STATE OF INDIANA

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: Ttl Construction

UPPAC Database Record ID: 4155

Report Date: 3/13/13 Investigator: Howard Friend

Damage Date: 10/16/2012 Damage Address: 2121 Lake Ave Bldg 4, Fort Wayne, Allen

The Parties

Excavator: **Ttl Construction**

Address: 1915 N 12th St, Toledo, Oh 43604

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe Type of Work Performed: Driveway

Damage Impact

Product Release: Yes Ignition: No

Service Interruption: True Number of Customers Affected: 1

Injuries: 0 Fatalities: 0 Repair Cost (if known): $1223

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: No Indiana 811 Ticket Number: Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

Synopsis: A three (3) inch natural gas service was damaged during excavation of a parking lot.

Findings: Reported by Carrie Ludwig (NIPSCo); excavator's response to initial notice was received on 1/23/2013. The excavator reports the underground utilities had been located by a hired, private utility locating service. The excavator did not provide notice to IN811 prior to construction..

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

Violation: 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. 4155
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4155

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: 10/16/2012

Event Location: 2121 Lake Ave Bldg 4

Facility Owner: Northern Indiana Public Service Company

Excavator: Ttl Construction

Other Party:

Pipeline Division Case No. 4155

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. 4155	
Date of Event	10/16/2012
Event Location	2121 Lake Ave Bldg 4
Event City	Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	Ttl Construction
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	TTL Construction
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	1915 North 12th St
CITY/ STATE/ZIP	Toledo, OH 43604
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:	
BUSINESS NAME	NORTHERN INDIANA PUBLIC SERVICE COMPANY
RESPONSIBLE PARTY PERSONAL NAME	LUKE SELKING
TITLE	
ADDRESS	1501 HALE AVENUE
CITY/STATE/ZIP	FORT WAYNE, IN 46802
PREFERRED TELEPHONE	260/439-1290
SECONDARY TELEPHONE	
EMAIL ADDRESS	LSELKING@NISOURCE.COM
LOCATOR SERVICE INFORMATION	
BUSINESS NAME	USIC
RESPONSIBLE PARTY PERSONAL NAME	Morgan Thompson
TITLE (IF ANY)	Claims Coordinator
ADDRESS	9045 N. River Rd. Suite 300
CITY/ STATE/ZIP	Indianapolis, IN 46240
PREFERRED TELEPHONE	1-317-538-7301
CELL PHONE TELEPHONE	Same
EMAIL ADDRESS	morganthompson@usicinc.com
OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION	
PERSONAL CONTACT	
BUSINESS/ORGANIZATION NAME	
TITLE (IF ANY)	

ADDRESS	
CITY/ STATE/ZIP	
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
UTILITY LINE IMPACT	
LOCATION OF DAMAGE	
ADDRESS	2121 Lake Ave Bldg 4
CITY/STATE/ZIP	Fort Wayne, IN 46805
NEAREST INTERSECTION	Kerrway Ct
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)	Y
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	Y
IF YES, HOW MANY EVACUATED	N/A
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/Scrapper	
Hand Tools	
Milling Equipment	
Probing Device	

Trancher	
Vaccuum Equipment	
Unknown/Other	
TYPE OF WORK PERFORMED (Select One)	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	
Bldg. Demolition	
Drainage	
Driveway	X
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)	Y
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	N
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	N

INDIANA 811 LOCATE TICKET NUMBER	
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)	
POLICE DEPARTMENT RESPONSE (YES/NO	
AMBULANCE RESPONSE (YES/NO)	
ADDITIONAL INFORMATION/COMMENTS	
No notification made to the one-call center. Nipsco emergency repair ticket 1210162433	

Fact Based Investigation Report

NOTIFICATION ID: 01820121016009 **DISTRICT:** Northern IN
DAMAGE DATE: 10/16/2012 12:00:00 PM **NOTIFICATION DATE:** 10/16/2012 3:11:39 PM
NOTIFIED BY: ANGELA SHUPPERT Excavator
DAMAGE ADDRESS: 2121 LAKE AVE x KERRWAY CT
CITY: FORT WAYNE **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 10/16/2012
FROM: 16:05:00 **TO:** 16:15:00

EXCAVATOR INVOLVED: T E Inc.
TYPE OF EXCAVATION: UKN

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

DIG UP/DAMAGE REQ.: 1210162433 **START DATE/TIME:**

PICTURES TAKEN BY: KARL JONES **DATE/TIME:** 10/16/2012 4:05:00 PM
PHOTOGRAPHY TYPE: Digital **FRAME #:**

INVESTIGATOR EMP#: 113185 **INVESTIGATOR NAME:** ROSS GILLESPIE
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820121016009
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: *(optional)*

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** Gas Service
LOCATOR NAME & EMP #: Gillespie Ross - 113185
LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:
No Locate Req. By Contractor

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:
NO TICKET- OLD PAINT FROM VERY OLD TICKET- PAINT AND FLAGS FROM BLOODHOUND ON SITE- I COULD NOT FIND ANY TICKET FOR T&E INC GOING BACK 60 DAYS

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 TOLERENCE ZONE OF MARKS?	Yes
EXTENT OF FACILITY DAMAGE	SER
REPLACEMENT FOOTAGE	1
WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?	No
WHAT CONTRACTOR EQUIPMENT WAS USED?	BACK HOE
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: Oct 25, 2012

Who is submitting this information?

Name of person providing this information: Carrie Ludwig

Business address *(number and street)*: 3511 Eat 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: TTL Construction

Business address *(number and street)*: 1915 N 12th St

City, State, and ZIP code: Toledo, OH 43604

Telephone number *(area code)*: 419 324 2222

Fax number *(area code)*:

E-mail address:

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Driveway

Date and Location of Damage

Date of damage (*month, day, year*): Oct 16, 2012

County: Allen

City: Fort Wayne

Street address (*number and street, city, state, and ZIP code*):
2121 Lake Ave Bldg 4, Fort Wayne, IN

Nearest intersection: Maplecrest Rd

Right of way where damage occurred: Private - Business

Was there a release of product? Yes

If yes, was there an ignition of product? No

Were evacuations necessary as a result of release? Yes

If yes, how many evacuated? _____

Was there a customer service interruption? Yes

If yes, how many affected? 1

Time to restore service (*in hours*): 3

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? 12

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Unknown/Other

Enter Indiana 811 ticket number, if known: _____

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? Unknown/Other

If a contractor locator, enter the company name, if known: _____

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: no locates

Was site marked by "White Lining"? No

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? Unknown/Other

Description of Cause

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

Additional Comments

Nipsco emergency repair ticket #: 1210162433

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA FEWAYNE MAXIMO WO #

OPERATING AREA CONTACT J OTIS JOB ORDER # 564448

TRACKING NUMBER 151615208 LOCATE REF #

Locate Performed By:

DATE AND TIME OF ACCIDENT 10-16-12 2015.00 M DATE OF REPORT 10-16-12

PLACE OF DAMAGE (INCLUDE CITY) 2121 LAKE AVE

DAMAGE WAS TO:

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

OTHER (DESCRIBE)

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

OTHER (DESCRIBE)

DEPTH OF FACILITY (inches) 12" PRESSURE (PSI) 35 Lbs.

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

INTERRUPTION OF SERVICE: YES (X) NO ( ) NUMBER OF CUSTOMERS LOST: 1

DURATION OF INTERRUPTION: TIME REPORTED 1334 TIME SHUT OFF 15:44 TIME RESTORED 16:40

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 6"X2"

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) TTL CONSTRUCTION

ADDRESS OF PARTY (INCLUDE CITY) TTL CONSTR 1915 NORTH 12TH ST TOLEDO OH 43604-5305

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE BILL KERNY

WITNESS NAME AND ADRESS W SHEPHARD J MONTE D CULVER

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

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

TYPE OF EQUPMENT USED – CHECK APPROPRIATE CHOICE BELOW

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

REASON DAMAGE OCCURRED– CHECK APPROPRIATE CHOICE BELOW

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

- **SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM**

SIN #110601 Rev. 6-12

COMMENTS : _____

_____

_____

PERSON PREPARING REPORT Bill Shephard

FIELD SUPERVISOR Jason Otis

FIELD MANAGER _____

- **ORIGINAL REPORT AND SUPPORTING INFORMATION IS TO BE SENT TO FACILITY DAMAGE RECOVERY**
- **COPY OF REPORT IS TO BE SENT TO DAMAGE PREVENTION**

SKETCH: - Show position of all pertinent information

FOR OFFICE USE ONLY:

- DID EXCAVATION OCCUR BEFORE LOCATES WERE DUE YES NO
- NO IN 811 LOCATE CALLED IN YES NO
- DAMAGE CAUSED FROM EXCAVATION WITHIN 24" ZONE YES NO
- EXPIRED LOCATE YES NO
- WAS WHITE LINING INDICATED ON LOCATE REQUEST YES NO

COMPLETED BY: _____ DATE: _____

DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Oct 25, 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: TTL Construction

Business address *(number and street)*: 1915 N 12th St

City, State, and ZIP code: Toledo, OH 43604

Telephone number *(area code)*: 419 324 2222

Fax number *(area code)*:

E-mail address:

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Driveway

Date and Location of Damage

Date of damage (*month, day, year*): Oct 16, 2012

County: Allen

City: Fort Wayne

Street address (*number and street, city, state, and ZIP code*):
2121 Lake Ave Bldg 4

Nearest intersection: Maplecrest Rd

Right of way where damage occurred: Private - Business

Was there a release of product? Yes

If yes, was there an ignition of product? No

Were evacuations necessary as a result of release? Yes

If yes, how many evacuated? _____

Was there a customer service interruption? Yes

If yes, how many affected? 1

Time to restore service (*in hours*): 3

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? 12

Notification, Locating, Marking

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known: _____

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? Unknown/Other

If a contractor locator, enter the company name, if known: _____

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: no locates

Was site marked by "White Lining"? No

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? Unknown/Other

Description of Cause

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

Additional Comments

Nipsco emergency repair ticket #: 1210162433

From:	Doug Glover
To:	IURC PipelineDamageCase
Subject:	Pipeline Safety Division Case No. 4155 - Initial Documents - Excavator
Date:	Wednesday, January 23, 2013 3:19:27 PM
Attachments:	Letter from IN Utility Regulatory Commission.pdf Response to Determination of Violation 2012-1227.pdf 54909 fill-in.pdf

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Mr. Boyd,

I know we discussed this particular case briefly a couple weeks ago and I had asked for an extension to submit the response to your inquiry due to the holidays. I apologize for the delay. I had prepared the majority of the documentation in December but needed some details and could not get the info from my subcontractors as they were on vacation. Unfortunately it slipped my mind and I recognized that I still needed to take care of this. Again, I apologize for any delays. If there is any additional information that might still be needed or you would like to discuss this case file in greater detail, please contact me at your convenience.

With Regards,

Douglas Glover
Construction Services Division Manager
TTL Associates, Inc.
1915 N. 12th Street
Toledo, Ohio 43604-5305
419-324-2222 Ext. 1120
419-321-6252 fax
419-351-4970 cell

A Service Disabled Veteran Owned Small Business

1915 North 12th Street
Toledo, OH 43604-5305
T 419-324-2222
F 419-241-1808
www.ttlassoc.com

December 27, 2012

Indiana Utility Regulatory Commission
Attention: William Boyd
101 W. Washington Street
Suite 1500E
Indianapolis, IN 46204-3407

Re: Notice of Preliminary Determination of Violation
Pipeline Safety Division Case No. 4155

Dear Mr. Boyd;

The purpose of this message is to communicate to you the chain of events and facts that led up to the damage of a 3" plastic gas main, which occurred in the afternoon on Tuesday, October 16, 2012 at the VA Hospital parking lot project located at 2121 Lake Ave. Bldg. 4,Fort Wayne, Allen County.

- TTL subcontracted services for excavation and paving to HIS Constructors (excavation) and T-E Inc. (paving) under a Prime Contract with the Department of Veterans Affairs.
- HIS contracted with Blood Hound (as their utility locator) to locate and mark any utilities or underground anomalies within designated work areas to make repairs to some catch basins. This was accomplished prior to each phase of work.
- T-E Inc. contracted with Stake Center Locating to locate and mark any utilities or underground anomalies within designated work areas to ensure safe distances and protection to any utilities during the milling and re-grading. This was accomplished prior to each phase of work.
- TTL Superintendent, Bill Kirby, reviewed the scheduled work to be performed that day (10/16/2012) at the start of shift with subcontractor T-E Inc. Site Supervisor, Alan Winebrenner. This included a discussion of planned work activities, a review of prints and locations of energized utilities (i.e. electrical, natural gas, fiber optic etc.), and Daily Tailgate Safety Briefing. The utilities had been located and marked in the work area although some markings had been removed during the progression of milling asphalt; although flags and markings outside the milled areas were still visible. The gas line was also specifically addressed due to its proximity to that day's repair of the aggregate sub base.
- TTL Superintendent notified Alan (T-E Site Supervisor) that the gas line continued east across the parking lot under the drive from the terminus of the markings to the north-south markings and under the adjacent sidewalk.
- Hand digging was attempted to expose the gas main to verify its location.
- Hand digging proved to be unsuccessful as the large #2 compacted stone sub base was not penetrable with hand tools.
- At that point an excavator was used to scratch the surface of the top layer of stone, in an attempt to loosen the stone so that hand digging could resume. This was done per T-E direction.
- While attempting to loosen the top layer, the uncharacteristically shallow 3" gas line was damaged.

1915 North 12th Street
Toledo, OH 43604-5305
T 419-324-2222
F 419-241-1808
www.ttlassoc.com

- The top of the 3” gas line was found to be approximately 3”- 4” below the top of the #2 stone, uncommonly shallow compared to industry installation standards and unexpectedly buried within the pavement sub base. (See attached photo of repaired gas line. Gas piping lies directly beneath the 5” sidewalk.)
- The surrounding work area was immediately evacuated, cordoned off, and emergency authorities were notified. No evacuation was required within any facilities.
- No injuries or damage to equipment was reported.
- Repair costs from NIPSCO were paid by TTL and have been back charged to T-E Inc. under their subcontract agreement.

The gas line was identified by multiple private utility locators, the location of the utility had been briefed with the subcontractors and workers on-site, and planned activities to expose the gas line was to be accomplished with the preferred hand digging method commonly used within 2’-3’ of any energized system. We believe that all necessary and required measures of safety and protection were in place; and had the gas line been installed at the expected proper depth or if the VA facility had been able to provide any indication that the utility line was uncommonly shallow, this incident would not have occurred.

I am happy to provide any additional information requested to provide full cooperation in your investigation into this incident. Please feel free to contact me at your convenience by phone (419-324-2222) or by e-mail at dglover@ttlassoc.com .

Respectfully submitted,

TTL Associates, Inc.

Douglas G. Glover
Construction Services Division Manager

Enclosure

24 11:25PM

INFORMATION REQUEST
State Form 54909 (2-12)
INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4155

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: T-E, Inc. (paving subcontractor under TTL Associates, Inc.)

Responsible Party Personal Name: Justin Hoffman (T-E Inc.)

Title (*if any*): Project Manager

Address (*number and street*): 5540 Huguenard Rd.

City, State and ZIP Code: Ft. Wayne, IN 46818

Preferred Telephone Number (area code): 260-750-0473

Cellular Telephone Number (area code): _____

Email Address: jhoffman@t-einc.com

Facility Information:

Business Name: Department of Veterans Affairs (Ft. Wayne Campus Hospital)

Responsible Party Personal Name: Andrew Hawk

Title (*if any*): Contracting Officer Technical Representative

Address (*number and street*): 2121 Lake Avenue

City, State and ZIP Code: Fort Wayne, IN 46805

Preferred Telephone Number (area code): (260) 460-1312

Cellular Telephone Number (area code): _____

Email Address: andrew.hawk@va.gov

Locator Service Information:

Business Name: Stake Center Locating

Responsible Party Personal Name: Matthew Latham

Title (*if any*): On-site Technician

Address (*number and street*): 2920 W. Directors Row

City, State and ZIP Code: Salt Lake City, UT 84104

Preferred Telephone Number (area code): 801-364-1063

Cellular Telephone Number (area code): _____

Email Address: _____

Cause of Damage Information

Type of Equipment *(select one)*: Backhoe/Trackhoe

Type of Work Performed *(select one)*: Milling

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

Personal Contact: Witness - Bill Kirby (Superintendent)

Business/Organization Name: TTL Associates, Inc. (General Contractor)

Title (*if any*): Superintendent

Address (*number and street*): 1915 N. 12th St.

City, State and ZIP Code: Toledo, OH 43604

Preferred Telephone Number (area code): 419-541-1769

Cellular Telephone Number (area code): _____

Email Address: bkirby@ttlassoc.com

Utility Line Impact

Location of Damage:

Address (*number and street*): 2121 Lake Avenue

City, State and ZIP Code: Fort Wayne, IN 46805

Nearest Intersection: Parking lot along east side of Hospital property

Product Type *(select one)*: Natural Gas

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

Size (Diameter/etc.): 3"

Pressure (PSIG/Inches): _____

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

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

Repair Cost (if known): $ 1,222.92

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: All work was on Private Property

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: 0

Number of Inpatient Treated: 0

Number of Fatalities: 0

Fire Department Response: ☒ Yes ☐ No

Police Department Response: ☐ Yes ☒ No

Ambulance Response: ☐ Yes ☒ No

Additional Information / Comments

All work activities were located on private Federal property at the Department of Veterans Affairs Hospital in Ft. Wayne, IN. Two separate private utility locating companies were used to locate, mark and confirm any utilities or below surface anomalies that would require caution to work around.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4155

Your Full Name: Douglas Glover

Full Name of Business / Entity (*if applicable*): TTL Associates, Inc.

Your Business Title (*if applicable*): Construction Division Manager

Address (*number and street*): 1915 N. 12th St.

City: Toledo State: OH ZIP Code: 43604

Your E-mail Address: dglover@ttlassoc.com

Today's Date *(month, day, year)*: 1/23/2013

Your Signature: _____ Title (*if any*) _____

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 4155
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov