



Pipeline Safety Division Investigation Report

Investigation regarding: **KLS Underground Inc.**

UPPAC Database Record ID: 4096

Report Date: 9/12/2013

Investigator: Mike Orr

Damage Date: 11/6/2012 9:57:21 AM

Damage Address: Old In Rt 15, Milford, Kosciusko

The Parties

Excavator: **KLS Underground Inc.**

Address: 8785 West 750 North, Shipshewana, In 46565

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Trencher

Type of Work Performed: Telecommunications

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: 1210251624

Original Start Date:

Locate Instructions: LOCATE A 300 FOOT RADIUS OF THE ABOVE ENTIRE INTERSECTION INCLUDING THE RAIL ROAD TRACKS

Follow-Up Locate Instructions (if applicable):

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

Findings: Reported by Indiana 811; excavator did not respond to initial notice mailed 11/30/2012. Excavator had a valid locate ticket; however, the gas operator self reported a failure to provide accurate facility locate markings.

Conclusion: There was a failure to provide accurate facility locate markings.

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

February 1, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4096
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4096

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: 11/6/2012

Event Location: / Old In Rt 15

Facility Owner: Northern Indiana Public Service Company

Excavator: Kls Underground Inc

Other Party: N/A

Pipeline Division Case No. 4096

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. 4096	
Date of Event	11/6/2012
Event Location	/ Old In Rt 15
Event City	Milford
Facility Owner	Northern Indiana Public Service Company
Excavator	KIs Underground Inc
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	KLS Underground
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	8785 West 750 North
CITY/ STATE/ZIP	Shipshewana, IN 46565
PREFERRED TELEPHONE	260-768-7986
CELL PHONE TELEPHONE	260-350-1534
EMAIL ADDRESS	KSHARICK@EMBARQMAIL.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	Old In Rt 15 (24 W 900 N)
CITY/STATE/ZIP	Milford
NEAREST INTERSECTION	E 900 N
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	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	
Probing Device	

Trancher	X
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 - Fiber
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-1211060694
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1210251624
LOCATE MARKS VISIBLE (YES/NO)	Y
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
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	
<p>Facility marking or location not sufficient.</p> <p>Nipsco emergency repair ticket 1211061064</p>	

Fact Based Investigation Report

NOTIFICATION ID: 01820121106001

DISTRICT: Northern IN

DAMAGE DATE: 11/6/2012 9:57:43 AM

NOTIFICATION DATE: 11/6/2012 10:00:21 AM

NOTIFIED BY: DUANE YODER

DAMAGE ADDRESS: OLD IN RT 15

CITY: MILFORD

ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 11/06/2012

FROM: 11:20:00

TO: 12:20:00

EXCAVATOR INVOLVED: KLS UNDERGROUND

TYPE OF EXCAVATION: Knifing in Fiber

ORIG. LOCATE REQ.: 1210251624

START DATE/TIME: 10/25/2012 11:55:00 AM

TYPE OF TICKET: Routine

LOCATE REQ. INFO N/A:

DIG UP/DAMAGE REQ.: 1211060694

START DATE/TIME:

PICTURES TAKEN BY: Chris Rumbaugh DATE/TIME: 11/6/2012 12:00:00 PM

PHOTOGRAPHY TYPE: Digital

FRAME #:

INVESTIGATOR EMP#: 132171

INVESTIGATOR NAME: Chris Rumbaugh

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? Possibly

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820121106001

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF

FACILITY ID: Gas Service

LOCATOR NAME & EMP #: Kendall Andrew - 134727

LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:

Other

Other: Not Marked

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

Investigation Results Verified By Utility Representative

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

Appears to not have been marked

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

Nipsco is putting it in as bad locate.

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

wanted something in writing to say it wasn't marked ,said we do not do that , has to be investigated with photos

LIST ANY OTHER INDIVIDUALS ON SITE:

Chris Rumbaugh

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

REPLACEMENT FOOTAGE 2 feet

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? knife/trencher

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)

NIPSCO 00183 IUPPSa 11/06/2012 10:02:42 1210251624-01A NORM 2NDR GRID

SECOND NOTICE 2ND NOTICE

CASE #
4096

Ticket : 1210251624 Date: 11/06/2012 Time: 09:58 Oper: AOWENS Chan:041
Old Tkt: 1210251624 Date: 10/25/2012 Time: 11:55 Oper: CJODOM Rev: 00A

State: IN Cnty: KOSCIUSKO Twp: VAN BUREN
Cityname: MILFORD Inside: N Near: Y
Subdivision:

Address :

Street : OLD IN RT 15

Cross 1 : E 900 N Within 1/4 mile: Y

Location: LOCATE A 300 FOOT RADIUS OF THE ABOVE ENTIRE INTERSECTION INCLUDING
THE RAIL ROAD TRACKS

***Boring Where = RAILROAD AND OLD IN RT 15

:

Grids : 4121B8550B 4121A8550B 4121A8550A

Boundary: n 41.363853 s 41.362045 w -85.845963 e -85.843567

Work type : INSTALL FIBER OPTIC PHONE CABLE

Done for : CENTURYLINK

Start date: 10/29/2012 Time: 12:15 Hours notice: 0/0 Priority: NORM

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

Duration : 1 DAY Depth: 15 FEET

Company : KLS UNDERGROUND INC Type: CONT

Co addr : 8785 WEST 750 NORTH

City : SHIPSHEWANA State: IN Zip: 46565

Caller : KEVIN SHARICK Phone: (260)768-7986

Contact : KEVIN SHARICK - CELL Phone:

BestTime:

Mobile : (260)350-1534

Fax : (888)691-5007

Email : KSHARICK@EMBARQMAIL.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
PER DUANE YODER--NEEDS NIPSCO TO RETURN TO SITE ASAP TO VERIFY GAS LINE
MARKINGS--CREW ON SITE

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

:

Submitted date: 11/06/2012 Time: 09:58

Members: ID2034 ID4121 ID7053 NIPSCO ID5857 SM

NIPSCO 00638 IUPPSa 10/25/2012 12:04:05 1210251624-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1210251624 Date: 10/25/2012 Time: 11:55 Oper: CJODOM Chan:056

CASE #
4096

State: IN Cnty: KOSCIUSKO Twp: VAN BUREN
Cityname: MILFORD Inside: N Near: Y
Subdivision:

Address :

Street : OLD IN RT 15

Cross 1 : E 900 N Within 1/4 mile: Y

Location: LOCATE A 300 FOOT RADIUS OF THE ABOVE ENTIRE INTERSECTION INCLUDING
THE RAIL ROAD TRACKS

***Boring Where = RAILROAD AND OLD IN RT 15

Grids : 4121B8550B 4121A8550B 4121A8550A

Boundary: n 41.363853 s 41.362045 w -85.845963 e -85.843567

Work type : INSTALL FIBER OPTIC PHONE CABLE

Done for : CENTURYLINK

Start date: 10/29/2012 Time: 12:15 Hours notice: 96/48 Priority: NORM

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

Duration : 1 DAY Depth: 15 FEET

Company : KLS UNDERGROUND INC Type: CONT

Co addr : 8785 WEST 750 NORTH

City : SHIPSHEWANA State: IN Zip: 46565

Caller : KEVIN SHARICK Phone: (260)768-7986

Contact : KEVIN SHARICK - CELL Phone:

BestTime:

Mobile : (260)350-1534

Fax : (888)691-5007

Email : KSHARICK@EMBARQMAIL.COM

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

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

:

Submitted date: 10/25/2012 Time: 11:55

Members: ID2034 ID4121 ID7053 NIPSCO ID5857 SM

NIPSCO 00178 IUPPSa 11/06/2012 09:57:43 1211060694-00A EMER DAMG GRID

DAMAGE SEE REMARKS

Ticket : 1211060694 Date: 11/06/2012 Time: 09:52 Oper: AOWENS Chan:041

CASE #
4096

State: IN Cnty: KOSCIUSKO Twp: VAN BUREN
Cityname: MILFORD Inside: N Near: Y
Subdivision:

Address :

Street : OLD IN RT 15
Cross 1 : E 900 N Within 1/4 mile: Y
Location: LOCATE A 300 FOOT RADIUS OF THE ABOVE ENTIRE INTERSECTION INCLUDING
THE RAIL ROAD TRACKS

***Boring Where = RAILROAD AND OLD IN RT 15

:
Grids : 4121B8550B 4121A8550B 4121A8550A
Boundary: n 41.363853 s 41.362045 w -85.845963 e -85.843567

Work type : INSTALL FIBER OPTIC PHONE CABLE
Done for : CENTURYLINK
Start date: 11/06/2012 Time: 09:53 Hours notice: 0/0 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: Y
Duration : 1 DAY Depth: 15 FEET

Company : KLS UNDERGROUND INC Type: CONT
Co addr : 8785 WEST 750 NORTH
City : SHIPSHAWANA State: IN Zip: 46565
Caller : DUANE YODER Phone: (260)768-7986
Contact : DUANE YODER - CELL Phone:
BestTime:
Mobile : (260)585-3571
Fax : (888)691-5007
Email : KSHARICK@EMBARQMAIL.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
CREW CUT A NIPSCO GAS SERVICE LINE ON THE WEST SIDE OF OLD IN RT 15 AND 200 FEET
NORTH OF E 900 N--NO LINE DESCRIPTION--GAS BLOWING--WILL CALL NIPSCO--CREW ON
SITE--ADVISED TO CALL 911--PREVIOUS TICKET 1210251624
Will you be white-lining the dig site area? YES
:

Submitted date: 11/06/2012 Time: 09:52
Members: ID2034 ID4121 ID7053 NIPSCO ID5857 SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA GOSPORT 110 MAXIMO WO # _____
 OPERATING AREA CONTACT RMSLEY JOB ORDER # 546576
 TRACKING NUMBER _____ LOCATE REF # _____
 Locate Performed By: _____

DATE AND TIME OF ACCIDENT 1/16/12 @ 1006 M DATE OF REPORT 1/16/12
 PLACE OF DAMAGE (INCLUDE CITY) 24 W 900 N MILFORD

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) 50 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 1006 TIME RESTORED 1400

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: Cut in Half

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

PARTY THAT CAUSED DAMAGES (NAME) _____

ADDRESS OF PARTY (INCLUDE CITY) _____

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE _____

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: _____ (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 checked="" type="checkbox"/> OTHER <u>FIBER</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 type="checkbox"/> BACKHOE/TRACKHOE |
| <input type="checkbox"/> MILLING EQUIPMENT | <input type="checkbox"/> PROBING DEVICE | <input type="checkbox"/> BORING / DRILLING |
| <input type="checkbox"/> EXPLOSIVES | <input checked="" 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 type="checkbox"/> CARELESS MACHINE OPERATOR |
| <input type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED | <input type="checkbox"/> STUB |
| | | <input checked="" type="checkbox"/> OTHER <u>locator Did not locate</u> |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS :

PERSON PREPARING REPORT

Shadd Crisby

FIELD SUPERVISOR

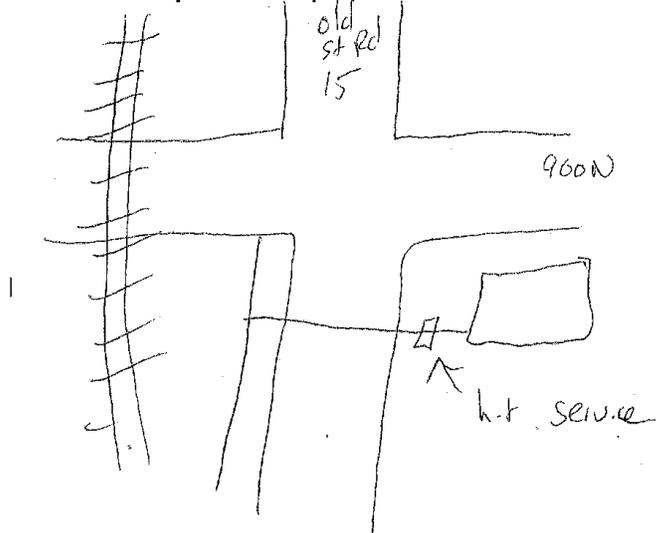
Mark Knisley

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:

Michael Spohrer
Shadd Crisby

DATE:

11/16/12