



## Pipeline Safety Division Investigation Report

### Investigation regarding: Cp Landscaping & Lawn Maintenance

UPPAC Database Record ID: 3483

Investigator: Howard Friend

Report Date: 10/24/2012

Damage Date: 8/1/2012

Damage Address: 10315 Nelson St

City: Crown Point

County: Lake

### The Parties

Excavator: **Cp Landscaping & Lawn Maintenance**

Contact:

Address: , Crown Point, In 46307

Telephone:

Facility Owner: NIPSCO

Contact: Kit Earle

Address: 101 West Ohio Street, Indianapolis, IN 46204

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

## **Investigation regarding: Cp Landscaping & Lawn Maintenance**

UPPAC Database Record ID: 3483

### **Damage Impact**

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

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

Excavator request locates: No    Indiana 811 ticket Number:

Type of Equipment: Trencher

Type of work performed: Irrigation

**Synopsis:** A natural gas service was damaged during excavation for irrigation.

**Findings:** Reported by NIPSCO; excavator has not responded since the gas operator did not provide a street address for the initial notice to be sent. Investigation did not produce a verifiable address, as well. The excavator failed to provide notice of excavation.

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

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



101 West Ohio Street, Suite 1707  
Indianapolis, IN 46204

October 18, 2012

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

Pipeline Safety Division – Case No. 3483  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3483

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: 8/1/2012

Event Location: 10315 Nelson St, Crown Point

Facility Owner: Northern Indiana Public Service Company

Excavator: CP Landscaping & Lawn Maintenance

Other Party: N/A

Pipeline Division Case No. 3483

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,

A handwritten signature in black ink, appearing to read "Christopher Earle".

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. 3483</b>	
Date of Event	8/1/2012
Event Location	10315 Nelson St, Crown Point
Facility Owner	Northern Indiana Public Service Company
Excavator	CP Landscaping & Lawn Maintenance
Date of IURC Information Request	9/18/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	C P Landscaping & Lawn Maintenance
RESPONSIBLE PARTY PERSONAL NAME	Mark Peterson
TITLE (IF ANY)	
ADDRESS	420 W. Joliet St
CITY/ STATE/ZIP	Crown Point, IN 46307
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<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	LSELKING@NISOURCE.COM
<b>LOCATOR SERVICE INFORMATION</b>	
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	
<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	10315 Nelson St
CITY/STATE/ZIP	Crown Point, IN 46307
NEAREST INTERSECTION	E 103 <sup>rd</sup> Ave
<b>PRODUCT TYPE (Select One)</b>	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
<b>FACILITY TYPE (Select One)</b>	
DISTRIBUTION	
GATHERING	
SERVICE/DROP	X
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	5/8 plastic
PRESSURE (PSIG/INCHES)	40
INTERRUPTION IN SERVICE (YES/NO)	Yes
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	0
REPAIR COST (IF KNOWN) (\$)	975.60
<b>CAUSE OF DAMAGE INFORMATION:</b>	
<b>TYPE OF EQUIPMENT (Select One)</b>	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	
Probing Device	

Trencher	X
Vacuum Equipment	
Unknown/Other	
<b>TYPE OF WORK PERFORMED (Select One)</b>	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	
Bldg. Demolition	
Drainage	
Driveway	
Electric	
Engineering/Surveying	
Fencing	
Grading	
Irrigation	X
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)	Yes
IGNITION AND/OR FIRE (YES/NO)	No
EXCAVATOR NOTIFY 811 (YES/NO)	No
<b>LOCATE INFORMATION:</b>	
EXCAVATOR REQUEST LOCATE (YES/NO)	No

INDIANA 811 LOCATE TICKET NUMBER	
LOCATE MARKS VISIBLE (YES/NO)	N/A
LOCATE MARKS CORRECT (YES/NO)	N/A
EXCAVATOR "WHITE LINED" (YES/NO)	N/A
MAPS USED TO MARK FACILITIES (YES/NO)	N/A
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	No
<b>INCIDENT IMPACT INFORMATION</b>	
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)	
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
<p>No notification made to the one-call center  Nipsco emergency repair ticket #: 1208013121</p>	

**Fact Based Investigation Report**

**NOTIFICATION ID:** 01820120801012                      **DISTRICT:** Northern IN  
**DAMAGE DATE:** 8/1/2012 5:05:00 PM    **NOTIFICATION DATE:** 8/1/2012 5:29:16 PM  
**NOTIFIED BY:** PATTY MENDEZ Facility Owner  
**DAMAGE ADDRESS:** 10315 NELSON ST LOT 201  
**CITY:** CROWN POINT    **ST:** IN    **ZIP:**

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**DAMAGED CUSTOMER:** NIPSCO

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**INVESTIGATION DATE:** 08/03/2012  
**FROM:** 14:00:00    **TO:** 14:30:00

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**EXCAVATOR INVOLVED:** UNKNOWN  
**TYPE OF EXCAVATION:** sprinkler install

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

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**DIG UP/DAMAGE REQ.:** 1208013121                      **START DATE/TIME:** 8/1/2012 5:20:00 PM

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**PICTURES TAKEN BY:** bob anderson    **DATE/TIME:** 8/3/2012 2:20:00 PM  
**PHOTOGRAPHY TYPE:** Digital                      **FRAME #:**

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**INVESTIGATOR EMP#:** 117382                      **INVESTIGATOR NAME:** bob anderson  
**BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?** Possibly

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**Fact Based Investigation Customer Information**

**NOTIFICATION ID:** 01820120801012  
**SELECT A CUSTOMER:** NIPSCO  
**CUSTOMER #:** (optional)

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**FACILITY DESCRIPTION:** LOWPROF    **FACILITY ID:** Gas Service  
**LOCATOR NAME & EMP #:**  
**LOCATOR NOT KNOWN:** Yes

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**CHECK ALL THAT APPLY TO INVESTIGATION:**  
No Locate Req. By Contractor

**Other:**

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**CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):**  
Visual, Facility Exposed At Time Of Investigation

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**INVESTIGATOR STATEMENT/CAUSAL FACTORS:**

Line not exposed at time of investigation, but have to check one of the boxes. Unknown contractor hit gas service to home. Upon investigation, homeowner stated the just moved into the new house and a company just installed a sprinkler system a couple days ago. Service already fixed, and covered up, and sod layed down at time of investigation. There were no marks on site, and search for ticket turned up no results. USIC not suspected to be at fault due to no ticket

**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

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**WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL?** No

**WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA?** No

**WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS?** No

**EXTENT OF FACILITY DAMAGE** unknown

**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)**



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Aug 24, 2012

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### Who is submitting this information?

Name of person providing this information: Robert A. Hayward

Business address (*number and street*): 3511 E. 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: CP Landscaping & Lawn Maintenance

Business address (*number and street*): \_\_\_\_\_

City, State, and ZIP code: Crown Point, IN 46307

Telephone number (*area code*): \_\_\_\_\_

Fax number (*area code*): \_\_\_\_\_

E-mail address: \_\_\_\_\_

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### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Trencher

Type of work performed: Irrigation

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**Date and Location of Damage**Date of damage (*month, day, year*): 8-1-12County: LakeCity: Crown PointStreet address (*number and street, city, state, and ZIP code*):  
10315 Nelson St Crown Point, IN 46307Nearest intersection: 103rd AveRight of way where damage occurred: Private - Land OwnerWas there a release of product? YesIf yes, was there an ignition of product? NoWere evacuations necessary as a result of release? No

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

Was there a customer service interruption? YesIf yes, how many affected? 1Time to restore service (*in hours*): 5Enter number of injuries, if applicable and known: 0Enter 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 GasWhat was the affected facility? Service/DropWhat was the depth of the facility, in inches? 12

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**Notification, Locating, Marking**Did excavator request locates prior to commencing work? No

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

Was the locate request completed within two working days? Unknown/Other

If locates were performed, were they done so by a contractor or pipeline employee? Unknown/Other

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

Were facility marks visible in the area of excavation? No

Were facilities marked correctly? Unknown/Other

Type of markings used: Other

If other, please specify: No Locate Request

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? No

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: --No notification made to the one-call center

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### **Additional Comments**

Nipsco Emergency Repair Ticket #1208013121



NORTHERN INDIANA PUBLIC SERVICE COMPANY

PROPERTY DAMAGE REPORT (CLAIMS FOR THE COMPANY)

FORWARD ORIGINAL AND 1 COPY

ALL DAMAGES TO PROPERTY MUST BE REPORTED TO THE CLAIMS DEPARTMENT

REPORTING OPERATING AREA Crown Point CLAIM NUMBER 572 972  
OPERATING AREA CONTACT Dick JOB ORDER NUMBER 572 972  
TRACKING NUMBER 018 2012 0801 012 LOCATE REF NUMBER None  
NO LOCATE REQUESTED

1. DATE AND HOUR OF DAMAGE 8-1-2012 15:03PM DATE OF THIS REPORT 8-1-12

2. PLACE OF DAMAGE (INCLUDE CITY) 10315 Nelson St Crown Point IN 46307

3. DAMAGE WAS TO POLE # \_\_\_\_\_ SIZE \_\_\_\_\_ YEAR INSTALLED \_\_\_\_\_ BROKEN  YES  NO  
GAS  SERVICE MAIN - SIZE \_\_\_\_\_ OTHER \_\_\_\_\_

4. PARTY RESPONSIBLE FOR DAMAGES (NAME) CP Landscaping & Lawn Maintenance  
(ADDRESS, CITY, STATE, ZIP) North St & Indiana Crown Point IN 46307

5. WHO WAS IN CHARGE OF WORK AT PLACE AND TIME OF DAMAGE / CONTRACTORS FOREMAN Mark Peterson

6. NAME AND ADDRESS OF WITNESSES \_\_\_\_\_

7. REMARKS OF WITNESSES \_\_\_\_\_

8.  POLICE REPORT ATTACHED (# \_\_\_\_\_) (IF NO POLICE REPORT - WHY \_\_\_\_\_)

9. PHOTOS TAKEN  YES  NO (IF YES, PLEASE FORWARD WITH COMPLETED PROPERTY DAMAGE REPORT.)

10. WORK IN PROGRESS WHEN DAMAGE OCCURRED:

- SEWER
- WATER
- ELECTRIC
- TELEPHONE
- TV CABLE
- OTHER \_\_\_\_\_
- ROAD CONSTRUCTION
- CULVERTS OR DRAINS
- DITCH CLEANING
- LANDSCAPING
- POLE OR SIGN INSTALLATION
- FENCE WORK
- DRIVEWAY
- CURB OR SIDEWALK
- IRRIGATION
- BUILDING CONSTRUCTION

11. REASON DAMAGE OCCURRED:

- NO NOTIFICATION
- CARELESS MACHINE OPERATOR
- DELIBERATE
- FAILURE TO HAND EXPOSE
- INACCURATE LOCATION
- INSUFFICIENT TIME NOTIFICATION
- AUTOMOTIVE ACCIDENT
- OTHER \_\_\_\_\_

OPINION AND RECOMMENDATION:  BILL  DO NOT BILL (REASON: \_\_\_\_\_)  
No locates

PERSON PREPARING REPORT Josh Kolst  
FIELD MANAGER \_\_\_\_\_

(SKETCH ON OTHER SIDE)

J0572972

DAMAGE REQUEST INFORMATION

DATE 8-1-12

CITY Winfield

ADDRESS 10315 Nelson St. Crown Point, IN 46307

CONTRACTOR CP Landscaping & Lawn Maintenance

TYPE OF EQUIPMENT Trenching

WORK TYPE Irrigation

LOCATE # None

LOCATES (YES/NO) (NO)

ACCURATE LOCATES (YES/NO) (NO)

PAINT, FLAGS OR BOTH

RELEASE OF GAS (YES/NO) (YES)

DETAILED DESCRIPTION OF EVENT INCLUDING EQUIPMENT USED:

DEPTH OF LINE 12"

WERE LOCATES PERFORMED IN 2 WORKING DAYS (YES/NO)

SERVICE OR MAIN AND SIZE OF LINE Service 5/8"

PRESSURE (PSI) 40

OUTAGE (YES/NO) (YES)

HOW MANY CUSTOMERS LOST 1

TIME TO RESTORE SERVICE

EVACUATION (YES/NO) (NO)

HOW MANY EVACUATED N/A

DAMAGE OR LEAK