



Pipeline Safety Division Investigation Report

Investigation regarding: Deschepper Farms

UPPAC Database Record ID: 4699

Report Date: 8/19/2013

Investigator: Mike Orr

Damage Date: 5/5/2013

Damage Address: 13600 Patterson Bldg Gr, Bremen, Marshall

The Parties

Excavator: **Deschepper Farms**

Address: 13600 Patterson Bldg Gr, Bremen, In 46506

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Drainage

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: False

Number of Customers Affected: 0

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/farmer struck and damaged an underground natural gas service while performing drainage work.

Findings: Reported by Carrie Ludwig (NIPSCO); excavator/farmer did not respond to initial notice mailed 7/10/2013. Excavator/farmer failed to request a locate ticket excavating deeper than twelve (12) inches prior to performing work.

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

August 12, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4699
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4699

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: 5/5/2013

Event Location: 13600 Patterson Bldg Gr

City: Indianapolis

Facility Owner: Nipsco

Excavator: Deschepper Farms

Other Party: N/A

Pipeline Division Case No. 4699

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. 4699	
Date of Event	5/5/2013
Event Location	13600 Patterson Bldg Gr
Event City	Bremen
Facility Owner	Nipsco
Excavator	Deschepper Farms
Date of IURC Information Request	July 12, 2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Deschepper Farms
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	13600 Patterson Bldg GR
CITY/ STATE/ZIP	Bremen / IN / 46506
PREFERRED TELEPHONE	574-360-0277
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	13600 Patterson Bldg GR Dryer
CITY/STATE/ZIP	Bremen / IN / 46506
NEAREST INTERSECTION	
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.)	2"
PRESSURE (PSIG/INCHES)	Click here to enter text.
INTERRUPTION IN SERVICE (YES/NO)	No
NUMBER OF CUSTOMERS AFFECTED	0
EVACUATION (YES/NO)	No
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	X
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	
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)	
EXCAVATOR "WHITE LINED" (YES/NO)	No
MAPS USED TO MARK FACILITIES (YES/NO)	No
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)	Yes
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. NIPSCO Emergency Repair Ticket Number: 1305050236.</p>	

NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Goshen MAXIMO WO # M 7478314M 747 837
CO 107887209
OPERATING AREA CONTACT Joe Cole JOB ORDER # 540580
TRACKING NUMBER 01820130505003 LOCATE REF # _____
Locate Performed By: _____

DATE AND TIME OF ACCIDENT 05-05 2013 2:00 PM DATE OF REPORT 05-05-2013
PLACE OF DAMAGE (INCLUDE CITY) 13600 Patterson Rd. Bremen

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

OTHER (DESCRIBE) _____
GAS: SERVICE () MAIN () SIZE 2" MATERIAL: PLASTIC () STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE) Service

DEPTH OF FACILITY (inches) 18-20 PRESSURE (PSI) 50 Lbs.
RELEASE OF GAS: YES () NO () IGNITION OF GAS: YES () NO () EVACUATION REQUIRED: YES () # _____ NO ()
INTERRUPTION OF SERVICE: YES () NO () NUMBER OF CUSTOMERS LOST: 0
DURATION OF INTERRUPTION: TIME REPORTED _____ TIME RESTORED _____
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) Doug Deschepper

ADDRESS OF PARTY (INCLUDE CITY) 13600 Patterson Rd. Bremen

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

WITNESS 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: Locate Service (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 checked="" 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 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 checked="" type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED | <input type="checkbox"/> STUB |
| | | <input checked="" type="checkbox"/> OTHER _____ |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS :

PERSON PREPARING REPORT T. Taets

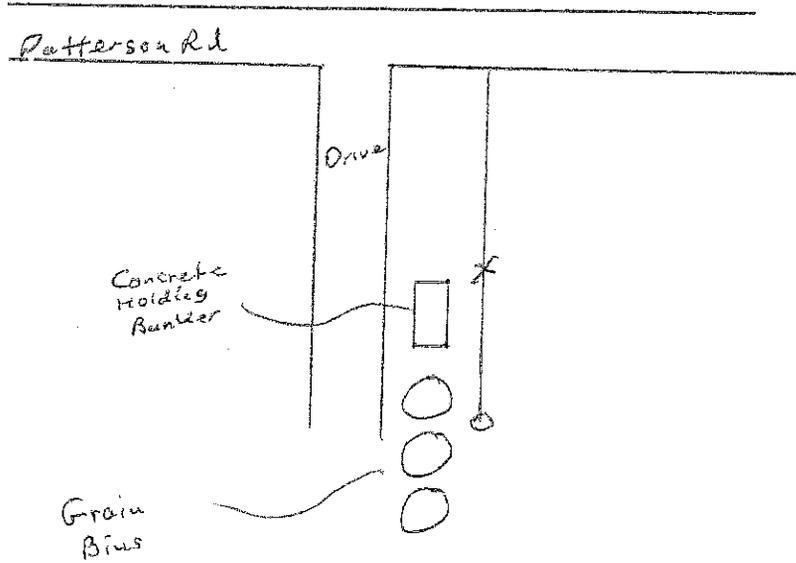
FIELD SUPERVISOR Joe Cole

FIELD MANAGER Randy Dunn

- 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

↕
N



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: _____

Fact Based Investigation Report

Notification ID 01820130505003
Damage Date 05/05/2013 13:20
Notified By DAN LOPEZ (Other)
Damage Address 13600 PATTERSON RD ST., JOSEPH/MADISON
BREMEN, IN
District Northern Indiana
Notification Date 05/05/2013 15:01

Damaged Customer NIPSCO

Investigation Date From 05/05/2013 15:35:00 **To** 05/05/2013 17:45:00

Excavator Involved Homeowner

Type of Excavation BACKHOE EXCAVATION

Orig. Locate Request UNKNOWN **Start Date**
Type of Ticket **Locate Req. Info** N/A Yes

Damage Request # 1305050236 **Start Date** 05/05/2013 00:00

Pictures Taken By B ARENS **Date** 05/05/2013 16:00

Photography Type Digital **Frame #**

Investigator Emp. # 113463 **Investigator Name** BRIAN ARENS

Based on your investigation, is further investigation needed? No

Fact Based Investigation Customer Information

Facility Description Low Profile **Facility ID** Gas Service
Locator Name & EMP # - **Locator Not Known** Yes

Investigation Findings

No Locate Req. By Contractor

Other Notes

Investigation Methods

Investigation Results Verified By Utility Representative
Investigator Verified Existing Marks By Hooking Up
Visual, Facility Exposed At Time Of Investigation

Investigator Statement/Causal Factors

HO DIGGING WITH BACKHOE BESIDE A FUEL TANK STORAGE COMPOUND IN LINE OF SITE OF THE GAS RISER AND METER. STRUCK AND CUT IN 1/2 A 2" PL GAS SERVICE FEEDING HIS GRAIN DRYERS. THERE IS NO PAINT OR FLAGS ONSITE AND NO KNOWN LOCATE REQUEST.

Names of Utility Representatives Contacted or on Site and Statement

TIM, SHOWED ME THE DAMAGE SITE AND WHERE HE HAD DUG UP, THEN PINCHED THE SERVICE OFF TO STOP THE BLOWING.

Names of Excavator's Representatives Contacted or on Site and Statement

NA

Other individuals on site

NA

Were any markings visible on the damage site upon arrival?	No
Were any other indicators of facility present in the area?	Yes
Was the excavation within the tolerance zone of marks?	No
Extent of facility damage	CUT IN1/2
Replacement Footage	UNKNOWN
Was contractor assistance required? If yes, who?	No NA
What contractor equipment was used?	NA
Is the facility shown on the utility records?	No
If yes, list record numbers	NA

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

NIPSCO 00110 IUPPSa 05/05/2013 15:05:20 1305050236-00A EMER NEW STRT

EMERGENCY SEE REMARKS

Ticket : 1305050236 Date: 05/05/2013 Time: 15:03 Oper: MPLUMMER Chan:000

State: IN Cnty: ST JOSEPH Twp: MADISON

Cityname: BREMEN Inside: Y Near: N

Subdivision:

Address : 13600

Street : PATTERSON RD

Cross 1 : ELM RD Within 1/4 mile: Y

Location: LOCATE ENTIRE PROPERTY

:

Grids : 4131B8607A 4131B8607B 4131B8607C 4131B8608C 4131B8608D

Grids : 4131C8607A 4131C8607B 4131C8607C 4131C8608C 4131C8608D

Boundary: n 41.525474 s 41.524337 w -86.138088 e -86.123448

Work type : REPAIR GAS LEAK

Done for : NIPSCO

Start date: 05/05/2013 Time: 15:04 Hours notice: 0/000 Priority: EMER

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

Duration : 6 HOURS Depth: 4 FEET

Company : NIPSCO Type: MEMB

Co addr : 801 EAST 86TH AVENUE

City : MERRILLVILLE State: IN Zip: 46410

Caller : DANIEL LOPEZ Phone: (219)647-4701

Contact : TIM ARMSTRONG - CELL Phone:

BestTime:

Mobile : (219)776-4887

Fax : (219)647-4764

Remarks : All tickets are taken and processed on Eastern Daylight Time

CREW IS ON SITE

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

:

Submitted date: 05/05/2013 Time: 15:03

Members: COMCN ID8000 ID9312 NIPSCO SM



Property of United States Infrastructure Corporation
Photo taken on 5/5/2013 3:46:00 PM



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: May 29, 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: Deschepper Farms

Business address (*number and street*): 13600 Patterson Bldg GR

City, State, and ZIP code: Bremen, IN 46506

Telephone number (*area code*): (574)360-0277

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Farmer

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Drainage

Date and Location of Damage

Date of damage (*month, day, year*): May 5, 2013

County: Marshall

City: Bremen

Street address (*number and street, city, state, and ZIP code*):
13600 Patterson Bldg GR

Nearest intersection: Elm Road

Right of way where damage occurred: Private - Business

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? No

If yes, how many affected? _____

Time to restore service (*in hours*): _____

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?

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?

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

Emergency ticket# 1305050236.



INFORMATION REQUEST

State Form 54909 (R / 3-13)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

RECEIVED
JUL 31 2013

INDIANA UTILITY
REGULATORY COMMISSION

Case Number: 4699

Date of Damage (month, day, year): 5/5/2013

Location of Damage:

Address (number and street): 13600 Patterson Rd

City, State and ZIP Code: Bremen, In 46506

Nearest Intersection: Elm Rd

Excavator Information:

Business Name: Douglas Deschepper Farms

Responsible Party Personal Name: Douglas Deschepper

Title (if any): _____

Address (number and street): 12161 Stanton Rd

City, State and ZIP Code: Bremen, In 46506

Preferred Telephone Number (area code): 574 - 360 - 0277

Email Address: dadeschepper@fourway.net

Utility Information:

Utility Name: NipSCO

Contact Person: _____

Title (if any): _____

Additional Information / Comments

Printed Name: Douglas Deschepper

Signature: Douglas Deschepper Date (month, day, year): 7/27/13

**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 4699
101 West Washington Street, 1500E
Indianapolis, IN 46204**

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