



Pipeline Safety Division Investigation Report

Investigation regarding: City Of South Bend Sewer Department

UPPAC Database Record ID: 3500

Investigator: Howard Friend

Report Date: 10/29/2012

Damage Date: 6/29/2012

Damage Address: 345 S Sunnyside Ave

City: South Bend

County: St Joseph

The Parties

Excavator: **City Of South Bend Sewer Department**

Contact:

Address: 731 South Lafayette Blvd, South Bend, In 46601

Telephone: 574 930 6538

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: City Of South Bend Sewer Department

UPPAC Database Record ID: 3500

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$204

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1206133053

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Curb / Sidewalk

Synopsis: A natural gas service was damaged during excavation to replace curbs and walks.

Findings: Reported by NIPSCO; excavator did not respond to initial notice mailed 9/14/2012. The excavator had a valid locate request and the operator provided accurate locate markings.

Conclusion: There was a failure to maintain two (2) feet of clearance with mechanized equipment.

Violation: IC 8-1-26-20(b): Failure to plan excavation to avoid damage or interference with underground facilities; Failure to maintain two (2) feet clearance with mechanized equipment.



101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

October 17, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3500
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3500

To Whom It May Concern:

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

Date of Event: 6/29/2012

Event Location: 345 S Sunnyside Ave, South Bend

Facility Owner: Northern Indiana Public Service Company

Excavator: South Bend Sewer Department

Other Party: N/A

Pipeline Division Case No. 3500

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. 3500	
Date of Event	6/29/2012
Event Location	345 S Sunnyside Ave, South Bend
Facility Owner	Northern Indiana Public Service Company
Excavator	South Bend Sewer Department
Date of IURC Information Request	9/18/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	City of South Bend
RESPONSIBLE PARTY PERSONAL NAME	Steve Adams
TITLE (IF ANY)	
ADDRESS	731 W. Lafayette Blvd
CITY/ STATE/ZIP	South Bend, IN
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
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	
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	345 Sunnyside Avenue
CITY/STATE/ZIP	South Bend, IN
NEAREST INTERSECTION	Wayne St.
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
PRESSURE (PSIG/INCHES)	35
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) (\$)	204.36
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	

Trancher	
Vacuum Equipment	
Unknown/Other	
TYPE OF WORK PERFORMED (Select One)	
Agriculture	
Cable TV	
Curb/Sidewalk	X
Bldg. Construction	
Bldg. Demolition	
Drainage	
Driveway	
Electric	
Engineering/Surveying	
Fencing	
Grading	
Irrigation	
Landscaping	
Liquid Pipeline	
Milling	
Natural Gas	
Pole	
Public Transit Authority	
Railroad Maintenance	
Road Work	
Sewer (Sanitary/Storm)	
Site Development	
Steam	
Storm Drain/Culvert	
Street Light	
Telecommunications	
Traffic Signal	
Traffic Sign	
Water	
Waterway Improvement	
Unknown/Other	
RELEASE OF PRODUCT (YES/NO)	Yes
IGNITION AND/OR FIRE (YES/NO)	No
EXCAVATOR NOTIFY 811 (YES/NO)	No
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Yes

INDIANA 811 LOCATE TICKET NUMBER	1206133053
LOCATE MARKS VISIBLE (YES/NO)	Yes
LOCATE MARKS CORRECT (YES/NO)	Yes
EXCAVATOR "WHITE LINED" (YES/NO)	No
MAPS USED TO MARK FACILITIES (YES/NO)	Yes
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)	N/A
POLICE DEPARTMENT RESPONSE (YES/NO)	N/A
AMBULANCE RESPONSE (YES/NO)	N/A
ADDITIONAL INFORMATION/COMMENTS	
<p>Failure to use hand tools where required.</p> <p>No damage ticket.</p> <p>Nipsco emergency repair ticket 1206290595.</p>	

Fact Based Investigation Report

NOTIFICATION ID: 01820120629001 **DISTRICT:** Northern IN
DAMAGE DATE: 6/29/2012 8:30:00 AM **NOTIFICATION DATE:** 6/29/2012 9:11:06 AM
NOTIFIED BY: AMBER FERGUSON Facility Owner
DAMAGE ADDRESS: 345 S SUNNYSIDE AVE
CITY: SOUTH BEND **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 06/29/2012
FROM: 09:45:00 **TO:** 10:05:00

EXCAVATOR INVOLVED: CITY OF SOUTH BEND SEWERS
TYPE OF EXCAVATION: Sidewalks

ORIG. LOCATE REQ.: 1206133053 **START DATE/TIME:** 6/15/2012 3:50:00 PM
TYPE OF TICKET: Routine **LOCATE REQ. INFO N/A:**

DIG UP/DAMAGE REQ.: M55159737 **START DATE/TIME:** 6/29/2012 9:55:00 AM

PICTURES TAKEN BY: Allen O'Donnell **DATE/TIME:** 6/29/2012 9:55:00 AM
PHOTOGRAPHY TYPE: Digital **FRAME #:** n/a

INVESTIGATOR EMP#: 116375 **INVESTIGATOR NAME:** Joe Hendrickson
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120629001
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: *(optional)*

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** Gas Service
LOCATOR NAME & EMP #: ODonnell Allen - 124207
LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:
Facility Marked Accurately

Other:

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

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

Marks on site are accurate and line right up to the damaged line. Crew was putting in new sidewalks.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

N/A

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

N/A

LIST ANY OTHER INDIVIDUALS ON SITE:

N/A

WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL? Yes

WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA? Yes

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS? Yes

EXTENT OF FACILITY DAMAGE Cut gas service

REPLACEMENT FOOTAGE N/A

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No N/A

WHAT CONTRACTOR EQUIPMENT WAS USED? N/A

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S) N/A

NIPSCO 00979 IUPPSa 06/13/2012 16:03:35 1206133053-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1206133053 Date: 06/13/2012 Time: 15:57 Oper: LSTEVENSON Chan:018

State: IN Cnty: ST JOSEPH Twp: PORTAGE
Cityname: SOUTH BEND Inside: Y Near: N
Subdivision:

CASE #
3500

Address :

Street : S SUNNYSIDE AVE
Cross 1 : N WAYNE ST Within 1/4 mile: Y
Location: FROM THE INTERSECTION---LOCATE HEADING SOUTH ON THE WEST SIDE OF S
SUNNYSIDE AVE FOR APPROX 250 FEET--ENDING AT S WAYNE ST

Grids : 4140C8613A
Boundary: n 41.674873 s 41.672508 w -86.231476 e -86.229652

Work type : CURB AND SIDEWALK REPLACEMENT
Done for : SOUTH BEND SEWER DEPT
Start date: 06/15/2012 Time: 16:15 Hours notice: 48/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 3 WEEKS Depth: 3 FEET

Company : SOUTH BEND SEWER DEPT Type: CONT
Co addr : 731 SOUTH LAFAYETTE BLVD
City : SOUTH BEND State: IN Zip: 46601
Caller : JEFF SCHMALTZ Phone: (574)930-6538
Contact : JEFF SCHMALTZ---CELL Phone:
BestTime:
Mobile : (574)930-6538
Fax : (574)235-9272
Email : JSCHMALT@SOUTHBENDIN.GOV

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

Submitted date: 06/13/2012 Time: 15:57
Members: AEPIN COMCN ID5610 ID6590 NIPSCO SBCIN SM



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Aug 3, 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: South Bend Sewer Dept

Business address (*number and street*): 731 South Lafayette Blvd

City, State, and ZIP code: South Bend, IN 46601

Telephone number (*area code*): 574 930 6538

Fax number (*area code*): 574 235 9272

E-mail address: jschmalt@southbendin.gov

Excavation or Demolition Information

Excavator type: Municipality

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Curb/Sidewalk

Date and Location of DamageDate of damage (*month, day, year*): Jun 29, 2012County: St JosephCity: South BendStreet address (*number and street, city, state, and ZIP code*):
345 S Sunnyside Ave South Bend INNearest intersection: N Wayne StRight 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? NoIf yes, how many evacuated? 0Was there a customer service interruption? YesIf yes, how many affected? 1Time to restore service (*in hours*): 3Enter number of injuries, if applicable and known: 0Enter number of fatalities, if applicable and known: 0Property damage, Estimate \$

Affected Facility InformationWhat type of pipeline was damaged? Natural GasWhat was the affected facility? Service/DropWhat was the depth of the facility, in inches? 18

Notification, Locating, MarkingDid excavator request locates prior to commencing work? YesEnter Indiana 811 ticket number, if known: 1206133053

Was the locate request completed within two working days? Yes

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

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

Were facility marks visible in the area of excavation? Yes

Were facilities marked correctly? Yes

Type of markings used: Paint and Flags

If other, please specify: _____

Was site marked by "White Lining"? No

Were special instructions part of the locate request? No

Were maps used to complete the locate request? Yes

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? No

Description of Cause

Select from the list the most accurate cause for the damage: --Failure to use hand tools where required

Additional Comments

Nipsco emergency repair ticket #: 1206133053

NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA South Bend MAXIMO WO # CO 348126205
OPERATING AREA CONTACT Tim Armstrong JOB ORDER # 575727
TRACKING NUMBER 018 2012 0629 001 LOCATE REF # _____
Locate Performed By: _____

DATE AND TIME OF ACCIDENT 6-29-2012 20 7:18 AM DATE OF REPORT 6-29-12
PLACE OF DAMAGE (INCLUDE CITY) 345 S sunnyside ave

DAMAGE WAS TO:

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

OTHER (DESCRIBE) _____

GAS: SERVICE MAIN () SIZE 5/8 MATERIAL: PLASTIC STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE) upon arrival gas service bent over and squeezed off

DEPTH OF FACILITY (inches) 18" PRESSURE (PSI) 35 Lbs.

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

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

DURATION OF INTERRUPTION: TIME REPORTED 7:18 am TIME RESTORED 10:30 am

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 5/8

LOCATE MARKS ON SITE: YES DISTANCE BETWEEN FACILITY AND LOCATE MARKS 2" NO ()
HOW LOCATED: PAINT FLAGS BOTH () WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) sewer dept. of South Bend (Steve Adams)

ADDRESS OF PARTY (INCLUDE CITY) 731 W Lafayette Blvd South Bend 01466

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Steve Adams

WITNESS NAME AND ADDRESS _____

WITNESS REMARKS NA

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY no REPORT # _____

FIRE () AGENCY no REPORT # _____

OTHER () no 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

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

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

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

REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW

- | | | | |
|----------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> AUTOMOTIVE ACCIDENT | <input type="checkbox"/> EXCAVATING BEFORE LOCATES DUE | <input checked="" type="checkbox"/> CARELESS MACHINE OPERATOR | |
| <input type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED | <input type="checkbox"/> STUB | <input type="checkbox"/> OTHER _____ |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

SIN #110601 Rev. 5-12

COMMENTS :

Good locates

PERSON PREPARING REPORT

Todd Overmyer

FIELD SUPERVISOR

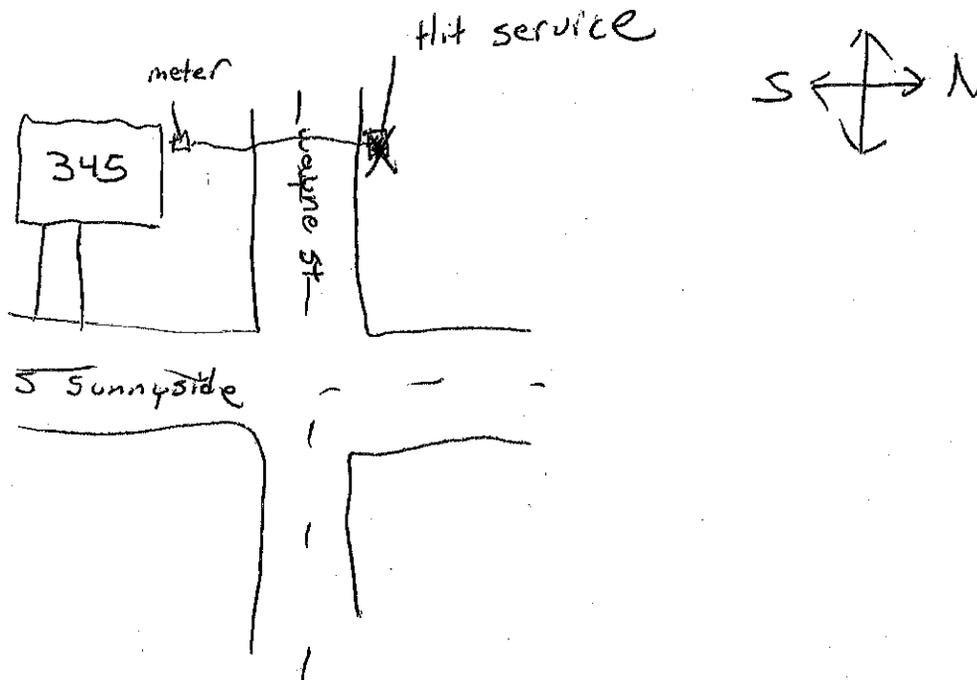
Rick Gray

FIELD MANAGER

Tim Armstrong

- 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: _____