



Pipeline Safety Division Investigation Report

Investigation regarding: B&d Construction

UPPAC Database Record ID: 4429

Report Date: 8/9/2013

Investigator: Mike Orr

Damage Date: 1/14/2013

Damage Address: 2389 4th Street, Mexico, Miami

The Parties

Excavator: **B&d Construction**

Address: 5179 N 600e, Rochester, In 46975

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Sewer

Damage Impact

Product Release: No

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: 1212171747

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

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

Findings: Reported by Carrie Ludwig (NIPSCO); excavator did not respond to initial notice mailed 2/14/2013. The excavator had allowed the locate ticket to expire resulting in the determination as though no locate was ever requested.

Conclusion: There was a failure to provide notice of excavation.

Violation: IC 8-1-26-16(g)(expire) Failure to provide notice of excavation - expired ticket.



150 West Market Street, Suite 600
Indianapolis, IN 46204

March 13, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4429
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4429

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: 1/14/2013

Event Location: 2389 4th Street

City: Mexico

Facility Owner: Northern Indiana Public Service Company

Excavator: B&d Construction

Other Party: N/A

Pipeline Division Case No. 4429

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. 4429	
Date of Event	1/14/2013
Event Location	2389 4th Street
Event City	Mexico
Facility Owner	Northern Indiana Public Service Company
Excavator	B&D Construction
Date of IURC Information Request	2/13/2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	B and D Construction
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	5179 North 600 East
CITY/ STATE/ZIP	Rochester / IN / 46975
PREFERRED TELEPHONE	(574) 223-9663
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	2389 W 4 th Street
CITY/STATE/ZIP	Mexico / IN / 46958
NEAREST INTERSECTION	N Mexico Road
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)	20
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	1
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	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)	X
Site Development	
Steam	
Storm Drain/Culvert	
Street Light	
Telecommunications	
Traffic Signal	
Traffic Sign	
Water	
Waterway Improvement	
Unknown/Other	
RELEASE OF PRODUCT (YES/NO)	N
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	N
LOCATE INFORMATION:	

EXCAVATOR REQUEST LOCATE (YES/NO)	Y
INDIANA 811 LOCATE TICKET NUMBER	1212171747
LOCATE MARKS VISIBLE (YES/NO)	Y
LOCATE MARKS CORRECT (YES/NO)	Y
EXCAVATOR "WHITE LINED" (YES/NO)	Y
MAPS USED TO MARK FACILITIES (YES/NO)	Y
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)	N/A
POLICE DEPARTMENT RESPONSE (YES/NO)	N/A
AMBULANCE RESPONSE (YES/NO)	N/A
ADDITIONAL INFORMATION/COMMENTS	
<p>Failure to use hand tools where required (locate accurate).</p> <p>Emergency Ticket# 1301141262.</p>	

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

NIPSCO 00545 IUPPSa 12/17/2012 14:14:42 1212171747-00A NORM NEW STRT

NORMAL NOTICE

Ticket : 1212171747 Date: 12/17/2012 Time: 14:07 Oper: CSCOTT Chan:052

State: IN Cnty: MIAMI Twp: JEFFERSON
Cityname: MEXICO Inside: Y Near: N
Subdivision:

Address : 2389
Street : 4TH ST
Cross 1 : N MEXICO RD Within 1/4 mile: Y
Location: LOCATE THE SOUTH SIDE OF THE PROPERTY
:
Grids : 4049B8606A 4049B8607D 4049C8606A 4049C8607D
Boundary: n 40.825955 s 40.824213 w -86.118210 e -86.114879

Work type : INSTALLING SEWER LINE
Done for : BRUCE LESLEY
Start date: 12/19/2012 Time: 14:15 Hours notice: 48/048 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 2 DAYS Depth: 3 FEET

Company : B AND D CONSTRUCTION Type: CONT
Co addr : 5179 NORTH 600 EAST
City : ROCHESTER State: IN Zip: 46975
Caller : BOB DRAPER Phone: (574)223-9663
Contact : BOB DRAPER - CELL Phone:
BestTime:
Mobile : (574)835-5334

Remarks : All tickets are taken and processed on Eastern Daylight Time
Will you be white-lining the dig site area? YES
:

Submitted date: 12/17/2012 Time: 14:07
Members: ID2034 ID3651 ID3652 ID5857 ID6633 NIPSCO SBCIN SM

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

NIPSCO 00302 IUPPSa 01/14/2013 12:10:09 1301141262-00A EMER NEW STRT

EMERGENCY EMERGENCY

Ticket : 1301141262 Date: 01/14/2013 Time: 12:07 Oper: DBROOKING Chan:008

State: IN Cnty: MIAMI Twp: JEFFERSON
Cityname: MEXICO Inside: Y Near: N
Subdivision:

Address : 2389
Street : 4TH ST
Cross 1 : N MEXICO RD Within 1/4 mile: Y
Location: LOCATE ENTIRE PROPERTY
:
Grids : 4049B8606A 4049B8607D 4049C8606A 4049C8607D
Boundary: n 40.825955 s 40.824213 w -86.118210 e -86.114879

Work type : REPAIR GAS LEAK
Done for : NIPSCO
Start date: 01/14/2013 Time: 12:08 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 E 86TH AVE
City : MERRILLVILLE State: IN Zip: 46410
Caller : DAWN COLUMBUS Phone: (800)322-2806
Contact : JIM PANTHER--CELL Phone:
BestTime:
Mobile : (765)863-0247

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

Submitted date: 01/14/2013 Time: 12:07
Members: ID2034 ID3651 ID3652 ID5857 ID6633 NIPSCO SBCIN SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Peru MAXIMO WO # M649513
OPERATING AREA CONTACT JIM PARTNER JOB ORDER # JO 593011-8
TRACKING NUMBER 018 2013 0114 004 LOCATE REF # _____
Locate Performed By: _____

DATE AND TIME OF ACCIDENT 11:30 AM 2013, 01 M DATE OF REPORT 1-14-13
PLACE OF DAMAGE (INCLUDE CITY) 2389W 47th Mexico

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) 16" PRESSURE (PSI) 20 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 11:30 pm TIME SHUT OFF 11:30 pm TIME RESTORED 1:20 pm

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/2" CUT IN TWO

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

PARTY THAT CAUSED DAMAGES (NAME) BYD SEPTIC REPAIR

ADDRESS OF PARTY (INCLUDE CITY) 5179 N GOOE ROCHESTER IN 46975

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE BOB DRAPER

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: _____ (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 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 checked="" type="checkbox"/> SEWER | |

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

- | | | |
|--|---|--|
| <input type="checkbox"/> AUGER | <input type="checkbox"/> HAND TOOLS | <input checked="" type="checkbox"/> BACKHOE/TRACKHOE |
| <input type="checkbox"/> MILLING EQUIPMENT | <input type="checkbox"/> PROBING DEVICE | <input 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 type="checkbox"/> AUTOMOTIVE ACCIDENT | <input type="checkbox"/> EXCAVATING BEFORE LOCATES DUE | <input checked="" type="checkbox"/> CARELESS MACHINE OPERATOR | |
| <input type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED | <input type="checkbox"/> STUB | <input type="checkbox"/> OTHER _____ |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

SIN #110601 Rev. 6-12

COMMENTS :

3rd Party Contractor cut service / Bockhol
locate marks visible - he did not see until
after he hit line

PERSON PREPARING REPORT

Reck Baughmoe

FIELD SUPERVISOR

Diona Palmer

FIELD MANAGER

D. Salmon

- 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

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

Submitted to IURC-Pipeline Safety on: Jan 17, 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: B&D Construction

Business address (*number and street*): 5179 N 600E

City, State, and ZIP code: Rochester, IN 46975

Telephone number (*area code*): (574) 223-9663

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Sewer (Sanitary/Storm)

Date and Location of Damage

Date of damage (*month, day, year*): Jan 14, 2013

County: Miami

City: Mexico

Street address (*number and street, city, state, and ZIP code*):
2389 4th Street, Mexico, IN 46958

Nearest intersection: _____

Right of way where damage occurred: Private - Land Owner

Was there a release of product? No

If yes, was there an ignition of product?

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*): 2

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? 16

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1212171747

Was the locate request completed within two working days? Yes

If locates were performed, were they done so by a contractor or pipeline employee? Contract Locator

If a contractor locator, enter the company name, if known: USIC

Were facility marks visible in the area of excavation? Yes

Were facilities marked correctly? Unknown/Other

Type of markings used: Paint

If other, please specify:

Was site marked by "White Lining"? Yes

Were special instructions part of the locate request?

Were maps used to complete the locate request? Yes

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? Yes

Did the excavator notify 911 in the event of a release of product? Unknown/Other

Description of Cause

Select from the list the most accurate cause for the damage: --Failure to use hand tools where required

Additional Comments

Emergency Ticket # 1301141262

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? Yes

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 nicked plastic service

REPLACEMENT FOOTAGE

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? shovel

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S) nipsco



Property of United States Infrastructure Corporation
Photo taken on 1/14/2013 12:54:28 PM



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jan 17, 2013

Who is submitting this information?

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

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: B&D Construction

Business address (*number and street*): 5179 N 600E

City, State, and ZIP code: Rochester, IN 46975

Telephone number (*area code*): (574) 223-9663

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Sewer (Sanitary/Storm)

Date and Location of Damage

Date of damage (*month, day, year*): Jan 14, 2013

County: Miami

City: Mexico

Street address (*number and street, city, state, and ZIP code*):
2389 4th Street

Nearest intersection: _____

Right of way where damage occurred: Private - Land Owner

Was there a release of product? No

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*): 2

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? 16

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1212171747

Was the locate request completed within two working days? Yes

If locates were performed, were they done so by a contractor or pipeline employee? Contract Locator

If a contractor locator, enter the company name, if known: USIC

Were facility marks visible in the area of excavation? Yes

Were facilities marked correctly? Unknown/Other

Type of markings used: Paint

If other, please specify: _____

Was site marked by "White Lining"? Yes

Were special instructions part of the locate request?

Were maps used to complete the locate request? Yes

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? Unknown/Other

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 # 1301141262

Excavator was working under an expired locate ticket resulting in a determination of a failure to notify the One-Call center. MAO 1/19/2013.