



Pipeline Safety Division Investigation Report

Investigation regarding: All Star Construction

UPPAC Database Record ID: 3973

Report Date: 6/5/2013

Investigator: Mike Orr

Damage Date: 9/27/2012

Damage Address: 1330 Sheridan Ct, Fort Wayne, Allen

The Parties

Excavator: **All Star Construction**

Address: 5183 East In Rt 114-92, Roanoke, In, 46783

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Unknown/Other

Type of Work Performed: Sewer

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: 1209192829

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

Synopsis: A natural gas service line was damaged by a saw while performing sewer work.

Findings: Reported by Steve Noffsinger (NIPSCO); excavator did not respond to initial notice mailed 11/30/2012. The excavator had a valid locate and the gas operator had accurately marked the facility; however, the saw used for cutting the asphalt was set more than eleven (11) inches below the asphalt base.

Conclusion: The excavator was using mechanized equipment within the tolerance zone.

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 30, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3973
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3973

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: 9/27/2012

Event Location: 1330 Sheridan Ct

Facility Owner: Northern Indiana Public Service Company

Excavator: All Star Construction

Other Party: N/A

Pipeline Division Case No. 3973

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. 3973	
Date of Event	9/27/2012
Event Location	1330 Sheridan Ct
Event City	Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	All Star Construction
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	All Star Construction and Excavating
RESPONSIBLE PARTY PERSONAL NAME	Edward Foss
TITLE (IF ANY)	
ADDRESS	5183 E IN RT 114-92
CITY/ STATE/ZIP	Roanoke, IN 46783
PREFERRED TELEPHONE	260-672-2821
CELL PHONE TELEPHONE	260-413-8271
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	Same
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	1330 Sheridan Ct
CITY/STATE/ZIP	Fort Wayne, IN 46801
NEAREST INTERSECTION	Old Mill Rd
PRODUCT TYPE (Select One)	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
FACILITY TYPE (Select One)	
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) (\$)	
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	

Trancher	
Vacuum Equipment	
Unknown/Other	X
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)	X
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)	N
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1209192829
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	
Failure to use hand tools where required.	

NO DAMAGE GAS LEAK AT METER

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

NA

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

NA

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 NONE

REPLACEMENT FOOTAGE NONE

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? NONE

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)

NIPSCO 00837 IUPPSa 09/19/2012 15:41:18 1209192829-00A NORM NEW GRID

NORMAL NOTICE REMARK

Ticket : 1209192829 Date: 09/19/2012 Time: 15:37 Oper: SLUCAS Chan:060

State: IN Cnty: ALLEN Twp: WAYNE
Cityname: FORT WAYNE Inside: Y Near: N
Subdivision:

CASE: 3973

Address :

Street : SHERIDAN CT

Cross 1 : OLD MILL RD Within 1/4 mile: Y

Location: STARTING AT THE ABOVE INTERSECTION LOCATE NORTH SIDE INCLUDING THE
ROADWAY ON SHERIDAN CT GOING EAST TO - APPROX 1200 FEET TO KIMMEL DR - PLEASE
PAINT AND FLAG ALL SERVICES AND MAINS TO ALL HOMES AND EMPTY LOTS

***Boring Where = ENTIRE PROJECT

:

Grids : 4102A8509D 4102A8509C

Boundary: n 41.048557 s 41.047394 w -85.157822 e -85.152351

Work type : INSTALLING STORM SEWER

Done for : CITY OF FORT WAYNE

Start date: 09/21/2012 Time: 15:45 Hours notice: 48/48 Priority: NORM

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

Duration : 120 DAYS Depth: 10 FEET

Company : ALL STAR CONSTRUCTION AND EXCAVATING INC Type: CONT

Co addr : 5183 EAST IN RT 114-92

City : ROANOKE State: IN Zip: 46783

Caller : ANGIE MICK Phone: (260)672-2821

Contact : EDWARD FOSS - CELL Phone:

BestTime:

Mobile : (260)413-8271

Fax : (260)672-8268

Email : ALL.STARCONSTRUCTION@YAHOO.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
REMARK AS NEEDED DUE TO CONSTRUCTION - PREVIOUS TICKET NUMBER IS 1209050009 -
THANK YOU

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

:

Submitted date: 09/19/2012 Time: 15:37

Members: AEPIN CC FW ID8000 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA 220 - Fort Wayne MAXIMO WO # _____
OPERATING AREA CONTACT Jason Otis (260)241-3246 JOB ORDER # 564441
TRACKING NUMBER _____ LOCATE REF # _____
Locate Performed By: _____

DATE AND TIME OF ACCIDENT 9/27/12 2012, 11:53 M DATE OF REPORT 9/27/2012
PLACE OF DAMAGE (INCLUDE CITY) 1330 Sheridan Ct. in middle of road. (Ft. Wayne)

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) 11 inches PRESSURE (PSI) 45 Lbs.

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

INTERRUPTION OF SERVICE: YES NO () NUMBER OF CUSTOMERS LOST: _____

DURATION OF INTERRUPTION: TIME REPORTED 14:53 TIME SHUT OFF 16:45 TIME RESTORED 17:05 PM

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: line cut in half

LOCATE MARKS ON SITE: YES DISTANCE BETWEEN FACILITY AND LOCATE MARKS 1-2" NO ()
HOW LOCATED: PAINT () FLAGS () BOTH WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) All Star Construction.

ADDRESS OF PARTY (INCLUDE CITY) unknown

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Unknown

WITNESS NAME AND ADDRESS N/A

WITNESS REMARKS N/A

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

PHOTOS TAKEN: YES () NO TAKEN BY: N/A (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 saw

REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW
() AUTOMOTIVE ACCIDENT () EXCAVATING BEFORE LOCATES DUE CARELESS MACHINE OPERATOR
() NO NOTIFICATION () MARKS DISTURBED () STUB () OTHER not hand exposed.

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS: All Star Construction was sawing through
Asphalt and cut service line that was
11 inches below asphalt. Line was pinched off
by Allstar before serviceman
arrived.

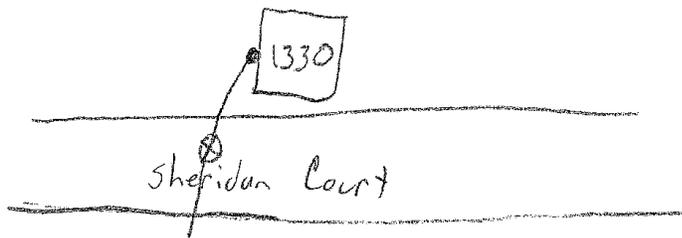
PERSON PREPARING REPORT Chad Evans

FIELD SUPERVISOR Jason Otis

FIELD MANAGER Randy Dunn

- 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: _____



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)
INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Oct 1, 2012

Who is submitting this information?

Name of person providing this information: Steve Noffsinger

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@nsource.com

Excavator Information, if known

Full name: All Star Construction

Business address (*number and street*): 5183 East IN RT 114-92

City, State, and ZIP code: Roanoke, IN, 46783

Telephone number (*area code*): (260)672-2821

Fax number (*area code*): (260)672-8268

E-mail address: ALL.STARCONSTRUCTION@YAHOO.COM

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Unknown/Other

Type of work performed: Sewer (Sanitary/Storm)

Date and Location of Damage

Date of damage (*month, day, year*): Sep 27, 2012

County: Allen

City: Fort Wayne

Street address (*number and street, city, state, and ZIP code*):
1330 Sheridan Ct, Fort Wayne, IN, 46807

Nearest intersection: Old Mill Rd

Right of way where damage occurred: Public - City Street

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? _____

Time to restore service (*in hours*): 0.5

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? 11

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1209192829

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

Description of Cause

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

Additional Comments

Type of equipment was a saw



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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

Additional Comments

Type of equipment was a saw