



Pipeline Safety Division Investigation Report

Investigation regarding: U R 1st Services

UPPAC Database Record ID: 4028

Report Date: 6/11/2013

Investigator: Mike Orr

Damage Date: 10/13/2012 9:57:24 AM

Damage Address: 15916 Weston Glen, Huntertown, Allen

The Parties

Excavator: U R 1st Services

Address: 9024 Wayne Trace Road, Fort Wayne, In 46816

Facility Owner: NIPSCO

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Sewer

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: 1210102282

Original Start Date:

Locate Instructions: LOCATE--ENTIRE FRONT AND NORTH SIDES OF THE PROPERTY--

Follow-Up Locate Instructions (if applicable):

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

Findings: Reported by Indiana 811; excavator did not respond to initial notice mailed 11/30/2012. Excavator failed to maintain required clearance from the gas service with the trackhoe.

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 31, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4028
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4028

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: 10/13/2012

Event Location: 15916 Weston Glen

Facility Owner: Northern Indiana Public Service Company

Excavator: U R 1st Services

Other Party: N/A

Pipeline Division Case No. 4028

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. 4028	
Date of Event	10/13/2012
Event Location	15916 Weston Glen
Event City	Huntertown
Facility Owner	Northern Indiana Public Service Company
Excavator	U R 1st Services
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	U R First Services
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	9024 Wayne Trace Road
CITY/ STATE/ZIP	Fort Wayne, In 46816
PREFERRED TELEPHONE	260-602-1441
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	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	15916 Weston Glen
CITY/STATE/ZIP	Huntertown, IN 46748
NEAREST INTERSECTION	Dunton 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)	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	X
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
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)	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)	Y- 1210130049
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1210102282
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)	
POLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
ADDITIONAL INFORMATION/COMMENTS	
Excavator hit accurately marked facility.	

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

na

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

James Graber : Marks were good, I had even hand dug to expose the line, bucket came too close to service and hit the service.

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 cut in half

REPLACEMENT FOOTAGE splice

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? mine exavator

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)

CASE #
4020

NIPSCO 00712 IUPPSa 10/10/2012 13:54:39 1210102282-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1210102282 Date: 10/10/2012 Time: 13:46 Oper: DWILSON Chan:006

State: IN Cnty: ALLEN Twp: PERRY
Cityname: HUNTERTOWN Inside: Y Near: N
Subdivision: TWIN EAGLES

Address : 15916
Street : WESTON GLEN
Cross 1 : DUNTON RD Within 1/4 mile: Y
Location: LOCATE--ENTIRE FRONT AND NORTH SIDES OF THE PROPERTY--
:
Grids : 4113B8508A 4113A8508A 4114D8508A 4113B8509D 4113A8509D
Grids : 4114D8509D
Boundary: n 41.234718 s 41.226185 w -85.153267 e -85.148041

Work type : INSTALLING SEWER AND WATER
Done for : MAGGOS BUILDERS
Start date: 10/12/2012 Time: 14:00 Hours notice: 48/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 2 WEEKS Depth: 10 FEET

Company : U R 1ST SERVICES Type: CONT
Co addr : 9024 WAYNE TRACE ROAD
City : FORT WAYNE State: IN Zip: 46816
Caller : JAMES GRABER Phone: (260)602-1441
Contact : JAMES GRABER--CELL Phone:
BestTime:
Mobile : (260)602-1441

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

Submitted date: 10/10/2012 Time: 13:46
Members: CC ID5058 ID6111 ID8000 NIPSCO SM

NIPSCO 00028 IUPPSa 10/13/2012 09:57:26 1210130049-00A EMER DAMG GRID

DAMAGE DAMAGE

Ticket : 1210130049 Date: 10/13/2012 Time: 09:54 Oper: DWILSON Chan:006

State: IN Cnty: ALLEN Twp: PERRY
 Cityname: HUNTERTOWN Inside: Y Near: N
 Subdivision: TWIN EAGLES

CASE #
 4028

Address : 15916
 Street : WESTON GLEN
 Cross 1 : DUNTON RD Within 1/4 mile: Y
 Location: LOCATE--ENTIRE FRONT AND NORTH SIDES OF THE PROPERTY--
 :
 Grids : 4113B8508A 4113A8508A 4114D8508A 4113B8509D 4113A8509D
 Grids : 4114D8509D
 Boundary: n 41.234718 s 41.226185 w -85.153267 e -85.148041

Work type : INSTALLING SEWER AND WATER
 Done for : MAGGOS BUILDERS
 Start date: 10/13/2012 Time: 09:54 Hours notice: 0/0 Priority: EMER
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
 Duration : 2 WEEKS Depth: 10 FEET

Company : U R 1ST SERVICES Type: CONT
 Co addr : 9024 WAYNE TRACE ROAD
 City : FORT WAYNE State: IN Zip: 46816
 Caller : JAMES GRABER Phone: (260)602-1441
 Contact : JAMES GRABER--CELL Phone:
 BestTime:
 Mobile : (260)602-1441

Remarks : All tickets are taken and processed on Eastern Daylight Time
 NIPSCO GAS LINE HAS BEEN DAMAGED--GAS IS NOT BLOWING--CANNOT SMELL OR HEAR
 IT--LINE WAS DAMAGED IN FRONT OF THE PROPERTY--YELLOW PLASTIC HALF INCH--DID
 ADVISE TO CALL 911--CREW IS ON SITE--DID CALL NIPSCO--PREVIOUS TICKET
 1210102282--
 Will you be white-lining the dig site area? NO
 :

Submitted date: 10/13/2012 Time: 09:54
 Members: CC ID5058 ID6111 ID8000 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Angola MAXIMO WO # M 583153
OPERATING AREA CONTACT Joe Thomas JOB ORDER # 571308
TRACKING NUMBER _____ LOCATE REF # 121010 2282
Locate Performed By: _____

DATE AND TIME OF ACCIDENT October 13 2012 9:45 AM DATE OF REPORT Same

PLACE OF DAMAGE (INCLUDE CITY) 15916 Weston Glen lot 231 Huntertown

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) 24" PRESSURE (PSI) 40 Lbs.

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

INTERRUPTION OF SERVICE: YES () NO NUMBER OF CUSTOMERS LOST: 0

DURATION OF INTERRUPTION: TIME REPORTED 9:45 TIME SHUT OFF 10:10 TIME RESTORED 10:35

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 5/8 (No Meter on home.)

LOCATE MARKS ON SITE: YES DISTANCE BETWEEN FACILITY AND LOCATE MARKS 07- NO ()

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

PARTY THAT CAUSED DAMAGES (NAME) UR 1st Services 9024 Wayne Trace RD Fort Wayne 46816

ADDRESS OF PARTY (INCLUDE CITY) 260-602-1441

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Jim Graber

WITNESS NAME AND ADDRESS _____

WITNESS REMARKS _____

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY NO REPORT # _____

FIRE () AGENCY NO REPORT # _____

OTHER () NO Any Injuries? () YES # _____ NO JT

PHOTOS TAKEN: YES () NO TAKEN BY: _____ (ATTACH PHOTOS TO REPORT)

MEDIA ON SITE YES () NO

WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW

- | | | | |
|--|-------------------------------------|---|---|
| <input type="checkbox"/> AGRICULTURE/FARMING | <input type="checkbox"/> CABLE TV | <input type="checkbox"/> CURB/SIDEWALK | <input type="checkbox"/> TELECOMMUNICATIONS |
| <input type="checkbox"/> BLDG CONSTRUCTION | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> DRAINAGE | <input type="checkbox"/> WATER |
| <input type="checkbox"/> DRIVEWAY | <input type="checkbox"/> ELECTRIC | <input type="checkbox"/> SURVEYING | <input type="checkbox"/> DRAINS/CULVERTS |
| <input type="checkbox"/> FENCING | <input type="checkbox"/> GRADING | <input type="checkbox"/> IRRIGATION | <input type="checkbox"/> MOWING |
| <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> PIPELINE | <input type="checkbox"/> MILLING | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> POLE/SIGN POST | <input type="checkbox"/> ROAD WORK | <input checked="" type="checkbox"/> SEWER | |

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

- | | | |
|--|---|--|
| <input type="checkbox"/> AUGER | <input type="checkbox"/> HAND TOOLS | <input checked="" type="checkbox"/> BACKHOE/TRACKHOE |
| <input type="checkbox"/> MILLING EQUIPMENT | <input type="checkbox"/> PROBING DEVICE | <input type="checkbox"/> BORING / DRILLING |
| <input type="checkbox"/> EXPLOSIVES | <input type="checkbox"/> TRENCHER | <input type="checkbox"/> FARM EQUIPMENT |
| <input type="checkbox"/> VACCUUM EQUIPMENT | <input type="checkbox"/> GRADER | <input type="checkbox"/> OTHER _____ |

REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW

- | | | |
|--|--|---|
| <input type="checkbox"/> AUTOMOTIVE ACCIDENT | <input type="checkbox"/> EXCAVATING BEFORE LOCATES DUE | <input checked="" type="checkbox"/> CARELESS MACHINE OPERATOR |
| <input type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED | <input type="checkbox"/> STUB () OTHER _____ |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

SIN #110601 Rev. 6-12

COMMENTS:

No meter yet on home. Still under construction.

PERSON PREPARING REPORT

C. Smith

FIELD SUPERVISOR

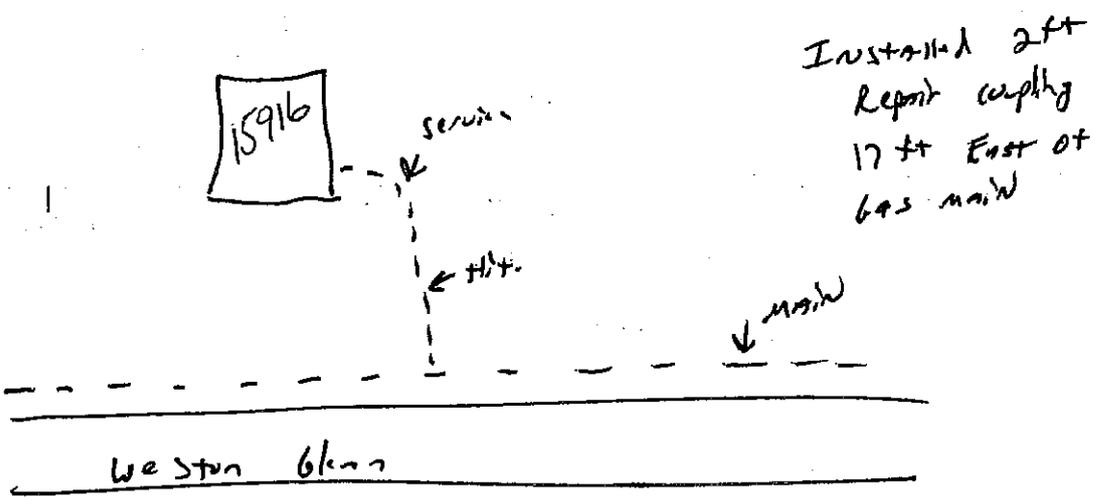
J. Thomas.

FIELD MANAGER

R. Dunn Rachel 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: _____