



Pipeline Safety Division Investigation Report

Investigation regarding: Bender Underground Construction

UPPAC Database Record ID: 4079

Report Date: 3/20/2013

Investigator: Howard Friend

Damage Date: 10/30/2012 4:00:10 PM

Damage Address: Wohlert St, Angola, Steuben

The Parties

Excavator: **Bender Underground Construction**

Address: 408 E Maple St, Liberty Center, Oh 43532

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Type of Equipment: Directional Drilling

Type of Work Performed: Telecommunications

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 10

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1210151601

Original Start Date:

Locate Instructions: From the above intersection - locate going north for approx 200 feet and south for approx 200 feet on the west side of wohlert street

Follow-Up Locate Instructions (if applicable):

Synopsis: A two (2) inch plastic gas main was damaged during directional boring to install a telecommunication line.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 12/13/2012. The excavator had a valid locate request and the operator provided accurate locate marks. The excavator tried using his electronic equipment to determine the depth of the facility instead of hand excavating prior to crossing.

Conclusion: There was a failure to hand exposing the natural gas facility prior to making the directional bore.

Violation: 8-1-26-20(a)(1) Failure to plan excavation to avoid damage or interference with underground facilities.



150 West Market Street, Suite 600
Indianapolis, IN 46204

February 1, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4079
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4079

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: Wohlert St

Facility Owner: Northern Indiana Public Service Company

Excavator: Bender Underground Construction

Other Party: N/A

Pipeline Division Case No. 4079

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. 4079	
Date of Event	10/30/2012
Event Location	Wohlert St
Event City	Angola
Facility Owner	Northern Indiana Public Service Company
Excavator	Bender Underground Construction
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Bender Construction
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	408 E Maple St
CITY/ STATE/ZIP	Liberty Center, OH 43532
PREFERRED TELEPHONE	517-610-0536
CELL PHONE TELEPHONE	
EMAIL ADDRESS	BENDERUNDERGROUND@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	Wolhert St
CITY/STATE/ZIP	Angola, IN 46703
NEAREST INTERSECTION	Lindenwood Dr
PRODUCT TYPE (Select One)	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
FACILITY TYPE (Select One)	
DISTRIBUTION	X
GATHERING	
SERVICE/DROP	
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	2"
PRESSURE (PSIG/INCHES)	
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	10
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	X
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- 1210302599
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1210151601
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	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>Failure to use hand tools where required. Nipsco emergency repair ticket 1210302774</p>	

Fact Based Investigation Report

NOTIFICATION ID: 01820121030013

DISTRICT: Northern IN

DAMAGE DATE: 10/30/2012 5:15:00 PM

NOTIFICATION DATE: 10/30/2012 5:13:04 PM

NOTIFIED BY: MARK 800-322-2806 Other

DAMAGE ADDRESS: WOHLERT ST & LYNDON WOOD DR

CITY: ANGOLA

ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 10/30/2012

FROM: 16:00:00

TO: 17:50:00

EXCAVATOR INVOLVED: BENDER UNDERGROUND CONSTRUCTION

TYPE OF EXCAVATION: BORING

ORIG. LOCATE REQ.: 1210151601

START DATE/TIME:

TYPE OF TICKET:

LOCATE REQ. INFO N/A:

DIG UP/DAMAGE REQ.: 1210302599

START DATE/TIME:

PICTURES TAKEN BY: GEORGE MILLER

DATE/TIME: 10/30/2012 4:30:00 PM

PHOTOGRAPHY TYPE: Digital

FRAME #:

INVESTIGATOR EMP#: 117460

INVESTIGATOR NAME: GEORGE MILLER

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820121030013

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF

FACILITY ID: Gas Main

LOCATOR NAME & EMP #: Miller George - 117460

LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:

Facility Marked Accurately

Other:

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

Visual, Facility Exposed At Time Of Investigation

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

MARKED ACCURATE. CONTRACTOR DAMAGED 2" GAS MAIN. CONTRACTOR DID NOT HAND EXPOSE THE LINE.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:
JOE

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

LIST ANY OTHER INDIVIDUALS ON SITE:
N/A

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 1" HOLE

REPLACEMENT FOOTAGE N/A

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No N/A

WHAT CONTRACTOR EQUIPMENT WAS USED? N/A

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? Yes

IF YES, PLEASE LIST RECORD #(S) ANGOLA

NIPSCO 00429 IUPPSa 10/15/2012 11:26:51 1210151601-00A NORM NEW GRID

NORMAL NOTICE

CASE #
4079

Ticket : 1210151601 Date: 10/15/2012 Time: 11:20 Oper: CSCOTT Chan:052

State: IN Cnty: STEUBEN Twp: PLEASANT
Cityname: ANGOLA Inside: Y Near: N
Subdivision:

Address :

Street : WOHLERT ST

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

Location: FROM THE ABOVE INTERSECTION - LOCATE GOING NORTH FOR APPROX 200 FEET
AND SOUTH FOR APPROX 200 FEET ON THE WEST SIDE OF WOHLERT STREET

***Boring Where = UNDER THE EASEMENT

:

Grids : 4139D8500D 4139C8500D 4139D8500C 4139C8500C

Boundary: n 41.657600 s 41.653458 w -85.005157 e -85.003670

Work type : FIBER INSTALL

Done for : WINDSTREAM

Start date: 10/17/2012 Time: 11:30 Hours notice: 48/48 Priority: NORM

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

Duration : 1 MONTH Depth: 3 FEET

Company : BENDER UNDERGROUND CONSTRUCTION Type: CONT

Co addr : 408 E MAPLE ST

City : LIBERTY CENTER State: OH Zip: 43532

Caller : JUSTIN NICHOLS Phone: (517)610-0536

Contact : JUSTIN NICHOLAS - CELL Phone:

BestTime:

Mobile : (517)610-0536

Email : BENDERUNDERGROUND@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: 10/15/2012 Time: 11:20

Members: ID3015 ID6748 ID8000 NIPSCO SM

NIPSCO 00746 IUPPSa 10/30/2012 16:00:19 1210302599-00A EMER DAMG GRID

DAMAGE DAMAGE

Ticket : 1210302599 Date: 10/30/2012 Time: 15:58 Oper: LWORTON Chan:062

CASE #

State: IN Cnty: STEUBEN Twp: PLEASANT
Cityname: ANGOLA Inside: Y Near: N
Subdivision:

4079

Address :

Street : WOHLERT ST

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

Location: FROM THE ABOVE INTERSECTION - LOCATE GOING NORTH FOR APPROX 200 FEET
AND SOUTH FOR APPROX 200 FEET ON THE WEST SIDE OF WOHLERT STREET

***Boring Where = UNDER THE EASEMENT

:
Grids : 4139D8500D 4139C8500D 4139D8500C 4139C8500C
Boundary: n 41.657600 s 41.653458 w -85.005157 e -85.003670

Work type : FIBER INSTALL

Done for : WINDSTREAM

Start date: 10/30/2012 Time: 15:58 Hours notice: 0/0 Priority: EMER

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

Duration : 1 MONTH Depth: 3 FEET

Company : BENDER UNDERGROUND CONSTRUCTION Type: CONT

Co addr : 408 E MAPLE ST

City : LIBERTY CENTER State: OH Zip: 43532

Caller : JUSTIN NICHOLS Phone: (517)610-0536

Contact : JUSTIN NICHOLAS - CELL Phone:

BestTime:

Mobile : (517)610-0536

Email : BENDERUNDERGROUND@YAHOO.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
HAS HIT A NIPSCO GAS LINE AT THE INTERSECTION--- GAS LINE IS BLOWING--- IS A TWO
INCH LINE--- WILL CALL 911 AND NIPSCO--- CREW IS ON SITE--- PREVIOUS TICKET
#1210151601--- THANK YOU

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

:

Submitted date: 10/30/2012 Time: 15:58
Members: ID3015 ID6748 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 # C0593586207
OPERATING AREA CONTACT Joe Thomas JOB ORDER # 571379
TRACKING NUMBER 018 2012 1030 013 LOCATE REF # 1210151601
Locate Performed By: USFC

DATE AND TIME OF ACCIDENT Oct 30 2012, 4:00 PM DATE OF REPORT Same
PLACE OF DAMAGE (INCLUDE CITY) Intersection Wabbert St & Lindenwood Cir (115 Lindenwood Circle)

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

OTHER (DESCRIBE)
GAS: SERVICE () MAIN (X) SIZE 2in MATERIAL: PLASTIC (X) STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE)

DEPTH OF FACILITY (inches) 18 PRESSURE (PSI) 50 Lbs.
RELEASE OF GAS: YES (X) NO () IGNITION OF GAS: YES () NO (X) EVACUATION REQUIRED: YES () # NO (X)
INTERRUPTION OF SERVICE: YES (X) NO () NUMBER OF CUSTOMERS LOST: 10
DURATION OF INTERRUPTION: TIME REPORTED 4:00 PM TIME SHUT OFF 4:15 PM TIME RESTORED 7:30 PM
DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1 1/2"

LOCATE MARKS ON SITE: YES (X) DISTANCE BETWEEN FACILITY AND LOCATE MARKS 1 FT NO ()
HOW LOCATED: PAINT (X) FLAGS (X) BOTH () WHITE LINED ()
PARTY THAT CAUSED DAMAGES (NAME) Bender Underground

ADDRESS OF PARTY (INCLUDE CITY) 408 E Maple Liberty Center Ohio 43532

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Justin Nichols 517-610-0536
WITNESS NAME AND ADDRESS

WITNESS REMARKS
AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY REPORT #
FIRE () AGENCY REPORT #
OTHER () Any Injuries? () YES # NO (X)

PHOTOS TAKEN: YES (X) NO () TAKEN BY: Joe Thomas Service Supervisor (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 (X) 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 (X) BORING / DRILLING
() EXPLOSIVES () TRENCHER () FARM EQUIPMENT
() VACCUUM EQUIPMENT () GRADER () OTHER

- REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW
() AUTOMOTIVE ACCIDENT () EXCAVATING BEFORE LOCATES DUE (X) CARELESS MACHINE OPERATOR
() NO NOTIFICATION () MARKS DISTURBED () STUB () OTHER

COMMENTS: Locates were accurate. 3rd party failed to spot 2" main and stuck backhoe tooth through main

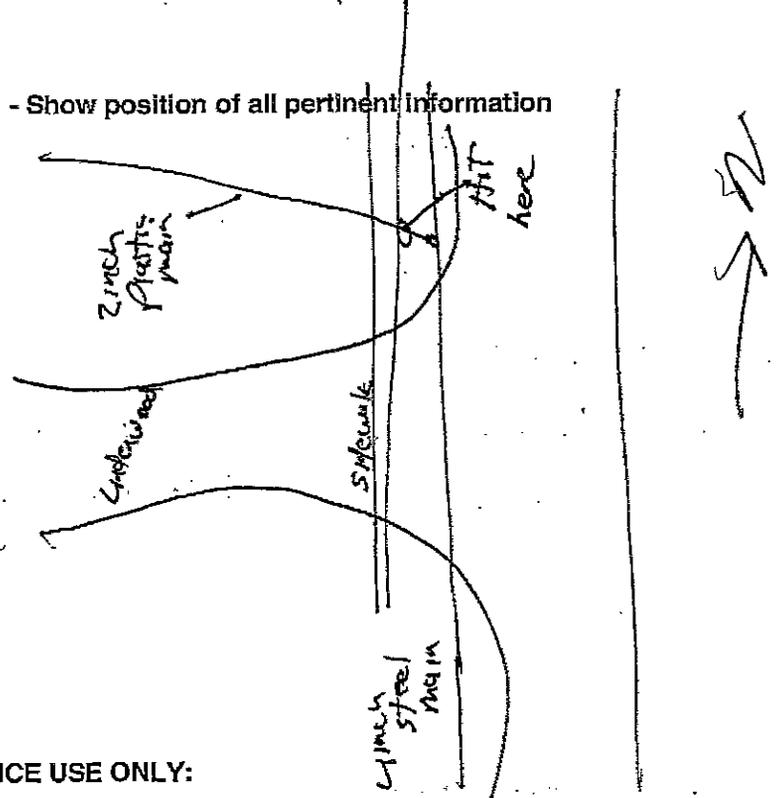
PERSON PREPARING REPORT Chris Mullins

FIELD SUPERVISOR Jason Sprunger

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: _____



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4079 _____

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: Bender Underground _____

Responsible Party Personal Name: Justin Nichols _____

Title (if any): Operations Manager _____

Address (number and street): 408 E maple St _____

City, State and ZIP Code: Liberty Center OH 43532 _____

Preferred Telephone Number (area code): (517)610-0536 _____

Cellular Telephone Number (area code): _____

Email Address: BenderUnderground@yahoo.com _____

Facility Information:

Business Name: _____

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: _____

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*): Directional Drilling

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

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*): Wohlerst st _____

City, State and ZIP Code: Angola Steuben county Indiana _____

Nearest Intersection: _____

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Distribution

Size (Diameter/etc.):² _____

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: _____

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: 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

I Justin was currently having problems with my electronic tracking equipment and now all matters are fixed. Are company found the gas line before drilling, when we crossed the pipe my equipment said one thing and it was wrong so when we crossed the gas line my drill head was 18 inches higher then it was said to be. I have sense replaced the bad equipment and have had no more problems sense.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4079

Your Full Name: Justin J Nichols

Full Name of Business / Entity (if applicable): Bender Underground Construction LLC

Your Business Title (if applicable): Operations manager

Address (number and street): 408 E Maple St

City: Liberty Center State: OH ZIP Code: 43532

Your E-mail Address: BenderUnderground@yahoo.com

Today's Date (month, day, year): 12/13/12

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