



## Pipeline Safety Division Investigation Report

**Investigation regarding:** Fort Wayne City Utilities

UPPAC Database Record ID: 4469

Investigator: Howard Friend

Report Date: 5/6/13

### The Parties

Excavator: Fort Wayne City Utilities

Contact: Kurt Roberts, Superintendent

Address (City, State): 415 E Wallace Street, Fort Wayne, IN

Telephone: 260-427-2484

### Facility Owner Information:

Business Name: NIPSCO

**Synopsis:** A two (2) inch natural gas line was damaged during excavation for a water line.

**Findings:** The excavator had a valid locate request and reports that the locate markings to be inaccurate at the time of excavation. The operator reported the locate markings to be accurate but partially obscured due to construction. The field report completed by the repair crew indicated the locate marks wrong by six (6) feet. The operator confirmed by email on 4/30/13 that the crew report is accurate and the line was not accurately located.

**Conclusion:** There was a failure to provide accurate locate markings.

**Violation:** IC 8-1-26-18(f): Operator failed to provide accurate locate markings.



150 West Market Street, Suite 600  
Indianapolis, IN 46204

April 22, 2012

*Via Electronic Transmission – [PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)*

Pipeline Safety Division – Case No. 4469  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4469

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: 2/13/2013

Event Location: 921 Rockhill St

City: Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: Fort Wayne City Utilities

Other Party: N/A

Pipeline Division Case No. 4469

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](mailto:cearle@nisource.com)

| <b>IURC INFORMATION REQUEST</b>                               |   |
|---|---|
| <b>Pipeline Safety Division Case No. 4469</b>                 |   |
| Date of Event   | 2/13/2013                               |
| Event Location  | 921 Rockhill St                         |
| Event City  | Wayne                                   |
| Facility Owner  | Northern Indiana Public Service Company |
| Excavator   | Fort Wayne City Utilities               |
| Date of IURC Information Request                              | 3/27/2012                               |
| <b>THE PARTIES</b>  |   |
| <b>EXCAVATOR:</b>   |   |
| BUSINESS NAME   | Fort Wayne City Utilities               |
| RESPONSIBLE PARTY PERSONAL NAME                               |   |
| TITLE (IF ANY)  |   |
| ADDRESS   | 415 East Wallace Street                 |
| CITY/ STATE/ZIP   | Fort Wayne / IN / 46803                 |
| PREFERRED TELEPHONE   | (260)427-2476                           |
| CELL PHONE TELEPHONE  |   |
| EMAIL ADDRESS   |   |
| <b>FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:</b> |   |
| 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                   |
| <b>LOCATOR SERVICE INFORMATION</b>                            |   |
| 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              |
| <b>OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION</b>       |   |
| PERSONAL CONTACT  |   |
| BUSINESS/ORGANIZATION NAME                                    |   |
| TITLE (IF ANY)  |   |

|                                       |                         |
|---------------------------------------|-------------------------|
| ADDRESS                               |                         |
| CITY/ STATE/ZIP                       |                         |
| PREFERRED TELEPHONE                   |                         |
| CELL PHONE TELEPHONE                  |                         |
| EMAIL ADDRESS                         |                         |
| <b>UTILITY LINE IMPACT</b>            |                         |
| <b>LOCATION OF DAMAGE</b>             |                         |
| ADDRESS                               | 921 Rockhill Street     |
| CITY/STATE/ZIP                        | Fort Wayne / IN / 46802 |
| NEAREST INTERSECTION                  | W Washington Blvd       |
| <b>PRODUCT TYPE (Select One)</b>      |                         |
| NATURAL GAS                           | X                       |
| LIQUID PIPELINE                       |                         |
| UNKNOWN/OTHER                         |                         |
| <b>FACILITY TYPE (Select One)</b>     |                         |
| DISTRIBUTION                          | X                       |
| GATHERING                             |                         |
| SERVICE/DROP                          |                         |
| TRANSMISSION                          |                         |
| UNKNOWN/OTHER                         |                         |
| SIZE (DIAMETER/ETC.)                  | 2"                      |
| PRESSURE (PSIG/INCHES)                |                         |
| INTERRUPTION IN SERVICE (YES/NO)      | Y                       |
| NUMBER OF CUSTOMERS AFFECTED          | 3                       |
| EVACUATION (YES/NO)                   | N                       |
| IF YES, HOW MANY EVACUATED            |                         |
| REPAIR COST (IF KNOWN) (\$)           |                         |
|                                       |                         |
| <b>CAUSE OF DAMAGE INFORMATION:</b>   |                         |
| <b>TYPE OF EQUIPMENT (Select One)</b> |                         |
| Auger                                 |                         |
| Backhoe/Trackhoe                      | X                       |
| Boring/Drilling                       |                         |
| Directional Drilling                  |                         |
| Explosives                            |                         |
| Farm Equipment                        |                         |
| Grader/Scraper                        |                         |
| Hand Tools                            |                         |
| Milling Equipment                     |                         |
| Probing Device                        |                         |

|  |                |
|--|----------------|
| Trencher                                   |                |
| Vacuum Equipment                           |                |
| Unknown/Other                              |                |
| <b>TYPE OF WORK PERFORMED (Select One)</b> |                |
| 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 – 1302130425 |
| <b>LOCATE INFORMATION:</b>                 |                |
| EXCAVATOR REQUEST LOCATE (YES/NO)          | Y              |

|   |            |
|---|------------|
| INDIANA 811 LOCATE TICKET NUMBER  | 1302041414 |
| LOCATE MARKS VISIBLE (YES/NO)   | Y          |
| LOCATE MARKS CORRECT (YES/NO)   | N          |
| EXCAVATOR "WHITE LINED" (YES/NO)  | N          |
| MAPS USED TO MARK FACILITIES (YES/NO)   | Y          |
| OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)   | N          |
| <b>INCIDENT IMPACT INFORMATION</b>  |            |
| NUMBER OF OUTPATIENT TREATED  | 0          |
| NUMBER OF INPATIENT TREATED   | 0          |
| NUMBER OF FATALITIES  | 0          |
| FIRE DEPARTMENT RESPONSE (YES/NO)   | Y          |
| POLICE DEPARTMENT RESPONSE (YES/NO)   | N/A        |
| AMBULANCE RESPONSE (YES/NO)   | N/A        |
| <b>ADDITIONAL INFORMATION/COMMENTS</b>  |            |
| <p>Excavator stuck accurately marked facility with backhoe. Marks onsite appear to have been partially obscured.</p> <p>Emergency ticket# 1302130464.</p> |            |

**Fact Based Investigation Report**

**NOTIFICATION ID:** 01820130213001

**DISTRICT:** Northern IN

**DAMAGE DATE:** 2/13/2013 9:29:10 AM

**NOTIFICATION DATE:** 2/13/2013 9:30:14 AM

**NOTIFIED BY:** PETER HILL

**DAMAGE ADDRESS:** 921 ROCKHILL ST

**CITY:** FORT WAYNE

**ST:** IN **ZIP:**

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**DAMAGED CUSTOMER:** NIPSCO

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**INVESTIGATION DATE:** 02/13/2013

**FROM:** 10:00:00

**TO:** 10:35:00

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**EXCAVATOR INVOLVED:** FORT WAYNE CITY UTILITIES

**TYPE OF EXCAVATION:** WATER LINE REPAIR

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**ORIG. LOCATE REQ.:** 1302041414

**START DATE/TIME:**

**TYPE OF TICKET:**

**LOCATE REQ. INFO N/A:** Yes

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**DIG UP/DAMAGE REQ.:** 1302130425

**START DATE/TIME:**

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**PICTURES TAKEN BY:** KEVIN THOMAS **DATE/TIME:** 2/13/2013 10:15:00 AM

**PHOTOGRAPHY TYPE:** Digital

**FRAME #:**

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**INVESTIGATOR EMP#:** 113185

**INVESTIGATOR NAME:** KEVIN THOMAS

**BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?** No

**Fact Based Investigation Customer Information**

**NOTIFICATION ID:** 01820130213001

**SELECT A CUSTOMER:** NIPSCO

**CUSTOMER #:** *(optional)*

---

**FACILITY DESCRIPTION:** LOWPROF

**FACILITY ID:** Gas Main

**LOCATOR NAME & EMP #:** Thomas Kevin - 131988

**LOCATOR NOT KNOWN:**

---

**CHECK ALL THAT APPLY TO INVESTIGATION:**

Facility Marked Accurately

**Other:**

---

**CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):**

Visual, Facility Exposed At Time Of Investigation

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**INVESTIGATOR STATEMENT/CAUSAL FACTORS:**

OLD PAINT LINES UP WITH DAMAGE SITE. MARKS WERE GOOD.

**NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:**

NA

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

NA

**LIST ANY OTHER INDIVIDUALS ON SITE:**

NA

---

**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** 2IN MAIN

**REPLACEMENT FOOTAGE** 1

**WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?** No

**WHAT CONTRACTOR EQUIPMENT WAS USED?** BACKHOE

**IS THE FACILITY SHOWN ON THE UTILITY RECORDS?** Yes

**IF YES, PLEASE LIST RECORD #(S)** 1

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

NIPSCO 00281 IUPPSa 02/04/2013 13:14:58 1302041414-00A NORM NEW STRT

NORMAL NOTICE

Ticket : 1302041414 Date: 02/04/2013 Time: 13:10 Oper: BETHANN.OWENS Chan:000

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

Address : 921  
Street : ROCKHILL ST  
Cross 1 : W WASHINGTON BLVD Within 1/4 mile: Y  
Location: IN FRONT OF THE ADDRESS ON THE EAST SIDE OF THE STREET  
:  
Grids : 4104B8509D 4104C8509D  
Boundary: n 41.076670 s 41.074564 w -85.153800 e -85.152120

Work type : WATER SERVICE REPAIRS  
Done for : FW CITY UTILITIES  
Start date: 02/06/2013 Time: 13:30 Hours notice: 48/048 Priority: NORM  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N  
Duration : 1 DAY Depth: 5FT

Company : FORT WAYNE CITY UTILITIES Type: MEMB  
Co addr : 415 EAST WALLACE STREET  
City : FORT WAYNE State: IN Zip: 46803  
Caller : BETH ANN OWEN Phone: (260)427-2476  
Contact : BETH ANN Phone:  
BestTime:  
Fax : (260)427-1282

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

Submitted date: 02/04/2013 Time: 13:10  
Members: AEPIN CC FW ID8000 NIPSCO SM

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

NIPSCO 00117 IUPPSa 02/13/2013 09:29:10 1302130425-00A EMER DAMG STRT

DAMAGE SEE REMARKS

Ticket : 1302130425 Date: 02/13/2013 Time: 09:25 Oper: ALOUIE Chan:015

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

Address : 921  
Street : ROCKHILL ST  
Cross 1 : W WASHINGTON BLVD Within 1/4 mile: Y  
Location: IN FRONT OF THE ADDRESS ON THE EAST SIDE OF THE STREET  
:  
Grids : 4104B8509D 4104C8509D  
Boundary: n 41.076670 s 41.074564 w -85.153800 e -85.152120

Work type : WATER SERVICE REPAIRS  
Done for : FW CITY UTILITIES  
Start date: 02/13/2013 Time: 09:26 Hours notice: 0/000 Priority: EMER  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
Duration : 1 DAY Depth: 5FT

Company : FORT WAYNE CITY UTILITIES Type: MEMB  
Co addr : 415 EAST WALLACE STREET  
City : FORT WAYNE State: IN Zip: 46803  
Caller : PETER HILL Phone: (260)427-2476  
Contact : BETH ANN Phone:  
BestTime:  
Fax : (260)427-1282

Remarks : All tickets are taken and processed on Eastern Daylight Time  
A NIPSCO GAS LINE HAS BEEN HIT AND IS BLOWING IN THE RIGHT OF WAY ON THE FRONT  
OF THE PROPERTY---2 INCH PLASTIC MAIN---CALLER HAS CALLED NIPSCO AND THE FIRE  
DEPARTMENT---CREW IS ON SITE---PREVIOUS TICKET NUMBER IS 1302041414  
Will you be white-lining the dig site area? NO  
:

Submitted date: 02/13/2013 Time: 09:25  
Members: AEPIN CC FW ID8000 NIPSCO SM

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

NIPSCO 00128 IUPPSa 02/13/2013 09:37:49 1302130464-00A EMER NEW STRT

EMERGENCY EMERGENCY

Ticket : 1302130464 Date: 02/13/2013 Time: 09:34 Oper: STURNER Chan:055

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

Address : 921  
Street : ROCKHILL ST  
Cross 1 : W WASHINGTON BLVD Within 1/4 mile: Y  
Location: LOCATE ENTIRE PROPERTY  
:  
Grids : 4104B8509D 4104C8509D  
Boundary: n 41.076670 s 41.074564 w -85.153800 e -85.152120

Work type : REPAIRING HIT GAS LINE  
Done for : NIPSCO  
Start date: 02/13/2013 Time: 09:36 Hours notice: 0/000 Priority: EMER  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
Duration : 1 DAY Depth: 8 FEET

Company : NIPSCO Type: MEMB  
Co addr : 901 E 86TH AVENUE  
City : MERRILLVILLE State: IN Zip: 46410  
Caller : MARK DILLOSO Phone: (800)322-2806  
Contact : JASON OTIS CELL Phone:  
BestTime:  
Mobile : (260)241-3246

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

Submitted date: 02/13/2013 Time: 09:34  
Members: AEPIN CC FW ID0000 NIPSCO SM

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 OTTIS JOB ORDER # 564981  
TRACKING NUMBER 018-2013-0213 LOCATE REF # 1302041414  
Locate Performed By: \_\_\_\_\_

DATE AND TIME OF ACCIDENT 2-13 2013, 9:19 AM DATE OF REPORT 2-13-13  
PLACE OF DAMAGE (INCLUDE CITY) 921 ROCKHILL ST FT WAYNE

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

OTHER (DESCRIBE) \_\_\_\_\_

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

DEPTH OF FACILITY (Inches) 34" PRESSURE (PSI) 45 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: 3

DURATION OF INTERRUPTION: TIME REPORTED 9:19 TIME SHUT OFF 9:40 TIME RESTORED 11:00

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: CUT IN HALF (2" MAIN)

LOCATE MARKS ON SITE: YES (X) DISTANCE BETWEEN FACILITY AND LOCATE MARKS 6' NO ( )  
HOW LOCATED: PAINT (X) FLAGS ( ) BOTH ( ) WHITE LINED ( )

PARTY THAT CAUSED DAMAGES (NAME) FT WAYNE WATER MAINTENANCE DEPT. & SVC.

ADDRESS OF PARTY (INCLUDE CITY) \_\_\_\_\_

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE \_\_\_\_\_

WITNESS NAME AND ADDRESS CHAS. WALTEMATH, WM. SHEPARD, NICK BAUER,

WITNESS REMARKS JASON OTTIS, SARAH DORRHA

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY \_\_\_\_\_ REPORT # \_\_\_\_\_

FIRE (X) AGENCY FWFD REPORT # \_\_\_\_\_

OTHER ( ) \_\_\_\_\_ Any Injuries? ( ) YES # \_\_\_\_\_ (X) NO

PHOTOS TAKEN: YES (X) NO ( ) TAKEN BY: JASON OTTIS (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      | (X) WATER              |
| ( ) DRIVEWAY            | ( ) 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     | (X) BACKHOE/TRACKHOE  |
| ( ) MILLING EQUIPMENT | ( ) PROBING DEVICE | ( ) BORING / DRILLING |
| ( ) EXPLOSIVES        | ( ) TRENCHER       | ( ) FARM EQUIPMENT    |
| ( ) VACUUM EQUIPMENT  | ( ) GRADER         | ( ) OTHER _____       |

**REASON DAMAGE OCCURRED** - CHECK APPROPRIATE CHOICE BELOW

- |                         |                                   |                                   |
|-------------------------|-----------------------------------|-----------------------------------|
| ( ) AUTOMOTIVE ACCIDENT | ( ) EXCAVATING BEFORE LOCATES DUE | ( ) CARELESS MACHINE OPERATOR     |
| ( ) NO NOTIFICATION     | ( ) MARKS DISTURBED               | ( ) STUB (X) OTHER <u>Locates</u> |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

**COMMENTS :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSON PREPARING REPORT** Bill Shephard

**FIELD SUPERVISOR** Jason Otis

**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 2/13/2013 11:28:59 AM



Property of United States Infrastructure Corporation  
Photo taken on 2/13/2013 11:29:10 AM

## Klingler, Kelsey

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**Subject:** FW: Damage Case 4469

-----Original Message-----

From: [leselking@NiSource.com](mailto:leselking@NiSource.com) [mailto:[leselking@NiSource.com](mailto:leselking@NiSource.com)]  
Sent: Tuesday, April 30, 2013 12:04 PM  
To: Friend, Howard  
Cc: [wseeley@nisource.com](mailto:wseeley@nisource.com); [cludwig@nisource.com](mailto:cludwig@nisource.com); [tmorrow@nisource.com](mailto:tmorrow@nisource.com)  
Subject: Re: Damage Case 4469

Howard,

I investigated this incident and found the crew report is accurate. The locate was off by 6 feet, and the fault should be locate inadequate.

Let me know if you need any additional information.

Luke Selking  
Integrity Management & Pipeline Safety  
NIPSCO  
260-439-1290

**Confidentiality Notice:**

This transmission may contain information which is confidential and proprietary. It is intended for the use of the designated recipients. If you have received this transmission in error, please notify the sender.

Any other use of this information is prohibited.

From: "Friend, Howard" <[HFriend@urc.IN.gov](mailto:HFriend@urc.IN.gov)>  
To: <[leselking@NiSource.com](mailto:leselking@NiSource.com)>  
Date: 04/26/2013 01:14 PM  
Subject: Damage Case 4469

Luke,

I wanted you to see this just in case you wanted to provide any training for your crews. The documentation from the crew indicates the locate marks to be off by 6'. The pictures you submitted support the line to be accurately located. I'm writing the summary to indicate the excavator to be at fault. If the damage committee members review all of the documentation they may throw this one out.

Howard



## INFORMATION REQUEST

State Form 54909 (R / 3-13)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

**Case Number:** 4469 \_\_\_\_\_

**Date of Damage** (*month, day, year*): 2/13/2013 \_\_\_\_\_

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**Location of Damage:**

**Address** (*number and street*): 921 Rockhill St. \_\_\_\_\_

**City, State and ZIP Code:** Fort Wayne, IN \_\_\_\_\_

**Nearest Intersection:** \_\_\_\_\_

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**Excavator Information:**

**Business Name:** Fort Wayne City Utilities \_\_\_\_\_

**Responsible Party Personal Name:** Kurt Roberts \_\_\_\_\_

**Title** (*if any*): Superintendent \_\_\_\_\_

**Address** (*number and street*): 415 E. Wallace St. \_\_\_\_\_

**City, State and ZIP Code:** Fort Wayne, IN \_\_\_\_\_

**Preferred Telephone Number** (*area code*): 260-427-2484 \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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**Utility Information:**

**Utility Name:** NIPSCO \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Title** (*if any*): \_\_\_\_\_

**Cause of Damage Information**

Type of Equipment (*select one*):

Backhoe/Trackhoe

Type of Work Performed (*select one*):

Water

Repair Cost: \$ \_\_\_\_\_

- 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

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**Locate Information**

- Excavator Request Locate:  Yes  No
- Indiana 811 Locate Ticket Number: 1302041414
- 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

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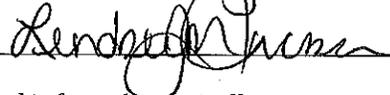
**Incident Information:**

- Fire Department Response:  Yes  No
- Police Department Response:  Yes  No
- Ambulance Response:  Yes  No

**Additional Information / Comments**

Fort Wayne City Utilities called in locates for an excavation, locate no. 130241414. The locates were marked and Fort Wayne City Utilities began its excavation. Upon excavation, Fort Wayne City Utilities hit a NIPSCO line that was marked improperly. The NIPSCO mark was approximately 6' off from the pipeline. Fort Wayne City Utilities notified NIPSCO, 911 and 811.

Printed Name: Lindsay M. Jackson

Signature:  Date (month, day, year): 4-24-13

*\*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](mailto: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**

10

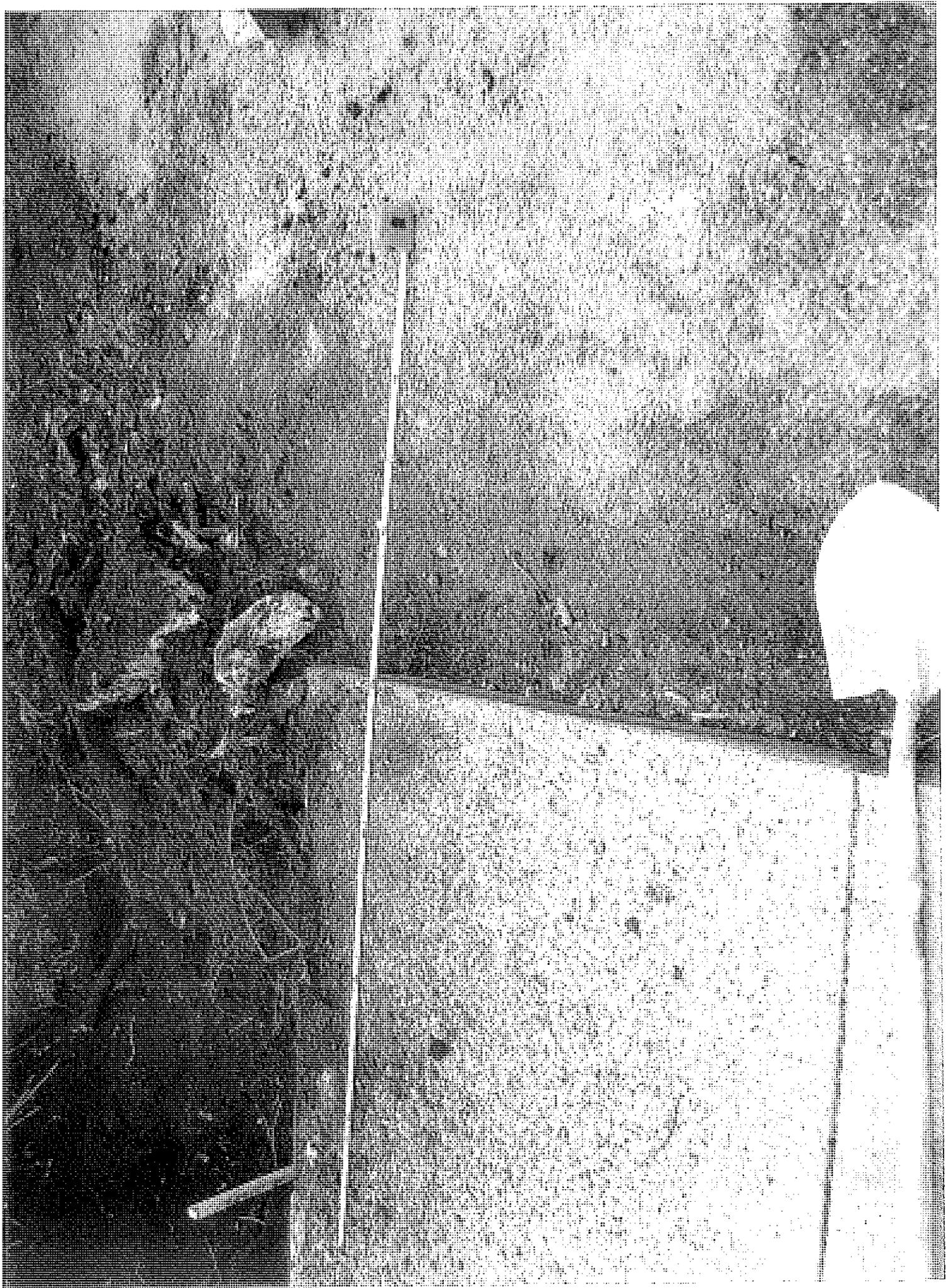
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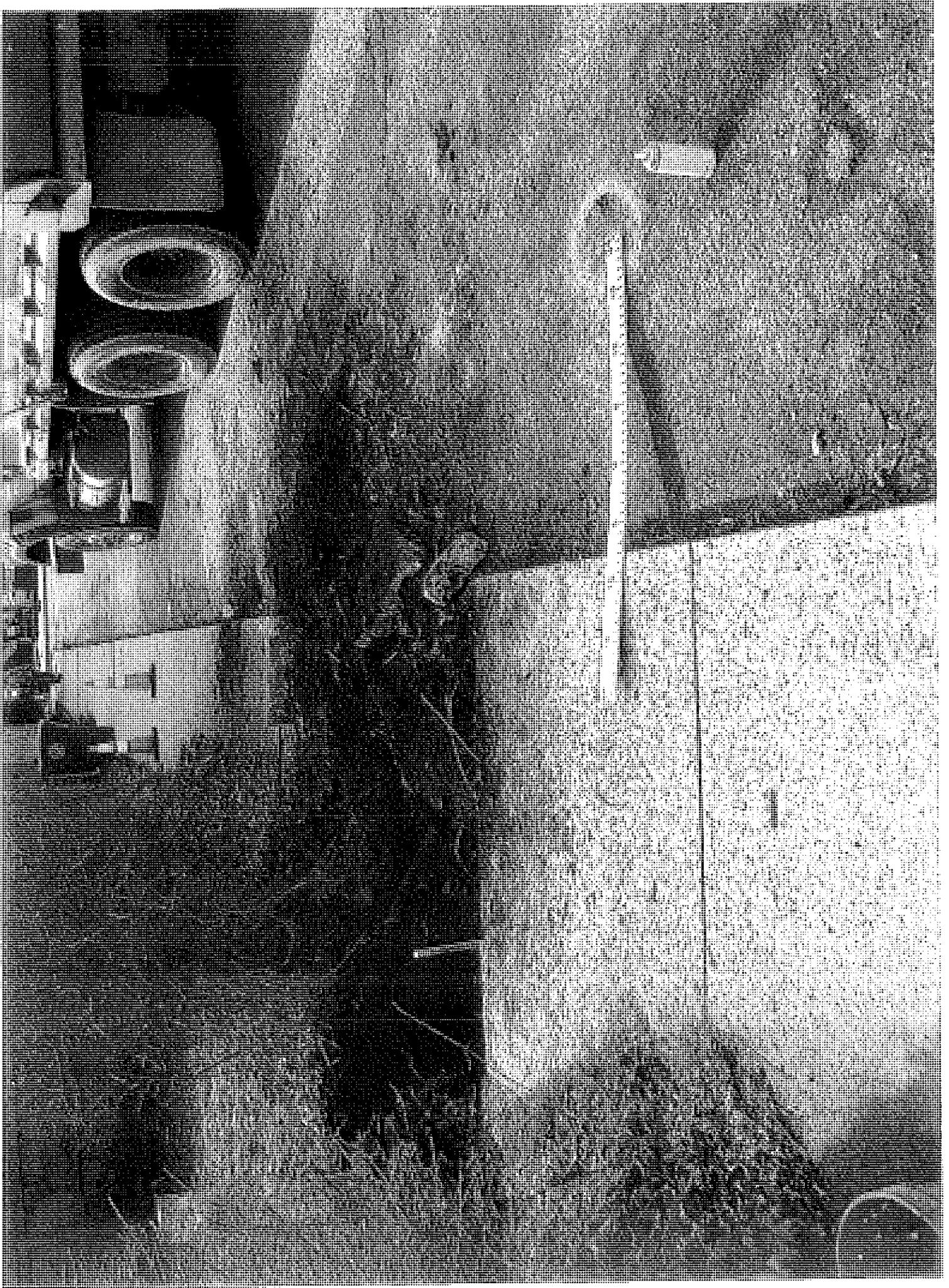
12

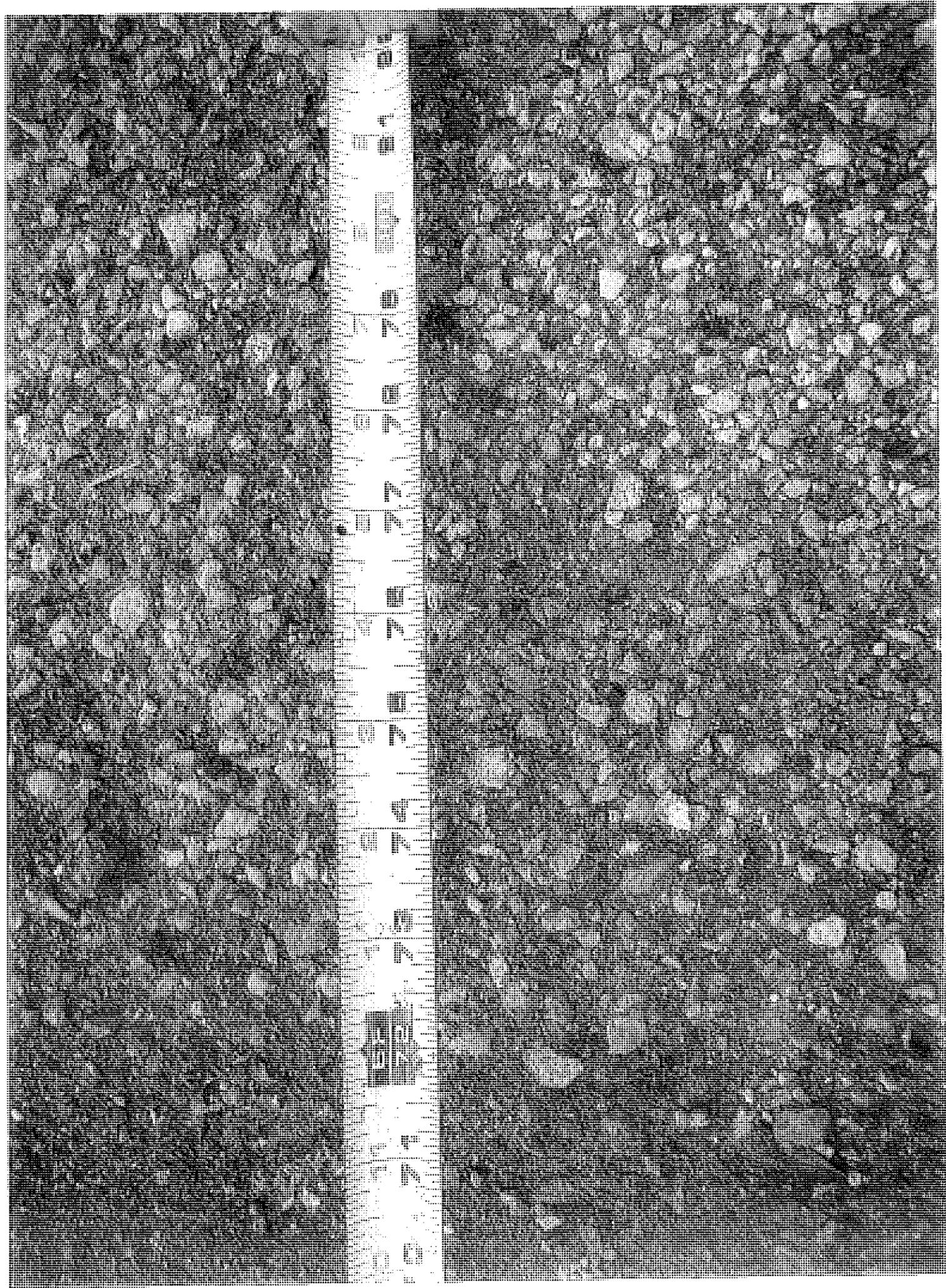
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Service Line Locate for Rallies

Service Line Actual for Rallies

 2" Main in Easement Feeding Rallies Service

