME REPORTED 19:30 pm TIME SHUT OFF 4:30 PM TIME RESTORED 18 hours

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 2 in x 4 in 17 4 hours @ 200 lbs
14 hours @ 30 lbs

LOCATE MARKS ON SITE: YES () DISTANCE BETWEEN FACILITY AND LOCATE MARKS _____ NO ()
HOW LOCATED: PAINT () FLAGS () BOTH () WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) Pioneer Associates INC.

ADDRESS OF PARTY (INCLUDE CITY) 720 E. 400 N. Albion IN. 46701

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Todd Cook

WITNESS NAME AND ADDRESS _____

WITNESS REMARKS _____

AGENCIES NOTIFIED / ONSITE: POLICE AGENCY _____ REPORT # _____

FIRE AGENCY _____ REPORT # _____

OTHER DOT Any Injuries? () YES # _____ NO

PHOTOS TAKEN: YES NO () TAKEN BY: DAVE PRATER, Randy Watson (ATTACH PHOTOS TO REPORT)

MEDIA ON SITE YES () NO ()

WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW

- | | | | |
|-------------------------|---|-------------------|-------------------------|
| () AGRICULTURE/FARMING | () CABLE TV | () CURB/SIDEWALK | () TELECOMMUNICATIONS |
| () BLDG CONSTRUCTION | () DEMOLITION | () DRAINAGE | () WATER |
| () DRIVEWAY | () ELECTRIC | () SURVEYING | () DRAINS/CULVERTS |
| () FENCING | () GRADING | () IRRIGATION | () MOWING |
| () LANDSCAPING | () PIPELINE | () MILLING | () OTHER <u>BRIDGE</u> |
| () POLE/SIGN POST | <input checked="" type="checkbox"/> ROAD WORK | () SEWER | |

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

- | | | |
|-----------------------|--------------------|--|
| () AUGER | () HAND TOOLS | <input checked="" type="checkbox"/> BACKHOE/TRACKHOE |
| () MILLING EQUIPMENT | () PROBING DEVICE | () BORING / DRILLING |
| () EXPLOSIVES | () TRENCHER | () FARM EQUIPMENT |
| () VACCUUM EQUIPMENT | () GRADER | () OTHER |

REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW

- | | | |
|-------------------------|-------------------------------|---|
| () AUTOMOTIVE ACCIDENT | () EXCAVATING BEFORE LOCATED | <input checked="" type="checkbox"/> CARELESS MACHINE OPERATOR |
| () NO NOTIFICATION | () MARKS DISTURBED | () OTHER |

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

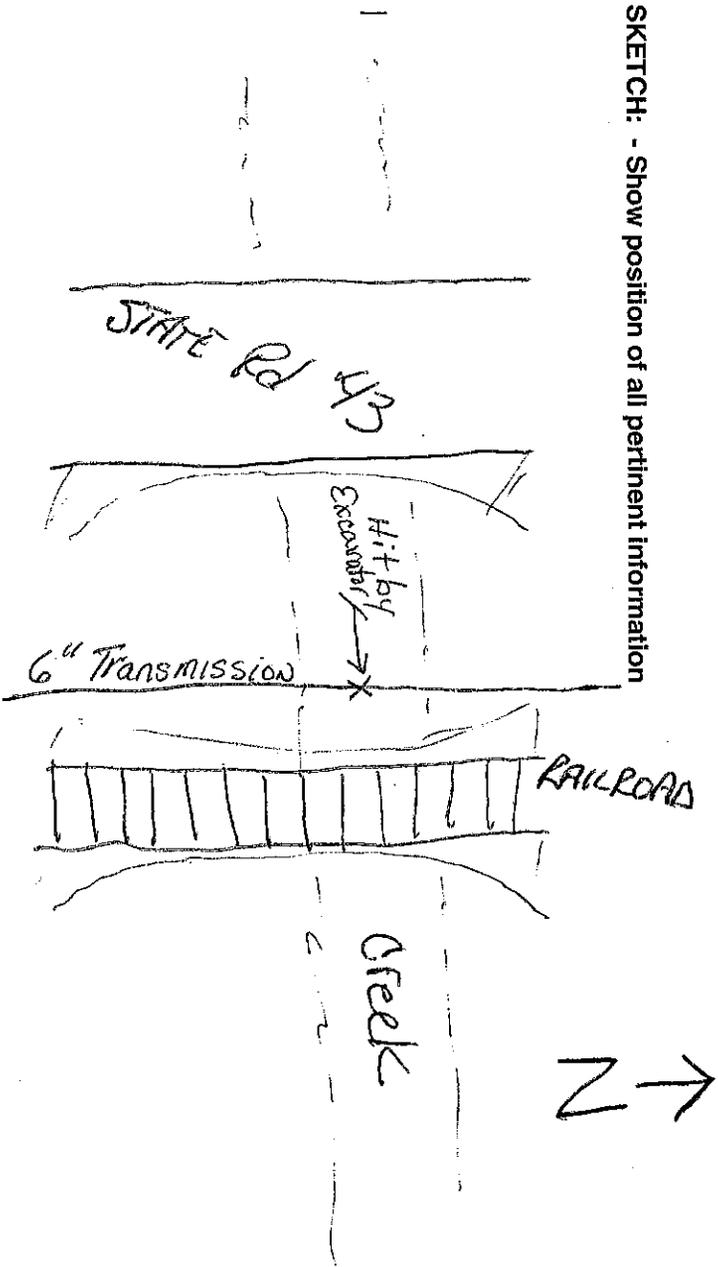
COMMENTS : Excavator operator did not take
precautions while excavating near
pipeline.

PERSON PREPARING REPORT Randy Watson
FIELD SUPERVISOR Dirk Parker

FIELD MANAGER John Todd

- ORIGINAL REPORT AND SUPPORTING INFORMATION IS TO BE SENT TO FACILITY DAMAGE RECOVERY
- COPY OF REPORT IS TO BE SENT TO DAMAGE PREVENTION

SKETCH: - Show position of all pertinent information



FOR OFFICE USE ONLY:

- | | | |
|--|-----|----|
| • DID EXCAVATION OCCUR BEFORE LOCATES WERE DUE | YES | NO |
| • NO IN 811 LOCATE CALLED IN | YES | NO |
| • DAMAGE CAUSED FROM EXCAVATION WITHIN 24\" ZONE | YES | NO |
| • EXPIRED LOCATE | YES | NO |
| • WAS WHITE LINING INDICATED ON LOCATE REQUEST | YES | NO |

COMPLETED BY: _____ DATE: _____

NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty not to exceed 100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed \$1,000,000 as provided in 49 USC 60122.

OMB NO: 2137-0522
EXPIRATION DATE: 01/31/2014



U.S. Department of Transportation
Pipeline and Hazardous Materials Safety Administration

Report Date:

07/17/2012

No.

20120055- 15481

(DOT Use Only)

INCIDENT REPORT - GAS DISTRIBUTION SYSTEM

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0522. Public reporting for this collection of information is estimated to be approximately 10 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

INSTRUCTIONS

Important: Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at <http://www.phmsa.dot.gov/pipeline>.

PART A - KEY REPORT INFORMATION

Report Type: (select all that apply)	Original:	Supplemental:	Final:
	Yes		
Last Revision Date			
1. Operator's OPS-issued Operator Identification Number (OPID):	13730		
2. Name of Operator	NORTHERN INDIANA PUBLIC SERVICE CO		
3. Address of Operator:			
3a. Street Address	801 E 86TH AVENUE		
3b. City	MERRILLVILLE		
3c. State	Indiana		
3d. Zip Code	46410		
4. Local time (24-hr clock) and date of the Incident:	07/13/2012 10:31		
5. Location of Incident:			
5a. Street Address or location description	3286 S. State Road 43		
5b. City	Chalmers		
5c. County or Parish			
5d. State:	Indiana		
5e. Zip Code:	47929		
5f. Latitude:	12		
Longitude:	-123		
6. National Response Center Report Number:	1017646		
7. Local time (24-hr clock) and date of initial telephonic report to the National Response Center:	07/13/2012 13:06		
8. Incident resulted from:	Unintentional release of gas		
9. Gas released:	Natural Gas		
- Other Gas Released Name:			
10. Estimated volume of gas released - Thousand Cubic Feet (MCF):	2,275.00		
11. Were there fatalities?	No		
- If Yes, specify the number in each category:			
11a. Operator employees			
11b. Contractor employees working for the Operator			
11c. Non-Operator emergency responders			
11d. Workers working on the right-of-way, but NOT associated with this Operator			
11e. General public			
11f. Total fatalities (sum of above)			
12. Were there injuries requiring inpatient hospitalization?	No		
- If Yes, specify the number in each category:			
12a. Operator employees			
12b. Contractor employees working for the Operator			
12c. Non-Operator emergency responders			
12d. Workers working on the right-of-way, but NOT associated with this Operator			
12e. General public			
12f. Total injuries (sum of above)			
13. Was the pipeline/facility shut down due to the incident?	Yes		
- If No, Explain:			

- If Yes, complete Questions 13a and 13b: (use local time, 24-hr clock)	
13a. Local time and date of shutdown:	07/14/2012 03:30
13b. Local time pipeline/facility restarted:	
- Still shut down? (* Supplemental Report Required)	Yes
14. Did the gas ignite?	No
15. Did the gas explode?	No
16. Number of general public evacuated:	0
17. Time sequence (use local time, 24-hour clock):	
17a. Local time operator identified Incident:	07/13/2012 11:03
17b. Local time operator resources arrived on site:	07/13/2012 11:14
PART B - ADDITIONAL LOCATION INFORMATION	
1. Was the Incident on Federal land?	No
2. Location of Incident	Public property
3. Area of Incident:	Underground
	Specify: Exposed due to excavation
	If Other, Describe:
	Depth of Cover: 12
4. Did Incident occur in a crossing?	No
- If Yes, specify type below:	
- If Bridge crossing -	
	Cased/ Uncased:
- If Railroad crossing -	
	Cased/ Uncased/ Bored/drilled
- If Road crossing -	
	Cased/ Uncased/ Bored/drilled
- If Water crossing -	
	Cased/ Uncased
	Name of body of water (if commonly known):
	Approx. water depth (ft):
PART C - ADDITIONAL FACILITY INFORMATION	
1. Indicate the type of pipeline system:	Natural Gas Distribution, privately owned
	- If Other, specify:
2. Part of system involved in Incident:	Main
	- If Other, specify:
2a. Year "Part of system involved in Incident" was installed:	1963
	Unknown?
3. When "Main" or "Service" is selected as the "Part of system involved in Incident" (from PART C, Question 2), provide the following:	
3a. Nominal diameter of pipe (in):	6
3b. Pipe specification (e.g., API 5L, ASTM D2513):	API5LX42
	Unknown?
3c. Pipe manufacturer:	Unknown?
	Yes
3d. Year of manufacture:	Unknown?
	Yes
4. Material involved in Incident:	Steel
	- If Other, specify:
4a. If Steel, Specify seam type:	Long Seam Weld
	None/Unknown?
4b. If Steel, Specify wall thickness (inches):	.188
	Unknown?
4c. If Plastic, Specify type:	
	- If Other, describe:
4d. If Plastic, Specify Standard Dimension Ratio (SDR):	
	Or wall thickness:
	Unknown?
4e. If Polyethylene (PE) is selected as the type of plastic in Part C, Question 4.c:	
	- Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.)
	Unknown?
5. Type of release involved :	Mechanical Puncture
- If Mechanical Puncture - Specify Approx size:	
	Approx. size: in. (axial): 4.00
	in. (circumferential): 1.00
- If Leak - Select Type:	
	- If Other, Describe:

- If Rupture - Select Orientation:	
- If Other, Describe:	
Approx. size: (widest opening):	
(length circumferentially or axially):	
- If Other - Describe:	

PART D - ADDITIONAL CONSEQUENCE INFORMATION

1. Class Location of Incident :	Class 1 Location
2. Estimated Property Damage :	
2a. Estimated cost of public and non-Operator private property damage	\$ 500
2b. Estimated cost of Operator's property damage & repairs	\$ 10,000
2c. Estimated cost of Operator's emergency response	\$ 76,000
2d. Estimated other costs	\$ 1,000
2e. Total estimated property damage (sum of above)	\$ 87,500
- Describe:	Road Closure
Cost of Gas Released	
2f. Estimated cost of gas released	\$ 8,700
3. Estimated number of customers out of service:	
3a. Commercial entities	0
3b. Industrial entities	0
3c. Residences	0

PART E - ADDITIONAL OPERATING INFORMATION

1. Estimated pressure at the point and time of the Incident (psig):	275.00
2. Normal operating pressure at the point and time of the Incident (psig):	275.00
3. Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig):	400.00
4. Describe the pressure on the system relating to the Incident:	Pressure did not exceed MAOP
5. Was a Supervisory Control and Data Acquisition (SCADA) based system in place on the pipeline or facility involved in the Incident?	Yes
- If Yes:	
5a. Was it operating at the time of the Incident?	Yes
5b. Was it fully functional at the time of the Incident?	Yes
5c. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations) assist with the detection of the Incident?	No
5d. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Incident?	Yes
6. How was the Incident initially identified for the Operator?	Notification from Third Party that caused the Incident
6a. If "Controller", "Local Operating Personnel, including contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 6, specify the following:	
- If Other, Specify:	
7. Was an investigation initiated into whether or not the controller(s) or control room issues were the cause of or a contributing factor to the Incident?	No, the Operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to: (provide an explanation for why the Operator did not investigate)
- If No, the operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to: (provide an explanation for why the operator did not investigate)	This was damage due to excavation. The incident was called in immediately.
- If Yes, Specify investigation result(s) (select all that apply):	
- Investigation reviewed work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue	
- Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue	
- Provide an explanation for why not:	
- Investigation identified no control room issues	
- Investigation identified no controller issues	
- Investigation identified incorrect controller action or controller error	
- Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response	
- Investigation identified incorrect procedures	
- Investigation identified incorrect control room equipment operation	

- Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response	
- Investigation identified areas other than those above	
Describe:	
PART F - DRUG & ALCOHOL TESTING INFORMATION	
1. As a result of this Incident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- If Yes:	
1a. Specify how many were tested:	
1b. Specify how many failed:	
2. As a result of this Incident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- If Yes:	
2a. Specify how many were tested:	
2b. Specify how many failed:	
PART G - CAUSE INFORMATION	
<i>Select only one box from PART G in shaded column on left representing the Apparent Cause of the Incident, and answer the questions on the right. Describe secondary, contributing, or root causes of the incident in the narrative (PART H).</i>	
Apparent Cause:	G3 - Excavation Damage
G1 - Corrosion Failure – only one sub-cause can be picked from shaded left-hand column	
Corrosion Failure Sub-Cause:	
- If External Corrosion:	
1. Results of visual examination:	
- If Other, Specify:	
2. Type of corrosion:	
- Galvanic	
- Atmospheric	
- Stray Current	
- Microbiological	
- Selective Seam	
- Other	
- If Other, Describe:	
3. The type(s) of corrosion selected in Question 2 is based on the following:	
- Field examination	
- Determined by metallurgical analysis	
- Other	
- If Other, Describe:	
4. Was the failed item buried under the ground?	
- If Yes:	
4a. Was failed item considered to be under cathodic protection at the time of the incident?	
- If Yes, Year protection started:	
4b. Was shielding, tenting, or disbonding of coating evident at the point of the incident?	
4c. Has one or more Cathodic Protection Survey been conducted at the point of the incident?	
If "Yes, CP Annual Survey" – Most recent year conducted:	
If "Yes, Close Interval Survey" – Most recent year conducted:	
If "Yes, Other CP Survey" – Most recent year conducted:	
- If No:	
4d. Was the failed item externally coated or painted?	
5. Was there observable damage to the coating or paint in the vicinity of the corrosion?	
6. Pipeline coating type, if steel pipe is involved:	
- If Other, Describe:	
- If Internal Corrosion:	
7. Results of visual examination:	
- If Other, Describe:	
8. Cause of corrosion (select all that apply):	
- Corrosive Commodity	

- Water drop-out/Acid	
- Microbiological	
- Erosion	
- Other	
- If Other, Specify:	
9. The cause(s) of corrosion selected in Question 8 is based on the following: <i>(select all that apply)</i> :	
- Field examination	
- Determined by metallurgical analysis	
- Other	
- If Other, Describe:	
10. Location of corrosion <i>(select all that apply)</i> :	
- Low point in pipe	
- Elbow	
- Drop-out	
- Other	
- If Other, Describe:	
11. Was the gas/fluid treated with corrosion inhibitor or biocides?	
12. Were any liquids found in the distribution system where the Incident occurred?	
Complete the following if any Corrosion Failure sub-cause is selected AND the "Part of system involved in Incident" (from PART C, Question 2) is Main, Service, or Service Riser.	
13. Date of the most recent Leak Survey conducted	
14. Has one or more pressure test been conducted since original construction at the point of the Incident?	
- If Yes:	
Most recent year tested:	
Test pressure:	
G2 – Natural Force Damage – only one sub-cause can be picked from shaded left-handed column	
Natural Force Damage – Sub-Cause:	
- If Earth Movement, NOT due to Heavy Rains/Floods:	
1. Specify:	
- If Other, Specify:	
- If Heavy Rains/Floods:	
2. Specify:	
- If Other, Specify:	
- If Lightning:	
3. Specify:	
- If Temperature:	
4. Specify:	
- If Other, Specify:	
- If High Winds:	
- Other Natural Force Damage:	
5. Describe:	
Complete the following if any Natural Force Damage sub-cause is selected.	
6. Were the natural forces causing the Incident generated in conjunction with an extreme weather event?	
6.a If Yes, specify <i>(select all that apply)</i> :	
- Hurricane	
- Tropical Storm	
- Tornado	
- Other	
- If Other, Specify:	
G3 – Excavation Damage – only one sub-cause can be picked from shaded left-hand column	
Excavation Damage – Sub-Cause:	Excavation Damage by Third Party
- If Excavation Damage by Operator (First Party):	
- If Excavation Damage by Operator's Contractor (Second Party):	
- If Excavation Damage by Third Party:	
- If Previous Damage due to Excavation Activity:	

Complete the following ONLY IF the "Part of system Involved In Incident" (from Part C, Question 2) is Main, Service, or Service Riser.	
1. Date of the most recent Leak Survey conducted	
2. Has one or more pressure test been conducted since original construction at the point of the Incident?	
- If Yes:	
Most recent year tested:	
Test pressure:	
Complete the following if Excavation Damage by Third Party Is selected.	
3. Did the operator get prior notification of the excavation activity?	Yes
3a. If Yes, Notification received from: <i>(select all that apply)</i> :	
- One-Call System	Yes
- Excavator	
- Contractor	
- Landowner	
Complete the following mandatory CGA-DIRT Program questions if any Excavation Damage sub-cause is selected.	
4. Do you want PHMSA to upload the following information to CGA-DIRT (www.cga-dirt.com)?	Yes
5. Right-of-Way where event occurred <i>(select all that apply)</i> :	
- Public	Yes
- If Public, Specify:	State Highway
- Private	
- If Private, Specify:	
- Pipeline Property/Easement	
- Power/Transmission Line	
- Railroad	
- Dedicated Public Utility Easement	
- Federal Land	
- Data not collected	
- Unknown/Other	
6. Type of excavator :	Contractor
7. Type of excavation equipment :	Backhoe/Trackhoe
8. Type of work performed :	Road Work
9. Was the One-Call Center notified?	Yes
9a. If Yes, specify ticket number:	1207131478
9b. If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified:	
10. Type of Locator:	Contract Locator
11. Were facility locate marks visible in the area of excavation?	Yes
12. Were facilities marked correctly?	Yes
13. Did the damage cause an interruption in service?	No
13a. If Yes, specify duration of the interruption:	
14. Description of the CGA-DIRT Root Cause <i>(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)</i> :	
- Root Cause Description:	Excavation Practices Not Sufficient
- If One-Call Notification Practices Not Sufficient, specify:	
- If Locating Practices Not Sufficient, specify:	
- If Excavation Practices Not Sufficient, specify:	Failure to maintain clearance
- If Other/None of the Above (explain), specify:	
G4 - Other Outside Force Damage - only one sub-cause can be selected from the shaded left-hand column	
Other Outside Force Damage – Sub-Cause:	
- If Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Incident:	
- If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation:	
1. Vehicle/Equipment operated by:	
- If 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:	
- Hurricane	
- Tropical Storm	
- Tornado	
- Heavy Rains/Flood	

- Other	- If Other, Specify:
- If Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation:	
- If Electrical Arcing from Other Equipment or Facility:	
- If Previous Mechanical Damage NOT Related to Excavation:	
<i>Complete the following ONLY IF the "Part of system involved in Incident" (from Part C, Question 2) is Main, Service, or Service Riser.</i>	
3. Date of the most recent Leak Survey conducted:	
4. Has one or more pressure test been conducted since original construction at the point of the Incident?	
- If Yes:	Most recent year tested:
	Test pressure (psig):
- If Intentional Damage:	
5. Specify:	
	- If Other, Specify:
- If Other Outside Force Damage:	
6. Describe:	
G5 - Pipe, Weld, or Joint Failure - only one sub-cause can be selected from the shaded left-hand column	
Pipe, Weld or Joint Failure – Sub-Cause:	
- If Body of Pipe:	
1. Specify:	
	- If Other, Describe:
- If Butt Weld:	
2. Specify:	
	- If Other, Describe:
- If Fillet Weld:	
3. Specify:	
	- If Other, Describe:
- If Pipe Seam:	
4. Specify:	
	- If Other, Describe:
- If Threaded Metallic Pipe:	
- If Mechanical Fitting:	
5. Specify the mechanical fitting involved:	
	- If Other, Describe:
6. Specify the type of mechanical fitting:	
	- If Other, Describe:
7. Manufacturer:	
8. Year manufactured:	
9. Year Installed:	
10. Other attributes:	
11. Specify the two materials being joined:	
11a. First material being joined:	
- Steel	
- Cast/Wrought Iron	
- Ductile Iron	
- Copper	
- Plastic	
- Unknown	
- Other	
	- If Other, Specify:
11b. If Plastic, specify:	
	- If Other Plastic, specify:
11c. Second material being joined:	
- Steel	
- Cast/Wrought Iron	
- Ductile Iron	
- Copper	
- Plastic	

- Unknown	
- Other	
	- If Other, Specify:
11d. If Plastic, specify:	
	- If Other Plastic, Specify:
12. If used on plastic pipe, did the fitting – as designed by the manufacturer – include restraint?	
12a. If Yes, specify:	
- If Compression Fitting:	
13. Fitting type:	
14. Manufacturer:	
15. Year manufactured:	
16. Year installed:	
17. Other attributes:	
18. Specify the two materials being joined:	
18a. First material being joined:	
- Steel	
- Cast/Wrought Iron	
- Ductile Iron	
- Copper	
- Plastic	
- Unknown	
- Other	
	- If Other, specify:
18b. If Plastic, specify:	
	- If Other Plastic, specify:
18c. Second material being joined:	
- Steel	
- Cast/Wrought Iron	
- Ductile Iron	
- Copper	
- Plastic	
- Unknown	
- Other	
	If Other, specify:
18d. If Plastic, specify:	
	- Other Plastic, specify:
- If Fusion Joint:	
19. Specify:	
	- If Other, Specify:
20. Year installed:	
21. Other attributes:	
22. Specify the two materials being joined:	
22a. First material being joined:	
	- If Other, Specify:
22b. Second material being joined:	
	- If Other, Specify:
- If Other Pipe, Weld, or Joint Failure:	
23. Describe:	
Complete the following if any Pipe, Weld, or Joint Failure sub-cause is selected.	
24. Additional Factors (<i>select all that apply</i>):	
- Dent	
- Gouge	
- Pipe Bend	
- Arc Burn	
- Crack	
- Lack of Fusion	
- Lamination	
- Buckle	
- Wrinkle	
- Misalignment	
- Burnt Steel	
- Other	
25. Was the Incident a result of:	
- Construction defect	
	Specify:
- Material defect	

	Specify:
	- If Other, Specify:
- Design defect	
- Previous damage	
26. Has one or more pressure test been conducted since original construction at the point of the Incident?	
- If Yes:	
	Most recent year tested:
	Test pressure:
G6 - Equipment Failure - only one sub-cause can be selected from the shaded left-hand column	
Equipment Failure – Sub-Cause:	
- If Malfunction of Control/Relief Equipment:	
1. Specify:	
- Control Valve	
- Instrumentation	
- SCADA	
- Communications	
- Block Valve	
- Check Valve	
- Relief Valve	
- Power Failure	
- Stopple/Control Fitting	
- Pressure Regulator	
- Other	
	- If Other, Specify:
- If Threaded Connection Failure:	
2. Specify:	
	- If Other, Specify:
- If Non-threaded Connection Failure:	
3. Specify:	
	- If Other, Specify:
- If Valve:	
4. Specify:	
	- If Other, Specify:
4a. Valve type:	
4b. Manufactured by:	
4c. Year manufactured:	
- If Other Equipment Failure:	
5. Describe:	
G7 - Incorrect Operation - only one sub-cause can be selected from the shaded left-hand column	
Incorrect Operation Sub-Cause:	
- If Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage:	
- If Valve Left or Placed in Wrong Position, but NOT Resulting in an Overpressure:	
- If Pipeline or Equipment Overpressured:	
- If Equipment Not Installed Properly:	
- If Wrong Equipment Specified or Installed:	
- If "Other Incorrect Operation:	
1. Describe:	
Complete the following if any Incorrect Operation sub-cause is selected.	
2. Was this Incident related to: (select all that apply)	
- Inadequate procedure	
- No procedure established	
- Failure to follow procedure	
- Other	
	- If Other, Describe:
3. What category type was the activity that caused the Incident:	
4. Was the task(s) that led to the Incident identified as a covered task in your	

Operator Qualification Program?	
4a. If Yes, were the individuals performing the task(s) qualified for the task(s)?	

G8 - Other Incident Cause - only one sub-cause can be selected from the shaded left-hand column

Other Incident Cause – Sub-Cause:

- If Miscellaneous:

1. Describe:

- If Unknown:

2. Specify:

PART H - NARRATIVE DESCRIPTION OF THE INCIDENT

Contractor was doing bridge construction work on SR 43 approximately 2.25 miles North of Chalmers, Indiana at Big Creek. The excavator operator was attempting to move a wooden platform in the bottom of a creek bed when the bucket slipped puncturing the gas pipeline. The pipeline puncture caused gas to blow over the railroad tracks approximately 50 east of the pipeline, running parallel to SR 43. The train and automobile traffic was halted until the gas leak was stopped.

File Full Name Note: The users have to sign in to view the attachment if there is no current user session.

[20120717122430_SR 43 Pipeline Incident Diagram.jpg](#)

PART I - PREPARER AND AUTHORIZED SIGNATURE

Preparer's Name	Luke E. Selking
Preparer's Title	Leader Integrity Management and Pipeline Safety
Preparer's Telephone Number	260-439-1290
Preparer's E-mail Address	leselking@nlsource.com
Preparer's Facsimile Number	260-422-9151
Authorized Signature	
Authorize Signature's Name	Luke E. Selking
Authorized Signature's Title	Leader Integrity Management and Pipeline Safety
Authorized Signature Telephone Number	260-439-1290
Authorized Signature's Email Address	leselking@nlsource.com
Date	07/17/2012