



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Overbeck Excavation**

UPPAC Database Record ID: 3733

Investigator: Mike Orr

Report Date: 1/14/2013

Damage Date: 6/22/2012

Damage Address: 12340 N Upper Lakeshore Dr

City: Monticello

County: Carroll

### The Parties

Excavator: **Overbeck Excavation**

Contact: James T. Overbeck, Owner

Address: Po Box 745, Monticello, In 47960

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: Overbeck Excavation**

UPPAC Database Record ID: 3733

### **Damage Impact**

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 0

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

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

Excavator request locates: No    Indiana 811 ticket Number:

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Sewer

**Synopsis:** Damage to a natural gas service occurred during a procedure for a sewer line.

**Findings:** Reported by NIPSCO; excavator's response to initial notice was received on 12/6/2012. The excavator did not request a locate and informed the sewer district no more work would be performed for them unless the sewer district called in for locates. The excavator is un-informed on who should call for locate requests.

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

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

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DEC 08 2012



**INFORMATION REQUEST**

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

INDIANA UTILITY REGULATORY COMMISSION

Case Number: 3733

*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: Jim Overbeck Excavating Inc.

Responsible Party Personal Name: James T Overbeck

Title (if any): Owner

Address (number and street): PO Box 745

City, State and ZIP Code: Monticello IN 47960

Preferred Telephone Number (area code): 574-870-0984

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: overbeckexcavating@gmail.com

**Facility Information:**

Business Name: Northern Indiana Public Service Company

Responsible Party Personal Name: \_\_\_\_\_

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

Address (number and street): \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

Preferred Telephone Number (area code): \_\_\_\_\_

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Locator Service Information:**

Business Name: \_\_\_\_\_

Responsible Party Personal Name: \_\_\_\_\_

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

Address (*number and street*): \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

Preferred Telephone Number (area code): \_\_\_\_\_

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

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**Cause of Damage Information**

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

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

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

Personal Contact: Anthony Levesy

Business/Organization Name: Twin Lakes Sewer District

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

Address (*number and street*): \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

Preferred Telephone Number (area code): 877-810-2814

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

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**Utility Line Impact**

**Location of Damage:**

Address (*number and street*): 12340 N Upper Lakeshore Dr \_\_\_\_\_

City, State and ZIP Code: Monticello IN 47960 \_\_\_\_\_

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

**Product Type (*select one*):** Natural Gas

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

**Size (Diameter/etc.):** 1/2" \_\_\_\_\_

**Pressure (PSIG/Inches):** 20 - 30 lb \_\_\_\_\_

**Interruption in Service:**  Yes  No **Number of Customers Affected:** \_\_\_\_\_

**Evacuation:**  Yes  No **If yes, How Many Evacuated?** \_\_\_\_\_

**Repair Cost (if known):** \$ \_\_\_\_\_

**Release of Product:**  Yes  No

**Ignition and/or Fire:**  Yes  No

**Excavator Notify 811:**  Yes  No

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**Locate Information**

**Excavator Request Locate:**  Yes  No

**Indiana 811 Locate Ticket Number:** \_\_\_\_\_

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

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### Incident Impact Information

Number of Outpatient Treated: \_\_\_\_\_

Number of Inpatient Treated: \_\_\_\_\_

Number of Fatalities: <sup>1</sup> \_\_\_\_\_

Fire Department Response:  Yes  No

Police Department Response:  Yes  No

Ambulance Response:  Yes  No

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### Additional Information / Comments

I received an emergency call from the Twin Lakes Sewer District to fix a broken sewer valve. We started the dig with the backhoe and then used hand shovels. We nicked the gas line and immediately pinched off the line and called Northern Indiana Public Service Co. There was no danger so we did not call any emergency vehicles. When NIPSCO arrived they repaired the line within 10 min. (free of charge). I have informed the Twin Lakes Regional Sewer District that I will no longer dig at any of their jobs unless they call in a locate first.

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 3733

Your Full Name: James T Overbeck

Full Name of Business / Entity (if applicable): Jim Overbeck Excavating Inc

Your Business Title (if applicable): Owner

Address (number and street): PO Box 745

City: Monticello State: IN ZIP Code: 47960

Your E-mail Address: overbeckexcavating@gmail.com

Today's Date (month, day, year): 12/04/12

Your Signature:  Title (if any) Owner

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number \_\_\_\_\_**  
**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)



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Aug 21, 2012

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### Who is submitting this information?

Name of person providing this information: Tommy Buher (NIPSCo)

Business address (*number and street*): 3511 E 15th Ave

City, State, and ZIP code: Gary, IN 46403

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

Fax number (*area code*): 219-962-0404

E-mail address: cludwig@nisource.com

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### Excavator Information, if known

Full name: Overbeck Excavation

Business address (*number and street*): PO Box 745

City, State, and ZIP code: Monticello, IN

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

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

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

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### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Sewer (Sanitary/Storm)

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**Date and Location of Damage**

Date of damage (*month, day, year*): Jun 22, 2012 \_\_\_\_\_

County: Carroll \_\_\_\_\_

City: Monticello \_\_\_\_\_

Street address (*number and street, city, state, and ZIP code*):  
12340 N Upper Lakeshore Dr \_\_\_\_\_

Nearest intersection: \_\_\_\_\_

Right of way where damage occurred: Private - Business

Was there a release of product? Yes

If yes, was there an ignition of product? No

Were evacuations necessary as a result of release? No

If yes, how many evacuated? \_\_\_\_\_

Was there a customer service interruption? Yes

If yes, how many affected? 0 \_\_\_\_\_

Time to restore service (*in hours*): 1 \_\_\_\_\_

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? 14 \_\_\_\_\_

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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? No

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? No

Type of markings used: Other

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

Was site marked by "White Lining"? No

Were special instructions part of the locate request? No

Were maps used to complete the locate request? No

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: --No notification made to the one-call center

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### **Additional Comments**