



INDIANA UTILITY REGULATORY COMMISSION
101 W. WASHINGTON STREET, SUITE 1500E
INDIANAPOLIS, INDIANA 46204-3407

<http://www.in.gov/iurc>
Office: (317) 232-2701
Facsimile: (317) 232-6758

Pipeline Safety Division Investigation Report

Investigation regarding: L G S Plumbing Incorporated

UPPAC Database Record ID: 4013

Report Date: 7/11/2013

Investigator: Mike Orr

Damage Date: 10/9/2012 3:35:36 PM

Damage Address: Oak Ave, Gary, Lake

The Parties

Excavator: L G S Plumbing Incorporated

Address: 1112 East Summit Street, Crown Point, In 46307

Facility Owner: NIPSCO

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Hand Tools

Type of Work Performed: Water

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: 1209263053

Original Start Date:

Locate Instructions: LOCATE AT MAIN PAVILON MARK FROM FRONT DOORS OUT TO OAK AVE THIS IS WEST OF 6700 OAK AVE REMODELING AN OLD BLDG HAS NO ADDRESS

Follow-Up Locate Instructions (if applicable):

Synopsis: Excavator struck and damaged an underground natural gas service stub while performing water work.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 12/21/2012. Excavator had a valid locate ticket; however, the gas operator failed to locate a live gas service stub not on maps and records.

Conclusion: There was a failure to provide a facility locate marking.

Violation: IC 8-1-26-18(f) Operator failed to locate or provided incorrect locate markings.



150 West Market Street, Suite 600
Indianapolis, IN 46204

January 30, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4013
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4013

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: 10/9/2012

Event Location: Oak Ave

Facility Owner: Northern Indiana Public Service Company

Excavator: L G S Plumbing Incorporated

Other Party: N/A

Pipeline Division Case No. 4013

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. 4013	
Date of Event	10/9/2012
Event Location	Oak Ave
Event City	Gary
Facility Owner	Northern Indiana Public Service Company
Excavator	L G S Plumbing Incorporated
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	LGS Plumbing
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	1112 East Summit Street
CITY/ STATE/ZIP	Crown Point, IN 46307
PREFERRED TELEPHONE	219-663-2177
CELL PHONE TELEPHONE	219-689-8555
EMAIL ADDRESS	LGSPLBG@YAHOO.COM
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	Oak Ave
CITY/STATE/ZIP	Gary, IN 46405
NEAREST INTERSECTION	Marquette Dr
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.)	1 1/8"
PRESSURE (PSIG/INCHES)	28
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	X
Milling Equipment	
Probing Device	

Trancher	
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	
Traffic Signal	
Traffic Sign	
Water	X
Waterway Improvement	
Unknown/Other	
RELEASE OF PRODUCT (YES/NO)	Y
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	Y- 1210092949
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1209263053
LOCATE MARKS VISIBLE (YES/NO)	Y
LOCATE MARKS CORRECT (YES/NO)	N
EXCAVATOR "WHITE LINED" (YES/NO)	Y
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)	
POLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
ADDITIONAL INFORMATION/COMMENTS	
<p>Facility could not be found/located In -service gas stub Nipsco emergency repair ticket 1210093132</p>	

Fact Based Investigation Report

NOTIFICATION ID: 01820121009012

DISTRICT: Northern IN

DAMAGE DATE: 10/9/2012 3:35:42 PM

NOTIFICATION DATE: 10/9/2012 3:40:13 PM

NOTIFIED BY: JESSICA ZMUDA

DAMAGE ADDRESS: OAK AVE

CITY: GARY

ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 10/09/2012

FROM: 15:30:00

TO: 15:45:00

EXCAVATOR INVOLVED: LGS PLUMBING

TYPE OF EXCAVATION: Install Water

ORIG. LOCATE REQ.: 1209263053

START DATE/TIME: 9/28/2012 5:15:00 PM

TYPE OF TICKET: Other

LOCATE REQ. INFO N/A:

DIG UP/DAMAGE REQ.: 1210092949

START DATE/TIME: 10/9/2012 3:30:00 PM

PICTURES TAKEN BY: Scott Day

DATE/TIME: 10/9/2012 3:35:00 PM

PHOTOGRAPHY TYPE: Digital

FRAME #: 1

INVESTIGATOR EMP#: 131986

INVESTIGATOR NAME: Scott Day

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820121009012

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF

FACILITY ID: Gas Service

LOCATOR NAME & EMP #: Squezert Robert - 122566

LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:

Abandoned Facility,
Other

Other: Short Gas Stub

CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):

Visual, Facility Exposed At Time Of Investigation,
Investigation Results Verified By Utility Representative

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

This was a short stub that was retired last spring. Unlocatable and no one knew it was there. Nipsco capped off closer to main.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:
Rep stated it's not on prints and unlocatable.

NAMES OF EXCAVATOR'S REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:
LGS on site, no statement.

LIST ANY OTHER INDIVIDUALS ON SITE:
None

WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL? No

WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA? No

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS? No

EXTENT OF FACILITY DAMAGE Cut dead end service stub

REPLACEMENT FOOTAGE None

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? N/A

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)

NIPSCO 00951 IUPPSa 09/26/2012 17:00:46 1209263053-00A NORM NEW GRID

CASE #

NORMAL NOTICE

4013

Ticket : 1209263053 Date: 09/26/2012 Time: 16:57 Oper: MPLUMMER Chan:040

State: IN Cnty: LAKE Twp: CALUMET
Cityname: GARY Inside: Y Near: N
Subdivision:

Address :

Street : OAK AVE

Cross 1 : MARQUETTE DR Within 1/4 mile: Y

Location: LOCATE AT MAIN PAVILON MARK FROM FRONT DOORS OUT TO OAK AVE THIS IS
WEST OF 6700 OAK AVE REMODELING AN OLD BLDG HAS NO ADDRESS

:

Grids : 4137D8715C 4136A8715B 4137D8715B

Boundary: n 41.620022 s 41.615353 w -87.261276 e -87.254959

Work type : INSTALL WATER MAIN

Done for : CITY OF GARY

Start date: 09/28/2012 Time: 17:15 Hours notice: 48/48 Priority: NORM

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

Duration : 3 WEEKS Depth: 7 FEET

Company : L G S PLUMBING INCORPORATED Type: CONT

Co addr : 1112 EAST SUMMIT STREET

City : CROWN POINT State: IN Zip: 46307

Caller : JESSICA ZMUDA Phone: (219)663-2177

Contact : JESSIE SMITH CELL Phone:

BestTime:

Mobile : (219)689-8555

Fax : (219)662-2788

Email : LGSPLBG@YAHOO.COM

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

:

Submitted date: 09/26/2012 Time: 16:57

Members: COMCN IB ID2227 NIPSCO SM

NIPSCO 01000 IUPPSa 10/09/2012 15:35:41 1210092949-00A EMER DAMG GRID

CASE #

DAMAGE SEE REMARKS

Ticket : 1210092949 Date: 10/09/2012 Time: 15:31 Oper: SMCCLURE Chan:049

4013

State: IN Cnty: LAKE Twp: CALUMET
Cityname: GARY Inside: Y Near: N
Subdivision:

Address :

Street : OAK AVE

Cross 1 : MARQUETTE DR Within 1/4 mile: Y

Location: LOCATE AT MAIN PAVILON MARK FROM FRONT DOORS OUT TO OAK AVE THIS IS
WEST OF 6700 OAK AVE REMODELING AN OLD BLDG HAS NO ADDRESS

:

Grids : 4137D8715C 4136A8715B 4137D8715B

Boundary: n 41.620022 s 41.615353 w -87.261276 e -87.254959

Work type : INSTALL WATER MAIN

Done for : CITY OF GARY

Start date: 10/09/2012 Time: 15:31 Hours notice: 0/0 Priority: EMER

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

Duration : 3 WEEKS Depth: 7 FEET

Company : L G S PLUMBING INCORPORATED Type: CONT

Co addr : 1112 EAST SUMMIT STREET

City : CROWN POINT State: IN Zip: 46307

Caller : JESSICA ZMUDA Phone: (219)663-2177

Contact : JESSIE SMITH CELL Phone:

BestTime:

Mobile : (219)689-8555

Fax : (219)662-2788

Email : LGSPLBG@YAHOO.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
PER SANDY SMITH - A NIPSCO GAS LINE HAS BEEN DAMAGE ALONG THE ROADWAY - NO
BLOWING - CANNOT HEAR OR SMELL - LINE IS 3/4 INCH - HAS NOT CALLED 911 SINCE IT
IS CONTAINED AND NOT BLOWING - ADVISED TO CALL NIPSCO - CREW IS ON SITE -
PREVIOUS TICKET 1209263053 - JOB SITE CONTACT JESSIE SMITH CELL 219-689-8555 -
THANK YOU

Will you be white-lining the dig site area? YES

:

Submitted date: 10/09/2012 Time: 15:31

Members: COMCN IB 1D2227 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Gary MAXIMO WO #
OPERATING AREA CONTACT JOB ORDER # 476042
TRACKING NUMBER 01820121009014 LOCATE REF #
Locate Performed By:

DATE AND TIME OF ACCIDENT 10-9-12 14:53 20 M DATE OF REPORT 10-9-12
PLACE OF DAMAGE (INCLUDE CITY) Marquette Pavilion

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

GAS: SERVICE () MAIN (X) SIZE 1 1/8 MATERIAL: PLASTIC (X) STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE)

DEPTH OF FACILITY (inches) 36" PRESSURE (PSI) 28 Lbs.

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

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

DURATION OF INTERRUPTION: TIME REPORTED 14:53 TIME RESTORED SERVICE Already RETIRED.

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/2"

LOCATE MARKS ON SITE: YES (X) DISTANCE BETWEEN FACILITY AND LOCATE MARKS NO (X) Service Not Located By Hand
HOW LOCATED: PAINT (X) FLAGS (X) BOTH () WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) LGS Plumbing

ADDRESS OF PARTY (INCLUDE CITY) Crown Point 219 663 2177

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE
WITNESS NAME AND ADDRESS
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 () 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 (X) HAND TOOLS (X) 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 () CARELESS MACHINE OPERATOR
() NO NOTIFICATION () MARKS DISTURBED () STUB (X) OTHER Service Not Located



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4013

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: LGS Plumbing, Inc.

Responsible Party Personal Name: Sandra K Smith

Title (if any): President

Address (number and street): 1112 East Summit Street

City, State and ZIP Code: Crown Point, Indiana 46307

Preferred Telephone Number (area code): 219-663-2177

Cellular Telephone Number (area code): 219-742-8287

Email Address: lgsplbg@yahoo.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: 12pps

Responsible Party Personal Name: _____

Title (if any): _____

Address (number and street): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): 800-382-5544

Cellular Telephone Number (area code): _____

Email Address: _____

Cause of Damage Information

Type of Equipment (select one):

Type of Work Performed (select one):

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

Personal Contact: Jeston Smith

Business/Organization Name: h65 Plumbing Inc

Title (if any): Plumber

Address (number and street): 1112 E Summit St

City, State and ZIP Code: Crown Point, IN 46307

Preferred Telephone Number (area code): 219-663-2147

Cellular Telephone Number (area code): _____

Email Address: _____

Utility Line Impact

Location of Damage:

Address (number and street): Oak Avenue

City, State and ZIP Code: Gary, IN 46403

Nearest Intersection: Oak & Montgomery

Product Type (select one): gas

Facility Type (select one): capped off service line

Size (Diameter/etc.): 1/2 service line

Pressure (PSIG/Inches): _____

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

Locate Information

Excavator Request Locate: Yes No

Indiana 811 Locate Ticket Number: 1209263053

Locate Marks Visible: Yes No

Locate Marks Correct: Yes No

Excavator "White Lined": Yes No

[Not required because street address provided per I.C. Section 8-1-26-16(a)(2)(A)]

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

Incident Impact Information

Number of Outpatient Treated: 0

Number of Inpatient Treated: 0

Number of Fatalities: 0

Fire Department Response: Yes No

Police Department Response: Yes No

Ambulance Response: Yes No

Additional Information / Comments

The NIPSCO line was not marked by the locator service. The NIPSCO line was an abandoned service line that had been capped off, but NIPSCO failed to remove when it abandoned the line. NIPSCO also failed to provide information to the locator service as to the existence and location of this abandoned line.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4013

Your Full Name: Sandra K Smith

Full Name of Business / Entity (if applicable): LGS Plumbing, Inc.

Your Business Title (if applicable): President

Address (number and street): 1112 East Summit Street

City: Crown Point State: IN ZIP Code: 46307

Your E-mail Address: lgsp1bg@yahoo.com

Today's Date (month, day, year): December 21, 2012

Your Signature: Sandra K Smith Title (if any) President

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 4013
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov