



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Hrp Construction**

UPPAC Database Record ID: 3503

Investigator: Howard Friend

Report Date: 11/16/2012

Damage Date: 7/6/2012

Damage Address: 1253 Diamond Ave

City: South Bend

County: St Joseph

### The Parties

Excavator: **Hrp Construction**

Contact: Paul Fallon, President

Address: 5777 Cleveland Rd, South Bend, In 46628

Telephone: 574 271 7800

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: Hrp Construction**

UPPAC Database Record ID: 3503

### **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: Yes Indiana 811 ticket Number: 1206221271

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Sewer

**Synopsis:** A natural gas service was damaged at the excavation site for sewer work.

**Findings:** Reported by NIPSCO; excavator's response to initial notice was received on 10/15/2012. The excavator had a valid locate request and the operator provided accurate locate markings. The natural gas service line was exposed in the excavation site at the time the backs caved in causing the line to be pulled apart.

**Conclusion:** There was a failure to plan excavation to avoid damage or interference with underground facilities. The excavator failed to notify the association and the local fire department upon release of a flammable gas.

**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.**



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Aug 9, 2012

---

### Who is submitting this information?

Name of person providing this information: Carrie Ludwig (NIPSCO)

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: HRP Construction

Business address (*number and street*): 5777 Cleveland Rd

City, State, and ZIP code: South Bend, IN 46628

Telephone number (*area code*): 574 271 7800

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

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

---

### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Sewer (Sanitary/Storm)

---

**Date and Location of Damage**

Date of damage (*month, day, year*): Jul 6, 2012

County: St Joseph

City: South Bend

Street address (*number and street, city, state, and ZIP code*):  
1253 Diamond Ave

Nearest intersection: Portage Ave

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? Yes

If yes, how many affected? 1

Time to restore service (*in hours*): 1.5

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? 36

---

**Notification, Locating, Marking**

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1206221271

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: 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? Unknown/Other

---

### **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 #: 1207060610



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. 3503  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3503

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: 7/6/2012

Event Location: 1253 Diamond Ave, South Bend

Facility Owner: Northern Indiana Public Service Company

Excavator: HRP Construction

Other Party: N/A

Pipeline Division Case No. 3503

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. 3503</b>	
Date of Event	7/6/2012
Event Location	1253 Diamond Ave, South Bend
Facility Owner	Northern Indiana Public Service Company
Excavator	HRP Construction
Date of IURC Information Request	9/18/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	HRP Construction
RESPONSIBLE PARTY PERSONAL NAME	Steve Oldfather
TITLE (IF ANY)	
ADDRESS	5777 Cleveland Rd
CITY/ STATE/ZIP	South Bend, IN 46628
PREFERRED TELEPHONE	574 271-7800
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
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	<a href="mailto:morganthompson@usicinc.com">morganthompson@usicinc.com</a>
<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	1253 Diamond Avenue
CITY/STATE/ZIP	South Bend, IN 46628
NEAREST INTERSECTION	Portage 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)	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) (\$)	403.24
<b>CAUSE OF DAMAGE INFORMATION:</b>	
<b>TYPE OF EQUIPMENT (Select One)</b>	
Auger	
Backhoe/Trackhoe	X
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	
Probing Device	

Trancher	
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	
Landscaping	
Liquid Pipeline	
Milling	
Natural Gas	
Pole	
Public Transit Authority	
Railroad Maintenance	
Road Work	
Sewer (Sanitary/Storm)	X
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)	Yes

INDIANA 811 LOCATE TICKET NUMBER	1206221271
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
<b>INCIDENT IMPACT INFORMATION</b>	
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
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
<p>Compensation has been received from the excavator.</p> <p>Failure to protect exposed pipe.</p> <p>Nipsco emergency repair ticket 1207060610.</p> <p>No damage ticket.</p>	

**Fact Based Investigation Report**

**NOTIFICATION ID:** 01820120706003                      **DISTRICT:** Northern IN  
**DAMAGE DATE:** 7/6/2012 8:45:00 AM    **NOTIFICATION DATE:** 7/6/2012 9:42:23 AM  
**NOTIFIED BY:** NICHOLE Facility Owner  
**DAMAGE ADDRESS:** 1253 DIAMOND AVE  
**CITY:** SOUTH BEND    **ST:** IN    **ZIP:**

---

**DAMAGED CUSTOMER:** NIPSCO

---

**INVESTIGATION DATE:** 07/06/2012  
**FROM:** 09:45:00    **TO:** 10:30:00

---

**EXCAVATOR INVOLVED:** HRP CONSTRUCTION  
**TYPE OF EXCAVATION:** Excavation

---

**ORIG. LOCATE REQ.:** 1207060610                      **START DATE/TIME:**  
**TYPE OF TICKET:**    **LOCATE REQ. INFO N/A:**

---

**DIG UP/DAMAGE REQ.:** 1207060610                      **START DATE/TIME:**

---

**PICTURES TAKEN BY:** Brian Arens    **DATE/TIME:** 7/6/2012 10:00:00 AM  
**PHOTOGRAPHY TYPE:** Digital                      **FRAME #:**

---

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

---

**Fact Based Investigation Customer Information**

**NOTIFICATION ID:** 01820120706003  
**SELECT A CUSTOMER:** NIPSCO  
**CUSTOMER #:** *(optional)*

---

**FACILITY DESCRIPTION:** LOWPROF                      **FACILITY ID:** Gas Service  
**LOCATOR NAME & EMP #:** Arens Brian - 113463  
**LOCATOR NOT KNOWN:**

---

**CHECK ALL THAT APPLY TO INVESTIGATION:**

Contractor Damaged Exposed Facility,  
Other

**Other:** wall of excavation fell in

---

**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:**

The exposed main and service were tied up to support them while exposed. The wall of the excavation collapsed and snapped the gas service.

**NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:**

N/A

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

Steve - HRP - gave us the above information

**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?** Nothing

**IS THE FACILITY SHOWN ON THE UTILITY RECORDS?** No

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

NIPSCO 00396 IUPPSa 06/22/2012 11:32:04 1206221271-00A NORM NEW GRID

NORMAL NOTICE JOB EXTENSION

Ticket : 1206221271 Date: 06/22/2012 Time: 11:28 Oper: AOWENS Chan:041

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

CASE #  
3503

Address :

Street : DIAMOND AVE

Cross 1 : PORTAGE AVE Within 1/4 mile: Y

Location: LOCATE FROM THE INTERSECTION GOING SOUTHWEST FOR APPROX 750 FEET TO HUMBOLDT STREET INCLUDING THE ENTIRE PUBLIC RIGHT OF WAY INCLUDING DEPTH AND ABANDONMENTS

:

Grids : 4141C8616D 4141B8616D

Boundary: n 41.693085 s 41.690296 w -86.269936 e -86.266884

Work type : INSTALLING SEWER

Done for : CITY OF SOUTH BEND

Start date: 06/26/2012 Time: 11:45 Hours notice: 96/48 Priority: NORM

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

Duration : 7 MONTHS Depth: 25 FEET

Company : HRP CONSTRUCTION Type: CONT

Co addr : 5777 CLEVELAND ROAD

City : SOUTH BEND State: IN Zip: 46628

Caller : BRYCE BERNARDI Phone: (574)271-7800

Contact : STEVE OLDFATHER - CELL Phone:

BestTime:

Mobile : (574)876-5279

Fax : (574)271-0524

Email : STEVEO@HRPCONSTRUCTION.COM

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

REMARK AS NEEDED - PREVIOUS TICKET 1206061296

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

:

Submitted date: 06/22/2012 Time: 11:28

Members: AEPIN COMCN ID5610 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 9, 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: HRP Construction

Business address (*number and street*): 5777 Cleveland Rd

City, State, and ZIP code: South Bend, IN 46628

Telephone number (*area code*): 574 271 7800

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

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

## Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Sewer (Sanitary/Storm)

---

**Date and Location of Damage**Date of damage (*month, day, year*): Jul 6, 2012County: St JosephCity: South BendStreet address (*number and street, city, state, and ZIP code*):  
1253 Diamond Ave South Bend INNearest intersection: Portage 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? NoIf yes, how many evacuated? 0Was there a customer service interruption? YesIf yes, how many affected? 1Time to restore service (*in hours*): 1.5Enter number of injuries, if applicable and known: 0Enter number of fatalities, if applicable and known: 0Property damage, Estimate \$ 

---

**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? 36

---

**Notification, Locating, Marking**Did excavator request locates prior to commencing work? YesEnter Indiana 811 ticket number, if known: 1206221271

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: 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? Unknown/Other

---

### **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 #: 1207060610

# NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA South Bend MAXIMO WO # \_\_\_\_\_  
OPERATING AREA CONTACT Gary King JOB ORDER # 576943  
TRACKING NUMBER 018-2012 0706 003 LOCATE REF # 120602 1271  
Locate Performed By: \_\_\_\_\_

DATE AND TIME OF ACCIDENT July 6 2012, 9:23 AM DATE OF REPORT 7-6-12  
PLACE OF DAMAGE (INCLUDE CITY) 1253 Diamond Ave, South Bend

**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) \_\_\_\_\_

DEPTH OF FACILITY (inches) 36" 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 9:23am TIME RESTORED 11:00am

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: cut 2"

LOCATE MARKS ON SITE: YES  DISTANCE BETWEEN FACILITY AND LOCATE MARKS 0" NO ( )  
HOW LOCATED: PAINT ( ) FLAGS  BOTH ( ) WHITE LINED ( )

PARTY THAT CAUSED DAMAGES (NAME) HRP Construction

ADDRESS OF PARTY (INCLUDE CITY) 5777 Cleveland Rd P O Box 266

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

WITNESS NAME AND ADDRESS \_\_\_\_\_

WITNESS REMARKS \_\_\_\_\_

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY \_\_\_\_\_ REPORT # \_\_\_\_\_  
FIRE ( ) AGENCY \_\_\_\_\_ 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

<input type="checkbox"/> AGRICULTURE/FARMING	<input type="checkbox"/> CABLE TV	<input type="checkbox"/> CURB/SIDEWALK	<input type="checkbox"/> TELECOMMUNICATIONS
<input type="checkbox"/> BLDG CONSTRUCTION	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> DRAINAGE	<input checked="" 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 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 checked="" type="checkbox"/> OTHER <u>Failure to hand expose</u>

COMMENTS :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

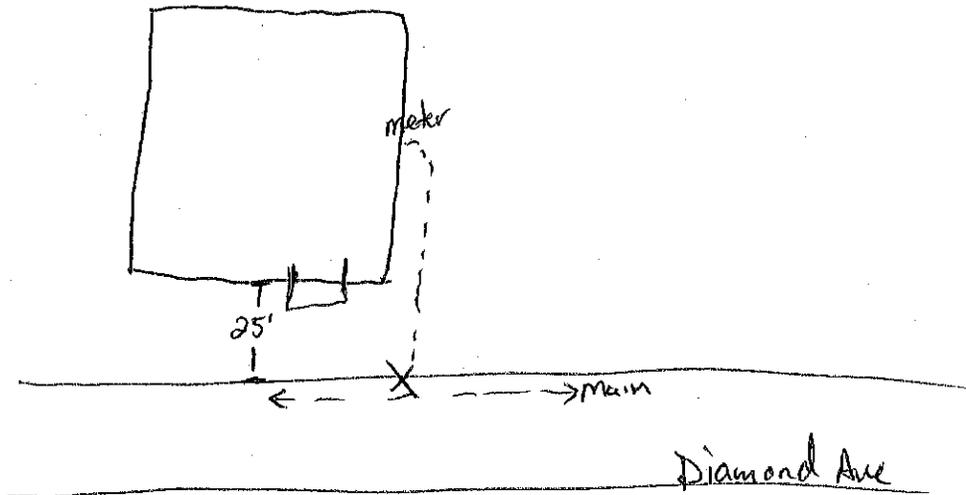
PERSON PREPARING REPORT Adam Nowak

FIELD SUPERVISOR Barry DeF

FIELD MANAGER Rick Gray

- 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: \_\_\_\_\_



**INFORMATION REQUEST**

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3503

7/6/12 5/8" Gas Service Line to 1253 Diamond Ave. Pulled out of Fitting (HRP records

indicate 1257 Diamond Ave.)  
*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: HRP Construction Inc.

Responsible Party Personal Name: Paul J. Fallon

Title (if any): President

Address (number and street): 5777 Cleveland Rd.

City, State and ZIP Code: South Bend, IN 46628

Preferred Telephone Number (area code): 574-271-7800

Cellular Telephone Number (area code): 574-274-9580

Email Address: paulf@hrpconstruction.com

**Facility Information:**

Business Name: n/a

Responsible Party Personal Name: n/a

Title (if any): n/a

Address (number and street): n/a

City, State and ZIP Code:  n/a

Preferred Telephone Number (area code):  n/a

Cellular Telephone Number (area code):  n/a

Email Address:  n/a

**Locator Service Information:**

Business Name:  n/a

Responsible Party Personal Name:  n/a

Title (if any):  n/a

Address (number and street):  n/a

City, State and ZIP Code:  n/a

Preferred Telephone Number (area code):  n/a

Cellular Telephone Number (area code):  n/a

Email Address:  n/a

**Cause of Damage Information** See "Additional Information / Comments"

**Type of Equipment (select one):** Bank sloughed (caved) in causing 5/8" service to break.

**Type of Work Performed (select one):** Storm Sewer Excavation (25' deep 138" (11.5') wide concrete structure.

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

Personal Contact:  n/a

Business/Organization Name:  n/a

Title (if any):  n/a

Address (number and street):  n/a

City, State and ZIP Code:  n/a

Preferred Telephone Number (area code):  n/a

Cellular Telephone Number (area code): n/a

Email Address: n/a

---

**Utility Line Impact**

**Location of Damage:**

Address (number and street): 1253 Diamond Ave. (HRP records show 1257 Diamond Ave.)

City, State and ZIP Code: South Bend, IN

Nearest Intersection: Portage Ave.

Product Type (select one): Natural Gas

Facility Type (select one): Unknown / Other

Size (Diameter/etc.): 5/8"

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: 120622 1271

Locate Marks Visible:  Yes  No  
 Locate Marks Correct:  Yes  No  
 Excavator "White Lined":  Yes  No Not Required  
 Maps Used to Mark Facilities:  Yes  No Not Required  
 Was Locate Provided within Two (2) Working Days:  Yes  No Unsure  
 Operator Employees On-site during Excavation:  Yes  No Unsure

**Incident Impact Information**

Number of Outpatient Treated: None known

Number of Inpatient Treated: None known

Number of Fatalities: None Known

Fire Department Response:  Yes  No Unsure

Police Department Response:  Yes  No

Ambulance Response:  Yes  No

**Additional Information / Comments**

We were installing a 138" (11.5') concrete rectangular structure, large enough to accommodate a 110" (O.D.) concrete pipe, in a deep (25') excavation, in a tight right of way; parallel and close to a 2" gas main. As per the law's requirements, we had requested locates for, excavated, and exposed the 2" gas main (it was at the edge of our excavation). When the bank beyond the gas main unexpectedly sloughed (caved) in, a gas service attached to that main became unsupported and all the additional weight on the previously unexcavated service, causing it to break.

Our error here was incorrectly anticipating the amount of soil that might slough in and its affect on a new plastic service that we didn't even expect to be in our excavation. We don't believe that our misjudgment (for which we have accepted our obligation to reimburse the Operator's costs) constitutes a violation of Indiana's 811 law and can assure that suffering these costs and those from our own downtime provides more than enough penalty and motivation to be more careful in the future.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3503

Your Full Name: Paul J. Fallon

Full Name of Business / Entity (if applicable): HRP Construction Inc.

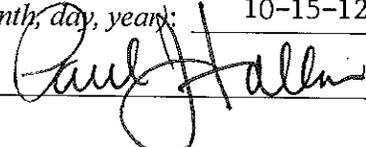
Your Business Title (if applicable): President

Address (number and street): 5777 Cleveland Rd.

City: South Bend State: IN ZIP Code: 46628

Your E-mail Address: paulf@hrpconstruction.com

Today's Date (month, day, year): 10-15-12

Your Signature:  Title (if any) President

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3503  
Indiana Utility Regulatory Commission  
101 West Washington Street, 1500E  
Indianapolis, IN 46204

Or scan the statement and Email to:

[PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)



**EXCAVATING•SEWERS•WATERMAINS**

*"Working To Be Of Service"*

October 15, 2012

Indiana Regulatory Commission  
Attn: Pipeline Safety Division – Case No. 3503  
101 W. Washington St.  
Suite 1500 E.  
Indianapolis, IN 46204

Attn: Mr. William Boyd, Director Pipeline Safety Division

Email: [pipelinedamagecase@uric.in.gov](mailto:pipelinedamagecase@uric.in.gov)

Re: Case No. 3503 – EXCAVATOR

Dear Gentlepersons,

We are the "respondent Excavator" in the above referenced case.

Please include the attached "information request" in your investigation of, and your recommendation on, this case.

In accordance with the "Summary of Procedures and Respondent's Rights" we hereby:

1. Request our copy of the Pipeline Division's finding in its Investigation Report, as soon as it is available.
2. Request the notice of the date and time of the Advisory Committee meeting at which this case will come up, as soon as it's available.
3. Advise of our intent to provide respondent's evidence 7 days in advance of the Advisory Committee's scheduled deliberation of our case. Please include the information herewith provided as respondent's evidence.

October 15, 2012  
Case #3503  
Page 2 of 2

Thank you for your attention to these matters. Should you be in need of any further information from us at this time, please let us know at once.

Sincerely,  
HRP Construction Inc.

A handwritten signature in black ink, appearing to read "Paul Fallon". The signature is written in a cursive style with a horizontal line extending from the end of the name.

Paul J. Fallon  
President

CC: Kelsey Klingler, Indiana Utility Regulatory Commission  
kklingler@urc.in.gov

# HRP CONSTRUCTION!

## EXCAVATING•SEWERS•WATERMANS

*"Working To Be Of Service"*

January 22, 2013

Indiana Regulatory Commission  
ATTN: Mr. Michael Orr  
1001 W. Washington St.  
Suite 1500E  
Indianapolis, IN 46204

Re: Investigation of HRP Construction

Case No: 3503

Dear Mike,

I am writing to confirm our phone conversation of earlier this afternoon. As we recently returned from vacation and your office was closed yesterday, please forgive us for not responding to Ms. Poon's letter of January 9<sup>th</sup>, 2013 sooner.

Given her letter was not post-marked until January 10<sup>th</sup>, 2013, hardly enough time existing for us to provide all further documentation so that you receive it at least 7 days prior to your scheduled meeting of January 24, 2013, perhaps even if we had not been out of town.

Beyond that, we offer the following comments:

1. We do not take issue with Mr. Friend's synopsis or findings.
2. In our minds we had taken action to protect the line(s) in question. We acknowledge that, given the circumstances, our efforts were inadequate or insufficient. Should you, the Committee, and/or Mr. Friend agree to add "sufficiently" or "adequately" to the conclusion in front of the word "protect", we would not object with the first half of the conclusion as revised.
3. The second half of the conclusion should be removed in its entirety. We did notify the association of the incident. We did not notify the local fire dept. since immediately upon failure the new automatic shut off valve worked and any escape of gas into the atmosphere was terminated.

Shipping: 5777 Cleveland Road  
Mailing: P.O. Box 266

South Bend, IN 46628-9418  
South Bend, IN 46624-0266

Phone 574-271-7800  
FAX 574-271-0524

4. Regarding the first half of the violation(s) cited, other than noting the law's unfortunate (and perhaps unfair) silence relative to what load bearing capacity and strengths that this connection should have been built to, we do not object to the first half of the violation cited, particularly if the modifications requested above in #2 and #3 are allowed.
5. As there has been no evidence or even assertion up until this point that HRP "failed to maintain two (2) feet clearance with mechanized equipment", and we strongly object to the accuracy of any such assertion, we request that it be removed. Pictures previously submitted show an elaborate shoring system put in place to preclude us from digging near the facility with mechanized equipment.

We do acknowledge we could, and apparently should, have done more to protect the facility, but cannot agree that we did nothing to protect it, dug within 2' of it with mechanized equipment, failed to call the association, or improperly failed to call the local Fire Department. We respectfully request your records and these documents be so modified. Suggesting our requests seemed reasonable, you agreed to pursue them with Ms. Poon.

Please advise us of her inclination in this matter. If she does not agree with our request(s), please post-pone this matter to the next advisory committee meeting so that we can provide further information a minimum of 7 days prior.

Thank you for your attention to and consideration in this matter.

Sincerely,  
HRP Construction Inc.

A handwritten signature in black ink, appearing to read "Paul J. Fallon", with a stylized flourish extending to the right.

Paul J. Fallon  
President