



Pipeline Safety Division Investigation Report

Investigation regarding: Tiger Plumbing

UPPAC Database Record ID: 4131

Report Date: 5/29/2013

Investigator: Mike Orr

Damage Date: 9/6/2012

Damage Address: 2945 Garfield Ave, Highland, Lake

The Parties

Excavator: **Tiger Plumbing**

Address: 2839 Highway Ave, 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: 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: 1209051715

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

Synopsis: A natural gas service line was damaged while performing work with a backhoe for a water line.

Findings: Reported by Carrie Ludwig (NIPSCO); excavator did not respond to initial notice mailed 11/30/2012. The excavator had a valid Emergency locate to replace a water line and the gas operator provided accurate locate markings; however, a backhoe was used within the two (2) feet exclusion zone.

Conclusion: There was a failure to use hand tools where required.

Violation: IC 8-1-26-20(a)(2) Failure to maintain two (2) feet clearance with mechanized equipment.



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Nov 8, 2012

Who is submitting this information?

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

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

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: Tiger Plumbing

Business address (*number and street*): 2839 Highway Ave

City, State, and ZIP code: Highland, IN 46322

Telephone number (*area code*): (219)838-1151

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Auger

Type of work performed: Unknown/Other

Date and Location of Damage

Date of damage (*month, day, year*): Sep 6, 2012

County: Lake

City: Highland

Street address (*number and street, city, state, and ZIP code*):
2945 Garfield Ave

Nearest intersection: 5th St

Right of way where damage occurred: Private - Land Owner

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? 1

Time to restore service (*in hours*): 3

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$

Affected Facility Information

What type of pipeline was damaged? Natural Gas

What was the affected facility? Service/Drop

What was the depth of the facility, in inches? 36

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1209051715

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: --Failure to use hand tools where required

Additional Comments

Nipsco emergency repair ticket #: 1209062659



150 West Market Street, Suite 600
Indianapolis, IN 46204

February 4, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4131
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4131

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: 9/6/2012

Event Location: 2945 Garfield Ave

Facility Owner: Northern Indiana Public Service Company

Excavator: Tiger Plumbing

Other Party:

Pipeline Division Case No. 4131

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. 4131 | |
| Date of Event | 9/6/2012 |
| Event Location | 2945 Garfield Ave |
| Event City | Highland |
| Facility Owner | Northern Indiana Public Service Company |
| Excavator | Tiger Plumbing |
| Date of IURC Information Request | 12/5/2012 |
| THE PARTIES | |
| EXCAVATOR: | |
| BUSINESS NAME | Tiger Plumbing |
| RESPONSIBLE PARTY PERSONAL NAME | Jeff Blaesing |
| TITLE (IF ANY) | |
| ADDRESS | 2839 Highway Ave |
| CITY/ STATE/ZIP | Highland, IN 46322 |
| PREFERRED TELEPHONE | 219-838-1151 |
| CELL PHONE TELEPHONE | |
| 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 | 2945 Garfield Ave |
| CITY/STATE/ZIP | Highland, IN 46322 |
| NEAREST INTERSECTION | 5 th st. |
| PRODUCT TYPE (Select One) | |
| NATURAL GAS | |
| 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 | |
| Waterway Improvement | |
| Unknown/Other | X |
| | |
| RELEASE OF PRODUCT (YES/NO) | N |
| 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 | 1209051715 |
| 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) | N |
| POLICE DEPARTMENT RESPONSE (YES/NO) | N |
| AMBULANCE RESPONSE (YES/NO) | N |
| ADDITIONAL INFORMATION/COMMENTS | |
| Failure to use hand tools where required, Excavator hit accurately marked facility. | |

NIPSCO 00557 IUPPSa 09/05/2012 11:05:22 1209051715-00A EMER NEW GRID

EMERGENCY

Ticket : 1209051715 Date: 09/05/2012 Time: 11:01 Oper: CSCOTT Chan:001

4131

State: IN Cnty: LAKE Twp: NORTH
Cityname: HIGHLAND Inside: Y Near: N
Subdivision:

Address : 2945
Street : GARFIELD AVE
Cross 1 : 5TH ST Within 1/4 mile: Y
Location: LOCATE THE REAR OF THE PROPERTY INCLUDING BOTH SIDES OF THE ALLEY
:
Grids : 4133C8727C 4133B8727C 4133C8727B 4133B8727B
Boundary: n 41.558872 s 41.557182 w -87.459709 e -87.456383

Work type : REPLACING WATER SERVICE
Done for : SAUGHT
Start date: 09/06/2012 Time: 07:30 Hours notice: 20/20 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 1 DAY Depth: 5 FEET

Company : TIGER PLUMBING Type: CONT
Co addr : 2839 HIGHWAY AVENUE
City : HIGHLAND State: IN Zip: 46322
Caller : JEFF BLAESING Phone: (219)838-1151
Contact : NO Phone:
BestTime:
Fax : (219)838-0051
Email : JDBLAESING@YAHOO.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
Will you be white-lining the dig site area? NO
:

Submitted date: 09/05/2012 Time: 11:01
Members: COMCN IB ID5069 NIPSCO SM

Fact Based Investigation Report

NOTIFICATION ID: 01820120906013 **DISTRICT:** Northern IN
DAMAGE DATE: 9/6/2012 12:00:00 AM **NOTIFICATION DATE:** 9/6/2012 2:38:59 PM
NOTIFIED BY: TAMILA MARTIN Facility Owner
DAMAGE ADDRESS: 2945 GARFIELD AVE X 4TH ST
CITY: HIGHLAND **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 09/06/2012
FROM: 15:00:00 **TO:** 15:25:00

EXCAVATOR INVOLVED: TIGER PLUMBING
TYPE OF EXCAVATION: Water/Sewer Repair

ORIG. LOCATE REQ.: 1209051715 **START DATE/TIME:** 9/6/2012 7:30:00 AM
TYPE OF TICKET: Emergency **LOCATE REQ. INFO N/A:**

DIG UP/DAMAGE REQ.: M62981250 **START DATE/TIME:**

PICTURES TAKEN BY: Garcia Jr, Guillermo **DATE/TIME:** 9/6/2012 3:15:00 PM
PHOTOGRAPHY TYPE: Digital **FRAME #:**

INVESTIGATOR EMP#: 110000 **INVESTIGATOR NAME:** Garcia Jr, Guillermo
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120906013
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** Gas Service
LOCATOR NAME & EMP #: Garcia Jr Guillermo - 131985
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:

gas service was marked correctly, contractor didnt hand expose the line.

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 severed

REPLACEMENT FOOTAGE 2

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) na

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA HAMMOND MAXIMO WO# Co 796656205
OPERATING AREA CONTACT _____ JOB ORDER # 583059
TRACKING NUMBER 018-2012-0906-013 LOCATE REF # _____
Locate Performed By: _____

DATE AND TIME OF ACCIDENT 9/6/12 12:57 M DATE OF REPORT 9/6/12
PLACE OF DAMAGE (INCLUDE CITY) 2945 GARFIELD AVE.

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) 36" 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: _____

DURATION OF INTERRUPTION: TIME REPORTED 12:30 TIME RESTORED 15:30

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 0.25"

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

PARTY THAT CAUSED DAMAGES (NAME) TIGER PLUMBING 838-1151

ADDRESS OF PARTY (INCLUDE CITY) _____

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE ROSS 219-712-9441

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
() 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 Plumbing
() 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



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)
INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Nov 8, 2012

Who is submitting this information?

Name of person providing this information: Carrie Ludwig

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

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: Tiger Plumbing

Business address (*number and street*): 2839 Highway Ave

City, State, and ZIP code: Highland, IN 46322

Telephone number (*area code*): (219)838-1151

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Auger

Type of work performed: Unknown/Other

Date and Location of Damage

Date of damage (month, day, year): Sep 6, 2012

County: Lake

City: Highland

Street address (number and street, city, state, and ZIP code):
2945 Garfield Ave Highland IN

Nearest intersection: 5th St

Right of way where damage occurred: Private - Land Owner

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? 1

Time to restore service (in hours): 3

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$

Affected Facility Information

What type of pipeline was damaged? Natural Gas

What was the affected facility? Service/Drop

What was the depth of the facility, in inches? 36

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1209051715

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: --Failure to use hand tools where required

Additional Comments

Nipsco emergency repair ticket #: 1209062659