



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Asplundh Construction**

UPPAC Database Record ID: 3738

Investigator: Howard Friend

Report Date: 12/21/2012

Damage Date: 7/17/2012

Damage Address: 11401 Douglas Rd

City: Osceola

County: St Joseph

### The Parties

Excavator: **Asplundh Construction**

Contact: Michael Lewis, Region Safety

Address: 136 Mills St, Gahanna, Oh 43230

Telephone: 614-905-9370

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: Asplundh Construction**

UPPAC Database Record ID: 3738

### **Damage Impact**

Product release: Yes

Ignition: No

Service Interruption: True

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: 1206291391

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Electric

**Synopsis:** A natural gas service was damaged during excavation to install an electric line.

**Findings:** Reported by NIPSCO; excavator's response to initial notice was received on 12/14/2012. The excavator had a valid locate number and the operator provided accurate locate markings. The excavator had the natural gas line exposed however, the backhoe bucket damaged the service while continuing to excavate.

**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.**



**INFORMATION REQUEST**

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

**Case Number:** 3738

*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: Asplundh Construction Corporation

Responsible Party Personal Name: Dean Harrell

Title (if any): operator

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

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

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

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

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

**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*): Electric

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

Personal Contact: \_\_\_\_\_

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: \_\_\_\_\_

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### Utility Line Impact

#### Location of Damage:

Address (*number and street*): 11401 Douglas Rd. \_\_\_\_\_

City, State and ZIP Code: Osceola, Indiana St. Joseph County \_\_\_\_\_

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

Product Type (*select one*): Natural Gas

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

Size (Diameter/etc.): \_\_\_\_\_

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

Interruption in Service:  Yes  No Number of Customers Affected: <sup>1</sup> \_\_\_\_\_

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: 1206291391 \_\_\_\_\_

**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:** N/A

**Number of Inpatient Treated:** N/A

**Number of Fatalities:** N/A

**Fire Department Response:**  Yes  No

**Police Department Response:**  Yes  No

**Ambulance Response:**  Yes  No

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**Additional Information / Comments**

ACC crew hand dug and located the gas service and the phone line. While back coding near the gas line the operator did not understand the Foreman's directions got too close to the gas service. You operator poked a hole in the gas service.

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 3738

Your Full Name: Michael Edward Lewis

Full Name of Business / Entity (if applicable): Asplundh Construction Corporation

Your Business Title (if applicable): region safety

Address (number and street): 136 Mill St. Suite 230

City: Gahanna State: Ohio ZIP Code: 43230

Your E-mail Address: mlewis6@asplundh.com

Today's Date (month, day, year): 12/14/12

Your Signature:  Title (if any) RSS

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 3738**  
**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)**

ONE NUMBER CALL SYSTEM  
(Request Form)

Date 06-28-12 S.O./W.O. No. 44991748

Customer Name Kenneth Wiggins

Address N/S 11401 Douglas Rd

County St. Joseph Township Harris

Nearest Cross Street ~~Beech Rd~~ E/O Buckeye rd

Lot No. \_\_\_\_\_

over 1/4 mile

<u>UTILITIES/FACILITIES</u>	<u>TYPE CONST</u>	<u>SPECIAL MATERIAL NEEDED</u>
<input type="checkbox"/> Sprinkler	<input type="checkbox"/> Ped	<input type="checkbox"/> Ped
<input type="checkbox"/> Sewer	<input type="checkbox"/> Ped	<input type="checkbox"/> Conduit
<input type="checkbox"/> Cable TV	<input type="checkbox"/> X-Arm	<input type="checkbox"/> Small Trencher
<input type="checkbox"/> Septic	<input type="checkbox"/> Pole	<input type="checkbox"/> Other _____
<input type="checkbox"/> Water		
<input type="checkbox"/> Other _____		

REP  
AT  
CC  
N  
RVP fiber

SPECIAL INFORMATION: \_\_\_\_\_

<u>LINE DEPARTMENT USE</u>	
Request No. <u>1206291391</u>	ENG/REP _____
Called By <u>P. Deany</u>	
Start Date <u>7-3</u>	
Start Time <u>12:00 p</u>	
Date Called _____	Date Completed _____
Time Called <u>Exp. 7-19</u>	Completed By _____

REMARKS/SKETCH \_\_\_\_\_

Locate the entire front of the property along the white classed route

<b>Contractor/Company Name:</b> Asplundh 108	<b>Employee Name:</b> Dean Harrell	<b>Foreman Name:</b> Dennis Lambert
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<b>Event Date:</b> 7-18-2012	<b>Time of Event:</b> 2:00pm	<b>Day of the Week:</b> Tuesday	<b>City &amp; State:</b> Osceola
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<b>Type of Work (Please select one of the options to the right)</b>	<b>OH Line</b>	<b>URD</b>	<b>Network</b>	<b>Pole Inspection</b>	<b>Forestry</b>	<b>Locating</b>	<b>Civil</b>	<b>Other</b>
		X	<input type="checkbox"/>					

<b>1. Storm:</b>	<b>Employee's Job Classification (i.e., groundman, laborer, journeyman, etc.):</b> Operator
<b>2. Non-Storm: X</b>	

## Event Type:

<b>OSHA Medical</b>	<b>OSHA Lost Time</b>	<b>OSHA Restricted</b>	<b>Vehicle</b>	<b>Flash/Outage</b>	<b>First Aid</b>	<b>Fatality</b>	<b>Utility Strike</b>
<input type="checkbox"/>	X						

<b>Near Miss</b>	<b>Spill/Release</b>	<b>Switch/Tag Error</b>	<b>Property Damage</b>	<b>Equipment Damage</b>	<b>OSHA/EPA Visit:</b> <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<b>Citation Issued:</b> Y <input type="checkbox"/>
					N <input type="checkbox"/>

## Work Description/Explain Event:

An ACC URD crew showed up on site, and the crew had a job briefing. The crew hand dug and located the gas service, and the phone line. While back hoeing near the gas line, the operator (Dean Harrell) did not understand the foreman's (Dennis Lambert) directions and got the hoe too close to the gas service, which poked a hole in the gas service.

11401 Douglas rd Osceola, IN

Locate # 1206291391

Please Specify Injured Part(s) of the Body: none

Please Specify Type of Injury (i.e., cut, burn, puncture, fall, etc.): none

Name of Person Completing This Form: Pat Denney

Date: 7-19-2012



## 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: Robert A. Hayward (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: Asplundh Construction

Business address (*number and street*): 136 Mills St

City, State, and ZIP code: Columbus, OH 43230

Telephone number (*area code*): 614-905-9370

Fax number (*area code*): 574-234-7819

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

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### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Trencher

Type of work performed: Electric

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**Date and Location of Damage**

Date of damage (*month, day, year*): Jul 17, 2012

County: St Joseph

City: Osceola

Street address (*number and street, city, state, and ZIP code*):  
11401 Douglas Rd

Nearest intersection: Buckeye Rd

Right of way where damage occurred: Dedicated Public Utility Easement

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? 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 \$ \_\_\_\_\_

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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? 20

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**Notification, Locating, Marking**

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1206291391

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"? No

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 maintain clearance

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### **Additional Comments**