



## Pipeline Safety Division Investigation Report

### Investigation regarding: Creek Enterprises

UPPAC Database Record ID: 4141

Report Date: 6/3/2013

Investigator: Mike Orr

Damage Date: 9/13/2012

Damage Address: Spruce & Plymouth Laporte Trail, Plymouth, Marshall

### The Parties

Excavator: **Creek Enterprises**

Address: 1995 E Us Hwy 20, Lagrange, In 46761

Facility Owner: **NIPSCO**

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Trencher

Type of Work Performed: Telecommunications

### Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: False

Number of Customers Affected: 0

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

### Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1208012694

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

**Synopsis:** A natural gas service facility was damaged by a trencher while performing work for telecommunications.

**Findings:** Reported by Carrie Ludwig (NIPSCO); excavator did not respond to initial notice mailed 11/30/2012. Excavator damaged a natural gas facility and had allowed the locate ticket to expire creating the same condition as never having had a locate ticket.

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

**Violation: IC 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. 4141  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4141

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: 9/13/2012

Event Location: Spruce & Plymouth Laporte Trail

Facility Owner: Northern Indiana Public Service Company

Excavator: Creek Enterprises

Other Party:

Pipeline Division Case No. 4141

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. 4141</b>                 |   |
| Date of Event   | 9/13/2012                               |
| Event Location  | Spruce & Plymouth Laporte Trail         |
| Event City  | Plymouth                                |
| Facility Owner  | Northern Indiana Public Service Company |
| Excavator   | Creek Enterprises                       |
| Date of IURC Information Request                              | 12/5/2012                               |
| <b>THE PARTIES</b>  |   |
| <b>EXCAVATOR:</b>   |   |
| BUSINESS NAME   | Creek Enterprise                        |
| RESPONSIBLE PARTY PERSONAL NAME                               |   |
| TITLE (IF ANY)  |   |
| ADDRESS   | 1995 E US 20                            |
| CITY/ STATE/ZIP   | LaGrange, IN, 46761                     |
| PREFERRED TELEPHONE   | 260-463-5005                            |
| CELL PHONE TELEPHONE  |   |
| 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  |   |
| EMAIL ADDRESS   | morganthompson@usicinc.com              |
| <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                               | Plymouth LaPorte Trail  |
| CITY/STATE/ZIP                        | Plymouth, IN            |
| NEAREST INTERSECTION                  | W 6 <sup>th</sup> Rd    |
| <b>PRODUCT TYPE (Select One)</b>      |                         |
| NATURAL GAS                           | X                       |
| LIQUID PIPELINE                       |                         |
| UNKNOWN/OTHER                         |                         |
| <b>FACILITY TYPE (Select One)</b>     |                         |
| DISTRIBUTION                          |                         |
| GATHERING                             |                         |
| SERVICE/DROP                          | X (In service gas stub) |
| 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) (\$)           |                         |
| <b>CAUSE OF DAMAGE INFORMATION:</b>   |                         |
| <b>TYPE OF EQUIPMENT (Select One)</b> |                         |
| Auger                                 |                         |
| Backhoe/Trackhoe                      |                         |
| Boring/Drilling                       |                         |
| Directional Drilling                  |                         |
| Explosives                            |                         |
| Farm Equipment                        |                         |
| Grader/Scraper                        |                         |
| Hand Tools                            |                         |
| Milling Equipment                     |                         |
| Probing Device                        |                         |

|  |   |
|--|---|
| Trancher                                   | X |
| Vacuum Equipment                           |   |
| Unknown/Other                              |   |
| <b>TYPE OF WORK PERFORMED (Select One)</b> |   |
| 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                         | X |
| 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 |
| <b>LOCATE INFORMATION:</b>                 |   |
| EXCAVATOR REQUEST LOCATE (YES/NO)          | Y |

|  |            |
|--|------------|
| INDIANA 811 LOCATE TICKET NUMBER   | 1208012694 |
| 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)  | N          |
| POLICE DEPARTMENT RESPONSE (YES/NO)  | N          |
| AMBULANCE RESPONSE (YES/NO)  | N          |
| <b>ADDITIONAL INFORMATION/COMMENTS</b>   |            |
| <p>Facility could not be found or located.<br/> Nipsco emergency repair ticket #: 1209131816</p> |            |

NIPSCO 00884 IUPPSa 08/01/2012 15:28:06 1208012694-00A NORM NEW GRID

NORMAL NOTICE SEE REMARKS BELOW

Ticket : 1208012694 Date: 08/01/2012 Time: 15:21 Oper: AMBER.RANDALL Chan:000

State: IN Cnty: MARSHALL Twp: POLK  
Cityname: PLYMOUTH Inside: N Near: Y  
Subdivision:

Case: 4141

Address :

Street : PLYMOUTH LAPORTE TRL

Cross 1 : W 6 RD Within 1/4 mile: Y

Location: AT THE INTERSECTION OF PLYMOUTH LAPORTE TRAIL AND WEST 6 ROAD START  
LOCATING 5000 FEET SOUTH OF WEST 6 ROAD LOCATE THE EAST SIDE OF PLYMOUTH LAPORTE  
TRAIL HEADING SOUTH FOR 225 FEET

\*\*\*Boring Where = UNDER DRIVEWAYS

:

Grids : 4122B8624B

Boundary: n 41.378693 s 41.377254 w -86.411621 e -86.409386

Work type : INSTALLING PHONE CABLE

Done for : CENTURYLINK

Start date: 08/03/2012 Time: 15:45 Hours notice: 48/48 Priority: NORM

Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: N

Duration : 2 WEEKS Depth: 4 FEET

Company : CREEK ENTERPRISE Type: CONT

Co addr : 1995 E US RT 20

City : LAGRANGE State: IN Zip: 46761

Caller : AMBER RANDALL Phone: (260)463-5005

Contact : NONE Phone:

BestTime:

Fax : (260)463-5006

Email : AMBER@CREEKENTERPRISE.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time  
CENTURYLINK NEED NOT RESPOND

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

:

Submitted date: 08/01/2012 Time: 15:21

Members: ID2034 ID3161 ID5344 NIPSCO ID5857 SM

**Fact Based Investigation Report**

**NOTIFICATION ID:** 01820120913004                      **DISTRICT:** Northern IN  
**DAMAGE DATE:** 9/13/2012 10:45:00 AM    **NOTIFICATION DATE:** 9/13/2012 11:58:54 AM  
**NOTIFIED BY:** JAMELA MARTIN Facility Owner  
**DAMAGE ADDRESS:** X SPRUCE & PLYMOUTH TR.  
**CITY:** PLYMOUTH                      **ST:** IN    **ZIP:**

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**DAMAGED CUSTOMER:** NIPSCO

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**INVESTIGATION DATE:** 09/13/2012  
**FROM:** 12:30:00                                      **TO:** 13:00:00

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**EXCAVATOR INVOLVED:** CREEKSIDE ENTERPRISES  
**TYPE OF EXCAVATION:** PHONE INSTALL

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**ORIG. LOCATE REQ.:** 1208240545                      **START DATE/TIME:**  
**TYPE OF TICKET:**                                      **LOCATE REQ. INFO N/A:**

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**DIG UP/DAMAGE REQ.:** 1209131816                      **START DATE/TIME:**

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**PICTURES TAKEN BY:** JIM HOSTETLER    **DATE/TIME:** 9/13/2012 1:00:00 PM  
**PHOTOGRAPHY TYPE:** Digital                      **FRAME #:** NA

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**INVESTIGATOR EMP#:** 125835                      **INVESTIGATOR NAME:** JIM HOSTETLER  
**BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?** No

**Fact Based Investigation Customer Information**

**NOTIFICATION ID:** 01820120913004  
**SELECT A CUSTOMER:** NIPSCO  
**CUSTOMER #:** *(optional)*

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**FACILITY DESCRIPTION:** LOWPROF                      **FACILITY ID:** Gas Service  
**LOCATOR NAME & EMP #:** Hostetler Jim - 125835  
**LOCATOR NOT KNOWN:**

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**CHECK ALL THAT APPLY TO INVESTIGATION:**

Other

**Other:** STUBBED SERVICE

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**CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):**

Visual, Facility Exposed At Time Of Investigation,

Investigation Results Verified By Utility Representative

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**INVESTIGATOR STATEMENT/CAUSAL FACTORS:**

CONTRACTOR CUT A GAS SERVICE THAT WAS STUBBED AWAY FROM MAIN, NO HOME, NO METER, NO RISER ON PROPERTY, CUT OFF AT MAIN NOW.

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

SERVICE WAS CUT OFF AWAY FROM MAIN, RISER WAS PULLED, HOME WAS REMOVED.

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

NA

**LIST ANY OTHER INDIVIDUALS ON SITE:**

NA

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**WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL?** Yes

**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 STUBBED SERVICE

**REPLACEMENT FOOTAGE** CUT OFF AT MAIN

**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)**



## 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: Creek Enterprises

Business address (*number and street*): 1995 E US Hwy 20

City, State, and ZIP code: Lagrange, IN 46761

Telephone number (*area code*): (260)463-5005

Fax number (*area code*): \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Trencher

Type of work performed: Telecommunications

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**Date and Location of Damage**Date of damage (*month, day, year*): Sep 13, 2012County: MarshallCity: PlymouthStreet address (*number and street, city, state, and ZIP code*):  
Spruce & Plymouth Laporte Trail Plymouth INNearest intersection: W 6 RdRight of way where damage occurred: Unknown/OtherWas 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? NoIf yes, how many affected? 0Time to restore service (*in hours*): 0Enter number of injuries, if applicable and known: 0Enter number of fatalities, if applicable and known: 0Property damage, Estimate \$ 

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**Affected Facility Information**What type of pipeline was damaged? Natural GasWhat was the affected facility? Service/DropWhat was the depth of the facility, in inches? 32

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**Notification, Locating, Marking**Did excavator request locates prior to commencing work? YesEnter Indiana 811 ticket number, if known: 1208012694

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? No

Type of markings used: Other

If other, please specify: unknown

Was site marked by "White Lining"?

Were special instructions part of the locate request? Unknown/Other

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

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### **Description of Cause**

Select from the list the most accurate cause for the damage: --Facility could not be found/located

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### **Additional Comments**

Nipsco emergency repair ticket #: 1209131816

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA 070 MAXIMO WO#
OPERATING AREA CONTACT Bob Somers JOB ORDER# 566552
TRACKING NUMBER 018 2012 0913 004 LOCATE REF# 1208012694
Locate Performed By: 451C

DATE AND TIME OF ACCIDENT SEPT. 13 2012, 11 AM DATE OF REPORT SEPT. 13, 2012

PLACE OF DAMAGE (INCLUDE CITY) SPLUCE & PLYMOUTH LA POITE TOL, PLYMOUTH
1/4 MILE NORTH OF SPLUCE

DAMAGE WAS TO:

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

OTHER (DESCRIBE)

GAS: SERVICE (X) MAIN ( ) SIZE 5/2 MATERIAL: PLASTIC (X) STEEL ( ) METER ( ) REG STATION ( ) STUB (X)
OTHER (DESCRIBE)

DEPTH OF FACILITY (Inches) 32" PRESSURE (PSI) 40 Lbs.

RELEASE OF GAS: YES (X) NO ( ) IGNITION OF GAS: YES ( ) NO (X) EVACUATION REQUIRED: YES ( ) # NO (X)

INTERRUPTION OF SERVICE: YES ( ) NO (X) NUMBER OF CUSTOMERS LOST: 0

DURATION OF INTERRUPTION: TIME REPORTED 12:11 AM TIME SHUT OFF 1:45 PM TIME RESTORED NA

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 5/8"

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

PARTY THAT CAUSED DAMAGES (NAME) CREEK ENTERPRISES

ADDRESS OF PARTY (INCLUDE CITY) 1995E US HWY 20, LAGUNGE, IN 46761

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE MIKE STITES

WITNESS NAME AND ADDRESS

WITNESS REMARKS

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY REPORT #

FIRE ( ) AGENCY REPORT #

OTHER ( ) Any Injuries? ( ) YES # (X) NO

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

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

COMMENTS: Contractor HIT UNMARKED STUB/RETIRED SERVICE  
WHILE PLOWING IN FIBER CABLE

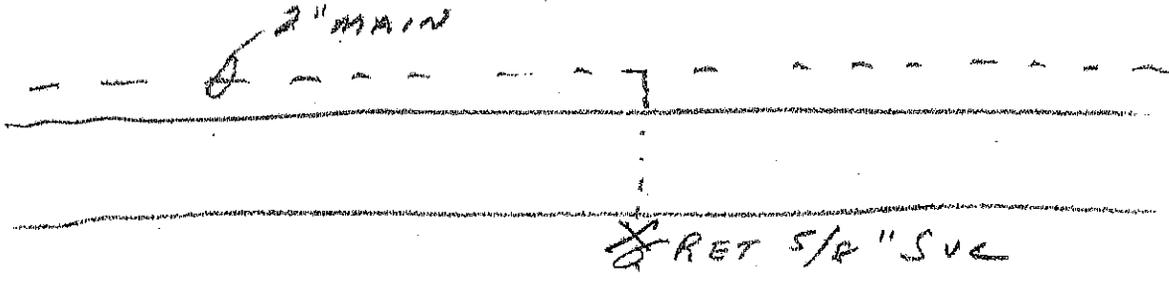
PERSON PREPARING REPORT JAMES GLEATHOUSE

FIELD SUPERVISOR BOB SOMERS

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: James Gleathouse DATE: 9-13-12



## 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

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### 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

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### Excavator Information, if known

Full name: Creek Enterprises

Business address (*number and street*): 1995 E US Hwy 20

City, State, and ZIP code: Lagrange, IN 46761

Telephone number (*area code*): (260)463-5005

Fax number (*area code*): \_\_\_\_\_

E-mail address: \_\_\_\_\_

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### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Trencher

Type of work performed: Telecommunications

---

**Date and Location of Damage**

Date of damage (*month, day, year*): Sep 13, 2012

County: Marshall

City: Plymouth

Street address (*number and street, city, state, and ZIP code*):  
Spruce & Plymouth Laporte Trail

Nearest intersection: W 6 Rd

Right of way where damage occurred: Unknown/Other

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? No

If yes, how many affected? 0

Time to restore service (*in hours*): 0

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$

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**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? 32

---

**Notification, Locating, Marking**

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1208012694

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? No

Type of markings used: Other

If other, please specify: unknown

Was site marked by "White Lining"?

Were special instructions part of the locate request? Unknown/Other

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

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### **Description of Cause**

Select from the list the most accurate cause for the damage: --No notification made to the one-call center

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### **Additional Comments**

Nipsco emergency repair ticket #: 1209131816

Locate had expired. Had the locate been called back in for a facility locate; then, the facility possibly would have been marked. MAO 11/16/2012.