



Pipeline Safety Division Investigation Report

Investigation regarding: **Lawrence Romano**

UPPAC Database Record ID: 3491

Investigator: Howard Friend

Report Date: 11/1/2012

Damage Date: 7/14/2012

Damage Address: 7700 Locust Ave

City: Gary

County: Lake

The Parties

Excavator: **Lawrence Romano**

Contact:

Address: 7700 Locust Ave, Gary, In 46403

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: Lawrence Romano

UPPAC Database Record ID: 3491

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: Grader/Scraper

Type of work performed: Grading

Synopsis: A 2” plastic natural gas line was damaged while grading.

Findings: Reported by NIPSCO; excavator/homeowner did not respond to initial notice mailed 9/13/2012. The excavator/homeowner 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 17, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3491
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3491

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: 7/14/2012

Event Location: 7700 Locust Ave, Gary

Facility Owner: Northern Indiana Public Service Company

Excavator: Lawrence Romano

Other Party: N/A

Pipeline Division Case No. 3491

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. 3491 | |
| Date of Event | 7/14/2012 |
| Event Location | 7700 Locust Ave, Gary |
| Facility Owner | Northern Indiana Public Service Company |
| Excavator | Lawrence Romano |
| Date of IURC Information Request | 9/18/2012 |
| THE PARTIES | |
| EXCAVATOR: | |
| BUSINESS NAME | Lawrence Romano |
| RESPONSIBLE PARTY PERSONAL NAME | Same |
| TITLE (IF ANY) | |
| ADDRESS | 7700 Locust Avenue |
| CITY/ STATE/ZIP | Gary, IN |
| PREFERRED TELEPHONE | 847 307-9043 |
| 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 |
| 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 | morganthompson@usicinc.com |
| 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 | 7700 Locust Avenue |
| CITY/STATE/ZIP | Gary, IN |
| NEAREST INTERSECTION | N Parke St |
| PRODUCT TYPE (Select One) | |
| NATURAL GAS | X |
| LIQUID PIPELINE | |
| UNKNOWN/OTHER | |
| FACILITY TYPE (Select One) | |
| DISTRIBUTION | X |
| GATHERING | |
| SERVICE/DROP | |
| TRANSMISSION | |
| UNKNOWN/OTHER | |
| SIZE (DIAMETER/ETC.) | 2 plastic |
| PRESSURE (PSIG/INCHES) | 28 |
| INTERRUPTION IN SERVICE (YES/NO) | Y |
| NUMBER OF CUSTOMERS AFFECTED | 1 |
| EVACUATION (YES/NO) | Y |
| IF YES, HOW MANY EVACUATED | 3 |
| REPAIR COST (IF KNOWN) (\$) | 1,391.21 |
| | |
| CAUSE OF DAMAGE INFORMATION: | |
| TYPE OF EQUIPMENT (Select One) | |
| Auger | |
| Backhoe/Trackhoe | |
| Boring/Drilling | |
| Directional Drilling | |
| Explosives | |
| Farm Equipment | |
| Grader/Scraper | |
| Hand Tools | |
| Milling Equipment | |
| Probing Device | |

| | |
|--|----------|
| Trancher | |
| Vacuum Equipment | |
| Unknown/Other | X Bobcat |
| TYPE OF WORK PERFORMED (Select One) | |
| Agriculture | |
| Cable TV | |
| Curb/Sidewalk | |
| Bldg. Construction | |
| Bldg. Demolition | |
| Drainage | |
| Driveway | |
| Electric | |
| Engineering/Surveying | |
| Fencing | |
| Grading | X |
| 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) | N |
| LOCATE INFORMATION: | |
| EXCAVATOR REQUEST LOCATE (YES/NO) | N |

| | |
|--|---|
| INDIANA 811 LOCATE TICKET NUMBER | |
| LOCATE MARKS VISIBLE (YES/NO) | N |
| LOCATE MARKS CORRECT (YES/NO) | N |
| EXCAVATOR "WHITE LINED" (YES/NO) | N |
| MAPS USED TO MARK FACILITIES (YES/NO) | |
| OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO) | N |
| INCIDENT IMPACT INFORMATION | |
| NUMBER OF OUTPATIENT TREATED | 0 |
| NUMBER OF INPATIENT TREATED | 0 |
| NUMBER OF FATALITIES | 0 |
| FIRE DEPARTMENT RESPONSE (YES/NO) | Y |
| POLICE DEPARTMENT RESPONSE (YES/NO) | |
| AMBULANCE RESPONSE (YES/NO) | |
| ADDITIONAL INFORMATION/COMMENTS | |
| <p>No notification made to the one-call center USIC damage investigation and Nipsco internal investigation are conflicting USIC states there was no marks and shows no tickets</p> | |

Fact Based Investigation Report

01820120714002
Northern IN
7/14/2012 12:25:00 PM
7/14/2012 12:29:56 PM
Lakeisha Facility Owner
7700 Locust Ave
Gary (CALUMET TWNSHP)
ST: IN ZIP:

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

NIPSCO

DAMAGED CUSTOMER:

07/14/2012
11:45:00
12:40:00

INVESTIGATION DATE:
FROM:
TO:

Homeowner
Unknown

EXCAVATOR INVOLVED:
TYPE OF EXCAVATION:

Yes

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

M56732676
7/14/2012 1:35:00 PM

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

Scott Day
7/14/2012 11:50:00 AM
Digital
1

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

131986
Scott Day
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?
No

INVESTIGATOR EMP#:
INVESTIGATOR NAME:

Fact Based Investigation Customer Information

01820120714002

NIPSCO

(optional)

NOTIFICATION ID:

SELECT A CUSTOMER:

CUSTOMER #:

LOWPROF

Gas Service

Yes

FACILITY DESCRIPTION:

FACILITY ID:

LOCATOR NAME & EMP #:

LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:

No Locate Req. By Contractor,
Old Request

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 homeowner had a locate done about 2 months ago and thought he knew where the service was. There were no current markings left on the property and homeowner ripped his gas service out of the main with a bobcat.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

Crew from Nipsco made repairs as needed.

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

Homeowner said he thought the service would be deeper than it was.

LIST ANY OTHER INDIVIDUALS ON SITE:

N/A

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

cut plastic gas service

REPLACEMENT FOOTAGE

N/A

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?

No

WHAT CONTRACTOR EQUIPMENT WAS USED?

bobcat

IS THE FACILITY SHOWN ON THE UTILITY RECORDS?

No

IF YES, PLEASE LIST RECORD #(S)

NORTHERN INDIANA PUBLIC SERVICE COMPANY

FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA GARY MAXIMO WO # _____

OPERATING AREA CONTACT MIKE COARSTICK JOB ORDER # 475871

TRACKING NUMBER 018 2012 0714 002 LOCATE REF # _____
Locate Performed By: _____

DATE AND TIME OF ACCIDENT 7/14 2012, 10:10 AM DATE OF REPORT 7/14/12

PLACE OF DAMAGE (INCLUDE CITY) 7300 LOCUST AVE GARY IN

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

OTHER (DESCRIBE) _____

GAS: SERVICE MAIN () SIZE 2" MATERIAL: PLASTIC () STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE) _____

DEPTH OF FACILITY (inches) 12" PRESSURE (PSI) 28 Lbs.

RELEASE OF GAS: YES () NO () IGNITION OF GAS: YES () NO () EVACUATION REQUIRED: YES () # 3 NO ()

INTERRUPTION OF SERVICE: YES () NO () NUMBER OF CUSTOMERS LOST: 1

DURATION OF INTERRUPTION: TIME REPORTED 10:10 TIME RESTORED 13:00

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 2"

LOCATE MARKS ON SITE: YES () DISTANCE BETWEEN FACILITY AND LOCATE MARKS 6 NO ()
HOW LOCATED: PAINT () FLAGS () BOTH () WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) Lawrence Romano 847-807-9043

ADDRESS OF PARTY (INCLUDE CITY) 7700 LOCUST AVE GARY IN

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Lawrence Romano

WITNESS NAME AND ADDRESS NONE

WITNESS REMARKS NONE

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY _____ REPORT # _____

FIRE () AGENCY GARY F.D. REPORT # _____

OTHER () _____ Any Injuries? () YES # _____ () NO

PHOTOS TAKEN: YES () NO () TAKEN BY: _____ (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 _____
- () POLE/SIGN POST () ROAD WORK () SEWER

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

- () AUGER () HAND TOOLS () BACKHOE/TRACKHOE
- () MILLING EQUIPMENT () PROBING DEVICE () BORING / DRILLING
- () EXPLOSIVES () TRENCHER () FARM EQUIPMENT
- () VACCUUM EQUIPMENT () GRADER () OTHER BACKHOE / SKID LOADER

REASON DAMAGE OCCURRED- CHECK APPROPRIATE CHOICE BELOW

- () AUTOMOTIVE ACCIDENT () EXCAVATING BEFORE LOCATES DUE () CARELESS MACHINE OPERATOR
- () NO NOTIFICATION () MARKS DISTURBED () STUB () OTHER ()

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Aug 23, 2012

Who is submitting this information?

Name of person providing this information: Tommy Buher

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

Excavator Information, if known

Full name: Lawrence Romano

Business address (*number and street*): 7700 Locust Ave

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

Telephone number (*area code*): _____

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Grader/Scraper

Type of work performed: Grading

Date and Location of DamageDate of damage (*month, day, year*): Jul 14, 2012

County: Lake

City: Gary

Street address (*number and street, city, state, and ZIP code*):
7700 Locust Ave, Gary, IN 46403

Nearest intersection: _____

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? Yes

If yes, how many evacuated? 3

Was there a customer service interruption? Yes

If yes, how many affected? 1

Time to restore service (*in hours*): 3

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? Distribution

What was the depth of the facility, in inches? 12

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? Yes

Were facilities marked correctly? Yes

Type of markings used: Paint and Flags

If other, please specify: _____

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? Yes

Description of Cause

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

Additional Comments

Emergency repair ticket 1207140144

USIC damage investigation and our internal investigation are conflicting

COMMENTS: SHALLOW MAIN IN EASEMENT, MAIN APPROX 24" DEEP

PERSON PREPARING REPORT ROBERT CAUCHON / MIKE COASTICK

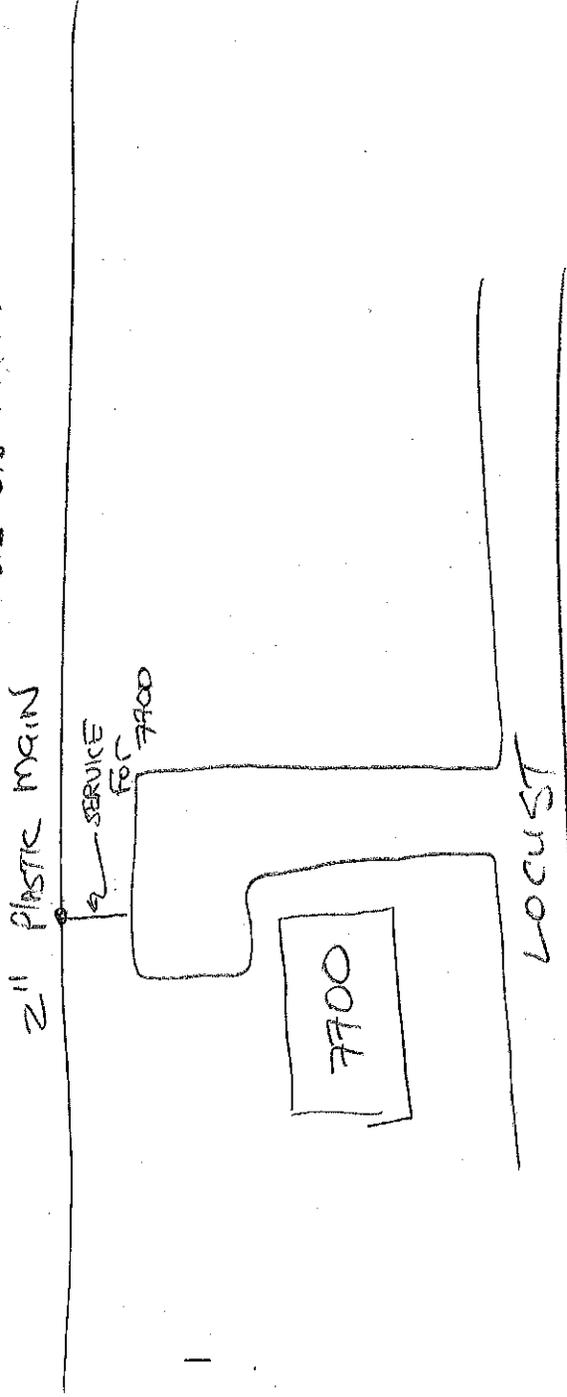
FIELD SUPERVISOR MICHAEL COASTICK

FIELD MANAGER KARIMA HIRBAN BEY

- 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

* WHILE GRADING, HOMEOWNER HIT SERVICE TEE
ON MAIN & RIPPED IT OFF, OPENING 2"
HOLE ON MAIN.



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: _____