



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: Tlm Inc.

UPPAC Database Record ID: 4380

Report Date: 3/21/2013

Investigator: Howard Friend

Damage Date: 11/2/2012

Damage Address: 927 Wescott Lane, Fort Wayne, Allen

The Parties

Excavator: **Tlm Inc.**

Address: 355 Ln. 175 Line Lk., Angola, In, 46703

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Type of Equipment: Directional Drilling

Type of Work Performed: Electric

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 0

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 natural gas line was damaged during directional boring an electric line.

Findings: Reported by Carrie Ludwig (NIPSCO); excavator's response to initial notice was received on 3/21/2013. The excavator provided a locate number that was not theirs. The operator reported the excavator provided the locate marks because they did not provide notice of excavation.

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

March 8, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4380
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4380

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: 11/2/2012

Event Location: 927 Wescott Lane

City: Fort Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: Tlm Inc.

Other Party: N/A

Pipeline Division Case No. 4380

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. 4380	
Date of Event	11/2/2012
Event Location	927 Wescott Lane
Event City	Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	Tlm Inc.
Date of IURC Information Request	2/13/2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	TLM Inc
RESPONSIBLE PARTY PERSONAL NAME	Terry Mounsey
TITLE (IF ANY)	
ADDRESS	355 Ln 175 Line LK
CITY/ STATE/ZIP	Angola, IN 46703
PREFERRED TELEPHONE	260-301-6103
CELL PHONE TELEPHONE	260-301-6103
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	1-317-538-7301
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	927 Wescott Ln
CITY/STATE/ZIP	Fort Wayne, IN 46801
NEAREST INTERSECTION	Deercrossing Ln
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)	
INTERRUPTION IN SERVICE (YES/NO)	NO
NUMBER OF CUSTOMERS AFFECTED	0
EVACUATION (YES/NO)	NO
IF YES, HOW MANY EVACUATED	0
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	X
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)	YES
IGNITION AND/OR FIRE (YES/NO)	NO
EXCAVATOR NOTIFY 811 (YES/NO)	NO
LOCATE INFORMATION:	

EXCAVATOR REQUEST LOCATE (YES/NO)	NO
INDIANA 811 LOCATE TICKET NUMBER	N/A
LOCATE MARKS VISIBLE (YES/NO)	NO
LOCATE MARKS CORRECT (YES/NO)	N/A
EXCAVATOR "WHITE LINED" (YES/NO)	NO
MAPS USED TO MARK FACILITIES (YES/NO)	NO
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	NO
INCIDENT IMPACT INFORMATION	
NUMBER OF OUTPATIENT TREATED	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FATALITIES	0
FIRE DEPARTMENT RESPONSE (YES/NO)	YES-Aboite #18
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# 1211021261 Contractor marked gas line himself before digging.</p>	



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jan 23, 2013

Who is submitting this information?

Name of person providing this information: Carrie Ludwig

Business address (*number and street*): 3511 E 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: TLM Inc.

Business address (*number and street*): 355 Ln. 175 Line LK.

City, State, and ZIP code: Angola, IN, 46703

Telephone number (*area code*): 260-301-6103

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Directional Drilling

Type of work performed: Electric

Date and Location of Damage

Date of damage (*month, day, year*): Nov 2, 2012

County: Allen

City: Fort Wayne

Street address (*number and street, city, state, and ZIP code*):
927 Wescott Lane, Fort Wayne, IN, 46801

Nearest intersection: Deercrossing, LN

Right of way where damage occurred: Public - City Street

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? No

If yes, how many affected? 0

Time to restore service (*in hours*): 5

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? 28

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: USIC

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? No

Were maps used to complete the locate request? No

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

Additional Comments

NIPSCO emergency ticket 1211021261

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA FT-Wayne MAXIMO WO #
OPERATING AREA CONTACT Jason Otis (260) 241-3246 JOB ORDER # 564454
TRACKING NUMBER 01820121102004 LOCATE REF #
Locate Performed By: USIC

DATE AND TIME OF ACCIDENT November 2 2012 11:10AM DATE OF REPORT 11/2/12
PLACE OF DAMAGE (INCLUDE CITY) 927 Wescott Lane, Ft. Wayne, IN

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

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

DEPTH OF FACILITY (Inches) 28" PRESSURE (PSI) 50 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:
DURATION OF INTERRUPTION: TIME REPORTED 11:10AM TIME SHUT OFF 12:49PM TIME RESTORED 1609PM
DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 2"

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

PARTY THAT CAUSED DAMAGES (NAME) TLM INC.

ADDRESS OF PARTY (INCLUDE CITY) 355 Ln. 175 Line LK. Angola, IN 46703

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Terry Mounsey (260) 301-6103

WITNESS NAME AND ADDRESS
WITNESS REMARKS

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY REPORT #
FIRE (X) AGENCY Aboite # 18 REPORT #
OTHER () Any Injuries? () YES # NO (X)

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 () WATER
() DRIVEWAY (X) 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 () BACKHOE/TRACKHOE
() MILLING EQUIPMENT () PROBING DEVICE (X) 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 Working under someone else's Locates. Not their Call in.

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

Per Jason Otis w/NIPSCO
Locates. Not their Call in.
SIN #110601 Rev. 6-12

COMMENTS: TLM, Inc Boring new electric conduit. Using
someone else's locate. Not for them. Per Jason Otis
Hit 2" plastic main. w/NEPSCO

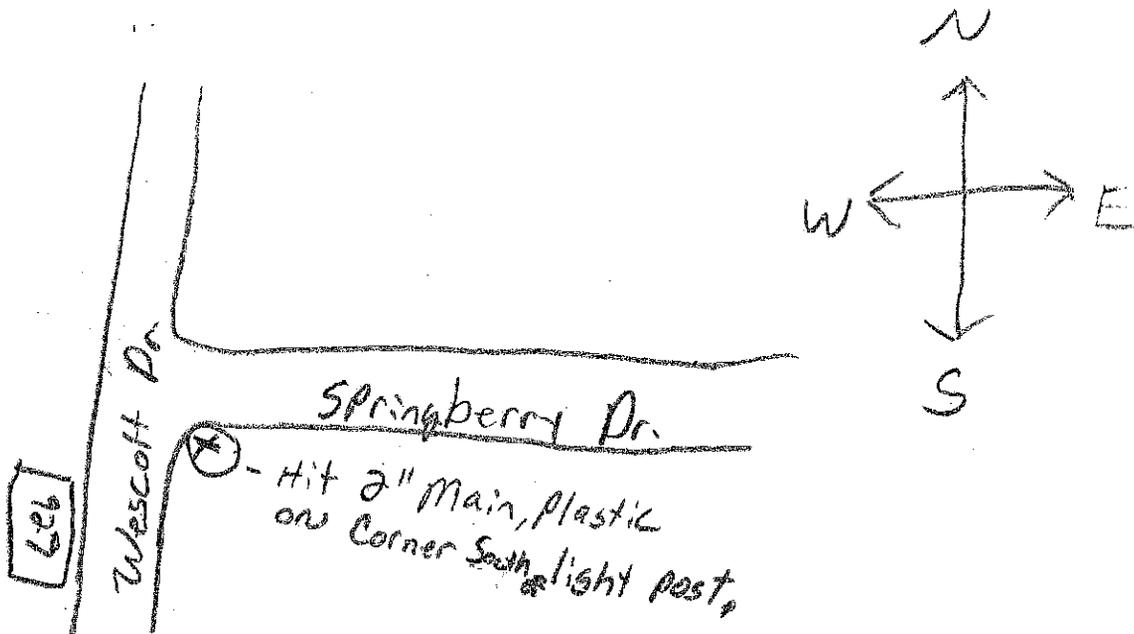
PERSON PREPARING REPORT Chad Evans

FIELD SUPERVISOR Jason Otis

FIELD MANAGER Randy Dunn

- 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: _____

Facility: Distribution Lines; Folder: REGION 3; Assigned To: N/A

NIPSCO 00353 IUPPSa 11/02/2012 11:42:42 1211021261-00A EMER NEW STRT

EMERGENCY SEE REMARKS

Ticket : 1211021261 Date: 11/02/2012 Time: 11:38 Oper: AOWENS Chan:041

State: IN Cnty: ALLEN Twp: ABOITE
Cityname: FORT WAYNE Inside: Y Near: N
Subdivision: WESCOTT RIDGE

Address : 927
Street : WESCOTT DR
Cross 1 : DEERCROSSING LN Within 1/4 mile: Y
Location: LOCATE ENTIRE PROPERTY
:
Grids : 4105D8515C
Boundary: n 41.086838 s 41.084881 w -85.256065 e -85.254593

Work type : GAS LINE REPAIR
Done for : NIPSCO
Start date: 11/02/2012 Time: 11:39 Hours notice: 0/0 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 : TENNILLE FORD Phone: (800)322-2806
Contact : JASON OTIS - CELL Phone:
BestTime:
Mobile : (260)241-3246
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: 11/02/2012 Time: 11:38
Members: AEPIN AQUA CC FW ID8000 NIPSCO SM

Fact Based Investigation Report

NOTIFICATION ID: 01820121102004

DISTRICT: Northern IN

DAMAGE DATE: 11/2/2012 10:10:00 AM

NOTIFICATION DATE: 11/2/2012 11:50:37 AM

NOTIFIED BY: TENNILLE FORD Facility Owner

DAMAGE ADDRESS: 927 WESCOTT DR X DEERCROSSING

CITY: FT WAYNE

ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 11/02/2012

FROM: 12:00:00

TO: 12:30:00

EXCAVATOR INVOLVED: TLM INC.

TYPE OF EXCAVATION: BORING

ORIG. LOCATE REQ.:

START DATE/TIME:

TYPE OF TICKET:

LOCATE REQ. INFO N/A: Yes

DIG UP/DAMAGE REQ.: 1211021261

START DATE/TIME:

PICTURES TAKEN BY: RON STEPHENS DATE/TIME: 11/2/2012 12:00:00 PM

PHOTOGRAPHY TYPE: Digital

FRAME #: N/A

INVESTIGATOR EMP#: 123132

INVESTIGATOR NAME: RON STEPHENS

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820121102004

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):

Investigation Results Verified By Utility Representative

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

contractor failed to call in locate

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

jason otis confirmed no locate request

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

contractor marked gas on his own before doing work

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? Yes

EXTENT OF FACILITY DAMAGE bored main

REPLACEMENT FOOTAGE 3

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? n/a

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? Yes

IF YES, PLEASE LIST RECORD #(S) nipsco

**INFORMATION REQUEST**

State Form 54909 (R / 3-13)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

RECEIVED
MAR 21 2013
INDIANA UTILITY
REGULATORY COMMISSION

Case Number: 4380

Date of Damage (month, day, year): 11/2/2012

Location of Damage:

Address (number and street): 927 Wescott lane

City, State and ZIP Code: fortwayne

Nearest Intersection: Wescott and Spring Berry

Excavator Information:

Business Name: T.L.M INC. DBA AQUARIUS UNDERGROUND

Responsible Party Personal Name: TERRY MOUNSEY, SHAWN MOUNSEY

Title (if any): OWNER/OP.

Address (number and street): 355 LN 175 LIME LAKE

City, State and ZIP Code: ANGOLA, IN 46703

Preferred Telephone Number (area code): 260-301-6103

Email Address: posimaster_135@hotmail.com

Utility Information:

Utility Name: Nipsco

Contact Person:

Title (if any):

Cause of Damage Information

Type of Equipment (select one):

Boring/Drilling

Type of Work Performed (select one):

Electric

Repair Cost: \$ 1700

Did a leak result from damage: Yes No

Was there ignition: Yes No

Excavator Notify 911 due to leak: Yes No

Excavator Notify 811 upon damage: Yes No

Excavator Notify Utility upon Damage: Yes No

Locate Information

Excavator Request Locate: Yes No

Indiana 811 Locate Ticket Number: 1210230896

Locate Marks Visible: Yes No

Locate Marks Correct: Yes No

Excavator "White Lined": Yes No

Was Locate Provided within Two (2) Working Days: Yes No

Utility Employees On-site during Excavation: Yes No

Incident Information:

Fire Department Response: Yes No

Police Department Response: Yes No

Ambulance Response: Yes No

Additional Information / Comments

witness Dave Ruby 260-710-6183 Chris Hambrock 260-710-6164 I have pictures of this job before the gas line was dug up to fix it, and all locates. I have sent pictures of the site with this form and case number and location written on back of photos.

SHAWN MOUNSEY 03/18/2013

Printed Name: Shawn L. Mounsey

Signature:  Date (month, day, year): 3-18-13

**If submitting this form electronically, typing your name in the signature box will act as an electronic signature.*

Please return completed form to:

PipelineDamageCase@urc.in.gov

Or mail to:

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

**Or fax to:
317-233-2410**



Police

11-2-2012

Case# 4380

11-2-2012

Corner of Wescott & Spring Berry



11-2-2012 corner of wescott & Spring
Case# 4380 Berry



Case# 4380

11-2-2012

(927 westcott Ln. corner of westcott + spring Berry



10/16

Case #4380

11-2-2012

Corner of Wescott & Spring Berry