



## Pipeline Safety Division Investigation Report

### Investigation regarding: Porter County Highway Department

UPPAC Database Record ID: 3613

Investigator: Howard Friend

Report Date: 1/15/2013

Damage Date: 8/23/2012 9:54:15 AM

Damage Address: W Fatima St

City: Valparaiso

County: Porter

### The Parties

Excavator: **Porter County Highway Department**

Contact: David James, Assitant Highway Supervisor

Address: 1955 S In Rt 2, Valparaiso, In 46383

Telephone:

Facility Owner: NIPSCO

Contact: Kit Earle

Address: 101 West Ohio Street, Indianapolis, IN 46204

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

## **Investigation regarding: Porter County Highway Department**

UPPAC Database Record ID: 3613

### **Damage Impact**

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 3

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

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

Excavator request locates: Yes    Indiana 811 ticket Number: 1208213422

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Drainage

**Synopsis:** Damage to a natural gas main occurred during excavation to install a culvert.

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 9/20/2012. The excavator had a valid locate request and the operator provided accurate locate marks. The excavator reports that while using the backhoe bucket to reposition the backhoe, the bucket made contact with the gas main causing the rupture.

**Conclusion:** Excavator failed to maintain the required clearance with mechanized equipment.

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



101 West Ohio Street, Suite 1707  
Indianapolis, IN 46204

October 18, 2012

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

Pipeline Safety Division – Case No. 3613  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3613

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: 8/23/2012

Event Location: W Fatima St, Valparaiso

Facility Owner: Northern Indiana Public Service Company

Excavator: Porter County Highway Department

Other Party: N/A

Pipeline Division Case No. 3613

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. 3613</b>                 |   |
| Date of Event   | 8/23/2012                               |
| Event Location  | W Fatima St, Valparaiso                 |
| Facility Owner  | Northern Indiana Public Service Company |
| Excavator   | Porter County Highway Department        |
| Date of IURC Information Request                              | 9/18/2012                               |
| <b>THE PARTIES</b>  |   |
| <b>EXCAVATOR:</b>   |   |
| BUSINESS NAME   | Porter County Hwy Department            |
| RESPONSIBLE PARTY PERSONAL NAME                               | Harold Salyer                           |
| TITLE (IF ANY)  |   |
| ADDRESS   | 1955 S. SR 2                            |
| CITY/ STATE/ZIP   | Valparaiso, IN 46385                    |
| PREFERRED TELEPHONE   | 219-465-3573                            |
| CELL PHONE TELEPHONE  |   |
| EMAIL ADDRESS   | DJAMES@PORTERCO.ORG                     |
| <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                               | Fatima St      |
| CITY/STATE/ZIP                        | Valparaiso, IN |
| NEAREST INTERSECTION                  | Basher St      |
| <b>PRODUCT TYPE (Select One)</b>      |                |
| NATURAL GAS                           | X              |
| LIQUID PIPELINE                       |                |
| UNKNOWN/OTHER                         |                |
| <b>FACILITY TYPE (Select One)</b>     |                |
| DISTRIBUTION                          | X              |
| GATHERING                             |                |
| SERVICE/DROP                          |                |
| TRANSMISSION                          |                |
| UNKNOWN/OTHER                         |                |
| SIZE (DIAMETER/ETC.)                  | 2 plastic      |
| PRESSURE (PSIG/INCHES)                | 50             |
| INTERRUPTION IN SERVICE (YES/NO)      | Y              |
| NUMBER OF CUSTOMERS AFFECTED          | 3              |
| 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                                   | X             |
| Driveway                                   |               |
| Electric                                   |               |
| Engineering/Surveying                      |               |
| Fencing                                    |               |
| Grading                                    |               |
| Irrigation                                 |               |
| Landscaping                                |               |
| Liquid Pipeline                            |               |
| Milling                                    |               |
| Natural Gas                                |               |
| Pole                                       |               |
| Public Transit Authority                   |               |
| Railroad Maintenance                       |               |
| Road Work                                  |               |
| Sewer (Sanitary/Storm)                     |               |
| Site Development                           |               |
| Steam                                      |               |
| Storm Drain/Culvert                        |               |
| Street Light                               |               |
| Telecommunications                         |               |
| Traffic Signal                             |               |
| Traffic Sign                               |               |
| Water                                      |               |
| Waterway Improvement                       |               |
| Unknown/Other                              |               |
|  |               |
| RELEASE OF PRODUCT (YES/NO)                | Y             |
| IGNITION AND/OR FIRE (YES/NO)              | N             |
| EXCAVATOR NOTIFY 811 (YES/NO)              | Y- 1208230893 |
| <b>LOCATE INFORMATION:</b>                 |               |
| EXCAVATOR REQUEST LOCATE (YES/NO)          | Y             |

|  |                    |
|--|--------------------|
| INDIANA 811 LOCATE TICKET NUMBER   | 1208141499         |
| LOCATE MARKS VISIBLE (YES/NO)  | Y                  |
| LOCATE MARKS CORRECT (YES/NO)  | No                 |
| 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)  | Y Porter County FD |
| POLICE DEPARTMENT RESPONSE (YES/NO)  | Y Porter County PD |
| AMBULANCE RESPONSE (YES/NO)  | No                 |
| <b>ADDITIONAL INFORMATION/COMMENTS</b>   |                    |
| Locate marks evidently obscured by previous work. Some marks remained. Re-locate likely appropriate. |                    |

**Fact Based Investigation Report**

**NOTIFICATION ID:** 01820120823006                      **DISTRICT:** Northern IN  
**DAMAGE DATE:** 8/23/2012 9:54:19 AM      **NOTIFICATION DATE:** 8/23/2012 10:00:11 AM  
**NOTIFIED BY:** DAVID JAMES  
**DAMAGE ADDRESS:** W FATIMA ST  
**CITY:** VALPARAISO                      **ST:** IN    **ZIP:**

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**DAMAGED CUSTOMER:** NIPSCO

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**INVESTIGATION DATE:** 08/23/2012  
**FROM:** 10:15:00    **TO:** 10:45:00

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**EXCAVATOR INVOLVED:** PORTER COUNTY HIGHWAY  
**TYPE OF EXCAVATION:** Culvert Replacements

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**ORIG. LOCATE REQ.:** 1208141499                      **START DATE/TIME:** 8/16/2012 10:45:00 AM  
**TYPE OF TICKET:** Routine                                      **LOCATE REQ. INFO N/A:**

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**DIG UP/DAMAGE REQ.:** 1208230893                      **START DATE/TIME:** 8/23/2012 9:50:00 AM

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**PICTURES TAKEN BY:** Bob Anderson    **DATE/TIME:** 8/23/2012 10:20:00 AM  
**PHOTOGRAPHY TYPE:** Digital                      **FRAME #:** 1

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**INVESTIGATOR EMP#:** 117382                      **INVESTIGATOR NAME:** Bob Anderson  
**BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?** No

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**Fact Based Investigation Customer Information**

**NOTIFICATION ID:** 01820120823006  
**SELECT A CUSTOMER:** NIPSCO  
**CUSTOMER #:** *(optional)*

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**FACILITY DESCRIPTION:** LOWPROF                      **FACILITY ID:** Gas Main  
**LOCATOR NAME & EMP #:** Whitis Anita - 131983  
**LOCATOR NOT KNOWN:**

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**CHECK ALL THAT APPLY TO INVESTIGATION:**  
Facility Marked Accurately

**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,

Investigator Verified Existing Marks By Hooking Up,  
Investigation Results Verified By Utility Representative

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**INVESTIGATOR STATEMENT/CAUSAL FACTORS:**

This corner area was previously marked on August 15th. Paint and flags were used on the locate as needed. The markings in the road were already destroyed by the work date but there were a few flags left in the tall grass & weeds at the southeast corner where the damage happened.

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

Nipsco crew on site along with supervisor Tommy Parker verified the locates and stated that our marks were good.

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

Crew from Porter Co Hwy stated that they saw the flags but accidently cut into the plastic main while trying to clear out some of the brush and digging down so they could spot further with a shovel..

**LIST ANY OTHER INDIVIDUALS ON SITE:**

Porter Township Fire Dept also on site for safety.

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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?** Yes

**EXTENT OF FACILITY DAMAGE** Cut 2" plastic gas main

**REPLACEMENT FOOTAGE** Approx. 38"

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

**WHAT CONTRACTOR EQUIPMENT WAS USED?** Backhoe

**IS THE FACILITY SHOWN ON THE UTILITY RECORDS?** Yes

**IF YES, PLEASE LIST RECORD #(S)** Valparaiso Nipsco prints

NIPSCO 00272 IUPPSa 08/23/2012 09:54:19 1208230893-00A EMER DAMG GRID

DAMAGE DAMAGE

Ticket : 1208230893 Date: 08/23/2012 Time: 09:52 Oper: RJOHNSON Chan:002

#3613

State: IN Cnty: PORTER Twp: PORTER  
Cityname: VALPARAISO Inside: N Near: Y  
Subdivision: MARION ACRES

Address :

Street : W FATIMA ST  
Cross 1 : LOURDES ST Within 1/4 mile: Y  
Location: FROM THE ABOVE INTERSECTION LOCATE THE SOUTH SIDE OF THE ROAD HEADING WEST FOR 300 FEET TO BASHER INCLUDING A 30 FOOT RADIUS OF THE LATHE ON THE SOUTH SIDE OF FATIMA STREET JUST WEST OF BASHER

Grids : 4125A8710D 4125A8710C  
Boundary: n 41.433235 s 41.432137 w -87.171532 e -87.168900

Work type : CULVERT INSTALL AND TILE REPAIR  
Done for : PORTER COUNTY HIGHWAY  
Start date: 08/23/2012 Time: 09:52 Hours notice: 0/0 Priority: EMER  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
Duration : 2 DAYS Depth: 2 FEET

Company : PORTER COUNTY HIGHWAY DEPARTMENT Type: OTHR  
Co addr : 1955 S IN RT 2  
City : VALPARAISO State: IN Zip: 46383  
Caller : DAVID JAMES Phone: (219)465-3573  
Contact : HAROLD SALYER - OFFICE Phone:  
BestTime:  
Mobile : (219)465-3573  
Fax : (219)465-3569  
Email : DJAMES@PORTERCO.ORG

Remarks : All tickets are taken and processed on Eastern Daylight Time  
GAS LINE HAS BEEN DAMAGED--NIPSCO IS THE UTILITY COMPANY--GAS LINE IS BLOWING--CAN HEAR AND SMELL IT--LINE IS DAMAGED IN THE ROADWAY OF THE INTERSECTION--UNKNOWN DESCRIPTION--HAVE CALLED 911--CREW IS ON SITE--HAVE CALLED NIPSCO TO REPORT THE DAMAGED LINE--PREVIOUS TICKET 1208141499  
Will you be white-lining the dig site area? YES

Submitted date: 08/23/2012 Time: 09:52  
Members: COMCN ID2511 ID8000 NIPSCO SM

NIPSCO 00470 IUPPSa 08/14/2012 10:38:11 1208141499-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1208141499 Date: 08/14/2012 Time: 10:32 Oper: KSWANK Chan:063

State: IN Cnty: PORTER Twp: PORTER  
Cityname: VALPARAISO Inside: N Near: Y  
Subdivision: MARION ACRES

# 3613

Address :

Street : W FATIMA ST

Cross 1 : LOURDES ST Within 1/4 mile: Y

Location: FROM THE ABOVE INTERSECTION LOCATE THE SOUTH SIDE OF THE ROAD HEADING WEST FOR 300 FEET TO BASHER INCLUDING A 30 FOOT RADIUS OF THE LATHE ON THE SOUTH SIDE OF FATIMA STREET JUST WEST OF BASHER

:

Grids : 4125A8710D 4125A8710C

Boundary: n 41.433235 s 41.432137 w -87.171532 e -87.168900

Work type : CULVERT INSTALL AND TILE REPAIR

Done for : PORTER COUNTY HIGHWAY

Start date: 08/16/2012 Time: 10:45 Hours notice: 48/48 Priority: NORM

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

Duration : 2 DAYS Depth: 2 FEET

Company : PORTER COUNTY HIGHWAY DEPARTMENT Type: OTHR

Co addr : 1955 S IN RT 2

City : VALPARAISO State: IN Zip: 46383

Caller : HAROLD SALYER Phone: (219)465-3573

Contact : HAROLD SALYER - OFFICE Phone:

BestTime:

Mobile : (219)465-3573

Fax : (219)465-3569

Email : DJAMES@PORTERCO.ORG

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

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

:

Submitted date: 08/14/2012 Time: 10:32

Members: COMCN ID2511 ID8000 NIPSCO SM

COMMENTS :

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PERSON PREPARING REPORT Michael Vode

FIELD SUPERVISOR Rick Smith

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: \_\_\_\_\_

**NORTHERN INDIANA PUBLIC SERVICE COMPANY  
FACILITY DAMAGE REPORT  
\*\* COMPLETE FORM FOR ALL DAMAGES TO NIPSCO FACILITIES \*\***

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

OPERATING AREA CONTACT Rick Smith JOB ORDER # 580200

TRACKING NUMBER 01820120823007 LOCATE REF # \_\_\_\_\_

Locate Performed By: \_\_\_\_\_

DATE AND TIME OF ACCIDENT Aug 23 2012 8:53AM DATE OF REPORT 8-23-12

PLACE OF DAMAGE (INCLUDE CITY) Farmers & Rasher Valpo

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

OTHER (DESCRIBE) \_\_\_\_\_  
GAS: SERVICE ( ) MAIN  SIZE 2 inch MATERIAL: PLASTIC  STEEL ( ) METER ( ) REG STATION ( ) STUB ( )  
OTHER (DESCRIBE) \_\_\_\_\_

DEPTH OF FACILITY (inches) 3' PRESSURE (PSI) 50 Lbs.

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

INTERRUPTION OF SERVICE: YES  NO ( ) NUMBER OF CUSTOMERS LOST: 3

DURATION OF INTERRUPTION: TIME REPORTED 8:53 AM TIME RESTORED 12:30 PM

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1 3/4" 2"

LOCATE MARKS ON SITE: YES  DISTANCE BETWEEN FACILITY AND LOCATE MARKS 3' NO ( )  
HOW LOCATED: PAINT ( ) FLAGS  BOTH ( ) WHITE LINED ( )

PARTY THAT CAUSED DAMAGES (NAME) Porter County Hwy

ADDRESS OF PARTY (INCLUDE CITY) Harold Salva

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Same as above

WITNESS NAME AND ADDRESS N/A

WITNESS REMARKS N/A

AGENCIES NOTIFIED / ONSITE: POLICE  AGENCY Porter County REPORT # \_\_\_\_\_

FIRE  AGENCY Porter Fire Dept REPORT # \_\_\_\_\_

OTHER ( ) \_\_\_\_\_ Any Injuries? ( ) YES # \_\_\_\_\_ ( ) NO NO

PHOTOS TAKEN: YES  NO ( ) TAKEN BY: USIC (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 | <input checked="" type="checkbox"/> 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     | <input checked="" type="checkbox"/> BACKHOE/TRACKHOE |
| ( ) MILLING EQUIPMENT | ( ) PROBING DEVICE | ( ) BORING / DRILLING                                |
| ( ) EXPLOSIVES        | ( ) TRENCHER       | ( ) FARM EQUIPMENT                                   |
| ( ) VACCUUM EQUIPMENT | ( ) GRADER         | ( ) OTHER _____                                      |

- REASON DAMAGE OCCURRED** -- CHECK APPROPRIATE CHOICE BELOW
- |                         |                                   |   |
|-------------------------|-----------------------------------|---|
| ( ) AUTOMOTIVE ACCIDENT | ( ) EXCAVATING BEFORE LOCATES DUE | <input checked="" type="checkbox"/> CARELESS MACHINE OPERATOR |
| ( ) NO NOTIFICATION     | ( ) MARKS DISTURBED               | ( ) STUB  |
|                         |                                   | ( ) OTHER _____   |

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM



**INFORMATION REQUEST**

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION - PIPELINE SAFETY DIVISION

**RECEIVED**

SEP 20 2012

Case Number: 3613

INDIANA UTILITY  
REGULATORY COMMISSION

*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: PORTER COUNTY HIGHWAY DEPARTMENT

Responsible Party Personal Name: David C. James

Title (if any): Assistant Highway Supervisor

Address (number and street): 1955 South State Road 2

City, State and ZIP Code: Valparaiso, IN 46385

Preferred Telephone Number (area code): 219 - 465 - 3570

Cellular Telephone Number (area code): 219 - 405 - 8365

Email Address: djames@porterco.org

**Facility Information:**

Business Name: NORTERN INDIANA PUBLIC SERVICE COMPANY

Responsible Party Personal Name: Tom Parker

Title (if any): \_\_\_\_\_

Address (number and street): 22 South State Road 49

City, State and ZIP Code: Valparaiso , IN 46383

Preferred Telephone Number (area code): 219 - 465 - 5199

Cellular Telephone Number (area code):

Email Address:

**Locator Service Information:**

Business Name: S M P

Responsible Party Personal Name:

Title (if any):

Address (number and street):

City, State and ZIP Code:

Preferred Telephone Number (area code): 574 - 333 - 5675

Cellular Telephone Number (area code):

Email Address:

**Cause of Damage Information**

Type of Equipment (select one): Backhoe/Trackhoe

Type of Work Performed (select one): Drainage

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

Personal Contact: none

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): FATIMA & BISCAYNE INTERSECTION

City, State and ZIP Code: VALPARAISO, IN 46385

Nearest Intersection: \_\_\_\_\_

Product Type (select one): Natural Gas

Facility Type (select one): Distribution

Size (Diameter/etc.): 2"

Pressure (PSIG/Inches): \_\_\_\_\_

Interruption in Service:  Yes  No Number of Customers Affected: 3

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: 1208213422

- 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: NONE

Number of Inpatient Treated: NONE

Number of Fatalities: NONE

Fire Department Response:  Yes  No

Police Department Response:  Yes  No

Ambulance Response:  Yes  No

**Additional Information / Comments**

Highway Department was at said address to install drainage culvert for intersection . Facility was located by Locator Service and hence potholed and hand dug for verification . Upon back-hoe operators first dig , while maneuvering bucket in hole , operator caught gas distribution line while curling bucket . Gas facility was damaged releasing product from line . Proper authorities were immediately notified and Indiana 811 was also notified within minutes of damage. A second call I. D. number (1208230893) was issued and NIPSCO responded and repaired damage line . The 3 customers affected by the damage were to have all pilot lights serviced but were delayed because of customer not being at home at the time repair was completed .

## NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3613

Your Full Name: David C. James

Full Name of Business / Entity (if applicable): PORTER COUNTY HIGHWAY DEPARTMENT

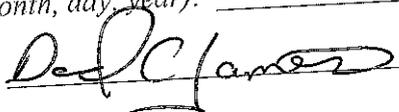
Your Business Title (if applicable): Assistant Highway Supervisor

Address (number and street): 1955 South State Road 2

City: VALPARAISO State: IN ZIP Code: 46385

Your E-mail Address: djames@porterco.org

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

Your Signature:  Title (if any) Asst. Highway Supervisor

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3613  
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)