



## Pipeline Safety Division Investigation Report

### Investigation regarding: NIPSCO

UPPAC Database Record ID: 3567

Report Date: 5/6/2013

Investigator: Mike Orr

Damage Date: 8/15/2012 9:56:30 AM

Damage Address: W 4th St, Michigan City, Laporte

### The Parties

Excavator: **Michigan City Water Department**

Address: Po Box 888, Michigan City, In 46360

Facility Owner: **NIPSCO**

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Water

### Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: False

Number of Customers Affected: 0

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

### Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1207303091

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

**Synopsis:** A natural gas service stub was damaged during excavation to repair a water valve.

**Findings:** Reported by Indiana 811; excavator did not respond to initial notice mailed 9/14/2012. The excavator had a valid locate request however, the operator was not able to locate a unknown service stub.

**Conclusion:** There was a failure to provide accurate 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](mailto:PipelineDamageCase@urc.in.gov)*

Pipeline Safety Division – Case No. 3567  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3567

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: 8/15/2012

Event Location: W 4th St, Michigan City

Facility Owner: Northern Indiana Public Service Company

Excavator: Michigan City Water Department

Other Party: N/A

Pipeline Division Case No. 3567

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. 3567</b>	
Date of Event	8/15/2012
Event Location	W 4th St, Michigan City
Facility Owner	Northern Indiana Public Service Company
Excavator	Michigan City Water Department
Date of IURC Information Request	9/18/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Michigan City Water Department
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	PO Box 888
CITY/ STATE/ZIP	Michigan City, IN 46360
PREFERRED TELEPHONE	219-874-6683
CELL PHONE TELEPHONE	
EMAIL ADDRESS	DCOLLINS@MCWATERDEPT.COM
<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	Same
EMAIL ADDRESS	morganthompson@usicinc.com
<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	Wabash & West 4th St
CITY/STATE/ZIP	Michigan City, IN 46360
NEAREST INTERSECTION	4 <sup>th</sup> St
<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.)	1 1/8" Plastic
PRESSURE (PSIG/INCHES)	45
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	N
IF YES, HOW MANY EVACUATED	0
REPAIR COST (IF KNOWN) (\$)	
<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)	
Site Development	
Steam	
Storm Drain/Culvert	
Street Light	
Telecommunications	
Traffic Signal	
Traffic Sign	
Water	X
Waterway Improvement	
Unknown/Other	
RELEASE OF PRODUCT (YES/NO)	Y
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	Y - 1208150949
<b>LOCATE INFORMATION:</b>	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1207303091
LOCATE MARKS VISIBLE (YES/NO)	Y
LOCATE MARKS CORRECT (YES/NO)	N
EXCAVATOR "WHITE LINED" (YES/NO)	Y
MAPS USED TO MARK FACILITIES (YES/NO)	Y
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	N
<b>INCIDENT IMPACT INFORMATION</b>	
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)	
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
Facility could not be found/located	

**Fact Based Investigation Report**

**NOTIFICATION ID:** 01820120815002                      **DISTRICT:** Northern IN  
**DAMAGE DATE:** 8/15/2012 9:56:37 AM      **NOTIFICATION DATE:** 8/15/2012 10:05:18 AM  
**NOTIFIED BY:** ANN GLICK  
**DAMAGE ADDRESS:** W 4TH ST  
**CITY:** MICHIGAN CITY      **ST:** IN      **ZIP:**

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**DAMAGED CUSTOMER:** NIPSCO

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**INVESTIGATION DATE:** 08/15/2012  
**FROM:** 09:00:00    **TO:** 10:30:00

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**EXCAVATOR INVOLVED:** MICHIGAN CITY WATER DEPARTMENT  
**TYPE OF EXCAVATION:** Water

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**ORIG. LOCATE REQ.:** 1207303091                      **START DATE/TIME:**  
**TYPE OF TICKET:**    **LOCATE REQ. INFO N/A:**

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**DIG UP/DAMAGE REQ.:** 1208150949                      **START DATE/TIME:**

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**PICTURES TAKEN BY:** Chris Deniston      **DATE/TIME:** 8/15/2012 9:45:00 AM  
**PHOTOGRAPHY TYPE:** Digital                      **FRAME #:**

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

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**Fact Based Investigation Customer Information**

**NOTIFICATION ID:** 01820120815002  
**SELECT A CUSTOMER:** NIPSCO  
**CUSTOMER #:** *(optional)*

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**FACILITY DESCRIPTION:** LOWPROF                      **FACILITY ID:** Gas Service  
**LOCATOR NAME & EMP #:** Deniston Chris - 117867  
**LOCATOR NOT KNOWN:**

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**CHECK ALL THAT APPLY TO INVESTIGATION:**

Abandoned Facility,  
Other

**Other:** stub not on print

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**CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):**

Visual, Facility Exposed At Time Of Investigation

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**INVESTIGATOR STATEMENT/CAUSAL FACTORS:**

A gas stub was hit. This was an abandoned line that was retired away from the main and no signs around that it was buried out this far. No way of knowing that this was here.

**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

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**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?** No

**EXTENT OF FACILITY DAMAGE** Cut service stub

**REPLACEMENT FOOTAGE** N/A - capped

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

**WHAT CONTRACTOR EQUIPMENT WAS USED?** Backhoe

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

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

NIPSCO 00209 IUPPSa 08/15/2012 09:56:37 1208150949-00A EMER DAMG STRT

DAMAGE SEE REMARKS

Ticket : 1208150949 Date: 08/15/2012 Time: 09:53 Oper: AGRIGGS Chan:074

State: IN Cnty: LAPORTE Twp: MICHIGAN  
Cityname: MICHIGAN CITY Inside: Y Near: N  
Subdivision:

# 3567

Address :

Street : W 4TH ST

Cross 1 : HURON / Within 1/4 mile: Y

Location: AT THE ABOVE INTERSECTION--ON THE BOTH SIDES OF THE AMTRAK--LOCATE THE ENTIRE MARKED AREA

:

Grids : 4142A8654C 4142A8654B

Boundary: n 41.716557 s 41.715458 w -86.909241 e -86.907776

Work type : REPAIRING WATER VALVE

Done for : MICHIGAN CITY WATER DEPARTMENT

Start date: 08/15/2012 Time: 09:53 Hours notice: 0/0 Priority: EMER

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

Duration : 2 DAYS Depth: 5 FEET

Company : MICHIGAN CITY WATER DEPARTMENT Type: MEMB

Co addr : PO BOX 888

City : MICHIGAN CITY State: IN Zip: 46360

Caller : ANN GLICK Phone: (219)874-6683

Contact : DICK COLLINS - OFFICE Phone:

BestTime:

Mobile : (219)874-6683

Fax : (219)874-8064

Email : DCOLLINS@MCWATERDEPT.COM

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

A NIPSCO GAS LINE HAS BEEN 400 FEET WEST OF THE INTERSECTION - GAS IS BLOWING - APPROX 1 INCH LINE - COLOR AND MATERIAL UNKNOWN - CREW ON SITE - ADVISED TO CALL 911 - HAVE CALLED NIPSCO TO REPORT DAMAGE - PREVIOUS TICKET NUMBER 1207303091

Will you be white-lining the dig site area? YES

:

Submitted date: 08/15/2012 Time: 09:53

Members: COMCN ID0148 ID6683 NIPSCO SBCIN SM

NIPSCO 01132 IUPPSa 07/30/2012 15:24:56 1207303091-00A NORM NEW STRT

NORMAL NOTICE REMARK

Ticket : 1207303091 Date: 07/30/2012 Time: 15:21 Oper: LSTEVENSON Chan:018

State: IN Cnty: LAPORTE Twp: MICHIGAN  
Cityname: MICHIGAN CITY Inside: Y Near: N  
Subdivision:

# 3567

Address :

Street : W 4TH ST

Cross 1 : HURON / Within 1/4 mile: Y

Location: AT THE ABOVE INTERSECTION--ON THE BOTH SIDES OF THE AMTRAK--LOCATE THE ENTIRE MARKED AREA

:

Grids : 4142A8654C 4142A8654B

Boundary: n 41.716557 s 41.715458 w -86.909241 e -86.907776

Work type : REPAIRING WATER VALVE

Done for : MICHIGAN CITY WATER DEPARTMENT

Start date: 08/01/2012 Time: 15:30 Hours notice: 48/48 Priority: NORM

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

Duration : 2 DAYS Depth: 5 FEET

Company : MICHIGAN CITY WATER DEPARTMENT Type: MEMB

Co addr : PO BOX 888

City : MICHIGAN CITY State: IN Zip: 46360

Caller : ANN GLICK Phone: (219)874-6683

Contact : DICK COLLINS - OFFICE Phone:

BestTime:

Mobile : (219)874-6683

Fax : (219)874-8064

Email : DCOLLINS@MCWATERDEPT.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time  
REMARK AS NEEDED--DUE TO WEATHER--PREVIOUS TICKET NUMBER IS 1207192742---THANK YOU!

Will you be white-lining the dig site area? YES

:

Submitted date: 07/30/2012 Time: 15:21

Members: COMCN ID0148 ID6683 NIPSCO SBCIN SM

# NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA La Porte MAXIMO WO # \_\_\_\_\_  
 OPERATING AREA CONTACT Elm / Gersso JOB ORDER # 581560-16  
 TRACKING NUMBER 01R-2012-0815-001 LOCATE REF # NIA  
 Locate Performed By: \_\_\_\_\_

DATE AND TIME OF ACCIDENT 8/15/12 2012, 9:00AM DATE OF REPORT 8/15/12  
 PLACE OF DAMAGE (INCLUDE CITY) 929 LightHouse Pl Michgan City / WABASH & W. 4th St

**DAMAGE WAS TO:**  
**ELECTRIC - POLE / TRANSFORMER:** # \_\_\_\_\_ SIZE \_\_\_\_\_ YEAR INSTALLED \_\_\_\_\_ BROKEN YES ( ) NO ( )  
 OTHER (DESCRIBE) \_\_\_\_\_

**GAS:** SERVICE  MAIN ( ) SIZE 1 1/8" MATERIAL: PLASTIC  STEEL ( ) METER ( ) REG STATION ( ) STUB   
 OTHER (DESCRIBE) \_\_\_\_\_

DEPTH OF FACILITY (inches) 18" PRESSURE (PSI) 45 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 09:00 TIME RESTORED 10:00

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: Several

LOCATE MARKS ON SITE: YES  DISTANCE BETWEEN FACILITY AND LOCATE MARKS Service Not located  
 HOW LOCATED: PAINT  FLAGS ( ) BOTH  WHITE LINED ( ) NO ( )

PARTY THAT CAUSED DAMAGES (NAME) Michigan City DEPT. OF WATER WORKS

ADDRESS OF PARTY (INCLUDE CITY) P.O. Box 888, MICHIGAN CITY, IN 46361-0888

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Dick Collins

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

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

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY \_\_\_\_\_ REPORT # \_\_\_\_\_  
 FIRE ( ) AGENCY NONE 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 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 checked="" type="checkbox"/> STUB                            |
|  |  | <input checked="" type="checkbox"/> OTHER <u>Inaccurate Locates</u> |

COMMENTS :

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

PERSON PREPARING REPORT

Tommy Crane

FIELD SUPERVISOR

Steve Gordon

FIELD MANAGER

John Todd

- 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](mailto:PipelineDamageCase@urc.in.gov)*

Pipeline Safety Division – Case No. 3567  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Notification of Possible Violations; Pipeline Division Case No. 3567  
Date of Event: 8/15/12  
Event Location: W 4TH ST, MICHIGAN CITY  
Excavator: MICHIGAN CITY WATER DEPARTMENT  
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. 3567(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. Line struck was an old stub that had not been correctly marked.

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)