



## Pipeline Safety Division Investigation Report

### Investigation regarding: Fort Wayne City Utilities Sewer Department

UPPAC Database Record ID: 4030

Report Date: 7/11/2013

Investigator: Mike Orr

Damage Date: 10/15/2012 1:13:08 PM

Damage Address: 4101 New Haven Ave, Fort Wayne, Allen

### The Parties

Excavator: Fort Wayne City Utilities Sewer Department

Address: 200 E Berry St., Fort Wayne, In 46802

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: 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: 1210102143

Original Start Date:

Locate Instructions: 100 FEET NORTH OF NEW HAVEN AVE AND 30 FEET WEST OF THE RAILROAD TRACKS --- LOCATE A 20 FOOT RADIUS OF THE PAINT IN THE PARKING LOT AT THE ABOVE ADDRESS

Follow-Up Locate Instructions (if applicable):

**Synopsis:** Excavator struck and damaged an underground natural gas service while performing sewer work.

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 2/1/2013. Excavator had a valid locate ticket; however, the gas operator failed to provide a facility locate.

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

**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](mailto:PipelineDamageCase@urc.in.gov)*

Pipeline Safety Division – Case No. 4030  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4030

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: 10/15/2012

Event Location: 4101 New Haven Ave

Facility Owner: Northern Indiana Public Service Company

Excavator: Fort Wayne City Utilities Sewer Department

Other Party: N/A

Pipeline Division Case No. 4030

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. 4030</b>	
Date of Event	10/15/2012
Event Location	4101 New Haven Ave
Event City	Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	Fort Wayne City Utilities Sewer Department
Date of IURC Information Request	12/5/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	City of Fort Wayne
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	4101 New Haven Ave
CITY/ STATE/ZIP	Fort Wayne, IN 46803
PREFERRED TELEPHONE	260-527-1255
CELL PHONE TELEPHONE	260-740-1863
EMAIL ADDRESS	GARY.MERRIMAN@CITYOFFORTWAYNE.ORG
<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	Same
EMAIL ADDRESS	<a href="mailto:morganthompson@usicinc.com">morganthompson@usicinc.com</a>
<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	4133 New Haven (4101 New Haven)
CITY/STATE/ZIP	Fort Wayne, IN 46803
NEAREST INTERSECTION	Coliseum Blvd
<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.)	1 1/8"
PRESSURE (PSIG/INCHES)	
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	N
IF YES, HOW MANY EVACUATED	0
REPAIR COST (IF KNOWN) (\$)	
<b>CAUSE OF DAMAGE INFORMATION:</b>	
<b>TYPE OF EQUIPMENT (Select One)</b>	
Auger	
Backhoe/Trackhoe	X
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	X
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	
Waterway Improvement	
Unknown/Other	
RELEASE OF PRODUCT (YES/NO)	Y
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	Y- 1210152331
<b>LOCATE INFORMATION:</b>	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1210102143
LOCATE MARKS VISIBLE (YES/NO)	N
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
<b>INCIDENT IMPACT INFORMATION</b>	
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)	
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
Facility could not be found/located.	



NONE

**NAMES OF EXCAVATOR'S REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:**  
NONE

**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 SERVICE

**REPLACEMENT FOOTAGE** UNKNOWN

**WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?** No

**WHAT CONTRACTOR EQUIPMENT WAS USED?**

**IS THE FACILITY SHOWN ON THE UTILITY RECORDS?** No

**IF YES, PLEASE LIST RECORD #(S)**

CASE #  
4030

NIPSCO 00191 IUPPSa 10/15/2012 09:32:01 1210102143-01A NORM 2NDR GRID

SECOND NOTICE 2ND NOTICE

Ticket : 1210102143 Date: 10/15/2012 Time: 09:28 Oper: SPOPE Chan:044  
Old Tkt: 1210102143 Date: 10/10/2012 Time: 13:22 Oper: DMEYER Rev: 00AState: IN Cnty: ALLEN Twp: ADAMS  
Cityname: FORT WAYNE Inside: Y Near: N  
Subdivision:Address : 4101  
Street : NEW HAVEN AVE  
Cross 1 : COLISEUM BLVD S Within 1/4 mile: Y  
Location: 100 FEET NORTH OF NEW HAVEN AVE AND 30 FEET WEST OF THE RR TRACKS ---  
LOCATE 20 FOOT RADIUS OF THE PAINT IN THE PARKING LOT:  
Grids : 4104D8505D  
Boundary: n 41.069996 s 41.068829 w -85.086594 e -85.085442Work type : RAISING MANHOLE CASTING TO GRADE  
Done for : CITY OF FORT WAYNE SEWER DEPT  
Start date: 10/12/2012 Time: 13:30 Hours notice: 0/0 Priority: NORM  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N  
Duration : 1 DAY Depth: 4 FEETCompany : FORT WAYNE CITY UTILITIES SEWER DEPARTME Type: MEMB  
Co addr : 515 EAST WALLACE STREET  
City : FORT WAYNE State: IN Zip: 46803  
Caller : GARY MERRIMAN Phone: (260)427-1255  
Contact : GARY MERRIMAN - CELL Phone:  
BestTime:  
Mobile : (260)740-1863  
Fax : (260)427-1455  
Email : GARY.MERRIMAN@CITYOFFORTWAYNE.ORGRemarks : All tickets are taken and processed on Eastern Daylight Time  
PER KIM THOMPSON--STILL NEED AEP TO RESPOND TO REQUEST ASAP--CREW ON SITE--THANK  
YOU

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

:

Submitted date: 10/15/2012 Time: 09:28  
Members: AEPIN CC FW ID3525 ID4866 ID8000 NIPSCO SM

NIPSCO 00680 IUPPSa 10/10/2012 13:31:21 1210102143-00A NORM NEW GRID

NORMAL NOTICE

CASE #  
4030

Ticket : 1210102143 Date: 10/10/2012 Time: 13:22 Oper: DMEYER Chan:034

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

Address : 4101  
Street : NEW HAVEN AVE  
Cross 1 : COLISEUM BLVD S Within 1/4 mile: Y  
Location: 100 FEET NORTH OF NEW HAVEN AVE AND 30 FEET WEST OF THE RR TRACKS ---  
LOCATE 20 FOOT RADIUS OF THE PAINT IN THE PARKING LOT

Grids : 4104D8505D  
Boundary: n 41.069996 s 41.068829 w -85.086594 e -85.085442

Work type : RAISING MANHOLE CASTING TO GRADE  
Done for : CITY OF FORT WAYNE SEWER DEPT  
Start date: 10/12/2012 Time: 13:30 Hours notice: 48/48 Priority: NORM  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N  
Duration : 1 DAY Depth: 4 FEET

Company : FORT WAYNE CITY UTILITIES SEWER DEPARTME Type: MEMB  
Co addr : 515 EAST WALLACE STREET  
City : FORT WAYNE State: IN Zip: 46803  
Caller : GARY MERRIMAN Phone: (260)427-1255  
Contact : GARY MERRIMAN - CELL Phone:  
BestTime:  
Mobile : (260)740-1863  
Fax : (260)427-1455  
Email : GARY.MERRIMAN@CITYOFFORTWAYNE.ORG

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

Submitted date: 10/10/2012 Time: 13:22  
Members: AEPIN CC FW ID3525 ID4866 ID8000 NIPSCO SM

NIPSCO 00735 IUPPSa 10/15/2012 13:13:25 1210152331-00A EMER DAMG GRID

DAMAGE DAMAGE

Ticket : 1210152331 Date: 10/15/2012 Time: 13:08 Oper: DSEGO Chan:087

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

Address : 4101  
Street : NEW HAVEN AVE  
Cross 1 : COLISEUM BLVD S Within 1/4 mile: Y  
Location: 100 FEET NORTH OF NEW HAVEN AVE AND 30 FEET WEST OF THE RAILROAD  
TRACKS --- LOCATE A 20 FOOT RADIUS OF THE PAINT IN THE PARKING LOT AT THE ABOVE  
ADDRESS

:  
Grids : 4104D8505D  
Boundary: n 41.069996 s 41.068829 w -85.086594 e -85.085442

Work type : RAISING A MANHOLE CASTING TO GRADE  
Done for : CITY OF FORT WAYNE SEWER DEPT  
Start date: 10/15/2012 Time: 13:10 Hours notice: 0/0 Priority: EMER  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
Duration : 1 DAY Depth: 4 FEET

Company : FORT WAYNE CITY UTILITIES SEWER DEPARTME Type: MEMB  
Co addr : 515 EAST WALLACE STREET  
City : FORT WAYNE State: IN Zip: 46803  
Caller : GARY MERRIMAN Phone: (260)427-1255  
Contact : GARY MERRIMAN---CELL Phone:  
BestTime:  
Mobile : (260)740-1863  
Fax : (260)427-1455  
Email : GARY.MERRIMAN@CITYOFFORTWAYNE.ORG

Remarks : All tickets are taken and processed on Eastern Daylight Time  
A NIPSCO GAS LINE HAS BEEN DAMAGED IN THE PARKING LOT---GAS LINE IS BLOWING AND  
CAN BE HEARD AND SMELLED---CAN NOT DESCRIBE DAMAGED LINE---GARY MERRIMAN WILL  
NOTIFY 911 OF THE DAMAGE---CREW IS ON SITE---NIPSCO HAS ALREADY BEEN  
NOTIFIED---PREVIOUS TICKET NUMBER IS 1210102143  
Will you be white-lining the dig site area? YES

:

Submitted date: 10/15/2012 Time: 13:08  
Members: AEPIN CC FW ID3525 ID4866 ID8000 NIPSCO SM

CASE #  
4030

NORTHERN INDIANA PUBLIC SERVICE COMPANY  
FACILITY DAMAGE REPORT

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

423 4477  
705 4152  
Billingsborn  
REPORTING OPERATING AREA FTW MAXIMO WO # M 584285  
OPERATING AREA CONTACT Dwight Wagner JOB ORDER # 564749  
TRACKING NUMBER 018-2012-10-15-05 LOCATE REF # 1210102143  
Locate Performed By: USIC

DATE AND TIME OF ACCIDENT 10/15/12 2012-1245PM DATE OF REPORT 10/15/12  
PLACE OF DAMAGE (INCLUDE CITY) 4133 New Haven FTW 46803

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

OTHER (DESCRIBE) \_\_\_\_\_  
GAS: SERVICE  MAIN ( ) SIZE 1.125 MATERIAL: PLASTIC  STEEL ( ) METER ( ) REG STATION ( ) STUB ( )  
OTHER (DESCRIBE) \_\_\_\_\_

DEPTH OF FACILITY (inches) 30" PRESSURE (PSI) 42 Lbs.  
RELEASE OF GAS: YES  NO ( ) IGNITION OF GAS: YES ( ) NO  EVACUATION REQUIRED: YES ( ) # \_\_\_\_\_ NO   
INTERRUPTION OF SERVICE: YES  NO ( ) NUMBER OF CUSTOMERS LOST: 1  
DURATION OF INTERRUPTION: TIME REPORTED 12:45c TIME SHUT OFF 1:30pM TIME RESTORED 1:508c  
DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: cut threw (1.25")

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

PARTY THAT CAUSED DAMAGES (NAME) WPCM - CITY OF FTW STORM WATER DEPT  
ADDRESS OF PARTY (INCLUDE CITY) City of FTW "WPCM"

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE GARY MERRIMAN/BILL ODELL  
WITNESS NAME AND ADDRESS Bill Odell

WITNESS REMARKS Not marked - USIC did not mark this service

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

PHOTOS TAKEN: YES  NO ( ) TAKEN BY: 121631 Mortiz (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 checked="" type="checkbox"/> DRAINAGE  | <input type="checkbox"/> WATER  |
| <input type="checkbox"/> DRIVEWAY            | <input type="checkbox"/> ELECTRIC   | <input checked="" 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 checked="" type="checkbox"/> OTHER <u>sewer/storm water Dept</u> |
| <input type="checkbox"/> POLE/SIGN POST      | <input type="checkbox"/> ROAD WORK  | <input 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 checked="" 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                                 |
|  |  | <input type="checkbox"/> OTHER                                |

COMMENTS:

~~WAS WITHIN 24" Rule NOT HAND DIGGER~~  
NO LOCATES SHOWING GAS-LINE  
LOCATES WERE REQUESTED BUT THIS SERVICE WAS NOT LOCATED. JRH

PERSON PREPARING REPORT

MORTIZ/12163'

FIELD SUPERVISOR

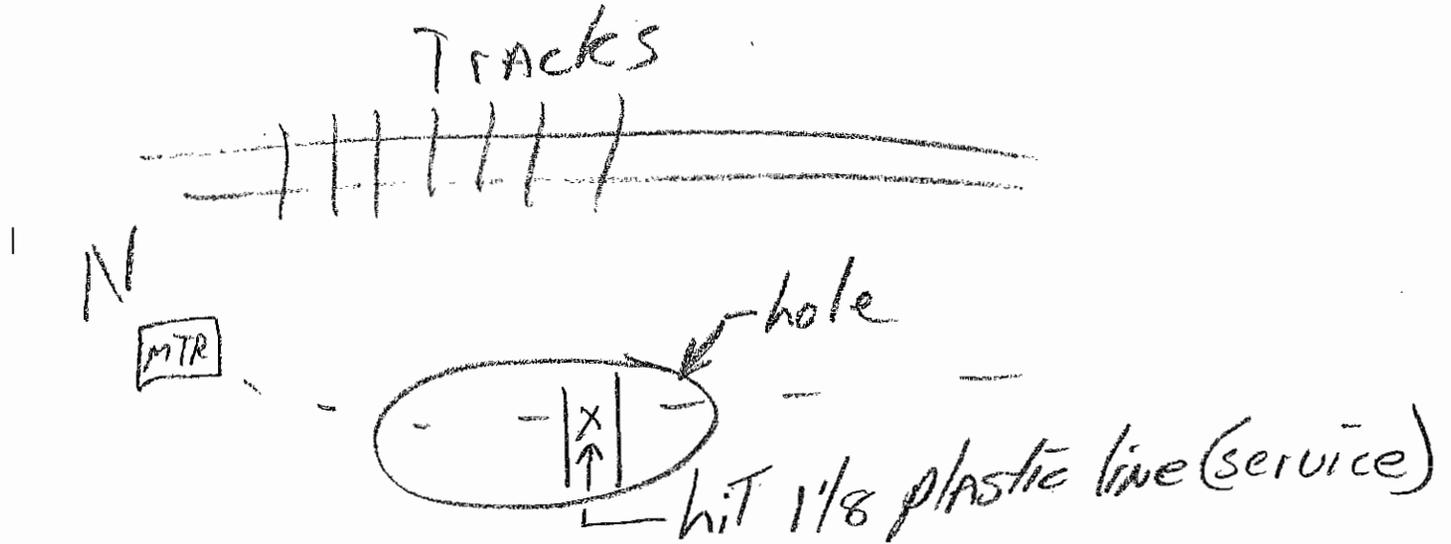
Rudolph Wagner

FIELD MANAGER

Randall 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: \_\_\_\_\_

# LEAK INVESTIGATION FORM

Section 1 - To be Completed by the First Responder (Information known during initial investigation)

CIS Ticket Number: 746115201 Date Reported: 10-15-12 Time Leak Reported (Military): 12:45  
LOA: FTW GPS Coordinates: Latitude \_\_\_\_\_ N Longitude \_\_\_\_\_ W  
City Name: FTW  
Address or Location: 4133 New Haven FTW 20203

**Leak Location:**  
1.  No Leak Found  
2.  Customer Equip.  
3.  Main  
4.  Service  
5.  Meter Loop (Locking and above)  
6.  Regulator Station

**For Services Only:**  
Re-tested at 90 PSIG for 15 minutes

**Leak Grade:**  
1.  Hazardous  
2.  Non-Hazardous, Scheduled Repairs  
3.  Non-Hazardous, Monitored

**Leak Resolution:**  
1.  Leak Repaired } Leak Closed  
2.  Pipe Replaced } M 584105  
3.  Pipe Retired } M 584285  
4.  Grade 2 or 3 Leak Not Repaired To be scheduled for re-evaluation/repair

Residual Gas Present:  Yes  No (Grade 1 Leak Only)

1st Responder: User ID: 121631 MO Ortiz Leak Referred to: SEFU  
(FIRST NAME) (MI) (LAST NAME)

Section 2 - To be Completed by the Person Making Repairs to a Grade 1, 2 or 3 Leak Gas 90/100  
Comments: Repaired 1/8 plastic JD 564749

Repaired/Inspected: 10-15-12 Time: 15:08 (Military) User ID: 121631 MO Ortiz  
MO DAY YR HR MIN (FIRST NAME) (MI) (LAST NAME)

**Initial Cause of Leak:**  
Material or Welds  
1.  Faulty weld, dent, gouge, excess stress  
2.  Manufacturing defect  
Corrosion  
1.  External  
2.  Internal  
3.  Stress Corrosion Cracking (must be confirmed by Corrosion group)

**C. Weather/Outside Forces**  
1.  Natural Forces (weather, washouts, frost heave, frozen equipment etc.)  
2.  Other Outside Forces (fire, explosion, vandalism etc.) (explain in comments)

**D. Excavation** Identification: Billode  
1.  Company Crew Contractor Crew  
2.  Contractor Crew  
3.  Third Party CITY OF FTW sewer dept

**E. Equipment Failure and Operations**  
1.  Inadequate or failure to follow correct procedures  
2.  Equipment Malfunction (i.e. gasket/o-ring failure, stripped threads etc.)

**F. Other (Explain in comments) (includes thread leaks)**  
Locate Information:  
1.  No Locate Request  
2.  Request, No Locate  
3.  Mislocated  
4.  Accurate Locate

GIS Grid Number: \_\_\_\_\_ Pipe Size: 1/8 inches Soil Condition:  dry  moist  wet

Corrosion CP Section Number (Steel): \_\_\_\_\_ Transmission Line section \_\_\_\_\_

Section 3 - For Reporting Results of a Scheduled Re-inspection or Repair ONLY.

**Re-evaluated Leak Resolution**  
1.  Leak Repaired } Leak Closed  
2.  Pipe Replaced }  
3.  Pipe Retired }  
4.  No Leak Found }  
5.  Leak Re-classified }  
6.  Grade 2 or 3 Leak, Schedule for repair/re-evaluation

**Re-classified Leak Grade:**  
1.  Hazardous  
2.  Non-Hazardous, Scheduled Repairs  
3.  Non-Hazardous, Monitored

**Material:**  
1.  Coated Steel  
2.  Bare Steel  
3.  Plastic  
4.  Cast iron  
5.  Copper  
6.  Wrought Iron

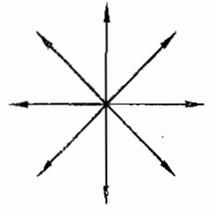
**Pipeline Identifier:**  
1.  Distribution  
2.  Transmission  
3.  Transmission HCA

METER # 7994151

Re-evaluation Comments: \_\_\_\_\_

Repaired/Re-evaluated: \_\_\_\_\_ Time: \_\_\_\_\_ (Military) User ID: \_\_\_\_\_  
MO DAY YR HR MIN (FIRST NAME) (MI) (LAST NAME)

Indicate  
North



Instructions:

1. Locate leak point and mark with X
2. Provide dimensions from centerlines, utility poles, curb lines etc.
3. Outline leak migration perimeter, provide dimensions and indicate % gas from leak point to 0%.

LEGEND

- X Centered Leak
- O Valve or Curb Box
- △ Manhole
- ⚡ Conduit Manhole
- Catch Basin
- ⊕ Utility Pole
- ▨ Leak Area

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_







tracking # 4133 new haven ave fort wayne  
Mark Dilosa to: Nipsco - USIC Fort Wayne  
Cc: SLC Distribution Clerks

10/15/2012 03:04 PM

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**INDIANA 811 AND TRACKING NUMBERS FOR HIT LINES**  
**EFFECTIVE 2/15/12**

**ADDRESS: 4133 NEW HAVEN AVE**

**CITY: FORT WAYNE**

**RESPONDING SERVICEMAN: MEL ORTIZ**

**CIS SITE ID #: 146281008**

**USIC TRACKING NUMBER: 018 2012 10 15 015**

**WMC ASSIGNER/DISPATCHER NAME: DANIEL LOPEZ**

1210152132

**MAXIMO #**

**Updated 2/15/12**

Mark Dilosa  
WMC- Distrubution Clerk  
219-647-4806

**From:** [Lindsey Jackson](#)  
**To:** [IURC PipelineDamageCase](#)  
**Subject:** Case No. 4030  
**Date:** Friday, February 01, 2013 1:29:38 PM

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Please find the attached Information Request from Fort Wayne City Utilities for Case No. 4030. If you have any questions or comments, please feel free to contact me.

Thanks you,  
Lindsey

Lindsey M. Jackson  
Associate City Attorney – City Utilities/Public Works  
City of Fort Wayne



## INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4030 \_\_\_\_\_

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*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.*

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### The Parties

#### Excavator Information:

Business Name: Fort Wayne City Utilities \_\_\_\_\_

Responsible Party Personal Name: Jeff Morris \_\_\_\_\_

Title (if any): Superintendent \_\_\_\_\_

Address (number and street): 515 E Wallace St \_\_\_\_\_

City, State and ZIP Code: Fort Wayne, IN 46803 \_\_\_\_\_

Preferred Telephone Number (area code): 260-427-5189 \_\_\_\_\_

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Facility Information:

Business Name: NIPSCO \_\_\_\_\_

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: NIPSCO \_\_\_\_\_

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: \_\_\_\_\_

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**Cause of Damage Information**

**Type of Equipment (*select one*):** Backhoe/Trackhoe

**Type of Work Performed (*select one*):**

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

Personal Contact: \_\_\_\_\_

Business/Organization 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: \_\_\_\_\_

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**Utility Line Impact**

**Location of Damage:**

Address (*number and street*): 4101 New Haven Avenue \_\_\_\_\_

City, State and ZIP Code: Fort Wayne, IN \_\_\_\_\_

Nearest Intersection: Coliseum Blvd \_\_\_\_\_

**Product Type (*select one*):** Natural Gas

**Facility Type (*select one*):** Distribution

**Size (Diameter/etc.):** \_\_\_\_\_

**Pressure (PSIG/Inches):** \_\_\_\_\_

**Interruption in Service:**      Yes      No     **Number of Customers Affected:** <sup>1</sup> \_\_\_\_\_

**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

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**Locate Information**

**Excavator Request Locate:**      Yes      No

**Indiana 811 Locate Ticket Number:** 1210152331 \_\_\_\_\_

**Locate Marks Visible:**  Yes  No

**Locate Marks Correct:**  Yes  No

**Excavator "White Lined":**  Yes  No

**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

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**Incident Impact Information**

**Number of Outpatient Treated:** <sup>0</sup> \_\_\_\_\_

**Number of Inpatient Treated:** <sup>0</sup> \_\_\_\_\_

**Number of Fatalities:** <sup>0</sup> \_\_\_\_\_

**Fire Department Response:**  Yes  No

**Police Department Response:**  Yes  No

**Ambulance Response:**  Yes  No

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**Additional Information / Comments**

Fort Wayne City Utilities Sewer Department called in for locates. The excavation took place after the two day waiting period. NISPCO had written "Ok" on the ground and had not marked any lines, indicating that there were no lines to be marked and Fort Wayne City Utilities was clear to excavate. Fort Wayne began its excavation and hit a NIPSCO line that had not been marked. Please see attached photos.

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 4030

Your Full Name: Lindsey M. Jackson

Full Name of Business / Entity (if applicable): Fort Wayne City Utilities

Your Business Title (if applicable): Associate City Attorney

Address (number and street): 200 E. Berry St.

City: Fort Wayne State: IN ZIP Code: 46802

Your E-mail Address: lindsey.jackson@cityoffortwayne.org

Today's Date (month, day, year): February 1, 2013

Your Signature: \_\_\_\_\_ Title (if any) \_\_\_\_\_

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 4030**  
**Indiana Utility Regulatory Commission**  
**101 West Washington Street, 1500E**  
**Indianapolis, IN 46204**

Or scan the statement and Email to:

[PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)



Other Utility Damages Form

Date Damages Occurred: 10-15-12 Time: 1:00 Pm

Hansen WO#: 529890 Foreman #: 112 Operator #: 127

Address: Coliseum Blvd & New Haven Au, NE corner  
<sup>4100</sup>

Describe location of dig (and draw sketch below): In the parking lot.



Type of Utility Hit: Nipsco 1" service line

➤ Was Utility notified of damages?  Yes  No

IUPPS #:

➤ Were locates for this utility clearly marked prior to us commencing digging?

Yes  No

➤ Were locates for this utility marked correctly (in the right place)?

Yes  No

➤ Was this hit preventable? Yes  No

○ If so, how? Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**Gary Merriman**

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From: irth@iupps.org  
Sent: Monday, October 15, 2012 1:13 PM  
To: 811em  
Subject: IUPPS FW 2012/10/15 #00016 1210152331-00A DAMG DAMG

Importance: High

FW 00016 IUPPSa 10/15/2012 13:13:25 1210152331-00A EMER DAMG GRID  
DAMAGE DAMAGE

Ticket : 1210152331 Date: 10/15/2012 Time: 13:08 Oper: DSEGO Chan:087

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

Address : 4101  
Street : NEW HAVEN AVE  
Cross 1 : COLISEUM BLVD S Within 1/4 mile: Y  
Location: 100 FEET NORTH OF NEW HAVEN AVE AND 30 FEET WEST OF THE RAILROAD TRACKS ---  
LOCATE A 20 FOOT RADIUS OF THE PAINT IN THE PARKING LOT AT THE ABOVE ADDRESS  
:

Grids : 4104D8505D  
Boundary: n 41.069996 s 41.068829 w -85.086594 e -85.085442

Work type : RAISING A MANHOLE CASTING TO GRADE Done for : CITY OF FORT WAYNE SEWER  
DEPT Start date: 10/15/2012 Time: 13:10 Hours notice: 0/0 Priority: EMER  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
Duration : 1 DAY Depth: 4 FEET

Company : FORT WAYNE CITY UTILITIES SEWER DEPARTME Type: MEMB Co addr : 515 EAST  
WALLACE STREET  
City : FORT WAYNE State: IN Zip: 46803  
Caller : GARY MERRIMAN Phone: (260)427-1255 Contact : GARY MERRIMAN---CELL Phone:  
BestTime:  
Mobile : (260)740-1863  
Fax : (260)427-1455  
Email : GARY.MERRIMAN@CITYOFFORTWAYNE.ORG

Remarks : All tickets are taken and processed on Eastern Daylight Time A NIPSCO GAS  
LINE HAS BEEN DAMAGED IN THE PARKING LOT---GAS LINE IS BLOWING AND CAN BE HEARD AND  
SMELLED---CAN NOT DESCRIBE DAMAGED LINE---GARY MERRIMAN WILL NOTIFY 911 OF THE  
DAMAGE---CREW IS ON SITE---NIPSCO HAS ALREADY BEEN NOTIFIED---PREVIOUS TICKET NUMBER IS  
1210102143 Will you be white-lining the dig site area? YES  
:

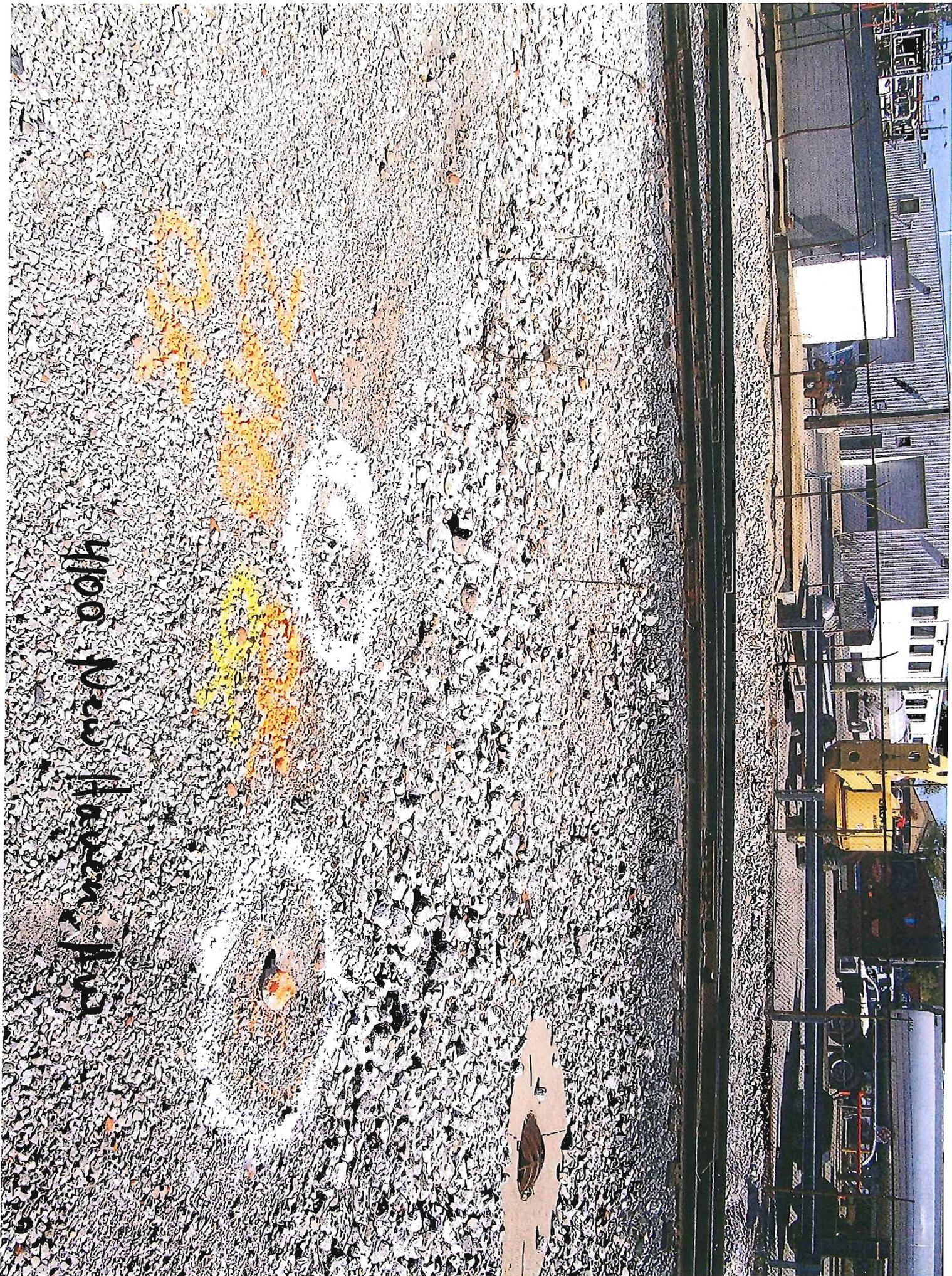
Submitted date: 10/15/2012 Time: 13:08  
Members: AEPIN CC FW ID3525 ID4866 ID8000 NIPSCO SM





411000 Mason Jackson Ave  
P.O. Box 1000  
KID  
Services





4100 New Haven, Pa









