



Pipeline Safety Division Investigation Report

Investigation regarding: Land Excavating

UPPAC Database Record ID: 4135

Report Date: 03/11/2013

Investigator: William Boyd

Damage Date: 9/26/2012

Damage Address: 719 Water St, Ligonier, Noble County

The Parties

Excavator: **Land Excavating** (Contractor)

Address: 11808 St Rd 205 E, P O Box 192, Laotto, In 46763

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Sewer

Damage Impact

Product Release: Yes

Ignition: Yes

Service Interruption: False

Number of Customers Affected: 0

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$126

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1209190363

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

Synopsis: Damage to a natural gas service occurred during excavation to install sewer line.

Findings: Reported by Carrie Ludwig (NIPSCO); excavator's response to initial notice was received on 12/19/2012. Gas service was severed when the trench for the sewer line collapsed.

Conclusion: Excavator failed to ensure that the exposed gas service was protected from further excavation or cave-in.

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 4, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4135
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4135

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: 9/26/2012

Event Location: 719 Water St

Facility Owner: Northern Indiana Public Service Company

Excavator: Land Inc.

Other Party:

Pipeline Division Case No. 4135

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. 4135	
Date of Event	9/26/2012
Event Location	719 Water St
Event City	Ligonier
Facility Owner	Northern Indiana Public Service Company
Excavator	Land Inc.
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Land Inc
RESPONSIBLE PARTY PERSONAL NAME	Harry Brown
TITLE (IF ANY)	
ADDRESS	P.O. BOX 192
CITY/ STATE/ZIP	Laotto, IN 46763
PREFERRED TELEPHONE	260-897-2407
CELL PHONE TELEPHONE	
EMAIL ADDRESS	S.WARNER@APILAND.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	719 Water St
CITY/STATE/ZIP	Ligonier, IN 46767
NEAREST INTERSECTION	Hollister
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)	N
NUMBER OF CUSTOMERS AFFECTED	0
EVACUATION (YES/NO)	N
IF YES, HOW MANY EVACUATED	
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)	X
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	1209190363
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)	0
POLICE DEPARTMENT RESPONSE (YES/NO)	N
AMBULANCE RESPONSE (YES/NO)	N
ADDITIONAL INFORMATION/COMMENTS	
Failure to support exposed facilities.	

NIPSCO 00072 IUPPSa 09/19/2012 08:51:19 1209190363-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1209190363 Date: 09/19/2012 Time: 08:47 Oper: SHARON.WARNER Chan:000

State: IN Cnty: NOBLE Twp: PERRY
Cityname: LIGONIER Inside: Y Near: N
Subdivision:

CASE; 4135

Address :

Street : WATER ST
Cross 1 : HOLLISTER Within 1/4 mile: Y
Location: LOCATE THE WEST RIGHT OF WAY AREA OF WATER STREET FROM THE NORTH SIDE
OF HOLLISTER AND CONTINUE SOUTH TO E MILLER

:
Grids : 4128D8535D 4128C8535D
Boundary: n 41.473370 s 41.470146 w -85.587311 e -85.585716

Work type : SANITARY SEWER INSTALLATION
Done for : CITY OF LIGONIER
Start date: 09/21/2012 Time: 09:00 Hours notice: 48/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 3 WEEKS Depth: 17 FEET

Company : LAND INC Type: CONT
Co addr : PO BOX 192
City : LAOTTO State: IN Zip: 46763
Caller : SHARON WARNER Phone: (260)897-2407
Contact : HARRY BROWN Phone:
BestTime:
Mobile : (260)897-2407
Fax : (260)897-2432
Email : S.WARNER@APILAND.NET

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

:

Submitted date: 09/19/2012 Time: 08:47
Members: AEPIN ID0252 ID3032 ID4123 ID7613 NIPSCO SM

Fact Based Investigation Report

NOTIFICATION ID: 01820120926007

DISTRICT: Northern IN

DAMAGE DATE: 9/26/2012 12:40:00 PM

NOTIFICATION DATE: 9/26/2012 12:53:40 PM

NOTIFIED BY: ANGELA Facility Owner

DAMAGE ADDRESS: 719 WATER ST

CITY: LIGONIER

ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 09/26/2012

FROM: 15:30:00

TO: 16:00:00

EXCAVATOR INVOLVED: API

TYPE OF EXCAVATION: SEWER

ORIG. LOCATE REQ.: 1209200540

START DATE/TIME:

TYPE OF TICKET:

LOCATE REQ. INFO N/A:

DIG UP/DAMAGE REQ.: M65369845

START DATE/TIME:

PICTURES TAKEN BY: MIKEOBERLIN

DATE/TIME: 9/26/2012 4:00:00 PM

PHOTOGRAPHY TYPE: Digital

FRAME #:

INVESTIGATOR EMP#: 113397

INVESTIGATOR NAME: MIKEOBERLIN

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120926007

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF

FACILITY ID: Gas Service

LOCATOR NAME & EMP #: Krauchaar James - 131779

LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:

Contractor Damaged Exposed Facility,
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 Verified Existing Marks By Hooking Up

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

GAS SERVICE EXPOSED WHEN TRENCH CAVED IN PULLING THE LINE INTO. MARKED ACCURATELY

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

U/K

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

U/K

LIST ANY OTHER INDIVIDUALS ON SITE:

U/K

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 SERVICE

REPLACEMENT FOOTAGE 3'

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED?

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)



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: Land Inc.

Business address (*number and street*): 11808 St Rd 20 S E

City, State, and ZIP code: Laotto, IN 46763

Telephone number (*area code*): (260)897-2407

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Sewer (Sanitary/Storm)

Date and Location of DamageDate of damage (*month, day, year*): Sep 26, 2012County: NobleCity: LigonierStreet address (*number and street, city, state, and ZIP code*):719 Water St Ligonier INNearest intersection: Mercer StRight of way where damage occurred: Private - Land OwnerWas there a release of product? YesIf yes, was there an ignition of product? YesWere evacuations necessary as a result of release? NoIf yes, how many evacuated? 0Was there a customer service interruption? NoIf yes, how many affected? 0Time to restore service (*in hours*): _____Enter number of injuries, if applicable and known: 0Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ _____

Affected Facility InformationWhat type of pipeline was damaged? Natural GasWhat was the affected facility? Service/DropWhat was the depth of the facility, in inches? 30

Notification, Locating, MarkingDid excavator request locates prior to commencing work? YesEnter Indiana 811 ticket number, if known: 1209190363

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

If other, please specify: _____

Was site marked by "White Lining"? No

Were special instructions part of the locate request? No

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 support exposed facilities

Additional Comments

NORTHERN INDIANA PUBLIC SERVICE COMPANY

FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Goshen MAXIMO WO # M569294
OPERATING AREA CONTACT Goshen JOB ORDER # 547281
TRACKING NUMBER 018 2012 0926 007 LOCATE REF # _____
Locate Performed By: _____

DATE AND TIME OF ACCIDENT Sept 26 2012 M DATE OF REPORT Sept 26 2012
PLACE OF DAMAGE (INCLUDE CITY) 719 Water St Logansport

DAMAGE WAS TO:

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

OTHER (DESCRIBE) _____

GAS: SERVICE MAIN () SIZE 5 1/8 MATERIAL: PLASTIC STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE) _____

DEPTH OF FACILITY (Inches) 30" 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: _____

DURATION OF INTERRUPTION: TIME REPORTED N/A TIME RESTORED _____

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: Pinch

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

PARTY THAT CAUSED DAMAGES (NAME) P.S.I.

ADDRESS OF PARTY (INCLUDE CITY) 11808 St. Rd 205 E. PO Box 192 LaOro Ind 46763

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Harry Brown

WITNESS NAME AND ADDRESS Harry Brown

WITNESS REMARKS Cave-in

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY N/A REPORT # N/A

FIRE () AGENCY N/A REPORT # N/A

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 type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> POLE/SIGN POST | <input type="checkbox"/> ROAD WORK | <input checked="" 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"/> VACUUM 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 LOCATED 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>Cave-in</u> |

COMMENTS: Cave-in structural beams

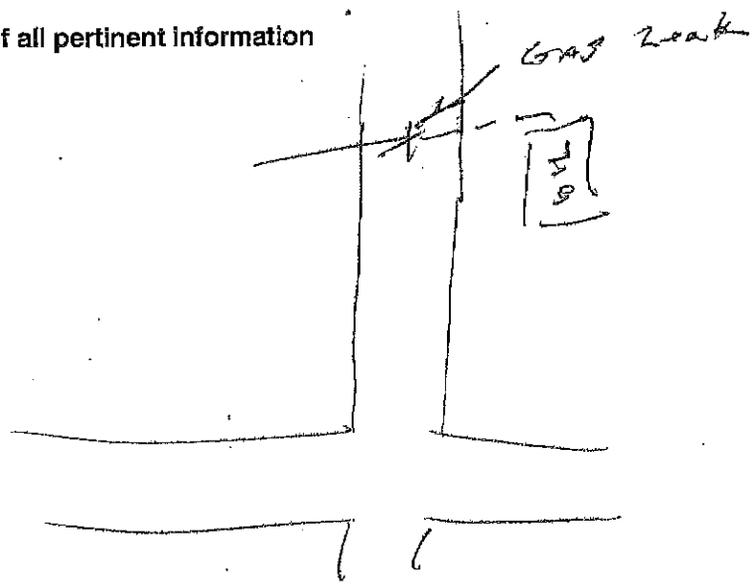
PERSON PREPARING REPORT William Sample

FIELD SUPERVISOR Mark Kinsley

FIELD MANAGER R. Hany

- 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: 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: Land Inc.

Business address (*number and street*): 11808 St Rd 20 S E

City, State, and ZIP code: Laotto, IN 46763

Telephone number (*area code*): (260)897-2407

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Sewer (Sanitary/Storm)

Date and Location of Damage

Date of damage (*month, day, year*): Sep 26, 2012

County: Noble

City: Ligonier

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

Nearest intersection: Mercer 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? Yes

Were evacuations necessary as a result of release? No

If yes, how many evacuated? 0

Was there a customer service interruption? No

If yes, how many affected? 0

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

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? 30

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1209190363

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

If other, please specify: _____

Was site marked by "White Lining"? No

Were special instructions part of the locate request? No

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 support exposed facilities

Additional Comments

From: [Kirk Braun](#)
To: [IURC PipelineDamageCase](#)
Subject: Case # 4135
Date: Wednesday, December 19, 2012 10:37:08 AM
Attachments: [Ligonier Sanitary - IURC Case # 4135 12-19-12.pdf](#)

See attached form 54909 for case # 4135



*"Building Infrastructure
For The 21st Century"*



Kirk Braun, P.E.
P O Box 191
11808 SR 205 E
LaOtto, IN 46763
(260) 897-2743 Office
(260) 897-2432 Fax
www.apiland.net
Equal Opportunity Employer



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4135

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: Land Inc.

Responsible Party Personal Name: Kirk M. Braun

Title (if any): President

Address (number and street): P.O. Box 192

City, State and ZIP Code: Laotto, In 46763

Preferred Telephone Number (area code): 260-897-2407

Cellular Telephone Number (area code): n/a

Email Address: k.braun@apiland.net

Facility Information:

Business Name: NIPSCO

Responsible Party Personal Name: n/a

Title (if any): n/a

Address (number and street): 719 Water Street

City, State and ZIP Code: Ligonier, In 46767

Preferred Telephone Number (area code): n/a

Cellular Telephone Number (area code): n/a

Email Address: n/a

Locator Service Information:

Business Name: SM & P

Responsible Party Personal Name: Chris Rumbaugh, Mike Overlin

Title (*if any*): Field Locater

Address (*number and street*): n/a

City, State and ZIP Code: n/a

Preferred Telephone Number (area code): n/a

Cellular Telephone Number (area code): n/a

Email Address: n/a

Cause of Damage Information

Type of Equipment (*select one*):

Type of Work Performed (*select one*):

Other Information (Witness, Police, Fire, Other):

Personal Contact: Harry Brown

Business/Organization Name: Land Inc.

Title (*if any*): Foreman

Address (*number and street*): P.O. Box 192, 11808 SR 205 East

City, State and ZIP Code: Laotto, In 46763

Preferred Telephone Number (area code): 260-897-2407

Cellular Telephone Number (area code): 260-417-6696

Email Address: n/a

Utility Line Impact

Location of Damage:

Address (*number and street*): 719 Water Street

City, State and ZIP Code: Ligonier, In 46767

Nearest Intersection: Miller Street

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Service/Drop

Size (Diameter/etc.): 3/4"

Pressure (PSIG/Inches): unknown

Interruption in Service: Yes No **Number of Customers Affected:** 0

Evacuation: Yes No **If yes, How Many Evacuated?** _____

Repair Cost (if known): \$ 125.99

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: 1209200540, 1209190345

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: none

Number of Inpatient Treated: none

Number of Fatalities: none

Fire Department Response: Yes No

Police Department Response: Yes No

Ambulance Response: Yes No

Additional Information / Comments

3/4" line was properly located but accidently severed by Land Inc. crew.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4135

Your Full Name: Kirk M. Braun

Full Name of Business / Entity (if applicable): Land Inc.

Your Business Title (if applicable): President

Address (number and street): P.o. Box 192, 11808 SR 205 East

City: Laotto State: In ZIP Code: 46763

Your E-mail Address: k.braun@apiland.net

Today's Date (month, day, year): 12/19/2012

Your Signature:  Title (if any) Pres

Please return your Narrative Statement to:

Pipeline Safety Division -- Case Number 4135
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov