



Pipeline Safety Division Investigation Report

Investigation regarding: Jason Olson

UPPAC Database Record ID: 4506

Report Date: 8/12/2013

Investigator: Mike Orr

Damage Date: 12/8/2012

Damage Address: 5603 Campbell Street, Valparaiso, Porter

The Parties

Excavator: **Jason Olson**

Address: 5603 Campbell Street, Valparaiso, In 46385

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Trencher

Type of Work Performed: Electric

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/homeowner struck and damaged an underground natural gas service while performing electric work.

Findings: Reported by Carrie Ludwig (NIPSCO); excavator/homeowner did not respond to initial notice mailed 3/27/2013. The excavator/homeowner failed to provide notice of excavation to the association (IN811).

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

April 22, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4506
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4506

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: 12/8/2012

Event Location: 5603 Campbell Street

City: Valparaiso

Facility Owner: Northern Indiana Public Service Company

Excavator: Jason Olson

Other Party: N/A

Pipeline Division Case No. 4506

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. 4506	
Date of Event	12/8/2012
Event Location	5603 Campbell Street
Event City	Valparaiso
Facility Owner	Northern Indiana Public Service Company
Excavator	Jason Olson
Date of IURC Information Request	3/27/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	
RESPONSIBLE PARTY PERSONAL NAME	Jason Olson
TITLE (IF ANY)	
ADDRESS	5603 Campbell Street
CITY/ STATE/ZIP	Valparaiso / IN / 46385
PREFERRED TELEPHONE	(219)548-4678
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	5603 Campbell Street
CITY/STATE/ZIP	Valparaiso / IN / 46385
NEAREST INTERSECTION	E 600 N
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)	
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	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	
Probing Device	

Trencher	X
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)	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/A
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	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FATALITIES	0
FIRE DEPARTMENT RESPONSE (YES/NO)	N/A
POLICE DEPARTMENT RESPONSE (YES/NO)	N/A
AMBULANCE RESPONSE (YES/NO)	N/A
ADDITIONAL INFORMATION/COMMENTS	
<p>No notification made to the one-call center.</p> <p>Emergency ticket# 1212080107.</p>	

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

NIPSCO 00043 IUPPSa 12/08/2012 11:49:30 1212080107-00A EMER NEW STRT

EMERGENCY SEE REMARKS

Ticket : 1212080107 Date: 12/08/2012 Time: 11:45 Oper: KLEWIS Chan:032

State: IN Cnty: PORTER Twp: CENTER
Cityname: VALPARAISO Inside: Y Near: N
Subdivision:

Address : 5603
Street : CAMPBELL ST
Cross 1 : E 600 N Within 1/4 mile: N
Location: LOCATE THE ENTIRE PROPERTY
:
Grids : 4130A8703A 4131D8703A 4131D8704D
Boundary: n 41.519383 s 41.516299 w -87.066738 e -87.065264

Work type : REPAIR GAS LINE
Done for : NIPSCO
Start date: 12/08/2012 Time: 11:47 Hours notice: 0/000 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 1 DAY Depth: 5 FEET

Company : NIPSCO Type: MEMB
Co addr : 801 E 86TH AVENUE
City : MERRILLVILLE State: IN Zip: 46410
Caller : DARREN SUROVIK Phone: (219)647-4701
Contact : TOMMY PARKER - CELL Phone:
BestTime:
Mobile : (219)252-3093
Fax : (219)647-4764

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

Submitted date: 12/08/2012 Time: 11:45
Members: COMCN ID3800 ID4752 ID4866 ID8000 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Valpo MAXIMO WO# C0922107208
 OPERATING AREA CONTACT Rick Smith JOB ORDER # JO 584775
 TRACKING NUMBER 018 2012 1203001 LOCATE REF # _____
 Locate Performed By: _____

DATE AND TIME OF ACCIDENT December 8, 2012, 10:12 M DATE OF REPORT 12/08/12
 PLACE OF DAMAGE (INCLUDE CITY) 5603 Campbell St

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) 18 PRESSURE (PSI) 45 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 10:40 AM TIME RESTORED 13:30

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/8"

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

PARTY THAT CAUSED DAMAGES (NAME) JASON OLSON (Homeowner)

ADDRESS OF PARTY (INCLUDE CITY) 5603 Campbell St Valparaiso

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Homeowner

WITNESS NAME AND ADDRESS JASON OLSON

WITNESS REMARKS Hit with ditch witch while installing electric to garage

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
- | | | | |
|-------------------------|----------------|-------------------|------------------------|
| () 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 _____ |
| () 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 <u>No Locates</u> |

COMMENTS: No locates

PERSON PREPARING REPORT R Walsh

FIELD SUPERVISOR T Parker

FIELD MANAGER J Todd

- 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: Feb 1, 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: Jason Olson

Business address (*number and street*): 5603 Campbell Street

City, State, and ZIP code: Valparaiso, IN 46385

Telephone number (*area code*): (219) 548-4678

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Trencher

Type of work performed: Electric

Date and Location of Damage

Date of damage (*month, day, year*): Dec 8, 2012 _____

County: Porter _____

City: Valparaiso _____

Street address (*number and street, city, state, and ZIP code*):
5603 Campbell Street, Valparaiso, IN 46385 _____

Nearest intersection: _____

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? _____

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? 18 _____

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:

If other, please specify: _____

Was site marked by "White Lining"?

Were special instructions part of the locate request?

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? 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 # 1212080107

Fact Based Investigation Report

NOTIFICATION ID: 01820121208001

DISTRICT: Northern IN

DAMAGE DATE: 12/8/2012 11:20:00 AM

NOTIFICATION DATE: 12/8/2012 11:22:11 AM

NOTIFIED BY: Darren Facility Owner

DAMAGE ADDRESS: 5603 Campbell

CITY: Valparaiso (CENTER TWNSHP) ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 12/08/2012

FROM: 11:40:00

TO: 12:45:00

EXCAVATOR INVOLVED: HOMEOWNER

TYPE OF EXCAVATION: Trenching gas line

ORIG. LOCATE REQ.:

START DATE/TIME:

TYPE OF TICKET:

LOCATE REQ. INFO N/A: Yes

DIG UP/DAMAGE REQ.: M73153456

START DATE/TIME: 12/10/2012 12:25:00 PM

PICTURES TAKEN BY: Anita Whitis DATE/TIME: 12/8/2012 12:25:00 PM

PHOTOGRAPHY TYPE: Digital FRAME #: 1

INVESTIGATOR EMP#: 131983

INVESTIGATOR NAME: Anita Whitis

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820121208001

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,
Investigation Results Verified By Utility Representative

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

Homeowner was trenching in a gas line from house to garage and did not have a locate request called in. He cut the Nipsco plastic gas service. Area was marked after damage.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:
N/A

NAMES OF EXCAVATOR'S REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:
Homeowner on site, no statement.

LIST ANY OTHER INDIVIDUALS ON SITE:
None

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 Cut Nipsco gas service
REPLACEMENT FOOTAGE N/A
WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No
WHAT CONTRACTOR EQUIPMENT WAS USED? Trencher
IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No
IF YES, PLEASE LIST RECORD #(S)



Property of United States Infrastructure Corporation
Photo taken on 12/9/2012 12:24:59 PM



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

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Full name: Jason Olson

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Telephone number (*area code*): (219) 548-4678

Fax number (*area code*): _____

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Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Trencher

Type of work performed: Electric

Date and Location of Damage

Date of damage (*month, day, year*): Dec 8, 2012 _____

County: Porter _____

City: Valparaiso _____

Street address (*number and street, city, state, and ZIP code*):
5603 Campbell Street _____

Nearest intersection: _____

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? _____

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? 18 _____

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:

If other, please specify: _____

Was site marked by "White Lining"?

Were special instructions part of the locate request?

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? 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 # 1212080107