



Pipeline Safety Division Investigation Report

Investigation regarding: Bonar Well Drilling

UPPAC Database Record ID: 4302

Report Date: 7/29/2013

Investigator: Mike Orr

Damage Date: 12/19/2012 9:50:51 AM

Damage Address: 2213 S Old In Rt 3, Swan, Noble

The Parties

Excavator: **Bonar Well Drilling**

Address: 349 W Albion Rd, Albion, In 46701

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Type of Equipment: Boring

Type of Work Performed: Water

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 4

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: LOCATE WESTSIDE OF THE PROPERTY

Follow-Up Locate Instructions (if applicable):

Synopsis: Excavator struck and damaged an underground natural gas main while performing water work.

Findings: Reported by Indiana 811; excavator did not respond to initial notice mailed 2/14/2013. The excavator failed to request a locate be made prior to excavation.

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 7, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4302
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4302

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: 12/19/2012

Event Location: 2213 S Old In Rt 3

City: Swan

Facility Owner: Northern Indiana Public Service Company

Excavator: Bonar Well Drilling

Other Party: N/A

Pipeline Division Case No. 4302

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. 4302	
Date of Event	12/19/2012
Event Location	2213 S Old In Rt 3
Event City	Laotto
Facility Owner	Northern Indiana Public Service Company
Excavator	Bonar Well Drilling
Date of IURC Information Request	2/13/2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Bonar Well Drilling
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	349 W Albion Road
CITY/ STATE/ZIP	Albion / IN / 46701
PREFERRED TELEPHONE	(260) 349-3452
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	2213 S Old State Road 3
CITY/STATE/ZIP	Laotto / IN / 46763
NEAREST INTERSECTION	E 200 S
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.)	2"
PRESSURE (PSIG/INCHES)	25
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	4
EVACUATION (YES/NO)	N
IF YES, HOW MANY EVACUATED	
REPAIR COST (IF KNOWN) (\$)	
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	X
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 - Ticket# 1212190638
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	N

INDIANA 811 LOCATE TICKET NUMBER	
LOCATE MARKS VISIBLE (YES/NO)	N
LOCATE MARKS CORRECT (YES/NO)	
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)	N/A
POLICE DEPARTMENT RESPONSE (YES/NO)	N/A
AMBULANCE RESPONSE (YES/NO)	N/A
ADDITIONAL INFORMATION/COMMENTS	
<p>No notification made to the one-call center (no locate requested).</p> <p>Emergency ticket# 1212190721.</p>	

Fact Based Investigation Report

NOTIFICATION ID: 01820121219002

DISTRICT: Northern IN

DAMAGE DATE: 12/19/2012 9:50:51 AM

NOTIFICATION DATE: 12/19/2012 9:55:21 AM

NOTIFIED BY: ERIC BONAR

DAMAGE ADDRESS: 2213 S OLD IN RT 3

CITY: LAOTTO

ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 12/19/2012

FROM: 10:20:00

TO: 10:45:00

EXCAVATOR INVOLVED: BONAR WELL DRILLING

TYPE OF EXCAVATION: DRILLING A WELL

ORIG. LOCATE REQ.:

START DATE/TIME:

TYPE OF TICKET:

LOCATE REQ. INFO N/A: Yes

DIG UP/DAMAGE REQ.: 1212190721

START DATE/TIME: 12/19/2012 9:45:00 AM

PICTURES TAKEN BY: RANDYGOSE DATE/TIME: 12/19/2012 10:25:00 AM

PHOTOGRAPHY TYPE: Digital

FRAME #: N/A

INVESTIGATOR EMP#: 117384

INVESTIGATOR NAME: RANDYGOSE

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820121219002

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF FACILITY ID: Gas Main

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):

Visual, Facility Exposed At Time Of Investigation,
Investigator Verified Existing Marks By Hooking Up

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

WELL DRILLER HIT A 2" STEEL GAS MAIN WHILE DRILLING , NO LOCATE REQUEST .

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

N/A

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? No

WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA? Yes

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS? No

EXTENT OF FACILITY DAMAGE N/A

REPLACEMENT FOOTAGE N/A

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? WELL DRILLING RIG

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? Yes

IF YES, PLEASE LIST RECORD #(S) NIPSCO

Facility: Distribution Lines; Folder: On-Hold folder; Assigned To: N/A

NIPSCO 00172 IUPPSa 12/19/2012 09:50:52 1212190638-00A EMER DAMG STRT

DAMAGE SEE REMARKS

Ticket : 1212190638 Date: 12/19/2012 Time: 09:45 Oper: DHIGHBAUGH Chan:091

State: IN Cnty: NOBLE Twp: SWAN
Cityname: LAOTTO Inside: N Near: Y
Subdivision:

Address : 2213
Street : S OLD IN RT 3
Cross 1 : E 200 S Within 1/4 mile: Y
Location: LOCATE WESTSIDE OF THE PROPERTY
:
Grids : 4118A8512A 4118A8512B 4119C8512A 4119C8513D 4119D8512A
Grids : 4119D8512B
Boundary: n 41.322192 s 41.315380 w -85.216783 e -85.211756

Work type : DRILLING WELL
Done for : RUTH BALL
Start date: 12/19/2012 Time: 09:47 Hours notice: 0/000 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 1 DAY Depth: 100 FEET

Company : BONAR WELL DRILLING Type: CONT
Co addr : 349 W ALBION RD
City : ALBION State: IN Zip: 46701
Caller : ERIC BONAR Phone: (260)349-3452
Contact : ERIC BONAR - CELL Phone:
BestTime:
Mobile : (260)349-3452

Remarks : All tickets are taken and processed on Eastern Daylight Time
PER ERIC BONAR---NIPSCO GAS LINE HAS BEEN HIT---NIPSCO HAS BEEN CONTACTED---911
HAS NOT BEEN CONTACTED---ADVISED---LINE IS BLOWING---LINE HIT IN THE FRONT
YARD---WESTSIDE OF THE PROPERTY---DESCRIPTION UNKNOWN---CREW IS STILL ON
SITE---NO PREVIOUS TICKET NUMBER---THANK YOU
Will you be white-lining the dig site area? NO
:

Submitted date: 12/19/2012 Time: 09:45
Members: AEPIN ID2034 ID5857 ID7573 ID7613 NIPSCO SM

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

NIPSCO 00200 IUPPSa 12/19/2012 10:02:44 1212190721-00A EMER NEW GRID

EMERGENCY EMERGENCY

Ticket : 1212190721 Date: 12/19/2012 Time: 09:59 Oper: BBASTIN Chan:045

State: IN Cnty: NOBLE Twp: SWAN
Cityname: LAOTTO Inside: Y Near: N
Subdivision:

Address : 2213
Street : S OLD IN RT 3
Cross 1 : E 200 S Within 1/4 mile: Y
Location: LOCATE--ENTIRE PROPERTY
:
Grids : 4118A8512A 4118A8512B 4119C8512A 4119C8512B 4119C8513D
Grids : 4119D8512A 4119D8512B 4119D8513D
Boundary: n 41.322488 s 41.314488 w -85.217920 e -85.210286

Work type : REPAIRING GAS LINE
Done for : NIPSCO
Start date: 12/19/2012 Time: 10:01 Hours notice: 0/000 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 1 DAY Depth: 6 FEET

Company : NIPSCO Type: MEMB
Co addr : 801 EAST 86TH AVENUE
City : MERRILLVILLE State: IN Zip: 46410
Caller : AMBER FERGUSON Phone: (800)322-2806
Contact : JOE THOMAS - CELL Phone:
BestTime:
Mobile : (260)908-3413
Fax : (219)647-4764

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

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

:

Submitted date: 12/19/2012 Time: 09:59
Members: AEPIN ID2034 ID5857 ID7573 ID7613 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Angola Gas MAXIMO WO # M633883
OPERATING AREA CONTACT Todd Hener JOB ORDER # 571278
TRACKING NUMBER 01820121219002 LOCATE REF # 1212190721
Locate Performed By: _____

DATE AND TIME OF ACCIDENT 12/19/12 2012 9:41AM DATE OF REPORT 12/19/12
PLACE OF DAMAGE (INCLUDE CITY) 2213 S Old State Road 3

DAMAGE WAS TO:

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

OTHER (DESCRIBE) _____

GAS: SERVICE () MAIN SIZE 2" MATERIAL: PLASTIC () STEEL METER () REG STATION () STUB ()
OTHER (DESCRIBE) _____

DEPTH OF FACILITY (inches) 2 1/2' PRESSURE (PSI) 25 lbs.

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

INTERRUPTION OF SERVICE: YES NO () NUMBER OF CUSTOMERS LOST: 4

DURATION OF INTERRUPTION: TIME REPORTED 9:41AM TIME SHUT OFF 12:30pm TIME RESTORED 3:45pm

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: narrow crack 1/8" x 2'

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

PARTY THAT CAUSED DAMAGES (NAME) Eric Bonar Bonar Well Drilling

ADDRESS OF PARTY (INCLUDE CITY) 0439 W Albion Rd Albion IN 46701

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Eric Bonar

WITNESS NAME AND ADDRESS _____

WITNESS REMARKS _____

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY _____ REPORT # _____

FIRE () AGENCY _____ REPORT # _____

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

PHOTOS TAKEN: YES NO () TAKEN BY: None Taken (ATTACH PHOTOS TO REPORT)
MEDIA ON SITE YES () NO ()

WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW

- | | | | |
|--|-------------------------------------|--|---|
| <input type="checkbox"/> AGRICULTURE/FARMING | <input type="checkbox"/> CABLE TV | <input type="checkbox"/> CURB/SIDEWALK | <input type="checkbox"/> TELECOMMUNICATIONS |
| <input type="checkbox"/> BLDG CONSTRUCTION | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> DRAINAGE | <input checked="" type="checkbox"/> WATER |
| <input type="checkbox"/> DRIVEWAY | <input type="checkbox"/> ELECTRIC | <input type="checkbox"/> SURVEYING | <input type="checkbox"/> DRAINS/CULVERTS |
| <input type="checkbox"/> FENCING | <input type="checkbox"/> GRADING | <input type="checkbox"/> IRRIGATION | <input type="checkbox"/> MOWING |
| <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> PIPELINE | <input type="checkbox"/> MILLING | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> POLE/SIGN POST | <input type="checkbox"/> ROAD WORK | <input type="checkbox"/> SEWER | |

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

- | | | |
|--|---|---|
| <input type="checkbox"/> AUGER | <input type="checkbox"/> HAND TOOLS | <input type="checkbox"/> BACKHOE/TRACKHOE |
| <input type="checkbox"/> MILLING EQUIPMENT | <input type="checkbox"/> PROBING DEVICE | <input checked="" type="checkbox"/> BORING / DRILLING |
| <input type="checkbox"/> EXPLOSIVES | <input type="checkbox"/> TRENCHER | <input type="checkbox"/> FARM EQUIPMENT |
| <input type="checkbox"/> VACCUUM EQUIPMENT | <input type="checkbox"/> GRADER | <input type="checkbox"/> OTHER _____ |

REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> AUTOMOTIVE ACCIDENT | <input type="checkbox"/> EXCAVATING BEFORE LOCATES DUE | <input type="checkbox"/> CARELESS MACHINE OPERATOR |
| <input checked="" type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED | <input type="checkbox"/> STUB () OTHER _____ |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS :

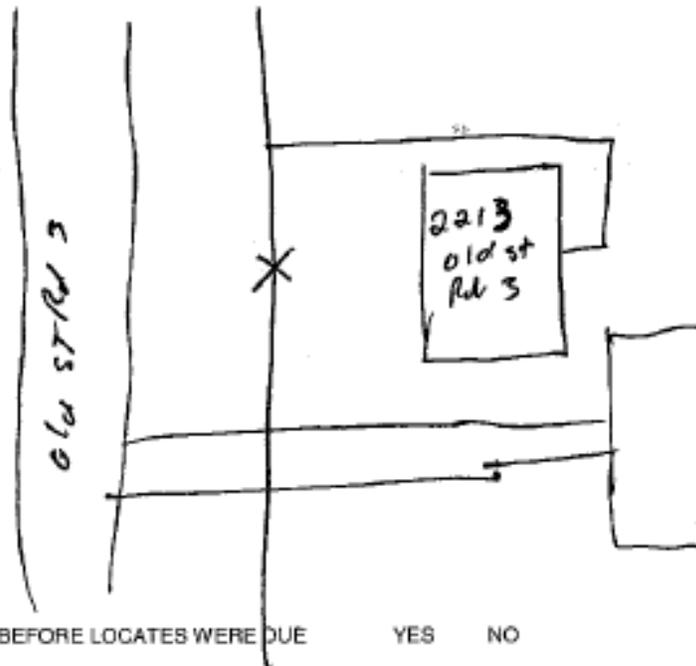
PERSON PREPARING REPORT Todd Hanes

FIELD SUPERVISOR Jason Sprunger

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: _____



Property of United States Infrastructure Corporation
Photo taken on 12/19/2012 10:39 AM AM