



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Casey Boord**

UPPAC Database Record ID: 3587

Investigator: Howard Friend

Report Date: 1/3/2013

Damage Date: 8/18/2012 3:37:36 PM

Damage Address: 3312 Harms Rd

City: Merrillville

County: Lake

### The Parties

Excavator: **Casey Boord**

Contact: Casey Boord

Address: 3312 Harms Road, Merrillville, In 46410

Telephone:

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: Casey Boord**

UPPAC Database Record ID: 3587

**Damage Impact**

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$642

**Excavator Activities/Cause of damage information:**

Excavator request locates: No    Indiana 811 ticket Number:

Type of Equipment: Hand Tools

Type of work performed: Fencing

**Synopsis:** Damage to a natural gas service occurred during excavation to install a fence post.

**Findings:** Reported by Indiana 811; excavator did not respond to initial notice mailed 9/14/2012. The excavator failed to provide notice of excavation.

**Conclusion:** There was a failure to provide notice of excavation.

**Violation: IC 8-1-26-16(g): Failure to provide notice of excavation.**



101 West Ohio Street, Suite 1707  
Indianapolis, IN 46204

October 18, 2012

*Via Electronic Transmission – [PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)*

Pipeline Safety Division – Case No. 3587  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3587

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: 8/18/2012

Event Location: 3312 Harms Rd, Merrillville

Facility Owner: Northern Indiana Public Service Company

Excavator: Casey Boord

Other Party: N/A

Pipeline Division Case No. 3587

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](mailto:cearle@nisource.com)

| <b>IURC INFORMATION REQUEST</b>                               |   |
|---|---|
| <b>Pipeline Safety Division Case No. 3587</b>                 |   |
| Date of Event   | 8/18/2012                               |
| Event Location  | 3312 Harms Rd, Merrillville             |
| Facility Owner  | Northern Indiana Public Service Company |
| Excavator   | Casey Boord                             |
| Date of IURC Information Request                              | 9/18/2012                               |
| <b>THE PARTIES</b>  |   |
| <b>EXCAVATOR:</b>   |   |
| BUSINESS NAME   | Thomas Boord                            |
| RESPONSIBLE PARTY PERSONAL NAME                               | Thomas Boord                            |
| TITLE (IF ANY)  | Homeowner                               |
| ADDRESS   | 3312 Harms Road                         |
| CITY/ STATE/ZIP   | Merrillville, IN                        |
| PREFERRED TELEPHONE   | 219-552-8055                            |
| CELL PHONE TELEPHONE  |   |
| EMAIL ADDRESS   | STCY95@HOTMAIL.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                               | 3312 Harms Rd    |
| CITY/STATE/ZIP                        | Merrillville, IN |
| NEAREST INTERSECTION                  | Colorado 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.)                  | 5/8 plastic      |
| PRESSURE (PSIG/INCHES)                | 45               |
| INTERRUPTION IN SERVICE (YES/NO)      | Y                |
| NUMBER OF CUSTOMERS AFFECTED          | 1                |
| EVACUATION (YES/NO)                   | No               |
| IF YES, HOW MANY EVACUATED            | 0                |
| REPAIR COST (IF KNOWN) (\$)           | 642.06           |
| <b>CAUSE OF DAMAGE INFORMATION:</b>   |                  |
| <b>TYPE OF EQUIPMENT (Select One)</b> |                  |
| Auger                                 |                  |
| Backhoe/Trackhoe                      |                  |
| Boring/Drilling                       |                  |
| Directional Drilling                  |                  |
| Explosives                            |                  |
| Farm Equipment                        |                  |
| Grader/Scraper                        |                  |
| Hand Tools                            | X                |
| 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                                    | X             |
| 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)                | N             |
| IGNITION AND/OR FIRE (YES/NO)              | N             |
| EXCAVATOR NOTIFY 811 (YES/NO)              | Y- 1208180234 |
| <b>LOCATE INFORMATION:</b>                 |               |
| EXCAVATOR REQUEST LOCATE (YES/NO)          | N             |

|  |     |
|--|-----|
| INDIANA 811 LOCATE TICKET NUMBER   | N/A |
| LOCATE MARKS VISIBLE (YES/NO)  | N/A |
| LOCATE MARKS CORRECT (YES/NO)  | N/A |
| EXCAVATOR "WHITE LINED" (YES/NO)   | N   |
| MAPS USED TO MARK FACILITIES (YES/NO)  | N/A |
| 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>   |     |
| <p>No notification made to the one-call center<br/> Excavator making payments.</p> |     |

**Fact Based Investigation Report**

**NOTIFICATION ID:** 01820120818007                      **DISTRICT:** Northern IN  
**DAMAGE DATE:** 8/18/2012 3:35:00 PM      **NOTIFICATION DATE:** 8/18/2012 3:38:27 PM  
**NOTIFIED BY:** Letica/Nipsco Other  
**DAMAGE ADDRESS:** 3312 Harms Rd X Colorado St  
**CITY:** Merrillville                      **ST:** IN      **ZIP:**

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**DAMAGED CUSTOMER:** NIPSCO

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**INVESTIGATION DATE:** 08/18/2012  
**FROM:** 16:30:00    **TO:** 16:45:00

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**EXCAVATOR INVOLVED:** HOMEOWNER  
**TYPE OF EXCAVATION:** trenching for gas line

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

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**DIG UP/DAMAGE REQ.:** 1208180234                      **START DATE/TIME:** 8/18/2012 3:30:00 PM

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**PICTURES TAKEN BY:** brad nagel      **DATE/TIME:** 8/18/2012 4:30:00 PM  
**PHOTOGRAPHY TYPE:** Digital                      **FRAME #:**

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**INVESTIGATOR EMP#:** 131807                      **INVESTIGATOR NAME:** brad nagel  
**BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?** No

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**Fact Based Investigation Customer Information**

**NOTIFICATION ID:** 01820120818007  
**SELECT A CUSTOMER:** NIPSCO  
**CUSTOMER #:** (optional)

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**FACILITY DESCRIPTION:** LOWPROF      **FACILITY ID:** Gas Service  
**LOCATOR NAME & EMP #:**  
**LOCATOR NOT KNOWN:** Yes

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**CHECK ALL THAT APPLY TO INVESTIGATION:**  
No Locate Req. By Contractor

**Other:**

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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:**

gas line hit by homeowner, did not have a ticket. usic not at fault

**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

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**WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL?** No

**WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA?** No

**WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS?** No

**EXTENT OF FACILITY DAMAGE** unknown

**REPLACEMENT FOOTAGE** unknown

**WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?** No

**WHAT CONTRACTOR EQUIPMENT WAS USED?** unknown

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

**IF YES, PLEASE LIST RECORD #(S)**

NIPSCO 00127 IUPPSa 08/18/2012 15:37:55 1208180234-00A EMER DAMG STRT

DAMAGE SEE REMARKS

Ticket : 1208180234 Date: 08/18/2012 Time: 15:31 Oper: ABOND Chan:007

#3587

State: IN Cnty: LAKE Twp: ROSS  
Cityname: MERRILLVILLE Inside: N Near: Y  
Subdivision:

Address : 3312  
Street : HARMS RD  
Cross 1 : COLORADO ST Within 1/4 mile: Y  
Location: LOCATE THE BACK YARD

:  
Grids : 4127A8717C 4127B8717B 4127A8717B 4127B8717A 4127A8717A  
Boundary: n 41.464520 s 41.460903 w -87.297882 e -87.291283

Work type : TRENCH FOR GAS LINE  
Done for : CASEY BOORD  
Start date: 08/18/2012 Time: 15:34 Hours notice: 0/0 Priority: EMER  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
Duration : UNKNOWN Depth: 2 FEET

Company : CASEY BOORD Type: HOME  
Co addr : 3312 HARMS ROAD  
City : MERRILLVILLE State: IN Zip: 46410  
Caller : CASEY BOORD Phone: (219)552-8055  
Contact : CASEY BOORD CELL Phone:  
BestTime:  
Mobile : (219)712-8416  
Email : STCY95@HOTMAIL.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time  
NIPSCO GAS LINE WAS CUT IN THE REAR OF PROEPRTY - GAS LINE IS BLOWING - UNKNOWN  
SIZE, COLOR AND MATERIAL - SUGGESTED TO CALL 911 - HAS CALLED NIPSCO - **NO**

**PREVIOUS TICKET** - THANKS  
Will you be white-lining the dig site area? YES  
:

Submitted date: 08/18/2012 Time: 15:31  
Members: AN COMCN IB ID2227 ID2245 ID6121 ID6784 ID8000 NIPSCO SM



# DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Sep 7, 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: Thomas Boord  
Business address (*number and street*): 3312 Harms Rd  
City, State, and ZIP code: Merrillville, IN 46410  
Telephone number (*area code*): 219 552 8055  
Fax number (*area code*): \_\_\_\_\_  
E-mail address: \_\_\_\_\_

## Excavation or Demolition Information

Excavator type: Occupant  
Excavation or demolition equipment: Hand Tools  
Type of work performed: Fencing

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**Date and Location of Damage**Date of damage (*month, day, year*): Aug 18, 2012County: LakeCity: MerrillvilleStreet address (*number and street, city, state, and ZIP code*):  
3312 Harms Rd Merrillville, INNearest intersection: Colorado 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*): 3.5Enter number of injuries, if applicable and known: 0Enter number of fatalities, if applicable and known: 0Property damage, Estimate \$ 

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**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? 28

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

Was the locate request completed within two working days? Unknown/Other

If locates were performed, were they done so by a contractor or pipeline employee? Unknown/Other

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

Were facility marks visible in the area of excavation? No

Were facilities marked correctly? Unknown/Other

Type of markings used: Other

If other, please specify: no locates \_\_\_\_\_

Was site marked by "White Lining"? Yes

Were special instructions part of the locate request? Unknown/Other

Were maps used to complete the locate request? Unknown/Other

Were pipeline company representatives on site during excavation? No

Did the excavator notify the operator in the event of this damage? Unknown/Other

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? Yes

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### **Description of Cause**

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

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### **Additional Comments**

Damage ticket : 1208180234

Nipsco emergency repair ticket #: 1208180241

NORTHERN INDIANA PUBLIC SERVICE COMPANY  
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA 150 MAXIMO WO # \_\_\_\_\_

OPERATING AREA CONTACT S. Taylor JOB ORDER # 475897

TRACKING NUMBER 018 2012 0818 007 LOCATE REF # \_\_\_\_\_  
Locate Performed By: \_\_\_\_\_

DATE AND TIME OF ACCIDENT 8-18 2012 14:25 M DATE OF REPORT 8-18-12

PLACE OF DAMAGE (INCLUDE CITY) 3312 Harms Rd Merrillville

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) 28" PRESSURE (PSI) 745 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 7:14:30 TIME RESTORED 1:5:00 FD Spurred #FF.

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/2" x 1/2" x 5/8"

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

PARTY THAT CAUSED DAMAGES (NAME) Thomas A. Boord

ADDRESS OF PARTY (INCLUDE CITY) 3312 Harms Rd. Merrillville

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE homeowner

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)

WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW

- ( ) AGRICULTURE/FARMING ( ) CABLE TV ( ) CURB/SIDEWALK
- ( ) BLDG CONSTRUCTION ( ) DEMOLITION ( ) DRAINAGE
- ( ) DRIVEWAY ( ) ELECTRIC ( ) SURVEYING
- ( ) FENCING ( ) GRADING ( ) IRRIGATION
- ( ) LANDSCAPING ( ) PIPELINE ( ) MILLING
- ( ) POLE/SIGN POST ( ) ROAD WORK ( ) SEWER

- ( ) TELECOMMUNICATIONS
- ( ) WATER
- ( ) DRAINS/CULVERTS
- ( ) MOWING
- ( ) OTHER

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

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

REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW

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

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

NORTHERN INDIANA PUBLIC SERVICE COMPANY  
FACILITY DAMAGE REPORT

\*\* COMPLETE FORM FOR ALL DAMAGES TO NIPSCO FACILITIES \*\*  
EIS Order # 967384206  
REPORTING OPERATING AREA GARY MAXIMO WO #

OPERATING AREA CONTACT 475855

TRACKING NUMBER 01820120817016 LOCATE REF #

DATE AND TIME OF ACCIDENT 8/17 2012 3P M DATE OF REPORT 8/17/2012

PLACE OF DAMAGE (INCLUDE CITY) US 304 GRANT ST (SW CORNER) Merrillville

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

OTHER (DESCRIBE) \_\_\_\_\_  
GAS: SERVICE ( ) MAIN ( ) SIZE 4" MATERIAL: PLASTIC ( ) STEEL ( ) METER ( ) REG STATION ( ) STUB ( )  
OTHER (DESCRIBE) \_\_\_\_\_

DEPTH OF FACILITY (inches) 48" 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: 0

DURATION OF INTERRUPTION: TIME REPORTED \_\_\_\_\_ TIME RESTORED \_\_\_\_\_ NO CUSTOMER LOST - PAN BYPASS

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 3"

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

PARTY THAT CAUSED DAMAGES (NAME) GARY Plumbing

ADDRESS OF PARTY (INCLUDE CITY) 111 E MAIN & Griffith SW

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE MATHEW MURPHY

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

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

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

Any Injuries? ( ) YES # \_\_\_\_\_ ( ) NO \_\_\_\_\_  
PHOTOS TAKEN: YES ( ) NO ( ) TAKEN BY: \_\_\_\_\_ (ATTACH PHOTOS TO REPORT)  
MEDIA ON SITE YES ( ) NO ( )

WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW  
( ) AGRICULTURE/FARMING ( ) CABLE TV ( ) CURB/SIDEWALK ( ) TELECOMMUNICATIONS  
( ) BLDG CONSTRUCTION ( ) DEMOLITION ( ) DRAINAGE ( ) WATER  
( ) DRIVEWAY ( ) ELECTRIC ( ) SURVEYING ( ) DRAINS/CULVERTS  
( ) FENCING ( ) GRADING ( ) IRRIGATION ( ) MOWING  
( ) LANDSCAPING ( ) PIPELINE ( ) MILLING ( ) OTHER  
( ) POLE/SIGN POST ( ) ROAD WORK ( ) SEWER

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW  
( ) AUGER ( ) HAND TOOLS ( ) BACKHOE/TRACKHOE  
( ) MILLING EQUIPMENT ( ) PROBING DEVICE ( ) BORING / DRILLING  
( ) EXPLOSIVES ( ) TRENCHER ( ) FARM EQUIPMENT  
( ) VACUUM EQUIPMENT ( ) GRADER ( ) OTHER

REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW  
( ) AUTOMOTIVE ACCIDENT ( ) EXCAVATING BEFORE LOCATES DUE ( ) CARELESS MACHINE OPERATOR  
( ) NO NOTIFICATION ( ) MARKS DISTURBED ( ) STUB

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM  
By USIC. SIN #110601 Rev. 6-12  
MOTHER MAIN NOT LOCATED



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Sep 7, 2012

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### 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

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### Excavator Information, if known

Full name: Thomas Boord

Business address (*number and street*): 3312 Harms Rd

City, State, and ZIP code: Merrillville, IN 46410

Telephone number (*area code*): 219 552 8055

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

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

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### Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Hand Tools

Type of work performed: Fencing

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## Date and Location of Damage

Date of damage (*month, day, year*): Aug 18, 2012

County: Lake

City: Merrillville

Street address (*number and street, city, state, and ZIP code*):  
3312 Harms Rd Merrillville, IN

Nearest intersection: Colorado St

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*): 3.5

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$

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## 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? 28

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## Notification, Locating, Marking

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known:

Was the locate request completed within two working days? Unknown/Other

If locates were performed, were they done so by a contractor or pipeline employee? Unknown/Other

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

Were facility marks visible in the area of excavation? No

Were facilities marked correctly? Unknown/Other

Type of markings used: Other

If other, please specify: no locates \_\_\_\_\_

Was site marked by "White Lining"? Yes

Were special instructions part of the locate request? Unknown/Other

Were maps used to complete the locate request? Unknown/Other

Were pipeline company representatives on site during excavation? No

Did the excavator notify the operator in the event of this damage? Unknown/Other

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? Yes

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### **Description of Cause**

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

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### **Additional Comments**

Damage ticket : 1208180234

Nipsco emergency repair ticket #: 1208180241

Occupant did report damage to IN811; however, having no valid locate and excavating at a depth exceeding 12 inches, the resulting determination is a violation. MAO 9/8/2012.