



Pipeline Safety Division Investigation Report

Investigation regarding: **INDOT**

UPPAC Database Record ID: 4151

Investigator: Mike Orr

Report Date: 3/7/2013

Damage Date: 9/12/2012

Damage Address: Hwy 49

City: Wheatfield

County: Jasper

The Parties

Excavator: **INDOT**

Contact: Jerry Vaughn

Address: 9958 N 600 E, Roselawn, In 46372

Telephone: 219-345-4400

Facility Owner: NIPSCO

Contact: Kit Earle

Address: 150 W Market Street, Indianapolis, IN 46204

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Investigation regarding: INDOT

UPPAC Database Record ID: 4151

Damage Impact

Product release: No

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: 1208291420

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Drainage

Synopsis: Damage to a natural gas main occurred during a excavation procedure to remove and replace a drainage culvert.

Findings: Reported by Tommy Buher (NIPSCo); excavator's response to initial notice was received on 1/2/2013. Excavator reports the excavator bucket compromised the gas main when attempting to remove the old culvert for replacement.

Conclusion: Excavator failed to maintain the required clearance with mechanized equipment.

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

From: cearle@nisource.com
To: [Poon, DeAnna](#)
Subject: Fw: Case No. 4151
Date: Friday, February 01, 2013 1:22:46 PM

Meant to copy you with this communication.

Christopher C. "Kit" Earle
NiSource Corporate Services - Legal
150 West Market Street, Ste. 600
Indianapolis, IN 46204
317-684-4904
317-250-5130 (cell)
317-684-4918 (FAX)
cearle@nisource.com

----- Forwarded by Christopher Earle/NCS/Enterprise on 02/01/2013 01:22 PM -----

From: Christopher Earle/NCS/Enterprise
To: WBoyd@urc.IN.gov
Cc: Debra E McCall/NCS/Enterprise@NiSource, Dena Jefferson/NCS/Enterprise@NiSource, Luke Selking/NCS/Enterprise@NiSource, David A Schaafsma/NCS/Enterprise@NiSource
Date: 02/01/2013 12:54 PM
Subject: Case No. 4151

Bill:

Just to follow up with you about Case No. 4151, it appears that the locate was called in by INDOT under ticket No. 1208291420. Our reply shows the contact person to be a Jerry Vaughn who was in charge of the site at the time of the damage.

You should have our formal response no later than Monday. Let me know if you need further detail.

Christopher C. "Kit" Earle
NiSource Corporate Services - Legal
150 West Market Street, Ste. 600
Indianapolis, IN 46204
317-684-4904
317-250-5130 (cell)
317-684-4918 (FAX)
cearle@nisource.com



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Sep 27, 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: INDOT

Business address (*number and street*): 9958 N 600 E

City, State, and ZIP code: Roselawn, IN 46372

Telephone number (*area code*): 219-345-4400

Fax number (*area code*): 219-345-4400

E-mail address: jvaugh@indot.in.gov

Excavation or Demolition Information

Excavator type: State

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Storm Drain/Culvert

Date and Location of Damage

Date of damage (*month, day, year*): Sep 12, 2012

County: Jasper

City: Wheatfield

Street address (*number and street, city, state, and ZIP code*):
Hwy 49

Nearest intersection: St Rd 10

Right of way where damage occurred: Public - State Highway

Was there a release of product? No

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*): 10

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? 3

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1208291420

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"? Yes

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 use hand tools where required

Additional Comments

Nipsco emergency repair ticket 1209122443

No release of gas



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4151

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: INDOT

Responsible Party Personal Name: Tom Kerkes

Title (if any): Rensselaer Sub-District Operations Manager

Address (number and street): 1130 E Maple St.

City, State and ZIP Code: Rensselaer, IN 47978

Preferred Telephone Number (area code): 219-866-5820

Cellular Telephone Number (area code): 219-851-3930

Email Address: tkerkes@indot.in.gov

Facility Information:

Business Name: Northern Indiana Public Service Company

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: _____

Locator Service Information:

Business Name: Unknown _____

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*): Drainage

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

Personal Contact: Jerry Vaughn _____

Business/Organization Name: INDOT _____

Title (*if any*): Roselawn Unit Foreman _____

Address (*number and street*): 9958 N 600 East _____

City, State and ZIP Code: Roselawn, IN 46372 _____

Preferred Telephone Number (area code): 219-345-4400 _____

Cellular Telephone Number (area code): 219-851-3948

Email Address: jvaughn@indot.in.gov

Utility Line Impact

Location of Damage:

Address (number and street): Hwy 49, Jasper County

City, State and ZIP Code: Wheatfield, IN

Nearest Intersection: _____

Product Type (select one): Natural Gas

Facility Type (select one): Unknown/Other

Size (Diameter/etc.): _____

Pressure (PSIG/Inches): _____

Interruption in Service: Yes No Number of Customers Affected: _____

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

Repair Cost (if known): \$ _____

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: 1208291422

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: _____

Number of Inpatient Treated: _____

Number of Fatalities: _____

Fire Department Response: Yes No

Police Department Response: Yes No

Ambulance Response: Yes No

Additional Information / Comments

We were not informed by the locator to contact the operator prior to excavation. Hand digging was performed to the grade level of the drainage pipe and no NIPSCO pipe was encountered. Once doing so the backhoe proceeded to remove the pipe and headwall; upon doing so the NIPSCO pipe was found. No leak was created the line was just dented. Work was stopped on the project after the line was dented and the operator was contacted.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4151

Your Full Name: Bryan Donze

Full Name of Business / Entity (if applicable): Indiana Department of Transportation

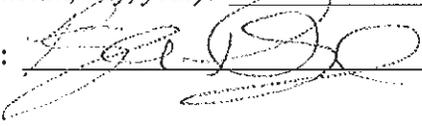
Your Business Title (if applicable): Highway Maintenance Deputy Director

Address (number and street): 315 E Boyd Blvd

City: La Porte State: IN ZIP Code: 46350

Your E-mail Address: bdonze@indot.in.gov

Today's Date (month, day, year): 12/26/2012

Your Signature:  Title (if any) Highway Maintenance Deputy Director

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 4151
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204**

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov



150 West Market Street, Suite 600
Indianapolis, IN 46204

February 4, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4151
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4151

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: 9/12/2012

Event Location: Hwy 49

Facility Owner: Northern Indiana Public Service Company

Excavator: Indot

Other Party:

Pipeline Division Case No. 4151

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. 4151	
Date of Event	9/12/2012
Event Location	Hwy 49
Event City	Wheatfield
Facility Owner	Northern Indiana Public Service Company
Excavator	Indot
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	INDOT
RESPONSIBLE PARTY PERSONAL NAME	Jerry Vaughn
TITLE (IF ANY)	
ADDRESS	9958 N 600 E
CITY/ STATE/ZIP	Roselawn, IN 46372
PREFERRED TELEPHONE	219-345-4400
CELL PHONE TELEPHONE	765-430-0522
EMAIL ADDRESS	JVAUGHN@INDOT.IN.GOV
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	State Road 49 and Route 10
CITY/STATE/ZIP	Wheatfield, IN 46372
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.)	3"
PRESSURE (PSIG/INCHES)	
INTERRUPTION IN SERVICE (YES/NO)	N
NUMBER OF CUSTOMERS AFFECTED	0
EVACUATION (YES/NO)	0
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	X
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	
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	1208291420
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	
<p>Failure to use hand tools where required.</p> <p>Nipsco emergency repair ticket #: 1209122443</p>	

NIPSCO 00437 IUPPSa 08/29/2012 11:14:24 1208291420-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1208291420 Date: 08/29/2012 Time: 11:07 Oper: RJOHNSON Chan:002

State: IN Cnty: JASPER Twp: WALKER
Cityname: WHEATFIELD Inside: N Near: Y
Subdivision:

CASE: 4151

Address :

Street : IN RT 49

Cross 1 : E 900 N Within 1/4 mile: Y

Location: FROM E 900 N--TRAVEL NORTH ON IN RT 49 FOR APPROXIMATELY 600 FEET
THEN--LOCATE THE ENTIRE MARKED AREA ON BOTH SIDES OF THE ROAD

:

Grids : 4108B8702B 4108A8702B 4108B8702A 4108A8702A

Boundary: n 41.147556 s 41.143158 w -87.046410 e -87.044945

Work type : CULVERT REPLACEMENT

Done for : INDOT

Start date: 08/31/2012 Time: 11:15 Hours notice: 48/48 Priority: NORM

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

Duration : 1 DAY Depth: 4 FEET

Company : INDOT Type: OTHR

Co addr : 9958 N 600 E

City : ROSELAWN State: IN Zip: 46372

Caller : JERRY VAUGHN Phone: (219)345-4400

Contact : JERRY VAUGHN - CELL Phone:

BestTime:

Mobile : (765)430-0522

Fax : (219)345-4400

Email : JVAUGH@INDOT.IN.GOV

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

Will you be white-lining the dig site area? YES

:

Submitted date: 08/29/2012 Time: 11:07

Members: ID2034 ID4601 ID5693 ID9000 NIPSCO ID5857 SM

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 DAMAGED 3 INCH PL

REPLACEMENT FOOTAGE BYPASS AND REPLACE 4 FT

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? NA

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? Yes

IF YES, PLEASE LIST RECORD #(S) FB

NORTHERN INDIANA PUBLIC SERVICE COMPANY

FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Valpo MAXIMO WO # _____
 OPERATING AREA CONTACT Danny Parker JOB ORDER # J.O. 581184-5
 TRACKING NUMBER 018-2012-0912- LOCATE REF # _____
 Locate Performed By: _____

DATE AND TIME OF ACCIDENT 9/12 2012 11:00 AM DATE OF REPORT 9/12/12
 PLACE OF DAMAGE (INCLUDE CITY) 49 3 miles S of st road 10 Vermont Rd

DAMAGE WAS TO:

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

OTHER (DESCRIBE) _____

GAS: SERVICE () MAIN () SIZE 3" MATERIAL: PLASTIC () STEEL () METER () REG STATION () STUB ()

DEPTH OF FACILITY (inches) 3" PRESSURE (PSI) 50 LBS. EVACUATION REQUIRED: YES () NO ()

RELEASE OF GAS: YES () NO () IGNITION OF GAS: YES () NO ()

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

DURATION OF INTERRUPTION: TIME REPORTED 11:00 AM TIME RESTORED 9:00 PM

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: No hole pipe has big dent

LOCATE MARKS ON SITE: YES () DISTANCE BETWEEN FACILITY AND LOCATE MARKS 12" NO ()

PARTY THAT CAUSED DAMAGES (NAME) INDOT

ADDRESS OF PARTY (INCLUDE CITY) Roselawn Unit

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Jerry Vaughn

WITNESS NAME AND ADDRESS N/A

WITNESS REMARKS N/A

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY _____

FIRE () AGENCY _____

OTHER () _____

Any injuries? () YES # _____ () NO X

PHOTOS TAKEN: YES () NO X TAKEN BY: _____
 MEDIA ON SITE YES () NO X

(ATTACH PHOTOS TO REPORT)

WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW

- () AGRICULTURE/FARMING
- () BLDG CONSTRUCTION
- () DRIVEWAY
- () FENCING
- () LANDSCAPING
- () POLE/SIGN POST
- () CABLE TV
- () DEMOLITION
- () ELECTRIC
- () GRADING
- () PIPELINE
- () ROAD WORK
- () CURB/SIDEWALK
- () DRAINAGE
- () SURVEYING
- () IRRIGATION
- () MILLING
- () SEWER
- () TELECOMMUNICATIONS
- () WATER
- () DRAINS/CULVERTS
- () MOWING
- () OTHER

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

- () AUGER
- () MILLING EQUIPMENT
- () EXPLOSIVES
- () VACUUM EQUIPMENT
- () HAND TOOLS
- () PROBING DEVICE
- () TRENCHER
- () GRADER
- () BACKHOE/TRACKHOE
- () BORING / DRILLING
- () FARM EQUIPMENT
- () OTHER

REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW

- () AUTOMOTIVE ACCIDENT
- () EXCAVATING BEFORE LOCATES DUE
- () CARELESS MACHINE OPERATOR
- () NO NOTIFICATION
- () MARKS DISTURBED
- () STUB
- () OTHER

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS : Pipe was damaged but not cut.

PERSON PREPARING REPORT Jason Pressell

FIELD SUPERVISOR Rick Smith

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: _____



150 West Market Street, Suite 600
Indianapolis, IN 46204

February 4, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4151
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4151

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: 9/12/2012

Event Location: Hwy 49

Facility Owner: Northern Indiana Public Service Company

Excavator: Indot

Other Party:

Pipeline Division Case No. 4151

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. 4151	
Date of Event	9/12/2012
Event Location	Hwy 49
Event City	Wheatfield
Facility Owner	Northern Indiana Public Service Company
Excavator	Indot
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	INDOT
RESPONSIBLE PARTY PERSONAL NAME	Jerry Vaughn
TITLE (IF ANY)	
ADDRESS	9958 N 600 E
CITY/ STATE/ZIP	Roselawn, IN 46372
PREFERRED TELEPHONE	219-345-4400
CELL PHONE TELEPHONE	765-430-0522
EMAIL ADDRESS	JVAUGHN@INDOT.IN.GOV
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	State Road 49 and Route 10
CITY/STATE/ZIP	Wheatfield, IN 46372
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.)	3"
PRESSURE (PSIG/INCHES)	
INTERRUPTION IN SERVICE (YES/NO)	N
NUMBER OF CUSTOMERS AFFECTED	0
EVACUATION (YES/NO)	0
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	X
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	
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	1208291420
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	
<p>Failure to use hand tools where required.</p> <p>Nipsco emergency repair ticket #: 1209122443</p>	

NIPSCO 00437 IUPPSa 08/29/2012 11:14:24 1208291420-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1208291420 Date: 08/29/2012 Time: 11:07 Oper: RJOHNSON Chan:002

State: IN Cnty: JASPER Twp: WALKER
Cityname: WHEATFIELD Inside: N Near: Y
Subdivision:

CASE: 4151

Address :

Street : IN RT 49

Cross 1 : E 900 N Within 1/4 mile: Y

Location: FROM E 900 N--TRAVEL NORTH ON IN RT 49 FOR APPROXIMATELY 600 FEET
THEN--LOCATE THE ENTIRE MARKED AREA ON BOTH SIDES OF THE ROAD

:

Grids : 4108B8702B 4108A8702B 4108B8702A 4108A8702A

Boundary: n 41.147556 s 41.143158 w -87.046410 e -87.044945

Work type : CULVERT REPLACEMENT

Done for : INDOT

Start date: 08/31/2012 Time: 11:15 Hours notice: 48/48 Priority: NORM

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

Duration : 1 DAY Depth: 4 FEET

Company : INDOT Type: OTHR

Co addr : 9958 N 600 E

City : ROSELAWN State: IN Zip: 46372

Caller : JERRY VAUGHN Phone: (219)345-4400

Contact : JERRY VAUGHN - CELL Phone:

BestTime:

Mobile : (765)430-0522

Fax : (219)345-4400

Email : JVAUGH@INDOT.IN.GOV

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

Will you be white-lining the dig site area? YES

:

Submitted date: 08/29/2012 Time: 11:07

Members: ID2034 ID4601 ID5693 ID9000 NIPSCO ID5857 SM

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 DAMAGED 3 INCH PL

REPLACEMENT FOOTAGE BYPASS AND REPLACE 4 FT

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? NA

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? Yes

IF YES, PLEASE LIST RECORD #(S) FB

NORTHERN INDIANA PUBLIC SERVICE COMPANY

FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Valpo MAXIMO WO # _____
OPERATING AREA CONTACT Danny Parker JOB ORDER # J.O. 581184-5
TRACKING NUMBER 018-2012-0912- LOCATE REF # _____
Locate Performed By: _____

DATE AND TIME OF ACCIDENT 9/12 2012 11:00 AM DATE OF REPORT 9/12/12
PLACE OF DAMAGE (INCLUDE CITY) 49 3 miles S of st road 10 Vermont Rd

DAMAGE WAS TO:

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

OTHER (DESCRIBE) _____

GAS: SERVICE () MAIN () SIZE 3" MATERIAL: PLASTIC () STEEL () METER () REG STATION () STUB ()

DEPTH OF FACILITY (inches) 3" PRESSURE (PSI) 50 LBS. EVACUATION REQUIRED: YES () NO ()

RELEASE OF GAS: YES () NO () IGNITION OF GAS: YES () NO ()

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

DURATION OF INTERRUPTION: TIME REPORTED 11:00 AM TIME RESTORED 9:00 PM

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: No hole pipe has big dent

LOCATE MARKS ON SITE: YES () DISTANCE BETWEEN FACILITY AND LOCATE MARKS 12" NO ()

HOW LOCATED: PAINT () FLAGS () BOTH () WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) INDOT

ADDRESS OF PARTY (INCLUDE CITY) Roselawn Unit

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Jerry Vaughn

WITNESS NAME AND ADDRESS N/A

WITNESS REMARKS N/A

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY _____

FIRE () AGENCY _____

OTHER () _____

Any injuries? () YES # _____ () NO X

PHOTOS TAKEN: YES () NO X TAKEN BY: _____

(ATTACH PHOTOS TO REPORT)

WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW

- () AGRICULTURE/FARMING
- () BLDG CONSTRUCTION
- () DRIVEWAY
- () FENCING
- () LANDSCAPING
- () POLE/SIGN POST
- () CABLE TV
- () DEMOLITION
- () ELECTRIC
- () GRADING
- () PIPELINE
- () ROAD WORK
- () CURB/SIDEWALK
- () DRAINAGE
- () SURVEYING
- () IRRIGATION
- () MILLING
- () SEWER
- () AGRICULTURE/FARMING
- () BLDG CONSTRUCTION
- () DRIVEWAY
- () FENCING
- () LANDSCAPING
- () POLE/SIGN POST
- () AUGER
- () MILLING EQUIPMENT
- () EXPLOSIVES
- () VACUUM EQUIPMENT
- () HAND TOOLS
- () PROBING DEVICE
- () TRENCHER
- () GRADER
- () BACKHOE/TRACKHOE
- () BORING / DRILLING
- () FARM EQUIPMENT
- () OTHER

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

- () NO NOTIFICATION
- () MARKS DISTURBED
- () CARELESS MACHINE OPERATOR
- () STUB
- () OTHER

REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW

- () AUTOMOTIVE ACCIDENT
- () EXCAVATING BEFORE LOCATES DUE
- () CARELESS MACHINE OPERATOR
- () STUB
- () OTHER

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS : Pipe was damaged but not cut.

PERSON PREPARING REPORT Jason Pressell

FIELD SUPERVISOR Rick Smith

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: _____