



INDIANA UTILITY REGULATORY COMMISSION  
101 W. WASHINGTON STREET, SUITE 1500E  
INDIANAPOLIS, INDIANA 46204-3407

<http://www.in.gov/iurc>  
Office: (317) 232-2701  
Facsimile: (317) 232-6758

## Pipeline Safety Division Investigation Report

### Investigation regarding: St Joseph County Highway Dept--riverside

UPPAC Database Record ID: 4106

Report Date: 3/28/2013

Investigator: Howard Friend

Damage Date: 11/9/2012 10:17:07 AM

Damage Address: Pond St, South Bend, St Joseph

### The Parties

Excavator: St Joseph County Highway Dept--riverside

Address: 3301 Riverside Drive, South Bend, In 46628

Facility Owner: NIPSCO

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Drainage

### 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: No

Indiana 811 Ticket Number:

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

**Synopsis:** A natural gas service was damaged during excavation for drainage.

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 12/10/2012. The excavator failed to provide notice of excavation.

**Conclusion:** There was a failure to provide notice of excavation.

**Violation: 8-1-26-16(g) Failure to provide notice of excavation.**



150 West Market Street, Suite 600  
Indianapolis, IN 46204

February 4, 2013

*Via Electronic Transmission – PipelineDamageCase@urc.in.gov*

Pipeline Safety Division – Case No. 4106  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4106

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: 11/9/2012

Event Location: Pond St

Facility Owner: Northern Indiana Public Service Company

Excavator: St Joseph County Highway Dept--riverside

Other Party:

Pipeline Division Case No. 4106

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. 4106</b>	
Date of Event	11/9/2012
Event Location	Pond St
Event City	South Bend
Facility Owner	Northern Indiana Public Service Company
Excavator	St Joseph County Highway Dept--riverside
Date of IURC Information Request	12/5/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	St Joseph Co Highway Dept
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	3301 Riverside Drive
CITY/ STATE/ZIP	South Bend, IN 46628
PREFERRED TELEPHONE	574-277-1020
CELL PHONE TELEPHONE	574-286-3634
EMAIL ADDRESS	
<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	Pond St (19860 Eaton St)
CITY/STATE/ZIP	South Bend
NEAREST INTERSECTION	Pond St
<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.)	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) (\$)	
<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-1211090818
<b>LOCATE INFORMATION:</b>	
EXCAVATOR REQUEST LOCATE (YES/NO)	N

INDIANA 811 LOCATE TICKET NUMBER	
LOCATE MARKS VISIBLE (YES/NO)	N
LOCATE MARKS CORRECT (YES/NO)	N
EXCAVATOR "WHITE LINED" (YES/NO)	N
MAPS USED TO MARK FACILITIES (YES/NO)	N
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)	Y
POLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
No notification made to the one-call center.	

NIPSCO 00276 IUPPSa 11/09/2012 10:17:15 1211090818-00A EMER DAMG GRID

DAMAGE SEE REMARKS

Ticket : 1211090818 Date: 11/09/2012 Time: 10:11 Oper: CJODOM Chan:056

State: IN Cnty: ST JOSEPH Twp: CLAY  
Cityname: SOUTH BEND Inside: N Near: Y  
Subdivision:

*CASE: 9106*

Address :

Street : POND ST

Cross 1 : EATON ST Within 1/4 mile: Y

Location: LOCATE THE SOUTHWEST CORNER OF THE ABOVE INTERSECTION

:

Grids : 4144C8615D 4144B8615D

Boundary: n 41.744129 s 41.741653 w -86.253166 e -86.251648

Work type : REPLACE CULVERT

Done for : ST JOSEPH COUNTY HIGHWAY DEPT

Start date: 11/09/2012 Time: 10:13 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 : ST JOSEPH COUNTY HIGHWAY DEPT--RIVERSIDE Type: OTHR

Co addr : 3301 RIVERSIDE DRIVE

City : SOUTH BEND State: IN Zip: 46628

Caller : TOM CHELMINIAC Phone: (574)277-1020

Contact : TOM CHELMINIAC - CELL Phone:

BestTime:

Mobile : (574)286-3634

Fax : (574)277-5680

Remarks : All tickets are taken and processed on Eastern Daylight Time  
PER TOM CHELMINIAC -- HIT NIPSCO GAS IN THE GRASSY FIELD ON THE WEST SIDE OF  
POND ST -- LINE IS 1/2 PINK SERVICE LINE HAS A WHITE LOCATING TRACER LINE --  
LINE WAS BLOWING -- HAS CALLED NIPSCO -- HAS CALLED 911 -- NO PREVIOUS TICKET  
NUMBER GIVEN -- THANK YOU

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

:

Submitted date: 11/09/2012 Time: 10:11

Members: AEPIN COMCN ID5610 ID5845 NIPSCO SBCIN SM



**NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:**  
ROBERT HAYWOOD

**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?** 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 IN 1/2

**REPLACEMENT FOOTAGE** 10'

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

**WHAT CONTRACTOR EQUIPMENT WAS USED?** NA

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

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

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA 060 MAXIMO WO #

OPERATING AREA CONTACT Tim Armstrong JOB ORDER # 589552

TRACKING NUMBER LOCATE REF #
Locate Performed By:

DATE AND TIME OF ACCIDENT November 9 2012 9:07 M DATE OF REPORT 11-9-12

PLACE OF DAMAGE (INCLUDE CITY) 19860 Eaton St.

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 ( )

DEPTH OF FACILITY (inches) 19" 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: 1

DURATION OF INTERRUPTION: TIME REPORTED 9:05 TIME SHUT OFF 09:10 TIME RESTORED 12:29

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: cut in half

LOCATE MARKS ON SITE: YES ( ) DISTANCE BETWEEN FACILITY AND LOCATE MARKS HOW LOCATED: PAINT ( ) FLAGS ( ) BOTH ( ) WHITE LINED ( )

PARTY THAT CAUSED DAMAGES (NAME) River side District St. Joseph county

ADDRESS OF PARTY (INCLUDE CITY) 3301 Riverside Drive, south Bend, IN 46628

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE John Stevens - supervisor

WITNESS NAME AND ADDRESS
WITNESS REMARKS

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

PHOTOS TAKEN: YES ( ) NO ( ) TAKEN BY: MEDIA ON SITE YES ( ) NO ( ) (ATTACH PHOTOS TO REPORT)

WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW
( ) AGRICULTURE/FARMING ( ) CABLE TV ( ) CURB/SIDEWALK ( ) 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 ( ) 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

COMMENTS :

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

PERSON PREPARING REPORT

Stephen Hershberger

FIELD SUPERVISOR

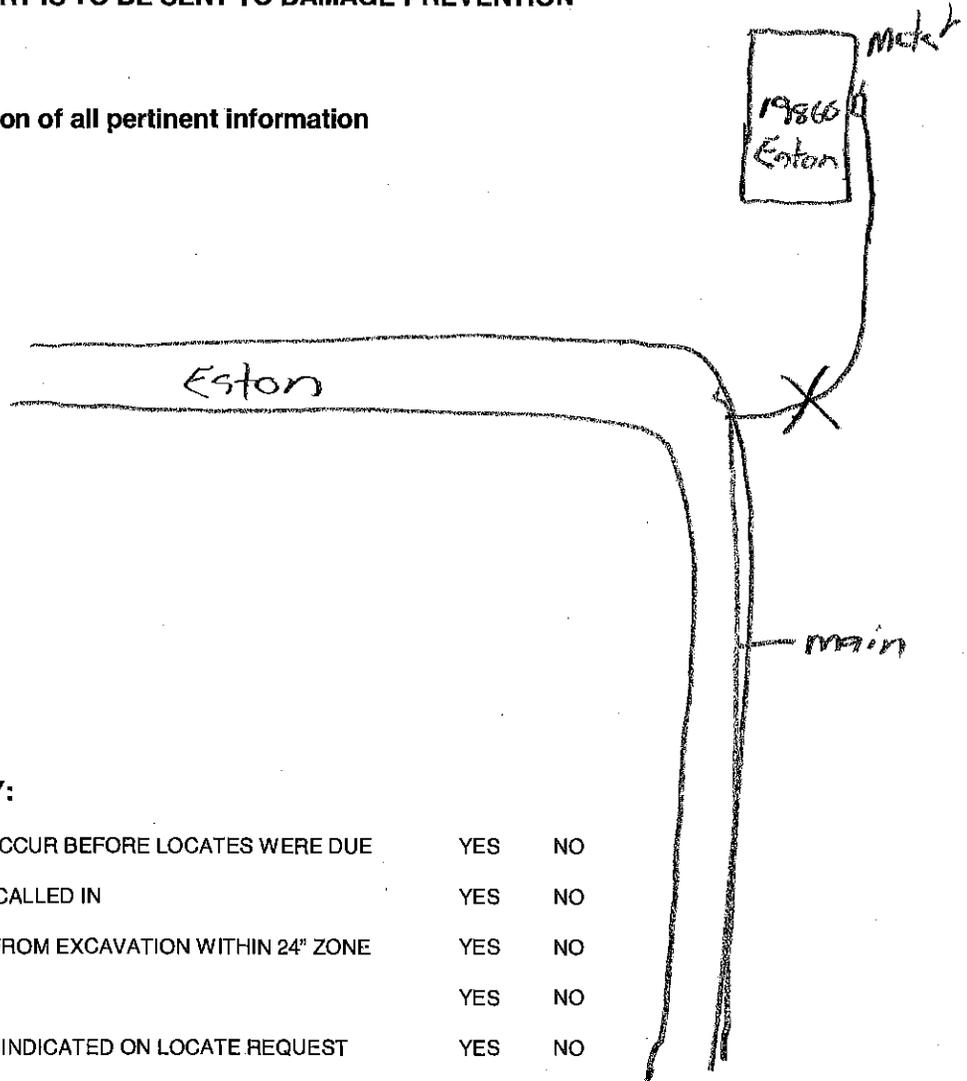
Tim [unclear]

FIELD MANAGER

R. 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: \_\_\_\_\_



**INFORMATION REQUEST**

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

**Case Number:** 4106

*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: st. joseph co. highway dept.

Responsible Party Personal Name: john stevens

Title (if any): supervisor

Address (number and street): 3301 riverside dr.

City, State and ZIP Code: south bend, in 46628

Preferred Telephone Number (area code): 574 - 277 - 1020

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

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

**Facility Information:**

Business Name: same

Responsible Party Personal Name: same

Title (if any): same

Address (number and street): same

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: \_\_\_\_\_

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**Cause of Damage Information**

Type of Equipment (select one): Backhoe/Trackhoe

Type of Work Performed (select one): Drainage

**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*): pond st.

City, State and ZIP Code: south bend, in 46628

Nearest Intersection: pond and eaton

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

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

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

**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

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**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: \_\_\_\_\_

Number of Inpatient Treated: \_\_\_\_\_

Number of Fatalities: \_\_\_\_\_

Fire Department Response:  Yes  No

Police Department Response:  Yes  No

Ambulance Response:  Yes  No

**Additional Information / Comments**

a spure of the moment decision on my part prompted this inexcusable action to take place. i am usually a very safe individual and also when looking out for my workers. i offer no excuses on my part. attempting to complete a job in haste only causes the potential for injuries. for what its worth, iwish to extend my sincere apologies to all parties involved and may i add that this will not happen again. lesson learned. excuse my typing.

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 4106

Your Full Name: john p stevens

Full Name of Business / Entity (if applicable): st. joseph co. highway dept.

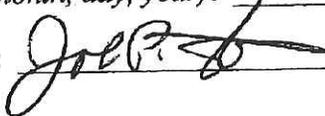
Your Business Title (if applicable): supervisor

Address (number and street): 3301 riverside dr.

City: south bend, State: in. ZIP Code: 46628

Your E-mail Address: jstevens@co.st-joseph.in.us

Today's Date (month, day, year): 12/10/12

Your Signature:  Title (if any) Supervisor

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 4106  
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)**