



Pipeline Safety Division Investigation Report

Investigation regarding: Grimmer Construction Company

UPPAC Database Record ID: 4076

Report Date: 8/5/2013

Investigator: William Boyd

Damage Date: 10/30/2012 1:31:32 PM

Damage Address: Carnation St Ne, De Motte, Jasper

The Parties

Excavator: **Grimmer Construction Company**

Address: 2619 Main Street, Highland, In 46322

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Water

Damage Impact

Product Release: No

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$118

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1210102660

Original Start Date:

Locate Instructions: STARTING AT 301 GOING SOUTH 100FT AND NORTH 500FT--LOCATE BOTH SIDES OF CARNATION ST--RIGHT OF WAY TO RIGHT OF WAY

Follow-Up Locate Instructions (if applicable):

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

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 12/10/2012. Excavator indicates the gas service was located but other marks in area were confusing and excavator thought it went another direction. Operator response indicates the excavator admitted he forgot the line cut across the corner of the driveway.

Conclusion: There was a failure to maintain 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

February 1, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4076
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4076

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: 10/30/2012

Event Location: Carnation St Ne

Facility Owner: Northern Indiana Public Service Company

Excavator: Grimmer Construction Company

Other Party: N/A

Pipeline Division Case No. 4076

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. 4076	
Date of Event	10/30/2012
Event Location	Carnation St Ne
Event City	De Motte
Facility Owner	Northern Indiana Public Service Company
Excavator	Grimmer Construction Company
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Grimmer Construction Company
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	2619 Main Street
CITY/ STATE/ZIP	Highland, IN 46322
PREFERRED TELEPHONE	219-924-1623
CELL PHONE TELEPHONE	219-712-4135
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	301 Carnation St NE Lot 11B
CITY/STATE/ZIP	DeMotte, IN 46310
NEAREST INTERSECTION	Carnation Cir NE
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	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)	
Site Development	
Steam	
Storm Drain/Culvert	
Street Light	
Telecommunications	
Traffic Signal	
Traffic Sign	
Water	X
Waterway Improvement	
Unknown/Other	
RELEASE OF PRODUCT (YES/NO)	N
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	Y- 1210301961
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1210102660
LOCATE MARKS VISIBLE (YES/NO)	Y
LOCATE MARKS CORRECT (YES/NO)	Y
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	
NUMBER OF INPATIENT TREATED	
NUMBER OF FATALITIES	
FIRE DEPARTMENT RESPONSE (YES/NO)	
POLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
ADDITIONAL INFORMATION/COMMENTS	
Failure to use hand tools where required.	

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 CUT PL. SERVICE

REPLACEMENT FOOTAGE 2 FT

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? NA

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)

CASE #
4076

NIPSCO 00833 IUPPSa 10/10/2012 15:11:00 1210102660-00A NORM NEW STRT

NORMAL NOTICE

Ticket : 1210102660 Date: 10/10/2012 Time: 15:04 Oper: SPOPE Chan:044

State: IN Cnty: JASPER Twp: KEENER
Cityname: DE MOTTE Inside: Y Near: N
Subdivision:

Address :

Street : CARNATION ST NE
Cross 1 : CARNATION CIR NE Within 1/4 mile: Y
Location: STARTING AT 301 GOING SOUTH 100FT AND NORTH 500FT--LOCATE BOTH SIDES
OF CARNATION ST--RIGHT OF WAY TO RIGHT OF WAY

Grids : 4112D8711B 4112C8711B
Boundary: n 41.204742 s 41.202034 w -87.195450 e -87.193954

Work type : INSTALL UTILITIES
Done for : TOWN OF DEMOTTE
Start date: 10/12/2012 Time: 15:15 Hours notice: 48/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 2 MONTHS Depth: 8 FEET

Company : GRIMMER CONSTRUCTION COMPANY Type: CONT
Co addr : 2619 MAIN STREET
City : HIGHLAND State: IN Zip: 46322
Caller : MARGIE HOFFMANN Phone: (219)924-1623
Contact : JOHN KOSELKE CELL Phone:
BestTime:
Mobile : (219)712-4135
Fax : (219)924-0328

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: 15:04
Members: COMCN ID2009 ID3831 NIPSCO SM

NIPSCO 00586 IUPPSa 10/30/2012 13:31:42 1210301961-00A EMER DAMG STRT

DAMAGE

Ticket : 1210301961 Date: 10/30/2012 Time: 13:28 Oper: TFRICKE Chan:028

State: IN Cnty: JASPER Twp: KEENER
Cityname: DE MOTTE Inside: Y Near: N
Subdivision:

Address :

Street : CARNATION ST NE
Cross 1 : CARNATION CIR NE Within 1/4 mile: Y
Location: STARTING AT 301 GOING SOUTH 100FT AND NORTH 500FT--LOCATE BOTH SIDES
OF CARNATION ST--RIGHT OF WAY TO RIGHT OF WAY

:
Grids : 4112D8711B 4112C8711B
Boundary: n 41.204742 s 41.202034 w -87.195450 e -87.193954

Work type : INSTALL UTILITIES
Done for : TOWN OF DEMOTTE
Start date: 10/30/2012 Time: 13:28 Hours notice: 0/0 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 2 MONTHS Depth: 8 FEET

Company : GRIMMER CONSTRUCTION COMPANY Type: CONT
Co addr : 2619 MAIN STREET
City : HIGHLAND State: IN Zip: 46322
Caller : KAREN TILLER Phone: (219)924-1623
Contact : JOHN KOSELKE CELL Phone:
BestTime:
Mobile : (219)712-4135
Fax : (219)924-0328

Remarks : All tickets are taken and processed on Eastern Daylight Time
PER KAREN - A NIPSCO GAS LINE HAS BEEN CUT - LINE IS NOT BLOWING - NIPSCO HAS
BEEN CONTACTED - LINE IS A PLASTIC SERVICE LINE SIZE UNKNOWN - DIGGING ON THE
PROPERTY - CREW IS ON SITE - PREVIOUS TICKET 1210102660
Will you be white-lining the dig site area? YES

:

Submitted date: 10/30/2012 Time: 13:28
Members: COMCN ID2009 ID3831 NIPSCO SM

CASE #
4076

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA CROWN POINT MAXIMO WO #
OPERATING AREA CONTACT Stan Lewandowski JOB ORDER # d.o. 583891-3
TRACKING NUMBER 018 2012 1030 005 LOCATE REF # 1210252372

Locate Performed By: _____

DATE AND TIME OF ACCIDENT 10/30/12 ²⁰ 12:25 P M DATE OF REPORT 10/30/12
PLACE OF DAMAGE (INCLUDE CITY) 301 COENATION NE

DAMAGE WAS TO:

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

OTHER (DESCRIBE) _____

GAS: SERVICE MAIN () SIZE 3/8" MATERIAL: PLASTIC STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE) _____

DEPTH OF FACILITY (inches) 18" 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: 1

DURATION OF INTERRUPTION: TIME REPORTED 12:25 TIME SHUT OFF 12:25 TIME RESTORED 14:30

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 5/8"

LOCATE MARKS ON SITE: YES DISTANCE BETWEEN FACILITY AND LOCATE MARKS 18" NO ()
HOW LOCATED: PAINT FLAGS () BOTH () WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) Grimmer Const.

ADDRESS OF PARTY (INCLUDE CITY) 2619 MAIN ST, Highland, IN 46322

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE TERRY (Foreman)

WITNESS NAME AND ADDRESS _____

WITNESS REMARKS _____

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY _____ REPORT # _____

FIRE () AGENCY _____ REPORT # _____

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

PHOTOS TAKEN: YES () NO TAKEN BY: _____
MEDIA ON SITE YES () NO

WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW

- () AGRICULTURE/FARMING () CABLE TV () CURB/SIDEWALK
- () BLDG CONSTRUCTION () DEMOLITION () DRAINAGE
- () DRIVEWAY () ELECTRIC () SURVEYING
- () FENCING () GRADING () IRRIGATION
- () LANDSCAPING () PIPELINE () MILLING
- () POLE/SIGN POST () ROAD WORK () SEWER
- () TELECOMMUNICATIONS
- () WATER
- () DRAINS/CULVERTS
- () MOWING
- () OTHER _____

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 _____

REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW

- () AUTOMOTIVE ACCIDENT () EXCAVATING BEFORE LOCATES DUE () CARELESS MACHINE OPERATOR
- () NO NOTIFICATION () MARKS DISTURBED () STUB OTHER NO HAND DIGGING

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS :

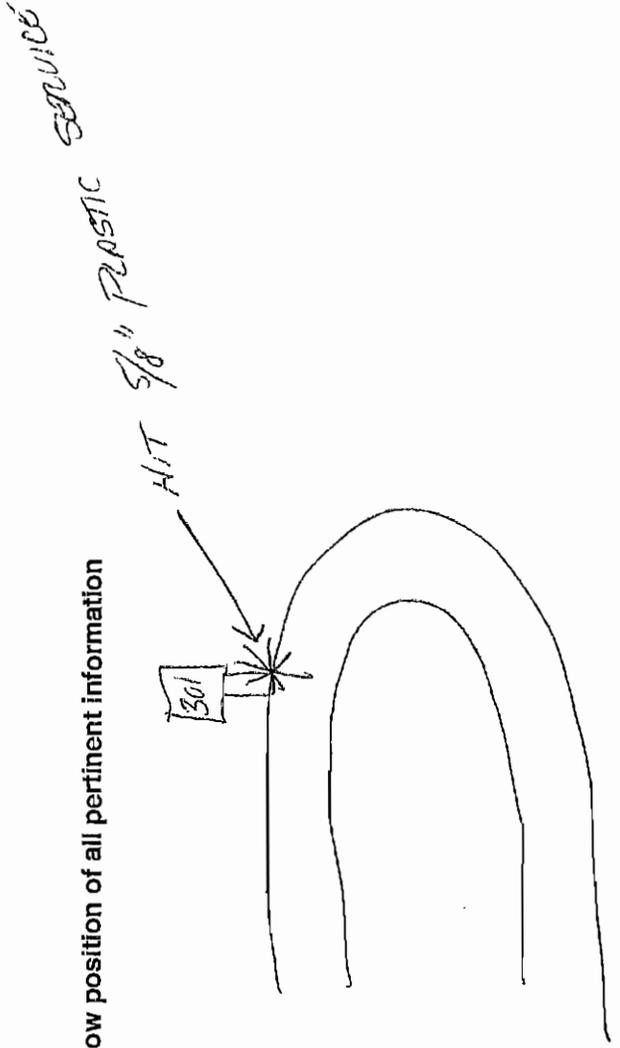
PERSON PREPARING REPORT Bruce Coedra

FIELD SUPERVISOR Stan Krawanski

FIELD MANAGER _____

- 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: _____

From: [Mark Grimmer](#)
To: [Boyd, William](#)
Cc: [Mark Grimmer](#)
Subject: Information Request
Date: Monday, December 10, 2012 11:56:02 AM
Attachments: [54909 fill-in\[1\].xml](#)
[Broken Utility Report.pdf](#)
[DSC00540.JPG](#)

Attached please find information request for Case 4076. also attached is our Broken Utility Report Form and photos--Initial Documents-Excavator.

Mark Grimmer

Grimmer Construction, Inc.
Broken Utility Report

Date: 10/30/12

Time: 12:10 AM (PM)

Job # 12001

Location: 3/4" plastic service in front of 301 Connection Circle NE

Was area marked by utility company: Yes No

IUPPS Ticket Number 1210102660 (If you do not have this, call the office for correct #)

Type of utility broken: (Check appropriate utility, if "other" please describe)

Telephone Gas Electric Other

Name of Utility Company NipSCO Utility Rep

Locating Company USIC Locators Name Rob Puynt

- **TAKE PHOTOS OF AREA** (Use Reference Points & Measuring Tape)

Explain in detail how utility was marked. State measurements of depth and distance from paint mark to utility.

Gas service was located but other marks in area were confusing Crew digging thought it went another direction

Name: Terry Jansma
(Please Print)





INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4076 _____

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: Grimmer Construction, Inc

Responsible Party Personal Name: _____

Title (if any): _____

Address (number and street): 2619 Main Street

City, State and ZIP Code: Highland, IN. 46322

Preferred Telephone Number (area code): 219-924-1623

Cellular Telephone Number (area code): _____

Email Address: mgrimmer@grimmerconstruction.com

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: USIC _____

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: _____

Cause of Damage Information

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

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

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: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): 301 Carnation Circle

City, State and ZIP Code: DeMotte, IN. 46310

Nearest Intersection: Carnation Circle and 3rd Ave

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Service/Drop

Size (Diameter/etc.): 3/4"

Pressure (PSIG/Inches): _____

Interruption in Service: Yes No **Number of Customers Affected:** 1

Evacuation: Yes No **If yes, How Many Evacuated?** _____

Repair Cost (if known): \$ 118.47

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: 1210102660

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

Incident Impact Information

Number of Outpatient Treated: n/a

Number of Inpatient Treated: n/a

Number of Fatalities: n/a

Fire Department Response: Yes No

Police Department Response: Yes No

Ambulance Response: Yes No

Additional Information / Comments

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: _____

Your Full Name: _____

Full Name of Business / Entity (*if applicable*): _____

Your Business Title (*if applicable*): _____

Address (*number and street*): _____

City: _____ State: _____ ZIP Code: _____

Your E-mail Address: _____

Today's Date (*month, day, year*): _____

Your Signature: _____ Title (*if any*) _____

Please return your Narrative Statement to:

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

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov