



Pipeline Safety Division Investigation Report

Investigation regarding: At&t

UPPAC Database Record ID: 3826

Investigator: Mike Orr

Report Date: 3/7/2013

Damage Date: 9/17/2012 11:32:54 AM

Damage Address: Flag Staff St

City: Cedar Lake

County: Lake

The Parties

Excavator: **At&t**

Contact: Ed Samay

Address: 600 North Indiana Avenue, Crown Point, In 46307

Telephone:

Facility Owner: NIPSCO

Contact: Kit Earle

Address: 150 W Market Street, Indianapolis, IN 46204

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Investigation regarding: At&t

UPPAC Database Record ID: 3826

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: False

Number of Customers Affected: 0

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1209051510

Type of Equipment: Trencher

Type of work performed: Telecommunications

Synopsis: Damage to a natural gas main occurred during a trenching procedure for telecommunications.

Findings: Reported by Indiana 811; excavator did not respond to initial notice mailed 11/30/2012. The gas operator reported having correctly marked the facility with visible markings; whereby, the excavator operated the trencher within the tolerance zone believing the line to be deeper and compromising the facility.

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

Violation: IC 8-1-26-20(b)(2): Violation (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

Pipeline Safety Division – Case No. 3826
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3826

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: 9/17/2012

Event Location: Flag Staff St

Facility Owner: Northern Indiana Public Service Company

Excavator: Att

Other Party: N/A

Pipeline Division Case No. 3826

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

IURC INFORMATION REQUEST	
Pipeline Safety Division Case No. 3826	
Date of Event	9/17/2012
Event Location	Flag Staff St
Event City	Cedar Lake
Facility Owner	Northern Indiana Public Service Company
Excavator	Att
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	AT&T
RESPONSIBLE PARTY PERSONAL NAME	Tom Tognarelli
TITLE (IF ANY)	
ADDRESS	600 N Indiana Ave
CITY/ STATE/ZIP	Crown Point, IN 46307
PREFERRED TELEPHONE	219-776-7831
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:	
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
LOCATOR SERVICE INFORMATION	
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	morganthompson@usicinc.com
OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION	
PERSONAL CONTACT	
BUSINESS/ORGANIZATION NAME	
TITLE (IF ANY)	

ADDRESS	
CITY/ STATE/ZIP	
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
UTILITY LINE IMPACT	
LOCATION OF DAMAGE	
ADDRESS	Lot 15 Flagstaff and Annapolis
CITY/STATE/ZIP	Cedar Lake, IN 46303
NEAREST INTERSECTION	
PRODUCT TYPE (Select One)	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
FACILITY TYPE (Select One)	
DISTRIBUTION	X
GATHERING	
SERVICE/DROP	
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	2"
PRESSURE (PSIG/INCHES)	
INTERRUPTION IN SERVICE (YES/NO)	N
NUMBER OF CUSTOMERS AFFECTED	0
EVACUATION (YES/NO)	N
IF YES, HOW MANY EVACUATED	0
REPAIR COST (IF KNOWN) (\$)	
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	
Probing Device	

Trencher	X
Vacuum Equipment	
Unknown/Other	
TYPE OF WORK PERFORMED (Select One)	
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	X
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 1209172117
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1209051510
LOCATE MARKS VISIBLE (YES/NO)	Y
LOCATE MARKS CORRECT (YES/NO)	Y
EXCAVATOR "WHITE LINED" (YES/NO)	N
MAPS USED TO MARK FACILITIES (YES/NO)	Y
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	N
INCIDENT IMPACT INFORMATION	
NUMBER OF OUTPATIENT TREATED	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FATALITIES	0
FIRE DEPARTMENT RESPONSE (YES/NO)	N
POLICE DEPARTMENT RESPONSE (YES/NO)	N
AMBULANCE RESPONSE (YES/NO)	N
ADDITIONAL INFORMATION/COMMENTS	
<p>Failure to use hand tools where required Nipsco emergency repair ticket #: 1209172354</p>	

Fact Based Investigation Report

NOTIFICATION ID: 01820120917005 **DISTRICT:** Northern IN
DAMAGE DATE: 9/17/2012 11:33:02 AM **NOTIFICATION DATE:** 9/17/2012 11:35:21 AM
NOTIFIED BY: ED SAMAY
DAMAGE ADDRESS: FLAG STAFF ST
CITY: CEDAR LAKE **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 09/17/2012
FROM: 11:05:00 **TO:** 12:10:00

EXCAVATOR INVOLVED: AT&T
TYPE OF EXCAVATION: Trenching

ORIG. LOCATE REQ.: 1209051510 **START DATE/TIME:** 9/13/2012 4:00:00 PM
TYPE OF TICKET: Routine **LOCATE REQ. INFO N/A:**

DIG UP/DAMAGE REQ.: 1209172117 **START DATE/TIME:** 9/17/2012 11:00:00 AM

PICTURES TAKEN BY: Nathan Wolf **DATE/TIME:** 9/17/2012 12:10:00 PM
PHOTOGRAPHY TYPE: Digital **FRAME #:**

INVESTIGATOR EMP#: 134728 **INVESTIGATOR NAME:** Nathan Wolf
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120917005
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** Gas Main
LOCATOR NAME & EMP #: Black Cody - 134729
LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:
Facility Marked Accurately

Other:

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

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

The line was marked correctly. They trenched their phone cable over the main. They thought the main would be deeper and it was caught by the trencher. A visual inspection showed that there were marks near the damage in tolerance as well as gas flags in the trench showing they went over the marks. I hooked up and found that the marks that were not destroyed near the damage were correct.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

N/A

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

Tom - Truck number 7006008N

LIST ANY OTHER INDIVIDUALS ON SITE:

N/A

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 in half

REPLACEMENT FOOTAGE 3'

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?

WHAT CONTRACTOR EQUIPMENT WAS USED?

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)

NIPSCO 00499 IUPPSa 09/05/2012 10:34:31 1209051510-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1209051510 Date: 09/05/2012 Time: 10:31 Oper: SHARRIS Chan:089

State: IN Cnty: LAKE Twp: HANOVER
Cityname: CEDAR LAKE Inside: Y Near: N
Subdivision: CENTENNIAL PHASE 4 Lot: 15

Case: 3826

Address :

Street : FLAG STAFF ST

Cross 1 : S ANNAPOLIS CT Within 1/4 mile: Y

Location: LOCATE THE REAR EASEMENTS OF LOTS 15 - 16 - 17 - 18

:

Grids : 4121B8727D 4121A8727D 4121B8727C 4121A8727C

Boundary: n 41.365391 s 41.362362 w -87.454399 e -87.450356

Work type : PLACING TELEPHONE CABLE

Done for : ATT

Start date: 09/07/2012 Time: 10:45 Hours notice: 48/48 Priority: NORM

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

Duration : 1 WEEK Depth: 3 FEET

Company : ATT Type: MEMB

Co addr : 600 NORTH INDIANA AVENUE

City : CROWN POINT State: IN Zip: 46307

Caller : TOM TOGNARELLI Phone: (219)662-4484

Contact : TOM TOGNARELLI - CELL Phone:

BestTime:

Mobile : (219)776-7840

Fax : (219)662-4494

Remarks : All tickets are taken and processed on Eastern Daylight Time
Will you be white-lining the dig site area? YES

:

Submitted date: 09/05/2012 Time: 10:31

Members: COMCN IB ID7478 NIPSCO SM

NIPSCO 00720 IUPPSa 09/17/2012 12:01:20 1209172354-00A EMER NEW GRID

EMERGENCY SEE REMARKS

Ticket : 1209172354 Date: 09/17/2012 Time: 11:54 Oper: SPOPE Chan:044

State: IN Cnty: LAKE Twp: HANOVER
Cityname: CEDAR LAKE Inside: Y Near: N
Subdivision:

Case: 3826

Address :

Street : FLAGSTAFF ST

Cross 1 : ANNAPOLIS Within 1/4 mile: Y

Location: LOCATE 200FT RADIUS OF INTERSECTION

:

Grids : 4121B8726A 4121A8726A 4122D8726A 4121B8727D 4121A8727D

Grids : 4122D8727D 4121B8727C 4121A8727C 4122D8727C 4121B8727B

Grids : 4121A8727B 4122D8727B 4121B8727A 4121A8727A 4122D8727A

Grids : 4121B8728D 4121A8728D 4122D8728D

Boundary: n 41.369583 s 41.361919 w -87.468292 e -87.448997

Work type : REPAIR GAS LINE

Done for : NIPSCO

Start date: 09/17/2012 Time: 11:56 Hours notice: 0/0 Priority: EMER

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

Duration : 1 DAY Depth: 6 FEET

Company : NIPSCO Type: MEMB

Co addr : 1313 167TH ST

City : HAMMOND State: IN Zip: 46324

Caller : LAURA SZCZEZINA Phone: (800)464-7726

Contact : MARK SCHIESSLE--CELL Phone:

BestTime:

Mobile : (219)746-8237

Fax : (219)647-4764

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

Will you be white-lining the dig site area? NO

:

Submitted date: 09/17/2012 Time: 11:54

Members: COMCN IB ID5693 ID7478 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA 030 MAXIMO WO #
OPERATING AREA CONTACT Mark A. Schissel JOB ORDER # 573023
TRACKING NUMBER 018 2012 0917 005 LOCATE REF # 120 905 1510
Locate Performed By:

DATE AND TIME OF ACCIDENT 10:25am 9-17-2012, 10:25 AM DATE OF REPORT 9-17-12
PLACE OF DAMAGE (INCLUDE CITY) Lot 15 Flagstaff St Cedar Lake 46303

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

OTHER (DESCRIBE)
GAS: SERVICE () MAIN (X) SIZE 2" MATERIAL: PLASTIC (X) STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE)

DEPTH OF FACILITY (inches) 30" PRESSURE (PSI) 45 Lbs.
RELEASE OF GAS: YES (X) NO () IGNITION OF GAS: YES () NO (X) EVACUATION REQUIRED: YES () # NO (X)
INTERRUPTION OF SERVICE: YES () NO () NUMBER OF CUSTOMERS LOST:
DURATION OF INTERRUPTION: TIME REPORTED TIME SHUT OFF TIME RESTORED
DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY:

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

PARTY THAT CAUSED DAMAGES (NAME) ATT

ADDRESS OF PARTY (INCLUDE CITY) 600 N. Indiana Crown Point

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Tom Tognarelli

WITNESS NAME AND ADDRESS ATT employee
WITNESS REMARKS

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

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

- WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW
() AGRICULTURE/FARMING () CABLE TV () CURB/SIDEWALK (X) 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 (X) TRENCHER () FARM EQUIPMENT
() VACCUUM EQUIPMENT. () GRADER () OTHER

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

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM SIN #110601 Rev. 6-12

J0573023

COMMENTS: OPERATOR DROVE TRENCHER OVER MARKED UTILITY

PERSON PREPARING REPORT 125704

FIELD SUPERVISOR [Signature]

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

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: _____