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: Walsh Construction

UPPAC Database Record ID: 4365

Report Date: 7/31/2013 Investigator: Mike Orr

Damage Date: 10/29/2012 Damage Address: 6764n St. Rd 31, Kokomo, Howard

The Parties

Excavator: **Walsh Construction**

Address: 311 S. 00ew, Kokomo, In 46902

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas Facility Function: Service/Drop

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

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: Excavator struck and damaged an underground natural gas service while performing grading work.

Findings: Reported by Carrie Ludwig (NIPSCo); excavator did not respond to initial notice mailed 2/14/2013. The excavator failed to request a locate ticket prior to excavating and damaging the facility.

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. 4365
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4365

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: 10/29/2012

Event Location: 6764n St. Rd 31

City: Kokomo

Facility Owner: Northern Indiana Public Service Company

Excavator: Walsh Construction

Other Party: N/A

Pipeline Division Case No. 4365

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. 4365	
Date of Event	10/29/2012
Event Location	6764n St. Rd 31
Event City	Kokomo
Facility Owner	Northern Indiana Public Service Company
Excavator	Walsh Construction
Date of IURC Information Request	2/13/2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Walsh Construction
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	311 S 00 EW
CITY/ STATE/ZIP	Kokomo, IN 46902
PREFERRED TELEPHONE	317-538-8030
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	Nipsco
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	
CITY/ STATE/ZIP	2000 S Home Ave
PREFERRED TELEPHONE	765-459-4101
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
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	6764 N State Road 31
CITY/STATE/ZIP	Sharpsville, IN 46068
NEAREST INTERSECTION	CO RD 600
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.)	1 ¼”
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	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	
Electric	
Engineering/Surveying	
Fencing	
Grading	X
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
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	
NUMBER OF INPATIENT TREATED	
NUMBER OF FATALITIES	
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 emergency repair ticket 1210292007 and 1210292016	

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

REVISED AMS

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

REPORTING OPERATING AREA Kokomo MAXIMO WO #

OPERATING AREA CONTACT Kenny Hinkle JOB ORDER # J567477

TRACKING NUMBER n/a LOCATE REF # n/a

Locate Performed By:

DATE AND TIME OF ACCIDENT 10/29/12 11:39A M DATE OF REPORT 10/29/12

PLACE OF DAMAGE (INCLUDE CITY) 6764N. ST. RD 31

DAMAGE WAS TO:

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

OTHER (DESCRIBE)

GAS: SERVICE (X) MAIN ( ) SIZE 1/4" MATERIAL: PLASTIC ( ) STEEL (X) METER ( ) REG STATION ( ) STUB ( )

OTHER (DESCRIBE)

DEPTH OF FACILITY (Inches) 30" PRESSURE (PSI) 40 Lbs.

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

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

DURATION OF INTERRUPTION: TIME REPORTED 11:39AM TIME SHUT OFF 2:20 PM TIME RESTORED 5:40 PM.

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/4

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) WALSH CONSTRUCTION

ADDRESS OF PARTY (INCLUDE CITY) 311 S. 00EW. KOKOMO

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE ROSIE DAVIS PH# 317-538-8080

WITNESS NAME AND ADRESS N/A

WITNESS REMARKS N/A

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY NO REPORT #

FIRE ( ) AGENCY NO REPORT #

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

PHOTOS TAKEN: YES (X) NO ( ) TAKEN BY: Serviceman (ATTACH PHOTOS TO REPORT)

MEDIA ON SITE YES ( ) NO ( )

WORK IN PROGRESS WHEN FACILITY DAMAGED – CHECK APPROPRIATE CHOICE BELOW

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

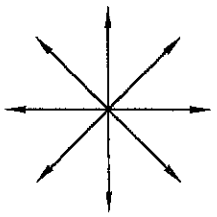
REASON DAMAGE OCCURRED– CHECK APPROPRIATE CHOICE BELOW

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

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

hrs	Crew	Truck	backhoe	Trencher
7	120202	30357	70023	70025
7	120196	30343		
7	120227	31430		
2	120211			

Indicate North



Material

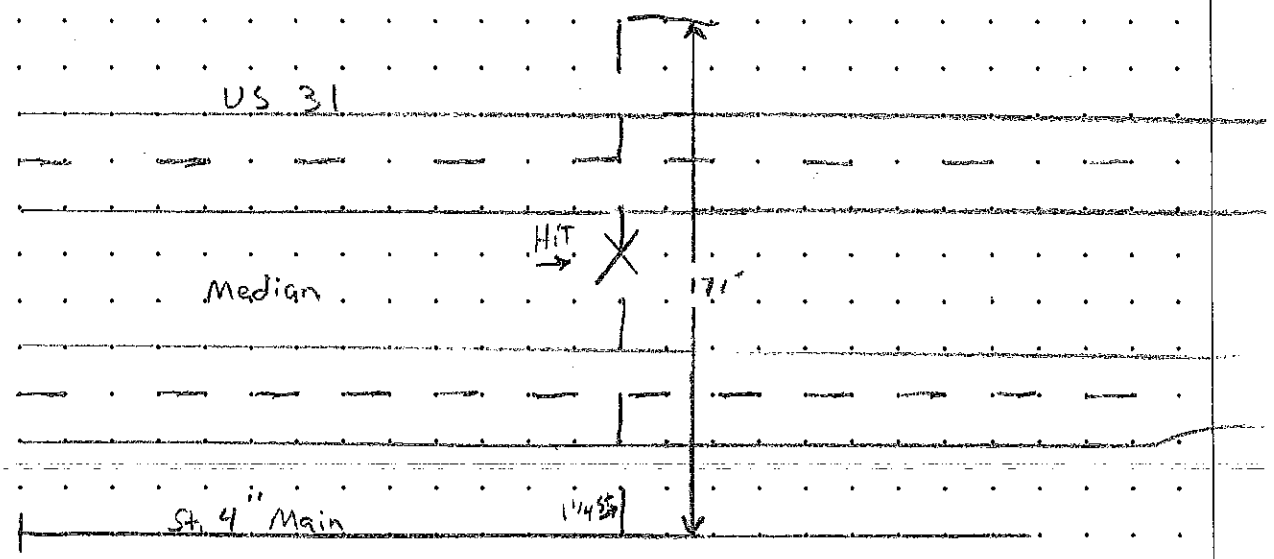
171' 5/8 Pl & wire - 285500 - 3463305

1 - 3/4 x 5/8 Dresser - 301506

1 - 1 1/4 cap - 299176

1 - 5/8 Punch Tee - 308381

6767N.



Instructions:

1. Locate leak point and mark with X
2. Provide dimensions from centerlines, utility poles, curb lines etc.
3. Outline leak migration perimeter, provide dimensions and indicate % gas from leak point to 0%..

LEGEND

- X Centered Leak
- O Valve or Curb Box
- △ Manhole
- Conduit Manhole
- □ Catch Basin
- Utility Pole
- Leak Area

Comments: Replaced 1 1/4 St. with 5/8 Pl.

203449

LEAK INVESTIGATION FORM

C0521977007

Section 1 – To be Completed by the First Responder (Information known during initial investigation)

CIS Ticket Number: 7946152 04 Date Reported: 10 – 29 – 12 (MO DAY YR) Time Leak Reported (Military): 11 : 39 (HR MIN)

LOA: KOKOMO GPS Coordinates: Latitude __ . _____ °N Longitude __ . _____ °W

City Name: SHARPSVILLE

Address or Location: 6764 N. U.S. 31

Leak Location:
1. ___ No Leak Found
2. ___ Customer Equip.
3. ___ Main
4. ✓ Service
5. ___ Meter Loop (Lockwing and above)
6. ___ Regulator Station

For Services Only: Re-tested at 90 PSIG for 15 minutes

Leak Grade:
1 ✓ Hazardous
2 ___ Non-Hazardous, Scheduled Repairs
3 ___ Non-Hazardous, Monitored

If marked and not making repairs you must complete **bold box** below. If repairs are made, complete all Section 2.

Leak Resolution
1. ___ Leak Repaired
2. X Pipe Replaced
3. ___ Pipe Retired
} Leak Closed
4. ___ Grade 2 or 3 Leak Not Repaired To be scheduled for re-evaluation/repair

Residual Gas Present: ___ Yes X No (Grade 1 Leak Only)

1st Responder: User ID: 120247 Roy (FIRST NAME) F. (MI) SILVERS (LAST NAME) Leak Referred to: OUTSIDE CONST.

Section 2 – To be Completed by the Person Making Repairs to a Grade 1, 2 or 3 Leak

Comments: Service was pulled apart on both sides of U.S. 31 Replaced with 171' of 5/8 PL.

Repaired/Inspected: 10 – 29 – 12 (MO DAY YR) Time: 18 : 30 (HR MIN) (Military) User ID: 120202 Greg (FIRST NAME) (MI) Davis (LAST NAME)

Cause of Leak:

A. Material or Welds
- ___ 1. Faulty weld, dent, gouge, excess stress
- ___ 2. Manufacturing defect

B. Corrosion
- ___ 1. External
- ___ 2. Internal
- ___ 3. Stress Corrosion Cracking (must be confirmed by Corrosion group)

C. Weather/Outside Forces
- ___ 1. Natural Forces (weather, washouts, frost heave, frozen equipment etc.)
- ___ 2. Other Outside Forces (fire, explosion, vandalism etc.) (explain in comments)

D. Excavation → Identification: → Locate Information:
- ___ 1. Company Crew
- ___ 2. Contractor Crew
- ✓ 3. Third Party

Contractor Crew: _____

Third Party Name: WALSH

Locate Information:
1. ✓ No Locate Request
2. ___ Request, No Locate
3. ___ Mislocated
4. ___ Accurate Locate

E. Equipment Failure and Operations
- ___ 1. Inadequate or failure to follow correct procedures
- ___ 2. Equipment Malfunction (i.e. gasket/o-ring failure, stripped threads etc.)

F. ___ Other (Explain in comments) (includes thread leaks)

CIS Grid Number: _____ Pipe Size: 1 1/4" inches Soil Condition: ___ dry X moist ___ wet

Corrosion CP Section Number (Steel): ___–___–___–___ Transmission Line section _____ – _____

Section 3 – For Reporting Results of a Scheduled Re-inspection or Repair ONLY.

Re-evaluated Leak Resolution
1. ___ Leak Repaired
2. ___ Pipe Replaced
3. ___ Pipe Retired
4. ___ No Leak Found
} Leak Closed
5. ___ Leak Re-classified
6. ___ Grade 2 or 3 Leak, Schedule for repair/re-evaluation

Re-classified Leak Grade:
1 ___ Hazardous
2 ___ Non-Hazardous, Scheduled Repairs
3 ___ Non-Hazardous, Monitored

Material:
1. ✓ Coated Steel
2. ___ Bare Steel
3. ___ Plastic
4. ___ Cast Iron
5. ___ Copper
6. ___ Wrought Iron

Pipeline Identifier:
1. ✓ Distribution
2. ___ Transmission
3. ___ Transmission HCA

Re-evaluation Comments: _____

Repaired/Re-evaluated: ___ – ___ – ___ (MO DAY YR) Time: ___ : ___ (HR MIN) (Military) User ID: _____ (FIRST NAME) (MI) (LAST NAME)

SIN 110945 REV. 04-2008

COMMENTS : HIT 1¼" SERVICE LINE
TO 6764 N. ST. RD. 31

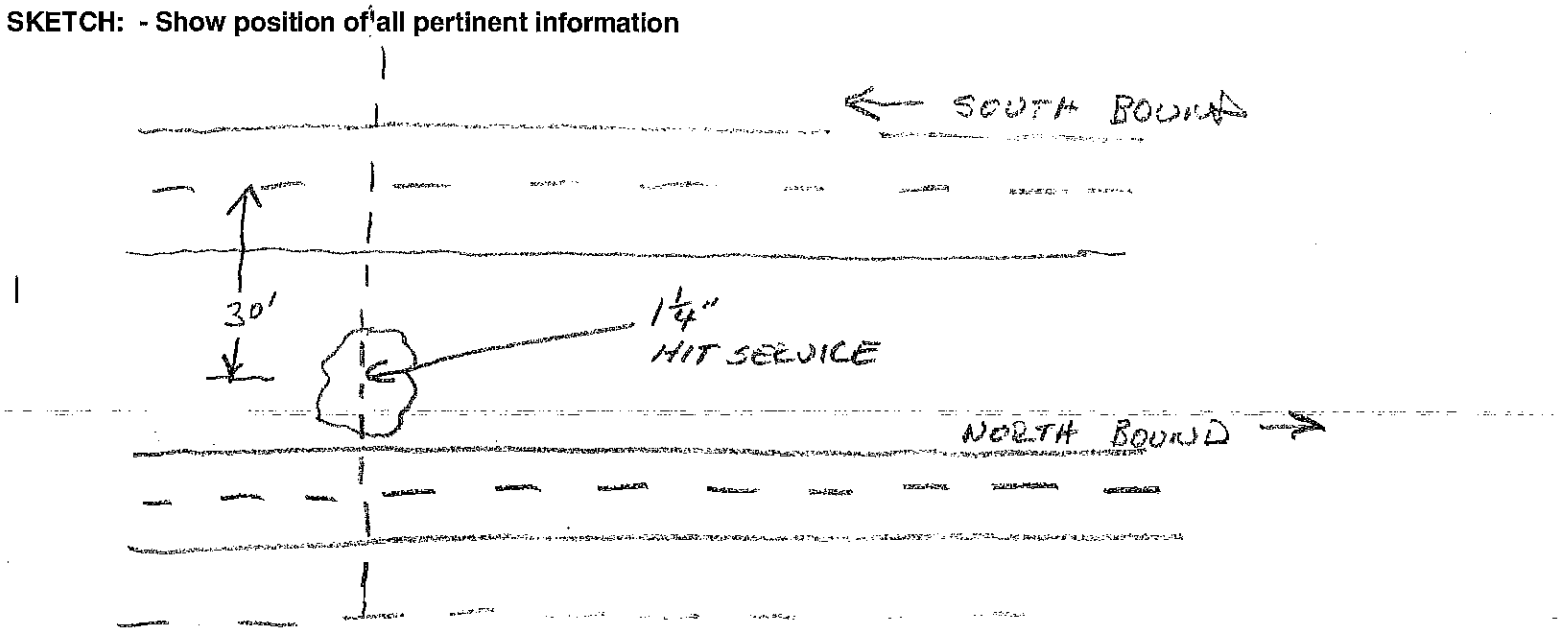
PERSON PREPARING REPORT Roy F. SILVERS

FIELD SUPERVISOR KEN HINKLE

FIELD MANAGER DAVE SALMONS

- **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: Jan 15, 2013

Who is submitting this information?

Name of person providing this information: Carrie Ludwig

Business address *(number and street)*: 3511 East 15th Avenue

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: Walsh Construction

Business address *(number and street)*: 311 S. 00EW

City, State, and ZIP code: Kokomo, IN 46902

Telephone number *(area code)*: (765) 453-4140

Fax number *(area code)*:

E-mail address:

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Grading

Date and Location of Damage

Date of damage (*month, day, year*): Oct 29, 2012

County: Howard

City: Kokomo

Street address (*number and street, city, state, and ZIP code*):
6764N St. Rd 31

Nearest intersection: _____

Right of way where damage occurred: Public - State Highway

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? _____

Was there a customer service interruption? Yes

If yes, how many affected? 1

Time to restore service (*in hours*): 6

Enter number of injuries, if applicable and known: _____

Enter number of fatalities, if applicable and known: _____

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? 30

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: _____

Was site marked by "White Lining"? No

Were special instructions part of the locate request?

Were maps used to complete the locate request?

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? No

---

Description of Cause

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

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Additional Comments

Emergency Ticket # 1210292007

DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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INDIANA UTILITY REGULATORY COMMISSION

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Who is submitting this information?

Name of person providing this information: Carrie Ludwig (NIPSCo)

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Full name: Walsh Construction

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Excavator type: Contractor

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Date of damage (*month, day, year*): Oct 29, 2012

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6764N St. Rd 31

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If yes, how many affected? 1

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Enter number of injuries, if applicable and known: _____

Enter number of fatalities, if applicable and known: _____

Property damage, Estimate $_____

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If other, please specify: _____

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Did the excavator notify 911 in the event of a release of product? No

Description of Cause

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

Additional Comments

Emergency Ticket # 1210292007