



## Pipeline Safety Division Investigation Report

### Investigation regarding: Northwest Cedar Products

UPPAC Database Record ID: 3858

Report Date: 5/30/2013

Investigator: Mike Orr

Damage Date: 9/21/2012 12:54:55 PM

Damage Address: 9443 Oriole Dr, Munster, Lake

### The Parties

Excavator: Northwest Cedar Products

Address: 15537 South Weber Road, Romeoville, IL 60446

Facility Owner: NIPSCO

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Auger

Type of Work Performed: Fencing

### 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: 1209120907

Original Start Date:

Locate Instructions: LOCATE ENTIRE REAR AND THE SIDES OF THE PROP

Follow-Up Locate Instructions (if applicable):

**Synopsis:** A natural gas service line was damaged while augering postholes for fence replacement.

**Findings:** Reported by Indiana 811; excavator did not respond to initial notice mailed 11/30/2012. The excavator had a valid locate ticket and the gas operator accurately provided locates; however, the natural gas service was damaged by use of a power auger within the tolerance zone.

**Conclusion:** There was a failure to maintain two (2) feet clearance with mechanized equipment.

**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 29, 2012

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

Pipeline Safety Division – Case No. 3858  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3858

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: 9/21/2012

Event Location: 9443 Oriole Dr

Facility Owner: Northern Indiana Public Service Company

Excavator: Northwest Cedar Products

Other Party: N/A

Pipeline Division Case No. 3858

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. 3858</b>	
Date of Event	9/21/2012
Event Location	9443 Oriole Dr
Event City	Munster
Facility Owner	Northern Indiana Public Service Company
Excavator	Northwest Cedar Products
Date of IURC Information Request	12/5/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Northwest Cedar Products
RESPONSIBLE PARTY PERSONAL NAME	Amalia Soan
TITLE (IF ANY)	
ADDRESS	15537 South Weber Rd
CITY/ STATE/ZIP	Romeoville, IL 60446
PREFERRED TELEPHONE	815-836-8731
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	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	9443 Oriole Dr
CITY/STATE/ZIP	Munster, IN 46321
NEAREST INTERSECTION	
<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"
PRESSURE (PSIG/INCHES)	
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	N
IF YES, HOW MANY EVACUATED	
REPAIR COST (IF KNOWN) (\$)	
<b>CAUSE OF DAMAGE INFORMATION:</b>	
<b>TYPE OF EQUIPMENT (Select One)</b>	
Auger	X
Backhoe/Trackhoe	
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	X
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 1209211747
<b>LOCATE INFORMATION:</b>	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1209120907
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)	Y
<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
POLICE DEPARTMENT RESPONSE (YES/NO)	N
AMBULANCE RESPONSE (YES/NO)	N
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
<p>Failure to use hand tool where required.  NIPSCO emergency repair ticket 1209211885</p>	

**Fact Based Investigation Report**

**NOTIFICATION ID:** 01820120921008                      **DISTRICT:** Northern IN  
**DAMAGE DATE:** 9/21/2012 12:55:00 PM      **NOTIFICATION DATE:** 9/21/2012 12:55:15 PM  
**NOTIFIED BY:** GINA BOL  
**DAMAGE ADDRESS:** 9443 ORIOLE DR  
**CITY:** MUNSTER                      **ST:** IN      **ZIP:**

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**DAMAGED CUSTOMER:** NIPSCO

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**INVESTIGATION DATE:** 09/21/2012  
**FROM:** 12:55:00                      **TO:** 13:45:00

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**EXCAVATOR INVOLVED:** Northwest Indiana Fence  
**TYPE OF EXCAVATION:** Fence Installation

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**ORIG. LOCATE REQ.:** 1209120907                      **START DATE/TIME:** 9/14/2012 9:00:00 AM  
**TYPE OF TICKET:** Routine                      **LOCATE REQ. INFO N/A:**

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**DIG UP/DAMAGE REQ.:** 1209211747                      **START DATE/TIME:** 9/21/2012 1:00:00 PM

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**PICTURES TAKEN BY:** Tony Wesley      **DATE/TIME:** 9/21/2012 1:00:00 PM  
**PHOTOGRAPHY TYPE:** Digital                      **FRAME #:**

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**INVESTIGATOR EMP#:** 124875                      **INVESTIGATOR NAME:** Tony Wesley  
**BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?** No

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**Fact Based Investigation Customer Information**

**NOTIFICATION ID:** 01820120921008  
**SELECT A CUSTOMER:** NIPSCO  
**CUSTOMER #:** *(optional)*

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**FACILITY DESCRIPTION:** LOWPROF                      **FACILITY ID:** Gas Service  
**LOCATOR NAME & EMP #:** Wolf Nathan - 134728  
**LOCATOR NOT KNOWN:**

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

**Other:** Locator was out of town help Devin Allers

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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

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**INVESTIGATOR STATEMENT/CAUSAL FACTORS:**

Service was marked correctly by locator where the damage occurred.

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

N/A

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

N/A

**LIST ANY OTHER INDIVIDUALS ON SITE:**

N/A

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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 in the line

**REPLACEMENT FOOTAGE** 2'

**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 00292 IUPPSa 09/12/2012 09:30:04 1209120907-00A NORM NEW STRT

NORMAL NOTICE

Ticket : 1209120907 Date: 09/12/2012 Time: 09:25 Oper: EBAYENS Chan:000

State: IN Cnty: LAKE Twp: NORTH  
Cityname: MUNSTER Inside: Y Near: N  
Subdivision:

CASE13858

Address : 9443  
Street : ORIOLE DR  
Cross 1 : CAMELLIA DR Within 1/4 mile: Y  
Location: LOCATE ENTIRE REAR AND THE SIDES OF THE PROP  
:  
Grids : 4132C8730D 4132B8730D 4132C8730C 4132B8730C  
Boundary: n 41.543404 s 41.540436 w -87.505165 e -87.502602

Work type : REPLACE FENCE  
Done for : WILLIAMS  
Start date: 09/14/2012 Time: 09:45 Hours notice: 48/48 Priority: NORM  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N  
Duration : 2 DAYS Depth: 36 IN

Company : NORTHWEST CEDAR PRODUCTS Type: CONT  
Co addr : 15537 SOUTH WEBER ROAD  
City : ROMEVILLE State: IL Zip: 60446  
Caller : AMALIA SOOAN Phone: (815)836-8731  
Contact : AMALIA SOOAN OFFICE Phone:  
BestTime:  
Mobile : (815)836-8731  
Fax : (815)836-8730

Remarks : All tickets are taken and processed on Eastern Daylight Time  
Will you be white-lining the dig site area? NO  
:

Submitted date: 09/12/2012 Time: 09:25  
Members: COMCN IB ID0252 ID0918 ID2601 ID5693 ID5845 ID6510 ID6978 NIPSCO  
SM ID2600

NIPSCO 00515 IUPPSa 09/21/2012 12:55:00 1209211747-00A EMER DAMG STRT

DAMAGE SEE REMARKS

Ticket : 1209211747 Date: 09/21/2012 Time: 12:51 Oper: LSTEVENSON Chan:018

State: IN Cnty: LAKE Twp: NORTH  
Cityname: MUNSTER Inside: Y Near: N  
Subdivision:

CASE 13858

Address : 9443  
Street : ORIOLE DR  
Cross 1 : CAMELLIA DR Within 1/4 mile: Y  
Location: LOCATE ENTIRE REAR AND THE SIDES OF THE PROP  
:  
Grids : 4132C8730D 4132B8730D 4132C8730C 4132B8730C  
Boundary: n 41.543404 s 41.540436 w -87.505165 e -87.502602

Work type : REPLACE FENCE  
Done for : WILLIAMS  
Start date: 09/21/2012 Time: 12:52 Hours notice: 0/0 Priority: EMER  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
Duration : 2 DAYS Depth: 36 IN

Company : NORTHWEST CEDAR PRODUCTS Type: CONT  
Co addr : 15537 SOUTH WEBER ROAD  
City : ROMEOVILLE State: IL Zip: 60446  
Caller : GINA BOL Phone: (815)836-8731  
Contact : AMALIA SOOAN OFFICE Phone:  
BestTime:  
Mobile : (815)836-8731  
Fax : (815)836-8730

Remarks : All tickets are taken and processed on Eastern Daylight Time  
PER GINA BOL NIPSCO GAS LINE WAS DAMAGED--LINE WAS HIT IN THE BACK YARD OF THE  
PROPERTY--GAS IS BLOWING--CAN BE HEARD AND SMELLED--LINE DISCRPTION IS  
UNKNOWN---ADVISED TO CALL 911--CREW IS ON SITE--ADVISED TO CALL NIPSCO TO REPORT  
THE DAMAGE---PREVIOUS TICKET NUMBER IS 1209120907  
Will you be white-lining the dig site area? NO  
:

Submitted date: 09/21/2012 Time: 12:51  
Members: COMCN IB ID0252 ID0918 ID2601 ID5693 ID5845 ID6510 ID6978 NIPSCO  
SM ID2600

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA HAMMOND MAXIMO WO #

OPERATING AREA CONTACT M. GAAY JOB ORDER # 583071

TRACKING NUMBER 018-2012-0921-014 LOCATE REF #
Locate Performed By:

DATE AND TIME OF ACCIDENT 9/21/12 2012 05 M DATE OF REPORT 9/21/12

PLACE OF DAMAGE (INCLUDE CITY) 9443 ORIOLE DR. MUNSTER, IND.

DAMAGE WAS TO:

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

OTHER (DESCRIBE)

GAS: SERVICE MAIN ( ) SIZE 5/8" MATERIAL: PLASTIC (X) STEEL ( ) METER ( ) REG STATION ( ) STUB ( )

DEPTH OF FACILITY (inches) 40" PRESSURE (PSI) Lbs.

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

INTERRUPTION OF SERVICE: YES (X) NO ( ) NUMBER OF CUSTOMERS LOST: 1

DURATION OF INTERRUPTION: TIME REPORTED 12:05 TIME RESTORED 14:05

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 0.25"

LOCATE MARKS ON SITE: YES (X) DISTANCE BETWEEN FACILITY AND LOCATE MARKS NO ( )

HOW LOCATED: PAINT (X) FLAGS (X) BOTH ( ) WHITE LINED ( )

PARTY THAT CAUSED DAMAGES (NAME) NORTHWEST CEDAR PRODUCTS INC. 630 341 6130

ADDRESS OF PARTY (INCLUDE CITY)

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE ROBERT SLOAN

WITNESS NAME AND ADDRESS

WITNESS REMARKS

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

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

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
(X) FENCING ( ) GRADING ( ) IRRIGATION ( ) MOWING
( ) LANDSCAPING ( ) PIPELINE ( ) MILLING ( ) OTHER
( ) POLE/SIGN POST ( ) ROAD WORK ( ) SEWER

TYPE OF EQUIPMENT USED -- CHECK APPROPRIATE CHOICE BELOW

- (X) 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 (X) CARELESS MACHINE OPERATOR
( ) NO NOTIFICATION ( ) MARKS DISTURBED ( ) STUB ( ) OTHER