



Pipeline Safety Division Investigation Report

Investigation regarding: S And T Bancroft Electric Inc

UPPAC Database Record ID: 4087

Report Date: 3/20/2013

Investigator: Howard Friend

Damage Date: 11/1/2012 9:25:22 AM

Damage Address: High St, Mishawaka, St Joseph

The Parties

Excavator: S And T Bancroft Electric Inc

Address: 25020 State Road 2, South Bend, In 46619

Facility Owner: NIPSCO

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Type of Equipment: Unknown/Other

Type of Work Performed: Electric

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 2

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1210260041

Original Start Date:

Locate Instructions: From this intersection locate going west on both sides of the street approx 500 feet to north west street

Follow-Up Locate Instructions (if applicable):

Synopsis: A natural gas line was damaged during backfilling activities after installing an electric line.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 3/7/2013. The excavator had a valid locate request and the operator provided accurate locate markings. The excavator backfilled a rock on top of the gas line and while compacting the fill the rock punctured the gas line.

Conclusion: There was a failure to plan excavation to avoid damage.

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. 4087
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4087

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: 11/1/2012

Event Location: W 1st St

Facility Owner: Northern Indiana Public Service Company

Excavator: S And T Bancroft Electric Inc

Other Party: N/A

Pipeline Division Case No. 4087

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. 4087	
Date of Event	11/1/2012
Event Location	W 1st St
Event City	Mishawaka
Facility Owner	Northern Indiana Public Service Company
Excavator	S And T Bancroft Electric Inc
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	S&T Brancroft Electric
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	25020 State Road 2
CITY/ STATE/ZIP	South Bend, IN 46619
PREFERRED TELEPHONE	574-968-2040
CELL PHONE TELEPHONE	574-532-6640
EMAIL ADDRESS	GENE@STBANCROFT.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	W 1st St
CITY/STATE/ZIP	Mishawaka, IN 46544
NEAREST INTERSECTION	N Hill Rd
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	2
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	
Milling Equipment	
Probing Device	

Trancher	
Vacuum Equipment	
Unknown/Other	X
TYPE OF WORK PERFORMED (Select One)	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	
Bldg. Demolition	
Drainage	
Driveway	
Electric	X
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)	N
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1210260041
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	
<p>Improper backfilling. 2 damages on the same day by the same contractor see also damage 1211010726 at 9:22 emergency 1211011002 at 9:56.</p> <p>Nipsco emergency repair ticket 1211012749</p>	

Fact Based Investigation Report

NOTIFICATION ID: 01820121101016

DISTRICT: Northern IN

DAMAGE DATE: 11/1/2012 3:30:00 PM

NOTIFICATION DATE: 11/1/2012 3:31:19 PM

NOTIFIED BY: LAURA SZCZECINA Facility Owner

DAMAGE ADDRESS: X N HILL ST & W 1ST ST

CITY: MISHAWAKA

ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 11/01/2012

FROM: 16:45:00

TO: 17:00:00

EXCAVATOR INVOLVED: S & T BANCROFT

TYPE OF EXCAVATION: INSTALL CONDUIT AND LIGHT BASE

ORIG. LOCATE REQ.: 1210292913

START DATE/TIME:

TYPE OF TICKET:

LOCATE REQ. INFO N/A:

DIG UP/DAMAGE REQ.: 1211012749

START DATE/TIME:

PICTURES TAKEN BY: JOSE GALICIA DATE/TIME: 11/1/2012 4:50:00 PM

PHOTOGRAPHY TYPE: Digital

FRAME #:

INVESTIGATOR EMP#: 113212

INVESTIGATOR NAME: ERIC VEACH

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820121101016

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF

FACILITY ID: Gas Main

LOCATOR NAME & EMP #: Galicia Jose - 131981

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:

THIS IS SECOND TIME THAT THE CONTRACTOR DAMAGED NIPSCO GAS MAIN. CONTRACTOR HAD MAIN EXPOSED THEN THEY BACKFILLED THE TRENCH AND THERE WAS A ROCK THAT MIXED IN AND WHEN THE CONTRACTOR RAN OVER THE TRENCH THE ROCK DAMAGED THE GAS MAIN.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:
N/A

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? No

EXTENT OF FACILITY DAMAGE CUT IN HALF

REPLACEMENT FOOTAGE N/A

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? MINI EXCAVATOR

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? Yes

IF YES, PLEASE LIST RECORD #(S) SB

NIPSCO 00016 IUPPSa 10/26/2012 07:05:07 1210260041-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1210260041 Date: 10/26/2012 Time: 06:49 Oper: CALEVI Chan:031

CASE #
4087

State: IN Cnty: ST JOSEPH Twp: PENN
Cityname: MISHAWAKA Inside: Y Near: N
Subdivision:

Address :

Street : W 1ST ST

Cross 1 : N HILL ST Within 1/4 mile: Y

Location: FROM THIS INTERSECTION LOCATE GOING WEST ON BOTH SIDES OF THE STREET
APPROX 500 FEET TO NORTH WEST STREET

:

Grids : 4139B8611D 4139A8611D

Boundary: n 41.662628 s 41.661518 w -86.186646 e -86.183868

Work type : INSTALL CONDUIT AND LIGHT BASE FOUNDATIO

Done for : C AND E EXCAVATING

Start date: 10/30/2012 Time: 07:00 Hours notice: 96/48 Priority: NORM

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

Duration : 2 WEEKS Depth: 3 FEET

Company : S AND T BANCROFT ELECTRIC INC Type: CONT

Co addr : 25020 STATE ROAD 2

City : SOUTH BEND State: IN Zip: 46619

Caller : GENE MANN Phone: (574)968-2040

Contact : GENE MANN CELL Phone:

BestTime:

Mobile : (574)532-6640

Fax : (574)968-2045

Email : GENE@STBANCROFT.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time

Will you be white-lining the dig site area? NO

:

Submitted date: 10/26/2012 Time: 06:49

Members: COMCN ID1639 ID1640 ID5121 ID6590 NIPSCO SBCIN SM

NIPSCO 00164 IUPPSa 11/01/2012 09:25:26 1211010726-00A EMER DAMG GRID

DAMAGE DAMAGE

Ticket : 1211010726 Date: 11/01/2012 Time: 09:22 Oper: DWILSON Chan:006

State: IN Cnty: ST JOSEPH Twp: PENN
Cityname: MISHAWAKA Inside: Y Near: N
Subdivision:

CASE #
4087

Address :
Street : W 1ST ST
Cross 1 : N HILL ST Within 1/4 mile: Y
Location: FROM THIS INTERSECTION LOCATE GOING WEST ON BOTH SIDES OF THE STREET
APPROX 500 FEET TO NORTH WEST STREET

Grids : 4139B8611D 4139A8611D
Boundary: n 41.662628 s 41.661518 w -86.186646 e -86.183868

Work type : INSTALL CONDUIT AND LIGHT BASE FOUNDATIO
Done for : C AND E EXCAVATING
Start date: 11/01/2012 Time: 09:22 Hours notice: 0/0 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 2 WEEKS Depth: 3 FEET

Company : S AND T BANCROFT ELECTRIC INC Type: CONT
Co addr : 25020 STATE ROAD 2
City : SOUTH BEND State: IN Zip: 46619
Caller : GENE MANN Phone: (574)968-2040
Contact : GENE MANN CELL Phone:
BestTime:
Mobile : (574)532-6640
Fax : (574)968-2045
Email : GENE@STBANCROFT.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
NIPSCO GAS LINE HAS BEEN DAMAGED--GAS WAS BLOWING--THEY STOPPED IT--SOUTHWEST
CORNER OF THE INTERSECTION--2 INCH POLY LINE--ADVISED TO CALL 911--HAS CALLED
NIPSCO--CREW IS ON SITE--PREVIOUS TICKET 1210260041--
Will you be white-lining the dig site area? NO

Submitted date: 11/01/2012 Time: 09:22
Members: COMCN ID1639 ID1640 ID5121 ID6590 NIPSCO SBCIN SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA South Bend MAXIMO WO # _____
OPERATING AREA CONTACT T. ARMSTRONG JOB ORDER # 575838
TRACKING NUMBER 01820121101016 LOCATE REF # _____
Locate Performed By: _____

DATE AND TIME OF ACCIDENT 11-1-12 20____ M DATE OF REPORT 11-1-12
PLACE OF DAMAGE (INCLUDE CITY) 1st ST 50 FT WEST OF HIGH ST MISHAWAKA

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

OTHER (DESCRIBE) _____

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

DEPTH OF FACILITY (inches) 6" PRESSURE (PSI) 35 Lbs.

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

INTERRUPTION OF SERVICE: YES NO () NUMBER OF CUSTOMERS LOST: 2

DURATION OF INTERRUPTION: TIME REPORTED 15:00 TIME RESTORED 18:30

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 2

LOCATE MARKS ON SITE: YES DISTANCE BETWEEN FACILITY AND LOCATE MARKS 0 NO ()
HOW LOCATED: PAINT FLAGS BOTH WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) S/T BANCROFT Electric

ADDRESS OF PARTY (INCLUDE CITY) 25020 SR 2 South Bend

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE GENE MANN

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: ROBERT HAYWOOD (DAM. PREV.) (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 checked="" 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 type="checkbox"/> SEWER | |

- TYPE OF EQUIPMENT USED** - CHECK APPROPRIATE CHOICE BELOW
- | | | |
|--|---|--|
| <input type="checkbox"/> AUGER | <input type="checkbox"/> HAND TOOLS | <input 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 checked="" type="checkbox"/> OTHER |

- REASON DAMAGE OCCURRED** - CHECK APPROPRIATE CHOICE BELOW
- | | | |
|--|--|--|
| <input type="checkbox"/> AUTOMOTIVE ACCIDENT | <input type="checkbox"/> EXCAVATING BEFORE LOCATES DUE | <input type="checkbox"/> CARELESS MACHINE OPERATOR |
| <input type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED | <input type="checkbox"/> STUB |
| | | <input checked="" type="checkbox"/> OTHER |

COMMENTS :

CONTRACTOR RAN OVER TOP SOIC ABOVE MAIN-FILL AND BIG ROCKS. DAMAGED MAIN BY DRIVING OVER FILL ABOVE MAIN

PERSON PREPARING REPORT

Swo

FIELD SUPERVISOR

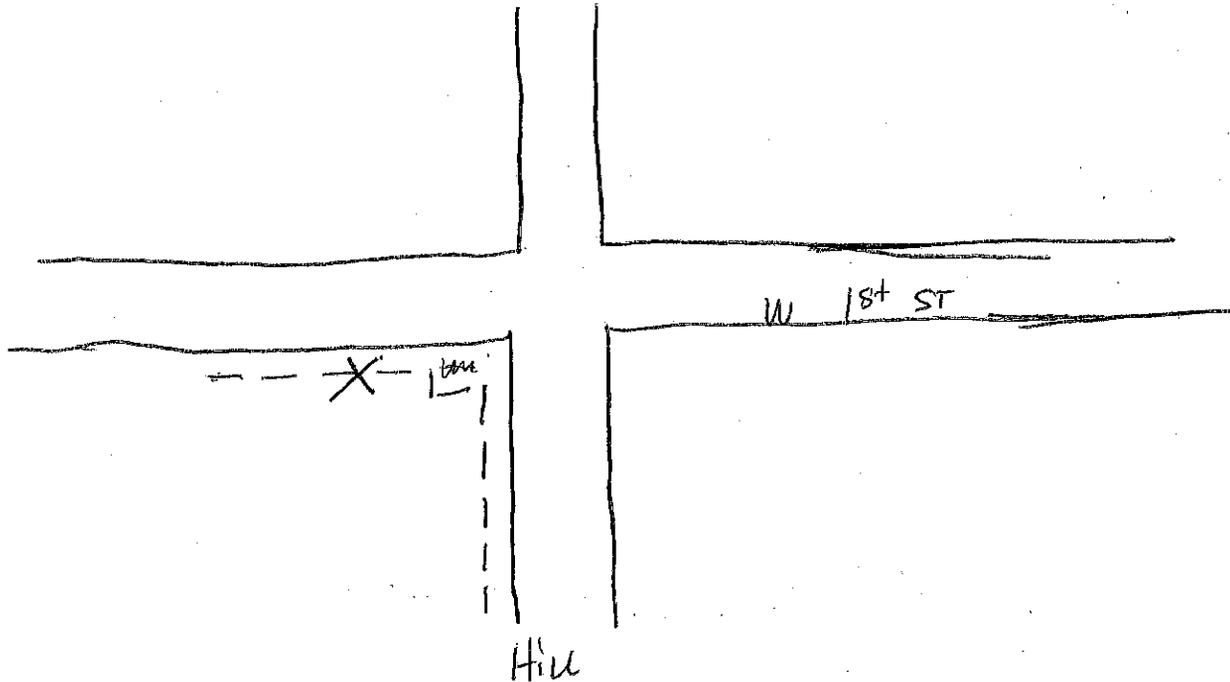
TONY LOPEZ

FIELD MANAGER

RICK GRAY

- 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: _____



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Mar 1, 2013

Who is submitting this information?

Name of person providing this information: Carrie Ludwig (NIPSCO)

Business address (*number and street*): 3511 East 15th Avenue

City, State, and ZIP code: Gary, IN 46403

Telephone number (*area code*): 219-962-0422

Fax number (*area code*): 219-962-0404

E-mail address: cludwig@nisource.com

Excavator Information, if known

Full name: S&T Bancroft Electric

Business address (*number and street*): 25020 SR 2

City, State, and ZIP code: South Bend, IN 46619

Telephone number (*area code*): 574-968-2040

Fax number (*area code*): 574-968-2045

E-mail address: gene@stbancroft.com

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Unknown/Other

Type of work performed: Electric

Date and Location of Damage

Date of damage (*month, day, year*): Nov 1, 2012

County: St. Joseph

City: Mishawaka

Street address (*number and street, city, state, and ZIP code*):
High St

Nearest intersection: 1st St

Right of way where damage occurred: Public - City Street

Was there a release of product? Yes

If yes, was there an ignition of product? No

Were evacuations necessary as a result of release? No

If yes, how many evacuated? 0

Was there a customer service interruption? Yes

If yes, how many affected? 2

Time to restore service (*in hours*): 3.5

Enter number of injuries, if applicable and known: _____

Enter number of fatalities, if applicable and known: _____

Property damage, Estimate \$ _____

Affected Facility Information

What type of pipeline was damaged? Natural Gas

What was the affected facility? Distribution

What was the depth of the facility, in inches? 6

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1210260041

Was the locate request completed within two working days? Yes

If locates were performed, were they done so by a contractor or pipeline employee? Contract Locator

If a contractor locator, enter the company name, if known: USIC

Were facility marks visible in the area of excavation? Yes

Were facilities marked correctly? Yes

Type of markings used: Paint and Flags

If other, please specify: _____

Was site marked by "White Lining"? No

Were special instructions part of the locate request? Unknown/Other

Were maps used to complete the locate request? Yes

Were pipeline company representatives on site during excavation? No

Did the excavator notify the operator in the event of this damage? Yes

Did the excavator notify Indiana 811 in the event of this damage? No

Did the excavator notify 911 in the event of a release of product? Unknown/Other

Description of Cause

Select from the list the most accurate cause for the damage: --Improper backfilling

Additional Comments

NIPSCO Emergency Repair Ticket# 1211012749



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4087

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: S/T Bancroft Electric

Responsible Party Personal Name: Gene Mann

Title (if any): Superintendant

Address (number and street): 25020 State Road 2

City, State and ZIP Code: South Bend, IN

Preferred Telephone Number (area code): 574-968-2040

Cellular Telephone Number (area code): 574-532-6640

Email Address: gene@stbancroft.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: USIC _____

Responsible Party Personal Name: Chris?? _____

Title (*if any*): Locator _____

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*): Electric

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*): SW side of 1st St and Hill St

City, State and ZIP Code: Mishawaka, IN

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: 1210021254

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

The gas line was marked with yellow paint. It was pot holed and found. No knowledge of a second gas line being in the same area was known. We pot holed the known line and hit the unknown line. When the NIPSCO crew arrived to fix the line they were also confused to the configuration. Later in the job, in a different area we were doing more pot holing for other utilities and found the same gas line, (which was unmarked). A NIPSCO rep determined (through his mapping on his laptop) that it was a retired line. When we told him it lined up with the one we hit earlier in the job, he made some phone calls to engineering and found that it was still in use.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4087

Your Full Name: Richard Gene Eric Mann

Full Name of Business / Entity (if applicable): TGB Unlimited DBA, S/T Bancroft Electric

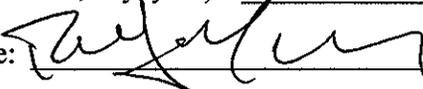
Your Business Title (if applicable): Superintnedant

Address (number and street): 25020 Stated Road 2

City: South Bend State: IN ZIP Code: 46619

Your E-mail Address: gene@stbancroft.com

Today's Date (month, day, year): 3-7-13

Your Signature:  Title (if any) Superintendent

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 4087
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov