



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: City Of Laporte Water Department

UPPAC Database Record ID: 4136

Report Date: 3/11/2013

Investigator: Howard Friend

Damage Date: 9/24/2012

Damage Address: 721 Ziegler Rd, Laporte, Laporte

The Parties

Excavator: **City Of Laporte Water Department**

Address: 1119 Lake St, Laporte , In 46350

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

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): \$2308

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1209203116

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

Synopsis: A natural gas main was damaged during excavation for a water line.

Findings: Reported by Tommy Buher (NIPSCO); excavator's response to initial notice was received on 12/27/2012. The water department provided notice of excavation on Thursday, September 20th at 4:57PM. The damage occurred the following Monday, September 24th at 10:50AM. The operator provided notes indicating the gas line was not on the maps however, the excavator started excavation prior to the two full working days after providing notice of excavation.

Conclusion: The excavator started excavation prior to the two full working days after providing notice of excavation.

Violation: 8-1-26-16(g)(prior) Failure to provide notice of excavation - damage occurred prior to two working days from request date.



150 West Market Street, Suite 600
Indianapolis, IN 46204

February 4, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4136
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4136

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: 9/24/2012

Event Location: 721 Ziegler Rd

Facility Owner: Northern Indiana Public Service Company

Excavator: City Of Laporte Water Department

Other Party:

Pipeline Division Case No. 4136

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,

A handwritten signature in black ink, appearing to read "Christopher Earle".

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. 4136	
Date of Event	9/24/2012
Event Location	721 Ziegler Rd
Event City	Laporte
Facility Owner	Northern Indiana Public Service Company
Excavator	City Of Laporte Water Department
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	La Porte Waterworks
RESPONSIBLE PARTY PERSONAL NAME	Keith Atkins
TITLE (IF ANY)	
ADDRESS	1119 Lake St
CITY/ STATE/ZIP	La Porte, IN 46350
PREFERRED TELEPHONE	219-326-9540
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	
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	721 Zeigler Rd
CITY/STATE/ZIP	La Porte, IN 46350
NEAREST INTERSECTION	
PRODUCT TYPE (Select One)	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
FACILITY TYPE (Select One)	
DISTRIBUTION	X
GATHERING	
SERVICE/DROP	
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	2"
PRESSURE (PSIG/INCHES)	
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	1
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)	
Site Development	
Steam	
Storm Drain/Culvert	
Street Light	
Telecommunications	
Traffic Signal	
Traffic Sign	
Water	X
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	1209203116
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
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	
<p>Notification to one-call made after 5:00 on 9/20, so considered received at 7:00 am on Friday 9/21, Contractor dug before ticket was due.</p> <p>Nipsco emergency repair ticket #: 1209241483</p>	

NIPSCO 01062 IUPPSa 09/20/2012 17:10:30 1209203116-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1209203116 Date: 09/20/2012 Time: 16:57 Oper: SPOPE Chan:044

State: IN Cnty: LAPORTE Twp: CENTER
Cityname: LA PORTE Inside: Y Near: N
Subdivision:

CASE 14136

Address : 721
Street : ZIEGLER RD
Cross 1 : 5TH ST Within 1/4 mile: Y
Location: LOCATE THE FRONT OF PROPERTY
:
Grids : 4135A8644B 4136D8644B 4135A8644A 4136D8644A
Boundary: n 41.602955 s 41.598991 w -86.748100 e -86.743477

Work type : WATER MAIN WORK
Done for : LAPORTE WATERWORKS
Start date: 09/24/2012 Time: 17:15 Hours notice: 96/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 1 DAY Depth: 6 FEET

Company : LAPORTE WATERWORKS Type: MEMB
Co addr : 1119 LAKE STREET
City : LAPORTE State: IN Zip: 46350
Caller : CLYDE BRODHACKER Phone: (219)326-9540
Contact : KEITH ATKINS - OFFICE Phone:
BestTime:
Mobile : (219)326-9540
Fax : (219)326-9135

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

Submitted date: 09/20/2012 Time: 16:57
Members: COMCN ID0252 ID2354 ID5693 ID8000 NIPSCO SM

Fact Based Investigation Report

NOTIFICATION ID: 01820120924005 DISTRICT: Northern IN
DAMAGE DATE: 9/24/2012 10:50:00 AM NOTIFICATION DATE: 9/24/2012 10:55:38 AM
NOTIFIED BY: MARCIA KING Other
DAMAGE ADDRESS: 721 ZIEGLER RD
CITY: LA PORTE ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 09/24/2012
FROM: 10:45:00 TO: 14:00:00

EXCAVATOR INVOLVED: LAPORTE WATERWORKS
TYPE OF EXCAVATION: Install Hydrant

ORIG. LOCATE REQ.: 1209203116 START DATE/TIME: 9/24/2012 5:15:00 PM
TYPE OF TICKET: Routine LOCATE REQ. INFO N/A:

DIG UP/DAMAGE REQ.: M64981177 START DATE/TIME: 9/24/2012 10:10:00 AM

PICTURES TAKEN BY: Jeff Crandall DATE/TIME: 9/24/2012 1:30:00 PM
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: 01820120924005
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF FACILITY ID: Gas Main
LOCATOR NAME & EMP #: Veach Eric - 113212
LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:
Contractor Dug Before Ticket Due

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:
This locate was left open and the tech had made a call to NIPSCO records because this affects the NIPSCO training center which is vague on the prints. The ticket was not due yet and the crew had gone out to the site on the morning it was due. They had called the tech and asked what was there, he responded saying he thought there was nothing in their way but was

waiting on a call back from records to confirm or inform him differently. The crew proceeded to dig and hit the gas main. This main is not on prints.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

Steve Georgian - NIPSCO -

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

Keith - LaPorte Waterworks - Didn't know it was there and saw that there were no marks.

LIST ANY OTHER INDIVIDUALS ON SITE:

N/A

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 gas main

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



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Oct 1, 2012

Who is submitting this information?

Name of person providing this information: Tommy Buher

Business address (*number and street*): 3511 E. 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: City of Laporte Water Department

Business address (*number and street*): 1119 Lake St

City, State, and ZIP code: Laporte, IN 46350

Telephone number (*area code*): 219-326-9540

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Municipality

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Water

Date and Location of DamageDate of damage (month, day, year): Sep 24, 2012County: LaporteCity: LaporteStreet address (number and street, city, state, and ZIP code):
721 Ziegler Rd ,Laporte,IN 46350Nearest intersection: Rt 2Right of way where damage occurred: Public - City StreetWas there a release of product? YesIf yes, was there an ignition of product? NoWere evacuations necessary as a result of release? NoIf yes, how many evacuated? 0Was there a customer service interruption? YesIf yes, how many affected? 1Time to restore service (in hours): 7Enter number of injuries, if applicable and known: 0Enter number of fatalities, if applicable and known: 0Property damage, Estimate \$

Affected Facility InformationWhat type of pipeline was damaged? Natural GasWhat was the affected facility? DistributionWhat was the depth of the facility, in inches? 36

Notification, Locating, MarkingDid excavator request locates prior to commencing work? YesEnter Indiana 811 ticket number, if known: 1209203116

Was the locate request completed within two working days? Unknown/Other

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? No

Were facilities marked correctly? Unknown/Other

Type of markings used: Other

If other, please specify: dug before locate request was due

Was site marked by "White Lining"? No

Were special instructions part of the locate request? No

Were maps used to complete the locate request? Unknown/Other

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? No

Description of Cause

Select from the list the most accurate cause for the damage: Other

Additional Comments

Locate request due on 9-24-12 at 5:15pm.

Contractor dug before the ticket was due.

Nipsco emergency repair ticket 1209241483.

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA LAPORTE MAXIMO WO # M564656
OPERATING AREA CONTACT ELM / 62003007 JOB ORDER # 444741-16
TRACKING NUMBER 018 2012 0924 005 LOCATE REF # NONE
Locate Performed By: USIC safe

DATE AND TIME OF ACCIDENT September 24 2012 9:45 AM DATE OF REPORT September 24, 2012
PLACE OF DAMAGE (INCLUDE CITY) 721 Ziebler Rd, LaPorte

DAMAGE WAS TO:

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

OTHER (DESCRIBE) _____

GAS: SERVICE () MAIN SIZE 2" MATERIAL: PLASTIC STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE) _____

DEPTH OF FACILITY (Inches) 36IN 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 10:00 TIME RESTORED 17:00

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: COT IN HALF / 2IN

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

PARTY THAT CAUSED DAMAGES (NAME) City of LaPorte Water Department

ADDRESS OF PARTY (INCLUDE CITY) 1119 Lake St

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Keith Adkins 219-329-9540

WITNESS NAME AND ADDRESS _____

WITNESS REMARKS _____

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY _____ REPORT # _____
FIRE () AGENCY NONE 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 checked="" 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 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 checked="" 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 () OTHER _____ |

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS:

Water Dept did not have locates, second 2" main at LaPorte Training Center

PERSON PREPARING REPORT

Adam Daniselsen

FIELD SUPERVISOR

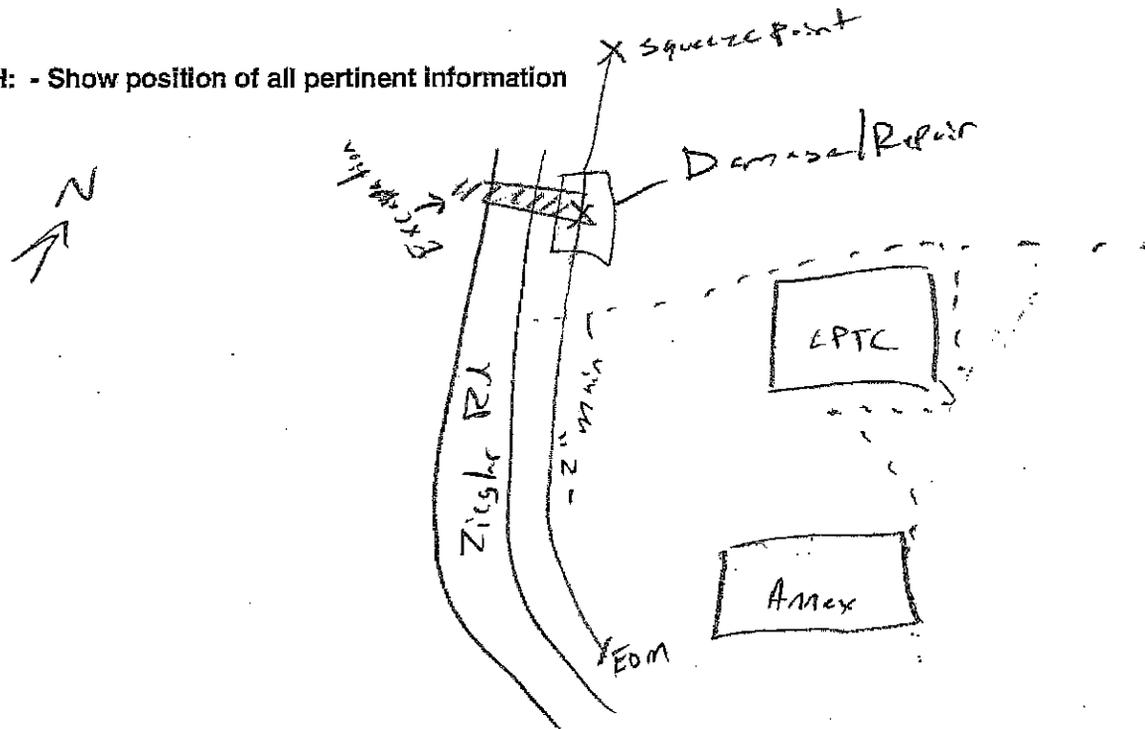
Steve Goussin / Rick Elmer

FIELD MANAGER

John Todd

- 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: Oct 1, 2012

Who is submitting this information?

Name of person providing this information: Tommy Buher (NIPSCo)

Business address (*number and street*): 3511 E. 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: City of Laporte Water Department

Business address (*number and street*): 1119 Lake St

City, State, and ZIP code: Laporte, IN 46350

Telephone number (*area code*): 219-326-9540

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Municipality

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Water

Date and Location of Damage

Date of damage (*month, day, year*): Sep 24, 2012

County: Laporte

City: Laporte

Street address (*number and street, city, state, and ZIP code*):
721 Ziegler Rd

Nearest intersection: Rt 2

Right of way where damage occurred: Public - City Street

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*): 7

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? Distribution

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: 1209203116

Was the locate request completed within two working days? Unknown/Other

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? No

Were facilities marked correctly? Unknown/Other

Type of markings used: Other

If other, please specify: dug before locate request was due

Was site marked by "White Lining"? No

Were special instructions part of the locate request? No

Were maps used to complete the locate request? Unknown/Other

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? No

Description of Cause

Select from the list the most accurate cause for the damage: --Notification to one-call center made but not sufficient

Additional Comments

Locate request due on 9-24-12 at 5:15pm.

Contractor dug before the ticket was due.

Nipsco emergency repair ticket 1209241483.

Excavator began work before the locate was due. MAO 10/3/2012.



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4136

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: City of La Porte Water Works

Responsible Party Personal Name: Todd A. Taylor

Title (if any): Director

Address (number and street): 1119 Lake Street

City, State and ZIP Code: La Porte, IN 46350

Preferred Telephone Number (area code): 219-326-9540

Cellular Telephone Number (area code): 219-608-9823

Email Address: lpwatersuper@comcast.net

Facility Information:

Business Name: Northern Indiana Public Service Company

Responsible Party Personal Name: _____

Title (if any): _____

Address (number and street): 721 Ziegler Road

City, State and ZIP Code: La Porte, IN 46350

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Locator Service Information:

Business Name: NIPSCO contract locate service

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: _____

Cause of Damage Information

Type of Equipment (select one): Backhoe/Trackhoe

Type of Work Performed (select one): Water

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

Personal Contact: Keith Adkins

Business/Organization Name: La Porte Water Works

Title (if any): Distribution Supervisor

Address (number and street): 1119 Lake Street

City, State and ZIP Code: La Porte, IN 46350

Preferred Telephone Number (area code): 219-326-9540

Cellular Telephone Number (area code): 219-608-9823

Email Address: lpwaterpipes@comcast.net

Utility Line Impact

Location of Damage:

Address (*number and street*): 721 Ziegler Road

City, State and ZIP Code: La Porte, IN 46350

Nearest Intersection: West 5th Street

Product Type (*select one*): Natural Gas

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

Size (Diameter/etc.): 2"

Pressure (PSIG/Inches): NA

Interruption in Service: Yes No **Number of Customers Affected:** 1

Evacuation: Yes No **If yes, How Many Evacuated?** 22

Repair Cost (if known): \$ 2,307.97

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: 1209203116

- 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

Water Department Crew was installing water main. Called for locate on 9/20/12 (Thursday) in anticipation of next phase of water main installation to proceed on 9/24/12 (Monday). Water crew met with locator on site on 9/21/12 to discuss construction work for clear understanding of work. No gas line was marked as locator indicated his drawings did not shown anything in area to be excavated. Other utility in area was marked (phone).

When excavating in project area on 9/24/12 (Monday) Water Department excavator hit and damaged unmarked gas main.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4136

Your Full Name: Todd A. Taylor

Full Name of Business / Entity (if applicable): City of La Porte Water Works

Your Business Title (if applicable): Director

Address (number and street): 1119 Lake Street

City: La Porte State: IN ZIP Code: 46350

Your E-mail Address: lpwatersuper@comcast.net

Today's Date (month, day, year): 12/27/12

Your Signature:  Title (if any) Director

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 4136
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov