



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

<http://www.in.gov/iurc>
Office: (317) 232-2701
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Pipeline Safety Division Investigation Report

Investigation regarding: NIPSCO

UPPAC Database Record ID: 4133

Report Date: 9/12/2013

Investigator: Mike Orr

Damage Date: 9/7/2012

Damage Address: 4955 N Brookside Dr, Michigan City, Laporte

The Parties

Excavator: NIPSCO

Address: 801 East 86th Ave, Merrillville, In 46410

Facility Owner: NIPSCO

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Electric

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: 1209063628

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

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

Findings: Reported by Carrie Ludwig (NIPSCO); 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 4, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4133
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4133

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: 9/7/2012

Event Location: 4955 N Brookside Dr

Facility Owner: Northern Indiana Public Service Company

Excavator: Nipsco

Other Party:

Pipeline Division Case No. 4133

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. 4133	
Date of Event	9/7/2012
Event Location	4955 N Brookside Dr
Event City	Michigan City
Facility Owner	Northern Indiana Public Service Company
Excavator	Nipsco
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Nipsco
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	801 East 86 th Ave
CITY/ STATE/ZIP	Merrillville, IN 46410
PREFERRED TELEPHONE	
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	4955 N Brookside Dr
CITY/STATE/ZIP	Michigan City, IN
NEAREST INTERSECTION	W 500 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	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	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	1209063628
LOCATE MARKS VISIBLE (YES/NO)	Y
LOCATE MARKS CORRECT (YES/NO)	N
EXCAVATOR "WHITE LINED" (YES/NO)	N
MAPS USED TO MARK FACILITIES (YES/NO)	Y
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	Y
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>Untoneable service. Facility could not be found/located.</p>	

NIPSCO 01221 IUPPSa 09/06/2012 23:07:48 1209063628-00A EMER NEW STRT

EMERGENCY EMERGENCY

Ticket : 1209063628 Date: 09/06/2012 Time: 23:02 Oper: LTHOMPSON Chan:021

State: IN Cnty: LAPORTE Twp: COOLSPRING
Cityname: MICHIGAN CITY Inside: N Near: Y
Subdivision:

4133

Address : 4976
Street : N BROOKSIDE DR
Cross 1 : W 500 N Within 1/4 mile: Y
Location: LOCATE BETWEEN PADMOUNT TRANSFORMER 321 AND 322--AT THE ABOVE ADDRESS
:
Grids : 4140B8650A 4140A8650A 4140B8651D 4140A8651D
Boundary: n 41.679729 s 41.677490 w -86.850983 e -86.848495

Work type : REPAIR FAULTED ELECTRIC CABLE
Done for : NIPSCO
Start date: 09/06/2012 Time: 23:04 Hours notice: 0/0 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 1 DAY Depth: 6 FEET

Company : NIPSCO Type: MEMB
Co addr : 801 EAST 86TH AVENUE
City : MERRILLVILLE State: IN Zip: 46410
Caller : DOUG BOYLE Phone: (866)270-3281
Contact : DOUG BOYLE - OFFICE Phone:
BestTime:
Mobile : (866)270-3281
Fax : (219)647-4777

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

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

:

Submitted date: 09/06/2012 Time: 23:02
Members: AN COMCN ID0148 ID2509 ID6683 NIPSCO SBCIN SM

Fact Based Investigation Report

NOTIFICATION ID: 01820120907001 **DISTRICT:** Northern IN
DAMAGE DATE: 9/7/2012 4:00:00 AM **NOTIFICATION DATE:** 9/7/2012 4:11:37 AM
NOTIFIED BY: DOUG BOYLE W/ NIPSCO Facility Owner
DAMAGE ADDRESS: 4976 N BROOKSIDE DR
CITY: MICHIGAN CITY **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 09/07/2012
FROM: 03:20:00 **TO:** 05:40:00

EXCAVATOR INVOLVED: NIPSCO
TYPE OF EXCAVATION: Repair electric

ORIG. LOCATE REQ.: 1209063628 **START DATE/TIME:**
TYPE OF TICKET: **LOCATE REQ. INFO N/A:**

DIG UP/DAMAGE REQ.: M63033836 **START DATE/TIME:**

PICTURES TAKEN BY: Allen O'Donnell **DATE/TIME:** 9/7/2012 5:30:00 AM
PHOTOGRAPHY TYPE: Digital **FRAME #:**

INVESTIGATOR EMP#: 116375 **INVESTIGATOR NAME:** Joe Hendrickson
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120907001
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: *(optional)*

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** Gas Service
LOCATOR NAME & EMP #: ODonnell Allen - 124207
LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:
Other

Other: Locate not complete, Untonable gas service

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:

Emergency locate was called in. This gas service was not giving good signal with direct connect and the tech told NIPSCO Electric crew that he was trying other techniques to locate it. While he was going to hook up at another house to try to feed the service backward, the crew dug up on the side of the main that this service tied in and cut the service. This service was untonable by direct connect and we could not try to finish the locate due to the damage.

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 gas service

REPLACEMENT FOOTAGE N/A

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

WHAT CONTRACTOR EQUIPMENT WAS USED? Backhoe

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S) N/A

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA 160 Laporte MAXIMO WO # _____

OPERATING AREA CONTACT Georgson JOB ORDER # J0569732-16

TRACKING NUMBER _____ LOCATE REF # _____
Locate Performed By: _____

DATE AND TIME OF ACCIDENT Sept. 7 2012 3:00AM DATE OF REPORT 9/7/12

PLACE OF DAMAGE (INCLUDE CITY) 4955 N Brookside Dr. Mch City, IN

DAMAGE WAS TO:

ELECTRIC - POLE / TRANSFORMER: # _____ SIZE N/A 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) 45 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 3:00 Am TIME RESTORED _____

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 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) NipSCO Line

ADDRESS OF PARTY (INCLUDE CITY) _____

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

WITNESS NAME AND ADDRESS Tim Lerrihan

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 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 checked="" 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 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>Service was not Located</u> |

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS: Locate company could not get ready for
this service.

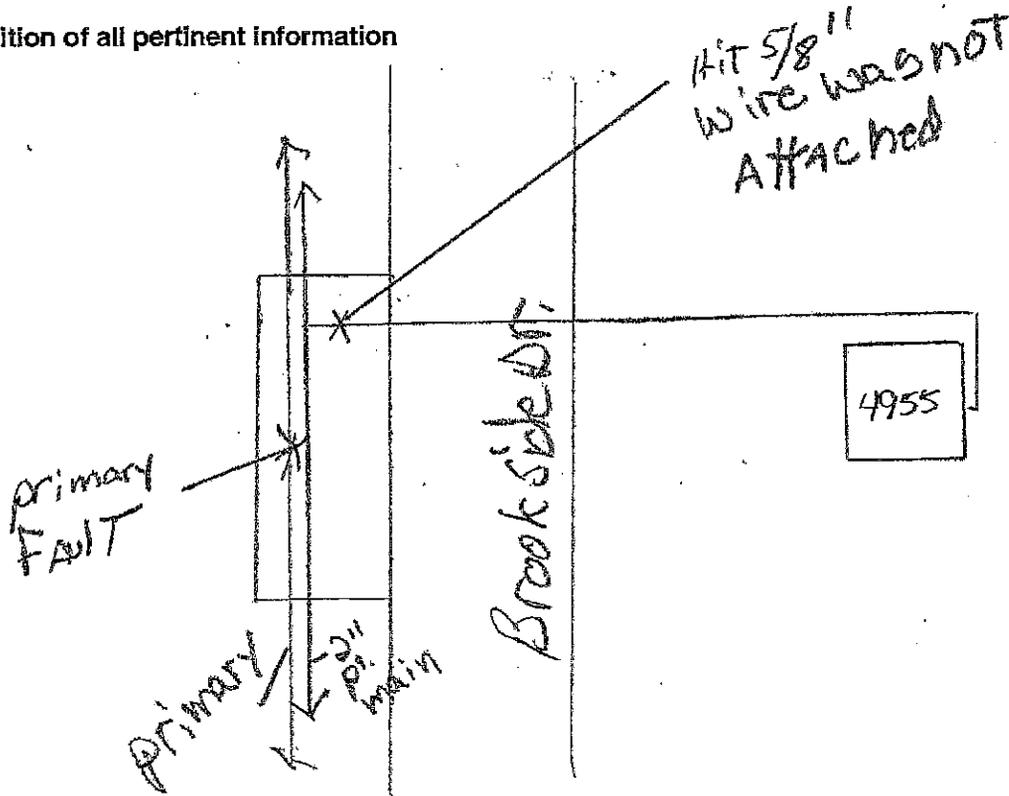
PERSON PREPARING REPORT J. A. Hampton.

FIELD SUPERVISOR _____

FIELD MANAGER _____

- 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: _____