



Pipeline Safety Division Investigation Report

Investigation regarding: City Of Portage Street Dept

UPPAC Database Record ID: 4177

Report Date: 5/27/2013

Investigator: Mike Orr

Damage Date: 7/23/2012

Damage Address: 5589 Harmony Ave, Portage, Porter

The Parties

Excavator: City Of Portage Street Dept

Address: 2303 Hamstrom Rd, Portage, In 46368

Facility Owner: NIPSCO

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Unknown/Other

Type of Work Performed: Drainage

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

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 P.E. Service line was damaged while performing drainage work.

Findings: Reported by Carrie Ludwig; excavator did not respond to initial notice mailed 2/14/2013. The excavator was performing work that much earlier had locates; however, the locates had expired resulting in a damage.

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

March 6, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4177
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4177

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: 7/23/2012

Event Location: 5589 Harmony Ave

City: Portage

Facility Owner: Northern Indiana Public Service Company

Excavator: City Of Portage Street Dept

Other Party: N/A

Pipeline Division Case No. 4177

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. 4177	
Date of Event	7/23/2012
Event Location	5589 Harmony Ave
Event City	Portage
Facility Owner	Northern Indiana Public Service Company
Excavator	City Of Portage Street Dept
Date of IURC Information Request	2/13/2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	City of Portage Street Dept
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	5589 Harmony Ave
CITY/ STATE/ZIP	Portage, IN 46368
PREFERRED TELEPHONE	219 762 4564
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	5589 Harmony Ave
CITY/STATE/ZIP	Portage, IN 46368
NEAREST INTERSECTION	Willowdale Rd
PRODUCT TYPE (Select One)	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
FACILITY TYPE (Select One)	
DISTRIBUTION	
GATHERING	
SERVICE/DROP	X
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	5/8"
PRESSURE (PSIG/INCHES)	
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	N
IF YES, HOW MANY EVACUATED	0
REPAIR COST (IF KNOWN) (\$)	
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	
Probing Device	

Trancher	
Vacuum Equipment	
Unknown/Other	X
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)	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	N/A
LOCATE MARKS VISIBLE (YES/NO)	N/A
LOCATE MARKS CORRECT (YES/NO)	N/A
EXCAVATOR "WHITE LINED" (YES/NO)	N/A
MAPS USED TO MARK FACILITIES (YES/NO)	N/A
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	N/A
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	
<p>No notification made to the one-call center Nipsco emergency repair ticket #: 1207231618</p>	



NORTHERN INDIANA PUBLIC SERVICE COMPANY

PROPERTY DAMAGE REPORT (CLAIMS FOR THE COMPANY)

FORWARD ORIGINAL AND 1 COPY

ALL DAMAGES TO PROPERTY MUST BE REPORTED TO THE CLAIMS DEPARTMENT

REPORTING OPERATING AREA 150 Gary CLAIM NUMBER 475858
 OPERATING AREA CONTACT Wheeler Stanley JOB ORDER NUMBER C0705726201
 TRACKING NUMBER 018 2012 0923 006 LOCATE REF NUMBER No locates 4 months old
 NO LOCATE REQUESTED

1. DATE AND HOUR OF DAMAGE 07/23 2012 9:09AM DATE OF THIS REPORT 07/23
2. PLACE OF DAMAGE (INCLUDE CITY) 5589 Harmony Ave
3. DAMAGE WAS TO POLE # _____ SIZE _____ YEAR INSTALLED _____ BROKEN YES NO
 GAS SERVICE / MAIN - SIZE plastic 5/8 OTHER _____
4. PARTY RESPONSIBLE FOR DAMAGES (NAME) Portage St. Dept
 (ADDRESS, CITY, STATE, ZIP) _____
5. WHO WAS IN CHARGE OF WORK AT PLACE AND TIME OF DAMAGE / CONTRACTORS FOREMAN Ron Chavez
6. NAME AND ADDRESS OF WITNESSES _____
7. REMARKS OF WITNESSES _____
8. POLICE REPORT ATTACHED (# _____) (IF NO POLICE REPORT - WHY Not Needed)
9. PHOTOS TAKEN YES NO (IF YES, PLEASE FORWARD WITH COMPLETED PROPERTY DAMAGE REPORT.)
10. WORK IN PROGRESS WHEN DAMAGE OCCURRED:

<input type="checkbox"/> SEWER	<input type="checkbox"/> ROAD CONSTRUCTION	<input type="checkbox"/> FENCE WORK
<input type="checkbox"/> WATER	<input checked="" type="checkbox"/> CULVERTS OR DRAINS	<input type="checkbox"/> DRIVEWAY
<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> DITCH CLEANING	<input type="checkbox"/> CURB OR SIDEWALK
<input type="checkbox"/> TELEPHONE	<input type="checkbox"/> LANDSCAPING	<input type="checkbox"/> IRRIGATION
<input type="checkbox"/> TV CABLE	<input type="checkbox"/> POLE OR SIGN INSTALLATION	<input type="checkbox"/> BUILDING CONSTRUCTION
<input type="checkbox"/> OTHER _____		

11. REASON DAMAGE OCCURRED:

<input type="checkbox"/> NO NOTIFICATION	<input type="checkbox"/> INACCURATE LOCATION
<input type="checkbox"/> CARELESS MACHINE OPERATOR	<input type="checkbox"/> INSUFFICIENT TIME NOTIFICATION
<input type="checkbox"/> DELIBERATE	<input type="checkbox"/> AUTOMOTIVE ACCIDENT
<input type="checkbox"/> FAILURE TO HAND EXPOSE	<input type="checkbox"/> OTHER <u>Old Locates</u>
- OPINION AND RECOMMENDATION: BILL DO NOT BILL (REASON: _____)

PERSON PREPARING REPORT _____
 FIELD MANAGER _____

(SKETCH ON OTHER SIDE)

Fact Based Investigation Report

NOTIFICATION ID: 01820120723006

DISTRICT: Northern IN

DAMAGE DATE: 7/23/2012 10:00:00 AM

NOTIFICATION DATE: 7/23/2012 11:37:53 AM

NOTIFIED BY: AMBER Facility Owner

DAMAGE ADDRESS: 5589 HARMONY AVE X SWANSON

CITY: PORTAGE

ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 07/23/2012

FROM: 10:45:00

TO: 11:00:00

EXCAVATOR INVOLVED: CITY OF PORTAGE

TYPE OF EXCAVATION: Repairing curbs

ORIG. LOCATE REQ.:

START DATE/TIME:

TYPE OF TICKET:

LOCATE REQ. INFO N/A: Yes

DIG UP/DAMAGE REQ.: M57719130

START DATE/TIME: 7/23/2012 12:40:00 PM

PICTURES TAKEN BY: Bob Anderson

DATE/TIME: 7/23/2012 10:50:00 AM

PHOTOGRAPHY TYPE: Digital

FRAME #: 1

INVESTIGATOR EMP#: 117382

INVESTIGATOR NAME: Bob Anderson

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120723006

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF FACILITY ID: Gas Service

LOCATOR NAME & EMP #:

LOCATOR NOT KNOWN: Yes

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):

Investigation Results Verified By Utility Representative

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

The crew from Portage street dept. had done some drainage work about 3 months ago at this location and came back to replace the curbs in that spot and hit a gas service crossing the road. No locate request called in for this work. Nipsco buried line prior to our arrival.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

Nipsco on site already made repair as needed before arrival.

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

Portage street dept.

LIST ANY OTHER INDIVIDUALS ON SITE:

None

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 plastic gas service

REPLACEMENT FOOTAGE splice kit

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? N/A

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 26, 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: City of Portage Street Dept

Business address (*number and street*): 2303 Hamstrom Rd

City, State, and ZIP code: Portage, IN 46368

Telephone number (*area code*): 219 762 4564

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Municipality

Excavation or demolition equipment: Unknown/Other

Type of work performed: Drainage

Date and Location of DamageDate of damage (*month, day, year*): Jul 23, 2012

County: Porter

City: Portage

Street address (*number and street, city, state, and ZIP code*):
5589 Harmony Ave, Portage, IN

Nearest intersection: Irving St

Right of way where damage occurred: Private - Land Owner

Was there a release of product? Yes

If yes, was there an ignition of product? 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*): 0

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$

Affected Facility Information

What type of pipeline was damaged? Natural Gas

What was the affected facility? Service/Drop

What was the depth of the facility, in inches? 18

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"?

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 #: 1207231618



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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*): 0 _____

Enter number of injuries, if applicable and known: 0 _____

Enter number of fatalities, if applicable and known: 0 _____

Property damage, Estimate \$ _____

Affected Facility Information

What type of pipeline was damaged? Natural Gas

What was the affected facility? Service/Drop

What was the depth of the facility, in inches? 18 _____

Notification, Locating, Marking

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