



Pipeline Safety Division Investigation Report

Investigation regarding: B & D Sewer And Backhoe Service

UPPAC Database Record ID: 3538

Report Date: 4/19/2013

Investigator: Mike Orr

Damage Date: 8/2/2012 9:25:22 AM

Damage Address: 8444 Valley View Dr, Lowell, Lake

The Parties

Excavator: B & D Sewer And Backhoe Service

Address: 531 Winston Ct, Schererville, In 46375

Facility Owner: NIPSCO

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Sewer

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: 1207262343

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

Synopsis: A natural gas service was damaged during excavation for a sewer line.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 10/1/2012. The excavator provided notice of excavation on 8/2/12 but the operator failed to provide locate markings due to inadequate maps and records.

Conclusion: The operator failed to provide locate markings.

Violation: 8-1-26-18(f) Operator failed to locate or provided incorrect locate markings.



101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

October 17, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3538
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3538

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: 8/2/2012

Event Location: 8444 Valley View Dr, Lowell

Facility Owner: Northern Indiana Public Service Company

Excavator: B and D Sewer and Backhoe

Other Party: N/A

Pipeline Division Case No. 3538

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. 3538	
Date of Event	8/2/2012
Event Location	8444 Valley View Dr, Lowell
Facility Owner	Northern Indiana Public Service Company
Excavator	B and D Sewer and Backhoe
Date of IURC Information Request	9/18/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	B and D Sewer and Backhoe
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	531 Winston Ct
CITY/ STATE/ZIP	Schererville, IN 46375
PREFERRED TELEPHONE	219 322 2300
CELL PHONE TELEPHONE	219 322 2300
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	844 Valley View Dr Lot 66
CITY/STATE/ZIP	Lowell, IN
NEAREST INTERSECTION	Shannon Dr
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"
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) (\$)	
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	

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	
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)	Yes 1208020689
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Yes

INDIANA 811 LOCATE TICKET NUMBER	1207262343
LOCATE MARKS VISIBLE (YES/NO)	Yes
LOCATE MARKS CORRECT (YES/NO)	No
EXCAVATOR "WHITE LINED" (YES/NO)	No
MAPS USED TO MARK FACILITIES (YES/NO)	
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	
2 lines hit at this location. One line had not been properly marked, the other was an abandoned stub.	

Fact Based Investigation Report

NOTIFICATION ID: 01820120802002 **DISTRICT:** Northern IN
DAMAGE DATE: 8/2/2012 9:25:28 AM **NOTIFICATION DATE:** 8/2/2012 9:30:11 AM
NOTIFIED BY: RON DELCO
DAMAGE ADDRESS: 8443 VALLEY VIEW DR
CITY: LOWELL **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 08/02/2012
FROM: 09:00:00 **TO:** 10:00:00

EXCAVATOR INVOLVED: B & D sewer and backhoe
TYPE OF EXCAVATION: new sewer and water

ORIG. LOCATE REQ.: 1207262343 **START DATE/TIME:** 7/30/2012 2:00:00 PM
TYPE OF TICKET: Routine **LOCATE REQ. INFO N/A:**

DIG UP/DAMAGE REQ.: 1208020689 **START DATE/TIME:** 8/2/2012 9:20:00 AM

PICTURES TAKEN BY: david parks **DATE/TIME:** 8/2/2012 9:15:00 AM
PHOTOGRAPHY TYPE: Digital **FRAME #:**

INVESTIGATOR EMP#: 130726 **INVESTIGATOR NAME:** david parks
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? Possibly

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120802002
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** Gas Service
LOCATOR NAME & EMP #: Black Cody - 134729
LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:
Other

Other: see notes

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:

2 gas services cut in front of 8444 Valley View, one of which servicing an existing house across the street, the other going to a service stub to an empty lot across the street. The service stub to the empty lot had no visible stub above ground to signify there was a service to the lot. Locator had no way of knowing there was a service at this lot, and had no way to hook to it anyways. USIC at fault for the service going to the existing house, but had no way of knowing about the service to the empty lot. additional photos attached to 1208022266 showing empty lot

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

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

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 service

REPLACEMENT FOOTAGE 3 ft

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? backhoe

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)

NIPSCO 00204 IUPPSa 08/02/2012 09:25:28 1208020689-00A EMER DAMG GRID

DAMAGE DAMAGE

Ticket : 1208020689 Date: 08/02/2012 Time: 09:20 Oper: SPEOPLES Chan:036

State: IN Cnty: LAKE Twp: WEST CREEK
Cityname: LOWELL Inside: Y Near: N
Subdivision: VILLAGE GREEN Lot: 66

3538

Address : 8444
Street : VALLEY VIEW DR
Cross 1 : SHANNON DR Within 1/4 mile: Y
Location: LOCATE ENTIRE PROPERTY INCLUDING BOTH SIDES OF THE STREET
:
Grids : 4117A8726C 4118D8726C 4118C8726C 4117A8726B 4118D8726B
Grids : 4117A8726D 4118D8726D
Boundary: n 41.304642 s 41.297218 w -87.443405 e -87.437210

Work type : NEW SEWERS AND WATER
Done for : TK CONSTRUCTION
Start date: 08/02/2012 Time: 09:21 Hours notice: 0/0 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : ONE DAY Depth: 5 FEET

Company : B AND D SEWER AND BACKHOE Type: CONT
Co addr : 531 WINSTON CT
City : SCHERERVILLE State: IN Zip: 46375
Caller : RON DELCO Phone: (219)322-2300
Contact : JIMMY ZACK - OFFICE Phone:
BestTime:
Mobile : (219)322-2300
Fax : (219)865-0065
Email : BDSEWER@COMCAST.NET

Remarks : All tickets are taken and processed on Eastern Daylight Time
PER RON - TWO GAS LINES ARE DAMAGED - NIPSCO IS THE UTILITY - GAS WAS BLOWING
NOT BLOWING - UNKNOWN IF IT COULD BE SMELT OR HEARD - HAVE ADVISED TO CALL 911 -
LINE WAS DAMAGED IN THE FRONT OF THE PROPERTY AT 8444 VALLEY VIEW DRIVE -
DESCRIPTION OF LINE WAS YELLOW IN COLOR AND PLASTIC AND APPROX 3/8 OR 1/2 INCH
THICK - CREW IS ON SITE - UTILITY HAS NOT BEEN CALLED - HAVE ADVISED TO CALL
UTILITY - PREVIOUS TICKET NUMBER 1207262343 - THANK YOU
Will you be white-lining the dig site area? NO
:

Submitted date: 08/02/2012 Time: 09:20
Members: COMCN IB ID0915 ID1420 NIPSCO SM

NIPSCO 00847 IUPPSa 08/01/2012 15:05:25 1207262343-01A NORM 2NDR GRID

SECOND NOTICE SECOND NOTICE

Ticket : 1207262343 Date: 08/01/2012 Time: 15:01 Oper: MMOELLER Chan:039
Old Tkt: 1207262343 Date: 07/26/2012 Time: 13:44 Oper: RON.DELCO Rev: 00A

State: IN Cnty: LAKE Twp: WEST CREEK
Cityname: LOWELL Inside: Y Near: N
Subdivision: VILLAGE GREEN Lot: 66

3538

Address : 8444
Street : VALLEY VIEW DR
Cross 1 : SHANNON DR Within 1/4 mile: Y
Location: LOCATE ENTIRE PROPERTY INCLUDING BOTH SIDES OF THE STREET
:
Grids : 4118D8726C
Boundary: n 41.304165 s 41.299999 w -87.441666 e -87.437500

Work type : NEW SEWERS AND WATER
Done for : TK CONSTRUCTION
Start date: 07/30/2012 Time: 14:00 Hours notice: 0/0 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : ONE DAY Depth: 5 FEET

Company : B AND D SEWER AND BACKHOE Type: CONT
Co addr : 531 WINSTON CT
City : SCHERERVILLE State: IN Zip: 46375
Caller : RON DELCO Phone: (219)322-2300
Contact : JIMMY ZACK - OFFICE Phone:
BestTime:
Mobile : (219)322-2300
Fax : (219)865-0065
Email : BDSEWER@COMCAST.NET

Remarks : All tickets are taken and processed on Eastern Daylight Time
PER DENISE HAHN - NEED ALL UTILITIES TO RETURN AND COMPLETE MARKINGS AS
REQUESTED - CALLER STATES THAT MARKINGS WERE INCOMPLETE - CREW IS ON SITE -
THANK YOU

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

Submitted date: 08/01/2012 Time: 15:01
Members: COMCN IB ID1420 NIPSCO SM

NIPSCO 00669 IUPPSa 07/26/2012 13:54:35 1207262343-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1207262343 Date: 07/26/2012 Time: 13:44 Oper: RON.DELCO Chan:000

State: IN Cnty: LAKE Twp: WEST CREEK
Cityname: LOWELL Inside: Y Near: N
Subdivision: VILLAGE GREEN Lot: 66

#3538

Address : 8444
Street : VALLEY VIEW DR
Cross 1 : SHANNON DR Within 1/4 mile: Y
Location: LOCATE ENTIRE PROPERTY INCLUDING BOTH SIDES OF THE STREET
:
Grids : 4118D8726C
Boundary: n 41.304165 s 41.299999 w -87.441666 e -87.437500

Work type : NEW SEWERS AND WATER
Done for : TK CONSTRUCTION
Start date: 07/30/2012 Time: 14:00 Hours notice: 96/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : ONE DAY Depth: 5 FEET

Company : B AND D SEWER AND BACKHOE Type: CONT
Co addr : 531 WINSTON CT
City : SCHERERVILLE State: IN Zip: 46375
Caller : RON DELCO Phone: (219)322-2300
Contact : JIMMY ZACK - OFFICE Phone:
BestTime:
Mobile : (219)322-2300
Fax : (219)865-0065
Email : BDSEWER@COMCAST.NET

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

Submitted date: 07/26/2012 Time: 13:44
Members: COMCN IB ID1420 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 27, 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: B&D Sewer and Backhoe

Business address (*number and street*): 531 Winston Ct

City, State, and ZIP code: Schererville, IN 46375

Telephone number (*area code*): 219-322-2300

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 DamageDate of damage (*month, day, year*): Aug 2, 2012County: LakeCity: LowellStreet address (*number and street, city, state, and ZIP code*):
844 Valley View Dr, Lowell, INNearest intersection: Shannon DrRight 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*): 3Enter number of injuries, if applicable and known: 0Enter number of fatalities, if applicable and known: 0

Property 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? 39

Notification, Locating, MarkingDid excavator request locates prior to commencing work? YesEnter Indiana 811 ticket number, if known: 1207262343

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? No

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? No

Did the excavator notify Indiana 811 in the event of this damage? Yes

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: --Facility was not located or marked

Additional Comments

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Crown Point MAXIMO WO # _____
OPERATING AREA CONTACT Crown Point JOB ORDER # 573009
TRACKING NUMBER 018 2012 0802 002 LOCATE REF # 1207262343
Locate Performed By: SM + P

DATE AND TIME OF ACCIDENT 8-2-12 8:20 AM M DATE OF REPORT 8-2-12
PLACE OF DAMAGE (INCLUDE CITY) 843 Valley View Dr

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) 39" PRESSURE (PSI) 40 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 08:20 TIME SHUT OFF 8:56 AM TIME RESTORED 11:00 AM

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

LOCATE MARKS ON SITE: YES DISTANCE BETWEEN FACILITY AND LOCATE MARKS 24" NO ()
HOW LOCATED: PAINT () FLAGS () BOTH WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) Bad Sewer 219-322-2300

ADDRESS OF PARTY (INCLUDE CITY) Schumville, Ind. 531 Winston Ct.

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Jim Zack, Sorman

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: SM + P locate (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 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 type="checkbox"/> CARELESS MACHINE OPERATOR |
| <input type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED | <input type="checkbox"/> STUB |
- OTHER HIT UNMARKED SERVICES

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM SIN #110601 Rev. 8-12

501 573009

COMMENTS :

PERSON PREPARING REPORT ERIC GARCIA

FIELD SUPERVISOR MIKE COASTICK

FIELD MANAGER _____

- 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: _____



150 West Market Street, Suite 600
Indianapolis, IN 46204

February 15, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3538
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Notification of Possible Violations; Pipeline Division Case No. 3538
Date of Event: 8/2/12
Event Location: 8444 VALLEY VIEW DR, LOWELL
Excavator: B & D Sewer and Backhoe Service
Other Party: N/A

To Whom It May Concern:

This letter responds to the Indiana Utility Regulatory Commission, Division of Pipeline Safety, Notification of Possible Violations for Case No. 3538 (as detailed above) identifying potential violations of Indiana law dated January 16, 2013. NIPSCO has not identified any additional information related to this incident not already provided in its October 17, 2012 response. Long-side service and stub had not been correctly located.

If there are any additional questions, please contact the undersigned.

Very truly yours,

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

Christopher C. (Kit) Earle
NiSource Corporate Services - Legal
Phone: 317-684-4904
Fax: 317-684-4918
Email: cearle@nisource.com



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Aug 27, 2012

Who is submitting this information?

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Telephone number (*area code*): 219-962-0422

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E-mail address: cludwig@nisource.com

Excavator Information, if known

Full name: B&D Sewer and Backhoe

Business address (*number and street*): 531 Winston Ct

City, State, and ZIP code: Schererville, IN 46375

Telephone number (*area code*): 219-322-2300

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*): Aug 2, 2012

County: Lake

City: Lowell

Street address (*number and street, city, state, and ZIP code*):
844 Valley View Dr, Lowell, IN

Nearest intersection: Shannon 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? _____

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? Service/Drop

What was the depth of the facility, in inches? 39

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1207262343

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? No

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? No

Did the excavator notify Indiana 811 in the event of this damage? Yes

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: --Facility was not located or marked

Additional Comments

Excavator reported this damage to IN811; however, the Gas operator failed to locate the facility or provided incorrect locate markings. MAO 8/27/2012.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3538

Your Full Name: Ronald J. Delco

Full Name of Business / Entity (if applicable): Robert J Delco, Inc. DBA B&D Sewer and Backhoe Service

Your Business Title (if applicable): Estimator

Address (number and street): 531 Winston Court

City: Schererville State: IN ZIP Code: 46375

Your E-mail Address: bdsewer@comcast.net

Today's Date (month, day, year): 09/24/2012

Your Signature:  Title (if any) Estimator

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3538
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3538

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: B&D Sewer and Backhoe

Responsible Party Personal Name: _____

Title (if any): _____

Address (number and street): 631 Winston Court

City, State and ZIP Code: Schererville, IN 46375

Preferred Telephone Number (area code): 219-322-2300

Cellular Telephone Number (area code): _____

Email Address: bdsewer@comcast.net

Facility Information:

Business Name: Northern Indiana Public Service Co.

Responsible Party Personal Name: _____

Title (if any): _____

Address (number and street): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Locator Service Information:

Business Name: _____

Responsible Party Personal Name: _____

Title (*if any*): _____

Address (*number and street*): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Cause of Damage Information

Type of Equipment (*select one*): Backhoe/Trackhoe

Type of Work Performed (*select one*): Sewer (Sanitary/Storm)

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

Personal Contact: _____

Business/Organization Name: _____

Title (*if any*): _____

Address (*number and street*): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): 8444 Valley View Drive

City, State and ZIP Code: Lowell IN 46356

Nearest Intersection: Shannon Drive

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Service/Drop

Size (Diameter/etc.): _____

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: 1207262343

- 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: 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

Locator employee was on site and going over locates with crew. Two gas services (for 843 Valley View and an empty lot) were missed, which were hit after the locator had left the site. The subdivision was re-subdivided with smaller lots so services for adjacent lots may be found on the lot being worked.