



Pipeline Safety Division Investigation Report

Investigation regarding: **Grade-rite Excavating**

UPPAC Database Record ID: 4261

Report Date: 7/12/2013

Investigator: Mike Orr

Damage Date: 12/4/2012 9:20:09 AM

Damage Address: Dunn Rd, South Bend, St Joseph

The Parties

Excavator: **Grade-rite Excavating**

Address: Po Box 837, Granger, In 46530

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Water

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: 1211202424

Original Start Date:

Locate Instructions: AT THE ADDRESSES 18370- 18330 AND 18290 DUNN RD -- LOCATE THE ENTIRE PROPERTIES

Follow-Up Locate Instructions (if applicable):

Synopsis: Excavator struck and damaged an unknown underground natural gas service stub while performing water work.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 3/5/2013. The excavator had a valid locate ticket and the gas operator located te main; however, an unknown live service stub was damaged.

Conclusion: There was a failure to provide locate markings of the facility.

Violation: IC 8-1-26-18(f) Operator failed to locate or provided incorrect locate markings.



150 West Market Street, Suite 600
Indianapolis, IN 46204

March 7, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4261
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4261

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: 12/4/2012

Event Location: Dunn Rd

City: South Bend

Facility Owner: Northern Indiana Public Service Company

Excavator: Grade-rite Excavating

Other Party: N/A

Pipeline Division Case No. 4261

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. 4261	
Date of Event	12/4/2012
Event Location	Dunn Rd
Event City	South Bend
Facility Owner	Northern Indiana Public Service Company
Excavator	Grade-rite Excavating
Date of IURC Information Request	2/13/2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Grade-Rite Excavating
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	PO Box 837
CITY/ STATE/ZIP	Granger / IN / 46530
PREFERRED TELEPHONE	(269) 663-3394
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	Dunn Road & Willis Street
CITY/STATE/ZIP	South Bend / IN / 46637
NEAREST INTERSECTION	Willis Street
PRODUCT TYPE (Select One)	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
FACILITY TYPE (Select One)	
DISTRIBUTION	
GATHERING	
SERVICE/DROP	X (in-service gas stub)
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	5/8"
PRESSURE (PSIG/INCHES)	35
INTERRUPTION IN SERVICE (YES/NO)	N
NUMBER OF CUSTOMERS AFFECTED	0
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	X
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	
Probing Device	

Trencher	
Vacuum Equipment	
Unknown/Other	
TYPE OF WORK PERFORMED (Select One)	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	
Bldg. Demolition	
Drainage	
Driveway	
Electric	
Engineering/Surveying	
Fencing	
Grading	
Irrigation	
Landscaping	
Liquid Pipeline	
Milling	
Natural Gas	
Pole	
Public Transit Authority	
Railroad Maintenance	
Road Work	
Sewer (Sanitary/Storm)	
Site Development	
Steam	
Storm Drain/Culvert	
Street Light	
Telecommunications	
Traffic Signal	
Traffic Sign	
Water	X
Waterway Improvement	
Unknown/Other	
RELEASE OF PRODUCT (YES/NO)	Y
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	Y 1212040517
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1211202424
LOCATE MARKS VISIBLE (YES/NO)	Y
LOCATE MARKS CORRECT (YES/NO)	
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/A
POLICE DEPARTMENT RESPONSE (YES/NO)	N/A
AMBULANCE RESPONSE (YES/NO)	N/A
ADDITIONAL INFORMATION/COMMENTS	
Facility could not be found/located (in-service gas stub).	

NAMES OF UTILITY REPRESENTIVES CONTACTED OR ON SITE AND STATEMENT:

Robert Hayward - NIPSCO

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

n/a

LIST ANY OTHER INDIVIDUALS ON SITE:

n/a

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

REPLACEMENT FOOTAGE n/a

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No n/a

WHAT CONTRACTOR EQUIPMENT WAS USED? n/a

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S) n/a

Facility: Transmission Lines; Folder: N/A; Assigned To: N/A

NIPSCO 00814 IUPPSa 11/20/2012 15:37:44 1211202424-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1211202424 Date: 11/20/2012 Time: 15:33 Oper: AGRIGGS Chan:074

State: IN Cnty: ST JOSEPH Twp: CLAY
Cityname: SOUTH BEND Inside: N Near: Y
Subdivision:

Address :
Street : DUNN RD
Cross 1 : WILLIS ST Within 1/4 mile: Y
Location: AT THE ADDRESSES 18370- 18330 AND 18290 DUNN RD -- LOCATE THE ENTIRE
PROPERTIES
:
Grids : 4142D8613D 4142D8613C
Boundary: n 41.702297 s 41.701145 w -86.224533 e -86.220581

Work type : INSTALL SEWER/WATER/FOUNDATIONS
Done for : HIGHLINE US
Start date: 11/26/2012 Time: 15:45 Hours notice: 144/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 2 MONTHS Depth: 25 FEET

Company : GRADE-RITE EXCAVATING Type: CONT
Co addr : PO BOX 837
City : GRANGER State: IN Zip: 46530
Caller : CELESTE HOREIN Phone: (269)663-3394
Contact : DAVID HOREIN - CELL Phone:
BestTime:
Mobile : (574)217-1568
Fax : (269)663-3394
Email : GRADERITE@AOL.COM

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

Submitted date: 11/20/2012 Time: 15:33
Members: AEPIN COMCN ID5610 NIPSCO SBCIN SM

Facility: Transmission Lines; Folder: N/A; Assigned To: N/A

NIPSCO 00142 IUPPSa 12/04/2012 09:20:10 1212040517-00A EMER DAMG GRID

DAMAGE SEE REMARKS

Ticket : 1212040517 Date: 12/04/2012 Time: 09:16 Oper: MMOELLER Chan:039

State: IN Cnty: ST JOSEPH Twp: CLAY
Cityname: SOUTH BEND Inside: N Near: Y
Subdivision:

Address :

Street : DUNN RD

Cross 1 : WILLIS ST Within 1/4 mile: Y

Location: AT THE ADDRESSES 18370- 18330 AND 18290 DUNN RD -- LOCATE THE ENTIRE PROPERTIES

:

Grids : 4142D8613C 4142D8613D

Boundary: n 41.702297 s 41.701145 w -86.224533 e -86.220581

Work type : INSTALL SEWER/WATER/FOUNDATIONS

Done for : HIGHLINE US

Start date: 12/04/2012 Time: 09:17 Hours notice: 0/000 Priority: EMER

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

Duration : 2 MONTHS Depth: 25 FEET

Company : GRADE-RITE EXCAVATING Type: CONT

Co addr : PO BOX 837

City : GRANGER State: IN Zip: 46530

Caller : CELESTE HOREIN Phone: (269)663-3394

Contact : DAVID HOREIN - CELL Phone:

BestTime:

Mobile : (574)217-1568

Fax : (269)663-3394

Email : GRADERITE@AOL.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
PER CELESTE HOREIN - CUT NIPSCO SERVICE GAS LINE - NOT SURE WHERE THE LINE WAS
CUT - CAN HEAR AND SMELL THE GAS - HAVE CALLED 911 AND NIPSCO - CANNOT DESCRIBE
THE LINE - CREW IS ON SITE - PREVIOUS TICKET 1211202424 - THANK YOU
Will you be white-lining the dig site area? NO

:

Submitted date: 12/04/2012 Time: 09:16

Members: AEPIN COMCN ID5610 NIPSCO SBCIN SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA 060 South Bend MAXIMO WO #
OPERATING AREA CONTACT Tim Armstrong JOB ORDER # 58955/
TRACKING NUMBER 0182012 12 04 00/ LOCATE REF # 1211202424
Locate Performed By:

DATE AND TIME OF ACCIDENT December 4 2012, 8:54 M DATE OF REPORT 12-4-12
PLACE OF DAMAGE (INCLUDE CITY) Dunn Rd. Burdette Rd. South Bend

DAMAGE WAS TO:

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

OTHER (DESCRIBE)

GAS: SERVICE () MAIN () SIZE 5/8" MATERIAL: PLASTIC (X) STEEL () METER () REG STATION () STUB (X)
OTHER (DESCRIBE)

DEPTH OF FACILITY (inches) 20" PRESSURE (PSI) 35 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 8:54 TIME SHUT OFF 9:54 TIME RESTORED N/A

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: cut in half

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) Grade-Rite Excavating, INC.

ADDRESS OF PARTY (INCLUDE CITY) Phone 269-663-3394, 1-574-217-1568

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Dave Horein (owner)

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 () TELECOMMUNICATIONS
() BLDG CONSTRUCTION () DEMOLITION () DRAINAGE (X) 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 (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 () CARELESS MACHINE OPERATOR
() NO NOTIFICATION () MARKS DISTURBED (X) STUB () OTHER

COMMENTS :

PERSON PREPARING REPORT STEVE HEASH DURGON

FIELD SUPERVISOR RICHARD WALKER

FIELD MANAGER RICK GRAY

- 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:** _____



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: _____

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: _____

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: _____

Facility Information:

Business Name: _____

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: _____

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*):

Type of Work Performed (*select one*):

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

Personal Contact: _____

Business/Organization 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: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): _____

City, State and ZIP Code: _____

Nearest Intersection: _____

Product Type (*select one*):

Facility Type (*select one*):

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: _____

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

Grade-Rite Employees were on site

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

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: _____

Your Full Name: _____

Full Name of Business / Entity (*if applicable*): _____

Your Business Title (*if applicable*): _____

Address (*number and street*): _____

City: _____ State: _____ ZIP Code: _____

Your E-mail Address: _____

Today's Date (*month, day, year*): _____

Your Signature: David. M. Horein _____ Title (*if any*) _____

Please return your Narrative Statement to:

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

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov