



Pipeline Safety Division Investigation Report

Investigation regarding: Environmental Construction

UPPAC Database Record ID: 4590

Report Date: 9/16/2013

Investigator: Mike Orr

Damage Date: 4/1/2013 11:56:43 AM

Damage Address: N Delphos St, Center, Howard

The Parties

Excavator: **Environmental Construction**

Address: 13150 West County Road 300 North, Yorktown, In 47396

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Water

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: Yes
3/26/2013

Indiana 811 Ticket Number: 1303220488

Original Start Date:

Locate Instructions: PLEASE LOCATE STARTING AT THIS INTERSECTION AND LOCATE WEST A DISTANCE OF APPROX 1400 FEET TO THE INTERSECTION OF EAST WALNUT AND NORTH DELPHOS PAINT AND FLAG SOUTH SIDE OF STREET AND BOTH SIDES OF THE STREET

Follow-Up Locate Instructions (if applicable):

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

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 5/20/2013. Excavator had a valid locate ticket; however, the gas operator self reported a failure to provide accurate facility locate markings.

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

Violation: IC 8-1-26-18(f) Operator failed to locate or provided incorrect locate markings.



150 West Market Street, Suite 600
Indianapolis, IN 46204

May 31, 2013

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

Pipeline Safety Division – Case No. 4590
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4590

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: 4/1/2013
Event Location: N Delphos St
City: Center
Facility Owner: Nipsco
Excavator: Environmental Construction
Other Party: N/A
Pipeline Division Case No. 4590

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. 4590	
Date of Event	4/1/2013
Event Location	N Delphos St
Event City	Center
Facility Owner	Nipsco
Excavator	Environmental Construction
Date of IURC Information Request	May 1, 2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Environmental Construction
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	13150 West County Road 300 North
CITY/ STATE/ZIP	Yorktown / IN / 47396
PREFERRED TELEPHONE	(765)759-5488
CELL PHONE TELEPHONE	(765)744-0625
EMAIL ADDRESS	jodir@eciconstruction.biz
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	1015 E Walnut Street
CITY/STATE/ZIP	Kokomo / IN / 46901
NEAREST INTERSECTION	N Delphos 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.)	1 /14"
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	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)	
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 – 1304011786
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1303220488
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
INCIDENT IMPACT INFORMATION	
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
ADDITIONAL INFORMATION/COMMENTS	
Facility marking or location not sufficient (mislocated).	

CIS-136195203
C-0922267209

NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Kokomo MAXIMO WO # _____
OPERATING AREA CONTACT Ken Hinkle JOB ORDER # M71277
TRACKING NUMBER _____ LOCATE REF # 1303220488
Locate Performed By: _____

DATE AND TIME OF ACCIDENT Apr 1st 2013 M DATE OF REPORT _____
PLACE OF DAMAGE (INCLUDE CITY) Kokomo 1015 E Walnut Street

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

OTHER (DESCRIBE) _____

GAS: SERVICE MAIN () SIZE 1 1/4 MATERIAL: PLASTIC () STEEL METER () REG STATION () STUB ()
OTHER (DESCRIBE) _____

DEPTH OF FACILITY (inches) 18 PRESSURE (PSI) 6 EN WC YES.

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 11:03 TIME SHUT OFF 11:10 TIME RESTORED _____

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

LOCATE MARKS ON SITE: YES () DISTANCE BETWEEN FACILITY AND LOCATE MARKS 15' NO ()
HOW LOCATED: PAINT () FLAGS () BOTH WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) E.C.I.

ADDRESS OF PARTY (INCLUDE CITY) 13150 W. CR 300N Yorktown In

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Jay Morgan

WITNESS NAME AND ADDRESS _____

WITNESS REMARKS Line was Mismarked By 10'

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY _____ REPORT # _____

FIRE AGENCY Kokomo Fire Dept 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 checked="" 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 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 type="checkbox"/> CARELESS MACHINE OPERATOR |
| <input type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED | <input type="checkbox"/> STUB |
| | | <input checked="" type="checkbox"/> OTHER <u>Locates off</u> |

COMMENTS: pulled pipe out of 1 1/4" dresser. Pushed pipe back
into dresser and replaced 52" of 1 1/4" pipe at main

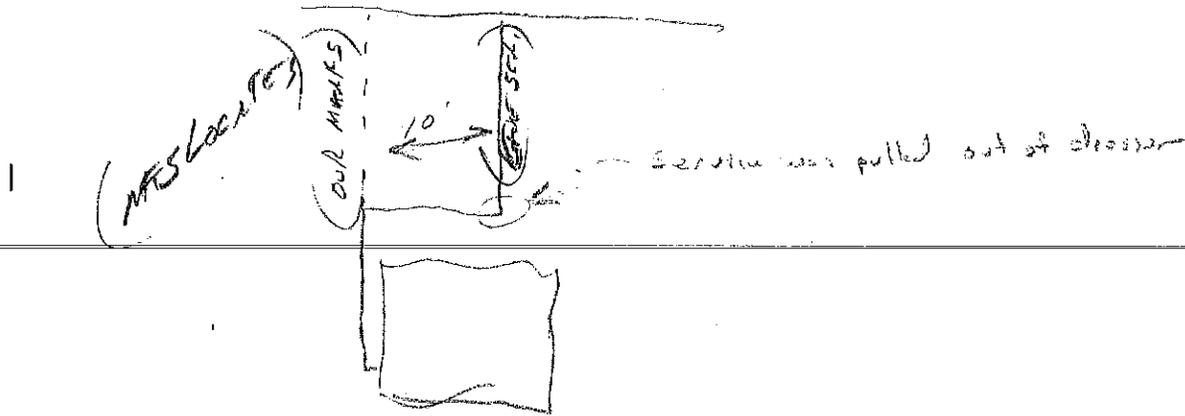
PERSON PREPARING REPORT _____

FIELD SUPERVISOR Keith 766

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: _____

C 0922267209

LEAK INVESTIGATION FORM

M 713428
M 71348

Section 1 - To be Completed by the First Responder (Information known during initial investigation)

CIS Ticket Number: 136195203 Date Reported: 04 - 1 - 13 Time Leak Reported (Military): 11: 03
 MO DAY YR HR MIN

LOA: kokomo GPS Coordinates: Latitude _____ 'N Longitude _____ 'W

City Name: kokomo

Address or Location: 1015 E. Walnut St

Leak Location:

- No Leak Found
- Customer Equip.
- Main
- Service
- Meter Loop (Lockwing and above)
- Regulator Station

For Services Only:

Re-tested at 100 PSIG for 15 minutes

Leak Grade:

- Hazardous
- Non-Hazardous, Scheduled Repairs
- Non-Hazardous, Monitored

Leak Resolution

- Leak Repaired
- Pipe Replaced
- Pipe Retired
- Grade 2 or 3 Leak Not Repaired To be scheduled for re-evaluation/repair

If marked and not making repairs you must complete **bold box** below.
 If repairs are made, complete all Section 2.

Residual Gas Present: Yes No (Grade 1 Leak Only)

1st Responder: User ID: 120198 GREGORY C BAKER Leak Referred to: outside crew
 (FIRST NAME) (MI) (LAST NAME)

Section 2 - To be Completed by the Person Making Repairs to a Grade 1, 2 or 3 Leak

Comments: 1 1/4" service was pulled out of dresser, pushed pipe back into dresser, replaced 52" of 1 1/4" pipe at main, service will be renewed.

Repaired/Inspected: 04 - 01 - 13 Time: 15: 00 (Military) User ID: 120207 Michael Koop
 MO DAY YR HR MIN (FIRST NAME) (MI) (LAST NAME)

Cause of Leak:

- A. Material or Welds
- Faulty weld, dent, gouge, excess stress
 - Manufacturing defect
- B. Corrosion
- External
 - Internal
 - Stress Corrosion Cracking (must be confirmed by Corrosion group)

- C. Weather/Outside Forces
- Natural Forces (weather, washouts, frost heave, frozen equipment etc.)
 - Other Outside Forces (fire, explosion, vandalism etc.) (explain in comments)

E. Equipment Failure and Operations

- Inadequate or failure to follow correct procedures
- Equipment Malfunction (i.e. gasket/o-ring failure, stripped threads etc.)
- Other (Explain in comments) (includes thread leaks)

D. Excavation

- Company Crew
- Contractor Crew
- Third Party

Identification:

Contractor Crew: _____
 Third Party Name: ECI

Locate Information:

- No Locate Request
- Request, No Locate
- Mislocated
- Accurate Locate

CIS Grid Number: _____ Pipe Size: 1 1/4 inches Soil Condition: dry moist wet

Corrosion CP Section Number (Steel): _____ Transmission Line section _____

Section 3 - For Reporting Results of a Scheduled Re-inspection or Repair ONLY.

Re-evaluated Leak Resolution

- Leak Repaired
- Pipe Replaced
- Pipe Retired
- No Leak Found
- Leak Re-classified
- Grade 2 or 3 Leak, Schedule for repair/re-evaluation

Re-classified Leak Grade:

- Hazardous
- Non-Hazardous, Scheduled Repairs
- Non-Hazardous, Monitored

Material:

- Coated Steel
- Bare Steel
- Plastic
- Cast Iron
- Copper
- Wrought Iron

Pipeline Identifier:

- Distribution
- Transmission
- Transmission HCA

Re-evaluation Comments: _____

Repaired/Re-evaluated: 04 - 01 - 13 Time: 15: 00 (Military) User ID: 120207 Michael Koop
 MO DAY YR HR MIN (FIRST NAME) (MI) (LAST NAME)

Facility: Distribution Lines; Folder: N/A; Assigned To: KOKOMO

ID8011 00009 IUPPSa 03/22/2013 09:28:06 1303220488-00A NORM NEW STRT

NORMAL NOTICE REMARK

Ticket : 1303220488 Date: 03/22/2013 Time: 09:27 Oper: JODI.HICKEY Chan:000
Old Tkt: 1303080609 Date: 03/08/2013 Time: 10:08 Oper: JODI.HICKEY Rev: 00A

State: IN Cnty: HOWARD Twp: CENTER
Cityname: KOKOMO Inside: Y Near: N
Subdivision:

Address :

Street : N DELPHOS ST

Cross 1 : E WALNUT ST Within 1/4 mile: Y

Location: PLEASE LOCATE STARTING AT THIS INTERSECTION AND LOCATE WEST A DISTANCE
OF APPROX 1400 FEET TO THE INTERSECTION OF EAST WALNUT AND NORTH DELPHOS PAINT
AND FLAG SOUTH SIDE OF STREET AND BOTH SIDES OF THE STREET

:

Grids : 4029C8607D 4029D8607D

Boundary: n 40.488145 s 40.487047 w -86.120029 e -86.118591

Work type : MAIN REPAIR & INSERTING VALVES

Done for : INDIANA AMERICAN WATER

Start date: 03/26/2013 Time: 09:45 Hours notice: 96/048 Priority: NORM

Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N

Duration : 3 WEEKS Depth: 8 FEET

Company : ENVIRONMENTAL CONSTRUCTION Type: CONT

Co addr : 13150 WEST COUNTY ROAD 300 NORTH

City : YORKTOWN State: IN Zip: 47396

Caller : JODI HICKEY Phone: (765)759-5488

Contact : JAY MORGAN - CELL Phone:

BestTime:

Mobile : (765)744-0625

Email : JODIR@ECICONSTRUCTION.BIZ

Remarks : All tickets are taken and processed on Eastern Daylight Time
REMARK DUE TO WEATHER

Will you be white-lining the dig site area? NO

:

Submitted date: 03/22/2013 Time: 09:27

Members: ID0002 ID4636 ID5240 ID5509 ID8011 ID9379 ID9979 SBCIN SM

Facility: Distribution Lines; Folder: N/A; Assigned To: KOKOMO

ID8011 00022 IUPPSa 04/01/2013 11:56:45 1304011786-00A EMER DAMG STRI

DAMAGE SEE REMARKS

Ticket : 1304011786 Date: 04/01/2013 Time: 11:53 Oper: AGRIGGS Chan:074

State: IN Cnty: HOWARD Twp: CENTER
Cityname: KOKOMO Inside: Y Near: N
Subdivision:

Address :

Street : N DELPHOS ST

Cross 1 : E WALNUT ST Within 1/4 mile: Y

Location: PLEASE LOCATE STARTING AT THIS INTERSECTION AND LOCATE WEST A DISTANCE
OF APPROX 1400 FEET TO THE INTERSECTION OF EAST WALNUT AND NORTH DELPHOS PAINT
AND FLAG SOUTH SIDE OF STREET AND BOTH SIDES OF THE STREET

:

Grids : 4029C8607D 4029D8607D

Boundary: n 40.488145 s 40.487047 w -86.120029 e -86.118591

Work type : MAIN REPAIR & INSERTING VALVES

Done for : INDIANA AMERICAN WATER

Start date: 04/01/2013 Time: 11:53 Hours notice: 0/000 Priority: EMER

Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y

Duration : 3 WEEKS Depth: 8 FEET

Company : ENVIRONMENTAL CONSTRUCTION Type: CONT

Co addr : 13150 WEST COUNTY ROAD 300 NORTH

City : YORKTOWN State: IN Zip: 47396

Caller : JODI HICKEY Phone: (765)759-5488

Contact : JAY MORGAN - CELL Phone:

BestTime:

Mobile : (765)744-0625

Email : JODIR@ECICONSTRUCTION.BIZ

Remarks : All tickets are taken and processed on Eastern Daylight Time
A NIPSCO GAS LINE HAS BEEN HIT IN FRONT OF 1015 E WALNUT ST - GAS LINE IS
BLOWING AND CAN BE SMELLED - BLACK LINE - APPROX 1 TO 1 1/4 INCHES DIAMETER -
MATERIAL UNKNOWN - CREW IS ON SITE - HAS CALLED 911 - ADVISED TO CALL NIPSCO -
PREVIOUS TICKET NUMBER 1303220488

Will you be white-lining the dig site area? NO

:

Submitted date: 04/01/2013 Time: 11:53

Members: ID0002 ID4636 ID5240 ID5509 ID8011 ID9379 SBCIN SM



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

May 1, 2013

Jodi Hickey
Environmental Construction
13150 West County Road 300 North
Yorktown, In 47396

**Re: Notice of Preliminary Determination of Violation
Pipeline Safety Division Case No. 4590**

Date of Event: 4/1/2013
Event Location: N Delphos St, Center, Howard County
Excavator: Environmental Construction
Facility Owner: Nipsco

Dear Jodi Hickey,

On behalf of the Indiana Utility Regulatory Commission ("Commission"), I am writing to inform you that information has been filed with the Commission's Pipeline Safety Division regarding an alleged violation of Indiana Code chapter 8-1-26, the Indiana Damage to Underground Facilities Act ("the Act"). You are receiving this letter because you have been identified as the Respondent Excavator.

To ensure safety, the Indiana Underground Plant Protection Service (Indiana 811) and gas operators routinely provide reports to the Pipeline Safety Division when an operator's facility is damaged. The Division has received a report from one of these entities that on **4/1/2013**, you or your business damaged a pipeline facility owned by **Nipsco** and located at **N Delphos St, Center, Howard County**.

Based upon the information received, the Pipeline Safety Division is commencing an investigation into the event concerning you or your business to determine whether any statutory violations were committed regarding public safety, specifically the following:

- IC 8-1-26-16(g): Failure to provide notice of excavation.
- IC 8-1-26-16(h): Failure to perform required white lining.
- IC 8-1-26-20(b): Failure to maintain two (2) feet clearance with mechanized equipment.
- IC 8-1-26-18(f): Failure to properly locate facilities (operator violation)

The Division provides both you and Nipsco with an opportunity to send in documentation explaining what occurred. This may include maps, photographs, narrative statements, and any other evidence you wish to provide. You have thirty (30) days from the date this letter is received to send in information, but an extension may be given for good cause shown. Please note that the Division's



INFORMATION REQUEST

State Form 54909 (R / 3-13)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4590 _____

Date of Damage (*month, day, year*): 4/1/2013 _____

Location of Damage:

Address (*number and street*): N. DELPHOS AND WALNUT _____

City, State and ZIP Code: KOKOMO INDIANA _____

Nearest Intersection: _____

Excavator Information:

Business Name: ENVIRONMENTAL CONSTRUCTION INC _____

Responsible Party Personal Name: JODI HICKEY _____

Title (*if any*): SAFETY DIRECTOR _____

Address (*number and street*): 13150 W. CR 300 NORTH _____

City, State and ZIP Code: YORKTOWN, INDIANA 47396 _____

Preferred Telephone Number (area code): OFFICE # 765-759-5488 CELL #765-748-7066 _____

Email Address: jodir@eciconstruction.biz _____

Utility Information:

Utility Name: NIPSCO _____

Contact Person: _____

Title (*if any*): _____

Cause of Damage Information

Type of Equipment (*select one*):

Type of Work Performed (*select one*):

Repair Cost: \$ ⁰ _____

- 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: 1303220488 DAMAGE #1304011
- 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

THIS GAS LINE WAS NOT MARKED. GAS CO HAD LINE MARKED APPROX 10 FEET TO THE WEST

Printed Name: Jodi Hickey
Signature: J Hickey Date (month, day, year): 5/21/13

**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 4590
101 West Washington Street, 1500E
Indianapolis, IN 46204**

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