



## Pipeline Safety Division Investigation Report

### Investigation regarding: Grimmer Construction Company

UPPAC Database Record ID: 3725

Report Date: 5/26/2013

Investigator: Mike Orr

Damage Date: 9/4/2012

Damage Address: 709 Daisy St Se, Demotte, Jasper

### The Parties

Excavator: **Grimmer Construction Company**

Address: 2619 Main St, Highland, In 46322

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: Yes

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: 1208302038

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

**Synopsis:** A natural gas service line was damaged by a backhoe while performing work for a water line.

**Findings:** Reported by NIPSCO; excavator did not respond to initial notice mailed 9/7/2012. The excavator had a valid locate and the gas operator provided accurate locate markings; however, the excavator used the backhoe within the exclusion zone.

**Conclusion:** The excavator compromised the service line within the exclusion zone with the backhoe.

**Violation:** IC 8-1-26-20(a)(2) Failure to maintain two (2) feet clearance with mechanized equipment.



150 West Market Street, Suite 600  
Indianapolis, IN 46204

January 28, 2012

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

Pipeline Safety Division – Case No. 3725  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3725

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: 9/4/2012

Event Location: 709 Daisy St Se

Facility Owner: Northern Indiana Public Service Company

Excavator: Grimmer Construction Company

Other Party: N/A

Pipeline Division Case No. 3725

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. 3725</b>	
Date of Event	9/4/2012
Event Location	709 Daisy St Se
Event City	Demotte
Facility Owner	Northern Indiana Public Service Company
Excavator	Grimmer Construction Company
Date of IURC Information Request	12/5/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Grimmer Construction
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	2619 Main St
CITY/ STATE/ZIP	Highland, IN 46322
PREFERRED TELEPHONE	219-924-1623
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<b>FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:</b>	
BUSINESS NAME	NORTHERN INDIANA PUBLIC SERVICE COMPANY
RESPONSIBLE PARTY PERSONAL NAME	LUKE SELKING
TITLE	
ADDRESS	1501 HALE AVENUE
CITY/STATE/ZIP	FORT WAYNE, IN 46802
PREFERRED TELEPHONE	260/439-1290
SECONDARY TELEPHONE	
EMAIL ADDRESS	LSELKING@NISOURCE.COM
<b>LOCATOR SERVICE INFORMATION</b>	
BUSINESS NAME	USIC
RESPONSIBLE PARTY PERSONAL NAME	Morgan Thompson
TITLE (IF ANY)	Claims Coordinator
ADDRESS	9045 N. River Rd. Suite 300
CITY/ STATE/ZIP	Indianapolis, IN 46240
PREFERRED TELEPHONE	1-317-538-7301
CELL PHONE TELEPHONE	
EMAIL ADDRESS	<a href="mailto:morganthompson@usicinc.com">morganthompson@usicinc.com</a>
<b>OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION</b>	
PERSONAL CONTACT	
BUSINESS/ORGANIZATION NAME	
TITLE (IF ANY)	

ADDRESS	
CITY/ STATE/ZIP	
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<b>UTILITY LINE IMPACT</b>	
<b>LOCATION OF DAMAGE</b>	
ADDRESS	709 Daisy St SE
CITY/STATE/ZIP	Demotte,IN 46310
NEAREST INTERSECTION	8 <sup>th</sup> St SE
<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)	N/A
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) (\$)	N/A
<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)	Yes
IGNITION AND/OR FIRE (YES/NO)	No
EXCAVATOR NOTIFY 811 (YES/NO)	No
<b>LOCATE INFORMATION:</b>	
EXCAVATOR REQUEST LOCATE (YES/NO)	Yes

INDIANA 811 LOCATE TICKET NUMBER	1208302038
LOCATE MARKS VISIBLE (YES/NO)	Yes
LOCATE MARKS CORRECT (YES/NO)	Yes
EXCAVATOR "WHITE LINED" (YES/NO)	No
MAPS USED TO MARK FACILITIES (YES/NO)	Yes
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	No
<b>INCIDENT IMPACT INFORMATION</b>	
NUMBER OF OUTPATIENT TREATED	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FATALITIES	0
FIRE DEPARTMENT RESPONSE (YES/NO)	N/A
POLICE DEPARTMENT RESPONSE (YES/NO)	N/A
AMBULANCE RESPONSE (YES/NO)	N/A
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
<p>Failure to use hand tools where required.  Excavator hit an accurately marked gas service.  Nipsco emergency repair ticket – 1209042223.</p>	



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

NA

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

JOHN KOSELKE - SERVICE WAS MARKED AND WE HAD IT EXPOSED, CUT IT BACKFILLING.

**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?** Yes

**WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS?** Yes

**EXTENT OF FACILITY DAMAGE** CUT PL. SERVICE

**REPLACEMENT FOOTAGE** 2 FT

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

**WHAT CONTRACTOR EQUIPMENT WAS USED?** NA

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

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

NIPSCO 00633 IUPPSa 08/30/2012 12:17:39 1208302038-00A NORM NEW GRID

NORMAL NOTICE JOB EXTENSION

Ticket : 1208302038 Date: 08/30/2012 Time: 12:13 Oper: JSMITH Chan:088

#3725

State: IN Cnty: JASPER Twp: KEENER  
Cityname: DE MOTTE Inside: Y Near: N  
Subdivision:

Address :

Street : DAISY ST SE

Cross 1 : 8TH ST SE Within 1/4 mile: Y

Location: LOCATE START AT INTERSECTION OF 8TH AND DAISY - FROM SOUTH SIDE OF 8TH  
GO 600 FEET NORTH R-O-W TO R-O-W ON DAISY

:

Grids : 4111B8711B 4111A8711B

Boundary: n 41.199337 s 41.194859 w -87.194122 e -87.192436

Work type : INSTALLING UTILITIES

Done for : TOWN OF DEMOTTE

Start date: 09/04/2012 Time: 12:30 Hours notice: 120/48 Priority: NORM

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

Duration : 3 WEEKS Depth: 10 FEET

Company : GRIMMER CONSTRUCTION COMPANY Type: CONT

Co addr : 2619 MAIN STREET

City : HIGHLAND State: IN Zip: 46322

Caller : MARGIE HOFMANN Phone: (219)924-1623

Contact : JOHN KOSELKE--CELL Phone:

BestTime:

Mobile : (219)712-4135

Fax : (219)924-0328

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

REMARK AS NEEDED--PREVIOUS TICKET NUMBER IS 1208163081--THANK YOU!!

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

:

Submitted date: 08/30/2012 Time: 12:13

Members: COMCN ID2009 ID3831 ID5693 NIPSCO SM

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 STAN LEWANDOWSKI JOB ORDER # 573013
TRACKING NUMBER 018-2012-0904-007 LOCATE REF # 12022130189110
Locate Performed By:

DATE AND TIME OF ACCIDENT 9-4-12 10:14 AM 20 M DATE OF REPORT 9-4-12
PLACE OF DAMAGE (INCLUDE CITY) 709 Daisy St. SE. DEMOTTE 460316

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) 13" 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 10:14 TIME SHUT OFF 10:40 TIME RESTORED 12:00 PM
DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 5/8"

LOCATE MARKS ON SITE: YES ( ) NO ( ) DISTANCE BETWEEN FACILITY AND LOCATE MARKS 1055'
HOW LOCATED: PAINT ( ) FLAGS ( ) BOTH ( ) WHITE LINED ( )

PARTY THAT CAUSED DAMAGES (NAME) Grimmer Construction

ADDRESS OF PARTY (INCLUDE CITY) Highland In. 2719 Main St.

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Terry Jaworski

WITNESS NAME AND ADDRESS
WITNESS REMARKS

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY REPORT #
FIRE ( ) AGENCY REPORT #
OTHER ( ) Any Injuries? ( ) YES # ( ) NO

PHOTOS TAKEN: YES ( ) NO ( ) TAKEN BY: (ATTACH PHOTOS TO REPORT)
MEDIA ON SITE YES ( ) NO ( )

- WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW
( ) 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
( ) VACCUUM 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 SIN #110601 Rev. 6-12

JO 573013

COMMENTS: Hit 5/8" plastic service and accurate locates  
3rd party did NOT hand expose.

PERSON PREPARING REPORT ERIC GARCIA U122175

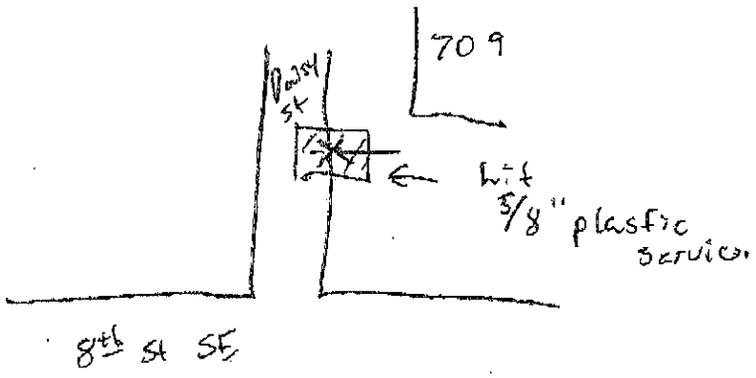
FIELD SUPERVISOR STAN LEWANDOWSKI

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

10:57 Start pressure test } at 100psi  
10:17 End Pressure test }



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: \_\_\_\_\_



# 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: Grimmer Construction

Business address (*number and street*): 2619 Main St

City, State, and ZIP code: Highland, IN 46322

Telephone number (*area code*): 219 924 1623

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

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

## Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Water

**Date and Location of Damage**

Date of damage (month, day, year): Sep 4, 2012

County: Jasper

City: Demotte

Street address (number and street, city, state, and ZIP code):  
709 Daisy St SE Demotte IN

Nearest intersection: 8th St SE

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): 2

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? 13

**Notification, Locating, Marking**

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1208302038

Was the locate request completed within two working days? Yes

If locates were performed, were they done so by a contractor or pipeline employee? Contract Locator

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

Were facility marks visible in the area of excavation? Yes

Were facilities marked correctly? Yes

Type of markings used: Paint and Flags

If other, please specify: \_\_\_\_\_

Was site marked by "White Lining"? Yes

Were special instructions part of the locate request? No

Were maps used to complete the locate request? Yes

Were pipeline company representatives on site during excavation? No

Did the excavator notify the operator in the event of this damage? Yes

Did the excavator notify Indiana 811 in the event of this damage? No

Did the excavator notify 911 in the event of a release of product? Unknown/Other

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### Description of Cause

Select from the list the most accurate cause for the damage: --Failure to use hand tools where required

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### Additional Comments

Nipsco emergency repair ticket #: 1209042223



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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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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If other, please specify: \_\_\_\_\_

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Did the excavator notify Indiana 811 in the event of this damage? No

Did the excavator notify 911 in the event of a release of product? Unknown/Other

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Select from the list the most accurate cause for the damage: --Failure to use hand tools where required

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### **Additional Comments**

Nipsco emergency repair ticket #: 1209042223