



Pipeline Safety Division Investigation Report

Investigation regarding: **Ricardo Montana**

UPPAC Database Record ID: 3485

Investigator: Mike Orr

Report Date: 11/26/2012

Damage Date: 7/29/2012

Damage Address: 624 W Lexington Ave

City: Elkhart

County: Elkhart

The Parties

Excavator: **Ricardo Montana**

Contact:

Address: 628 W Lexington Ave, Elkhart, In

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: Ricardo Montana

UPPAC Database Record ID: 3485

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: False

Number of Customers Affected: 0

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$227

Excavator Activities/Cause of damage information:

Excavator request locates: No Indiana 811 ticket Number:

Type of Equipment: Hand Tools

Type of work performed: Fencing

Synopsis: A natural gas service line was damaged while performing work for a fence.

Findings: Reported by NIPSCO; excavator/occupant responded to initial notice on 10/18/2012. The gas operator reported there was a failure 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.

Information Request

Pipeline Safety Division Indiana Utility Regulatory Commission

Case No. 3485

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

RECEIVED

OCT 30 2012

INDIANA UTILITY
REGULATORY COMMISSION

The Parties:

Excavator Information:

Business Name:

Responsible Party Personal Name: Ricardo Montana

Title (if any):

Address: 628 W Lexington Ave

City, State Zip: Elkhart, IN 46514

Preferred Telephone: (574) 293-9430

Cell Phone Number:

Email Address:

Facility Information:

Business Name:

Responsible Party Personal Name:

Title (if any):

Address:

City, State, Zip:

Preferred Telephone:

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: Maria @ Aguilar

Business/Organization Name:

Title (if any)

Address: 1517 Springbrook Dr.

City, State, Zip: Elkhart, IN 46516

Preferred Telephone: (574) 606-5096

Cell Phone Number:

Email Address:

Utility Line Impact:

Location of Damage:

Address: 628 W Lexington Ave

City, State Zip: Elkhart, IN 46514

Nearest Intersection:

S Riverside Dr

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? 0

Repair Cost (if known): \$ 226.76

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: _____

Number of Inpatient Treated: _____

Number of Fatalities: _____

Fire Department Response: Yes / No

Police Department Response: Yes / No

Ambulance Response: Yes / No

Additional Information/Comments:

My fence fell down so in the process of putting it back I hit the gas line. I did not call anyone to locate the line because since the fence was already there I did not imagine a gas line would be located there.

YOUR PIPELINE SAFETY DIVISION CASE NO. 3485

YOUR FULL NAME: Ricardo Montana

FULL NAME OF BUSINESS/ENTITY (if applicable): _____

YOUR BUSINESS TITLE (if applicable): _____

ADDRESS: 628 W. Lexington Ave

CITY: Elkhart STATE: IN ZIP CODE: 46514

YOUR TELEPHONE NUMBER: (574) 293-9430 SECOND NO. () _____

YOUR EMAIL ADDRESS: _____

TODAY'S DATE: 10-2-12

YOUR SIGNATURE: Ricardo Montana TITLE (if any) _____

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

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

Or scan document(s) and Email to:

PipelineDamageCase@urc.in.gov

Northern Indiana Public Service Company
DAMAGE CLAIM BILL

CLAIM NO.: 12 1817

JOB ORDER NO.: 575643

DATE: August 17, 2012

Ricardo Montana
 628 West Lexington
 Elkhart, IN 46514

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
\$ 226.76

PLEASE DETACH HERE AND RETURN THIS PORTION WITH PAYMENT

DATE	DESCRIPTION	AMOUNT
07/29/12	Expense incurred as the result of damage to NIPSCO facilities located in the vicinity of 624 West Lexington, Elkhart, Indiana, by the above.	
	LABOR:	\$ 196.10
	MATERIAL:	19.66
	EQUIPMENT:	<u>11.00</u>
	TOTAL EXPENSE:	\$ 226.76

If you have any questions regarding this bill, please contact Mary Lechowicz, Leader Facility Damages, at 219-647-4033 or 1-800-884-2684



Know what's below.
 Call before you dig.

Northern Indiana Public Service Company
DAMAGE CLAIM BILL

CLAIM NO.: 12 1817

JOB ORDER NO.: 575643

DATE: August 17, 2012







101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

October 17, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3485
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3485

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: 7/29/2012

Event Location: 624 W Lexington Ave, Elkhart

Facility Owner: Northern Indiana Public Service Company

Excavator: Ricardo Montana

Other Party: N/A

Pipeline Division Case No. 3485

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. 3485	
Date of Event	7/29/2012
Event Location	624 W Lexington Ave, Elkhart
Facility Owner	Northern Indiana Public Service Company
Excavator	Ricardo Montana
Date of IURC Information Request	9/18/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Ricardo Montana
RESPONSIBLE PARTY PERSONAL NAME	Same
TITLE (IF ANY)	
ADDRESS	628 W. Lexington
CITY/ STATE/ZIP	Elkhart, IN 46514
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	624 W. Lexington
CITY/STATE/ZIP	Elkhart, IN 46514
NEAREST INTERSECTION	St Rt 14
PRODUCT TYPE (Select One)	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
FACILITY TYPE (Select One)	
DISTRIBUTION	
GATHERING	
SERVICE/DROP	X
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	5/8 plastic plastic
PRESSURE (PSIG/INCHES)	45
INTERRUPTION IN SERVICE (YES/NO)	No
NUMBER OF CUSTOMERS AFFECTED	
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	
REPAIR COST (IF KNOWN) (\$)	226.76
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	X
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	X
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)	Yes
IGNITION AND/OR FIRE (YES/NO)	No
EXCAVATOR NOTIFY 811 (YES/NO)	No
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	No

INDIANA 811 LOCATE TICKET NUMBER	N/A
LOCATE MARKS VISIBLE (YES/NO)	N/A
LOCATE MARKS CORRECT (YES/NO)	N/A
EXCAVATOR "WHITE LINED" (YES/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>No notification made to the one-call center Nipsco emergency repair ticket #: 1207290182</p>	

Fact Based Investigation Report

NOTIFICATION ID: 01820120729003 **DISTRICT:** Northern IN
DAMAGE DATE: 7/29/2012 5:40:00 PM **NOTIFICATION DATE:** 7/29/2012 6:47:19 PM
NOTIFIED BY: GLENDA Facility Owner
DAMAGE ADDRESS: 624 W LEXINGTON
CITY: ELKHART **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 07/29/2012
FROM: 18:00:00 **TO:** 18:30:00

EXCAVATOR INVOLVED: Homeowner
TYPE OF EXCAVATION: trench

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

DIG UP/DAMAGE REQ.: M58437003 **START DATE/TIME:**

PICTURES TAKEN BY: JASON KLAPP **DATE/TIME:** 7/29/2012 6:10:00 PM
PHOTOGRAPHY TYPE: Digital **FRAME #:**

INVESTIGATOR EMP#: 113397 **INVESTIGATOR NAME:** MIKEOBERLIN
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120729003
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: *(optional)*

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** service
LOCATOR NAME & EMP #: Klapp Jason - 131802
LOCATOR NOT KNOWN:

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

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:
NO TICKET

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:
U/K

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

LIST ANY OTHER INDIVIDUALS ON SITE:
U/K

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 SERVICE

REPLACEMENT FOOTAGE U/K

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED?

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)

NIPSCO 00691 IUPPSa 06/06/2012 12:30:42 1206062275-00A NORM NEW STRT

NORMAL NOTICE

Ticket : 1206062275 Date: 06/06/2012 Time: 12:28 Oper: BETHANN.OWENS Chan:000

State: IN Cnty: ALLEN Twp: ABOITE
Cityname: FORT WAYNE Inside: Y Near: N
Subdivision:

CASE #
3458

Address : 1210
Street : DELL COVE DR
Cross 1 : STATE HWY 14 Within 1/4 mile: Y
Location: IN FRONT OF THE ADDRESS ON BOTH SIDES OF THE STREET AND GO FOR 360FT
TO THE SOUTH ON DELL COVE

Grids : 4103A8514C 4104D8514C 4104C8514C
Boundary: n 41.074989 s 41.065895 w -85.239227 e -85.237717

Work type : INSTALLING WATER MAIN
Done for : CITY OF FORT WAYNE
Start date: 06/08/2012 Time: 12:45 Hours notice: 48/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 1 DAY Depth: 5FT

Company : FORT WAYNE CITY UTILITIES Type: OTHR
Co addr : 415 EAST WALLACE AVENUE
City : FORT WAYNE State: IN Zip: 46803
Caller : BETH ANN OWEN Phone: (260)427-2476
Contact : BETH ANN OWEN -- OFFICE Phone:
BestTime:
Mobile : (260)427-2476
Fax : (260)427-1282

Remarks : All tickets are taken and processed on Eastern Daylight Time
Will you be white-lining the dig site area? NO
:

Submitted date: 06/06/2012 Time: 12:28
Members: AEPIN AQUA CC FW ID7151 ID8000 NIPSCO SM



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Aug 15, 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: Ricardo Montana

Business address (*number and street*): 628 W Lexington Ave

City, State, and ZIP code: Elkhart, IN

Telephone number (*area code*): _____

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Unknown/Other

Excavation or demolition equipment: Hand Tools

Type of work performed: Fencing

Date and Location of DamageDate of damage (*month, day, year*): Jul 29, 2012

County: Elkhart

City: Elkhart

Street address (*number and street, city, state, and ZIP code*):
624 W Lexington Ave Elkhart IN

Nearest intersection: S Riverside Dr

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? No

If yes, how many affected? 0

Time to restore service (*in hours*): 0

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? 16

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 locates _____

Was site marked by "White Lining"? No

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

Description of Cause

Select from the list the most accurate cause for the damage: --No notification made to the one-call center

Additional Comments

Nipsco emergency repair ticket #: 1207290182