



Pipeline Safety Division Investigation Report

Investigation regarding: **Jim Wolff**

UPPAC Database Record ID: 4401

Report Date: 8/9/2013

Investigator: Mike Orr

Damage Date: 11/21/2012

Damage Address: 1226 Thomas Street, South Bend, St. Joseph

The Parties

Excavator: **Jim Wolff**

Address: 3115 Wild Cherry Bridge West, Mishawaka, In 46544

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Hand Tools

Type of Work Performed: Unknown/Other

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: N/A

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

Synopsis: Excavator struck and damaged an underground natural gas service while performing archeology dig work.

Findings: Reported by Steve Noffsinger (NIPSCO); excavator did not respond to initial notice mailed 2/14/2013. The excavator failed to request a locate be performed prior to excavation and failed to inform the association following the 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 13, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4401
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4401

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: 11/21/2012

Event Location: 1226 Thomas Street

City: South Bend

Facility Owner: Northern Indiana Public Service Company

Excavator: Jim Wolff

Other Party: N/A

Pipeline Division Case No. 4401

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. 4401 | |
| Date of Event | 11/21/2012 |
| Event Location | 1226 Thomas Street |
| Event City | South Bend |
| Facility Owner | Northern Indiana Public Service Company |
| Excavator | Jim Wolff |
| Date of IURC Information Request | 2/13/2013 |
| THE PARTIES | |
| EXCAVATOR: | |
| BUSINESS NAME | Jim Wolff |
| RESPONSIBLE PARTY PERSONAL NAME | Jim Wolff |
| TITLE (IF ANY) | |
| ADDRESS | 3115 Wild Cherry Bridge West |
| CITY/ STATE/ZIP | Mishawaka, IN 46544 |
| PREFERRED TELEPHONE | |
| 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 | 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 | 1226 Thomas St |
| CITY/STATE/ZIP | South Bend, IN 46601 |
| NEAREST INTERSECTION | Walnut Street |
| 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) | 35 |
| INTERRUPTION IN SERVICE (YES/NO) | YES |
| NUMBER OF CUSTOMERS AFFECTED | 1 |
| 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 | |
| Directional Drilling | |
| Explosives | |
| Farm Equipment | |
| Grader/Scraper | |
| Hand Tools | X |
| 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 | |
| Waterway Improvement | |
| Unknown/Other | X - Archeology |
| 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) | N/A |
| MAPS USED TO MARK FACILITIES (YES/NO) | N/A |
| 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) | |
| POLICE DEPARTMENT RESPONSE (YES/NO) | |
| AMBULANCE RESPONSE (YES/NO) | |
| ADDITIONAL INFORMATION/COMMENTS | |
| No notification made to the one-call center | |

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Do Bend MAXIMO WO #
OPERATING AREA CONTACT Jim Armstrong JOB ORDER # 575736
TRACKING NUMBER 018-2012-1121-006 LOCATE REF # N/A
Locate Performed By:

DATE AND TIME OF ACCIDENT 11-21-12, 12:06 20 P M DATE OF REPORT 11-21-12
PLACE OF DAMAGE (INCLUDE CITY) 1226 Thomas St - South Bend

DAMAGE WAS TO:

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

OTHER (DESCRIBE)

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

DEPTH OF FACILITY (inches) 20" PRESSURE (PSI) 35 Lbs.

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

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

DURATION OF INTERRUPTION: TIME REPORTED 12:04 5/8 TIME RESTORED 12:55

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY:

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

PARTY THAT CAUSED DAMAGES (NAME) Jim Wolff

ADDRESS OF PARTY (INCLUDE CITY) 3115 Wild Cherry Ridge West, Mishawaka, 46544

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Jim Wolff

WITNESS NAME AND ADDRESS

WITNESS REMARKS

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY REPORT #

FIRE () AGENCY S.B.F.D. REPORT #

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

PHOTOS TAKEN: YES () NO () TAKEN BY: (ATTACH PHOTOS TO REPORT)
MEDIA ON SITE YES () NO ()

WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW

- () AGRICULTURE/FARMING () CABLE TV () CURB/SIDEWALK () TELECOMMUNICATIONS
() BLDG CONSTRUCTION () DEMOLITION () DRAINAGE () WATER
() DRIVEWAY () ELECTRIC () SURVEYING () DRAINS/CULVERTS
() FENCING () GRADING () IRRIGATION () MOWING
() LANDSCAPING () PIPELINE () MILLING () OTHER Archaeology
() POLE/SIGN POST () ROAD WORK () SEWER

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

- () AUGER () HAND TOOLS () 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 () STUB () OTHER

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS :

Digging for historical objects, no locates, hit service

PERSON PREPARING REPORT

by Weesner

FIELD SUPERVISOR

Tom [Signature]

FIELD MANAGER

R. 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: _____



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)
INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jan 21, 2013

Who is submitting this information?

Name of person providing this information: Steve Noffsinger

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: Jim Wolff

Business address (number and street): 3115 Wild Cherry Bridge West

City, State, and ZIP code: Mishawaka, IN 46544

Telephone number (area code): N/A

Fax number (area code): N/A

E-mail address: N/A

Excavation or Demolition Information

Excavator type: Unknown/Other

Excavation or demolition equipment: Hand Tools

Type of work performed: Unknown/Other

Date and Location of Damage

Date of damage (month, day, year): Nov 21, 2012

County: St. Joseph

City: South Bend

Street address (number and street, city, state, and ZIP code):
1226 Thomas Street, South Bend, IN 46601

Nearest intersection: Walnut Street

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): 1

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? 20

Notification, Locating, Marking

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known: N/A

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: N/A

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"? No

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? Yes

Description of Cause

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

Additional Comments

Fact Based Investigation Report

NOTIFICATION ID: 01820121121006 DISTRICT: Northern IN
DAMAGE DATE: 11/21/2012 12:25:00 PM NOTIFICATION DATE: 11/21/2012 12:29:53 PM
NOTIFIED BY: Angela Shupert Facility Owner
DAMAGE ADDRESS: 1226 Thomas St
CITY: South Bend ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 11/21/2012
FROM: 13:30:00 TO: 13:50:00

EXCAVATOR INVOLVED: HOME/OWNER
TYPE OF EXCAVATION: Digging for bottles

ORIG. LOCATE REQ: START DATE/TIME:
TYPE OF TICKET: LOCATE REQ INFO N/A: Yes

DIG UP/DAMAGE REQ: M71585231 START DATE/TIME: 11/21/2012 2:00:00 PM

PICTURES TAKEN BY: Allen O'Donnell DATE/TIME: 11/21/2012 1:30:00 PM
PHOTOGRAPHY TYPE: Digital FRAME #: see M71585231

INVESTIGATOR EMP#: 130534 INVESTIGATOR NAME: Josh Schelbelhut

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820121121006
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):
Visual, Facility Exposed At Time Of Investigation

INVESTIGATOR STATEMENT/CAUSAL FACTORS:
No locate request on file; USIC not at fault.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:
n/a

NAMES OF EXCAVATOR'S REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:
Homeowner - Stated he did not call in a ticket and was digging with a shovel when he nicked the gas service.

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? No

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 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



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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INDIANA UTILITY REGULATORY COMMISSION

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Excavator type: Unknown/Other

Excavation or demolition equipment: Hand Tools

Type of work performed: Unknown/Other

Date and Location of Damage

Date of damage (*month, day, year*): Nov 21, 2012

County: St. Joseph

City: South Bend

Street address (*number and street, city, state, and ZIP code*):
1226 Thomas Street

Nearest intersection: Walnut Street

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*): 1

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? 20

Notification, Locating, Marking

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known: N/A

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: N/A

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"? No

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? Yes

Description of Cause

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

Additional Comments