



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

## Pipeline Safety Division Investigation Report

### Investigation regarding: M and S Electric

UPPAC Database Record ID: 4718

Report Date: 8/20/2013

Investigator: Howard Friend

Damage Date: 3/14/2013

Damage Address: 9830 (9816) Auburn Road, Fort Wayne, Allen

### The Parties

Excavator: M and S Electric

Address: 9400 Ardmore Avenue, Fort Wayne, In 46809

Facility Owner: NIPSCO

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

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): \$437

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

**Findings:** Reported by Carrie Ludwig; excavator's response to initial notice was received on 8/6/2013. The excavator failed to provide notice of excavation.

**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](mailto:PipelineDamageCase@urc.in.gov)

Pipeline Safety Division – Case No. 4718  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4718

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: 3/14/2013  
Event Location: 9830 (9816) Auburn Road  
City: Indianapolis  
Facility Owner: Nipsco  
Excavator: M And S Electric  
Other Party: N/A  
Pipeline Division Case No. 4718

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. 4718</b>	
Date of Event	3/14/2013
Event Location	9830 (9816) Auburn Road
Event City	Fort Wayne
Facility Owner	Nipsco
Excavator	M & S Electric
Date of IURC Information Request	July 12, 2013
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	M & S Electric
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	9400 Ardmore Avenue
CITY/ STATE/ZIP	Fort Wayne / IN / 46809
PREFERRED TELEPHONE	260-747-9768
CELL PHONE TELEPHONE	
EMAIL ADDRESS	mmroth2@gmail.com
<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	9830 (9816) Auburn Road
CITY/STATE/ZIP	Fort Wayne / IN /
NEAREST INTERSECTION	
<b>PRODUCT TYPE (Select One)</b>	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
<b>FACILITY TYPE (Select One)</b>	
DISTRIBUTION	
GATHERING	
SERVICE/DROP	X
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	1 1/8"
PRESSURE (PSIG/INCHES)	35
INTERRUPTION IN SERVICE (YES/NO)	Yes
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	No
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	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)	Yes
IGNITION AND/OR FIRE (YES/NO)	No
EXCAVATOR NOTIFY 811 (YES/NO)	No
<b>LOCATE INFORMATION:</b>	
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
<b>INCIDENT IMPACT INFORMATION</b>	
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
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
No notification made to the one-call center.	

Fact Based Investigation Report

**Notification ID** 01820130314001  
**Damage Date** 03/14/2013 09:20  
**Notified By** Tenille (Facility Owner)  
**Damage Address** 9830 Auburn Rd (ALLEN CTY) X Kelly Lndg (JOSEPH TWNSHP)  
Ft Wayne, IN  
**District** Northern Indiana  
**Notification Date** 03/14/2013 09:22

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**Damaged Customer** NIPSCO

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**Investigation Date From** 03/14/2013 12:20:00 **To** 03/14/2013 12:30:00

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**Excavator Involved** UNKNOWN  
**Type of Excavation** sewer install

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

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**Damage Request #** M81302385 **Start Date**

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**Pictures Taken By** John Deitrick **Date** 03/14/2013 12:30  
**Photography Type** Digital **Frame #**

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**Investigator Emp. #** 131108 **Investigator Name** John Deitrick  
**Based on your investigation, is further investigation needed?** No

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**Fact Based Investigation Customer Information**  
**Facility Description** Low Profile **Facility ID** service - 1/2"  
**Locator Name & EMP #** - **Locator Not Known** Yes

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**Investigation Findings**  
No Locate Req. By Contractor  
**Other Notes**

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**Investigation Methods**  
Visual, Facility Exposed At Time Of Investigation

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**Investigator Statement/Causal Factors**  
There was no locate request for whoever id the sewer line install. The correct adress to this building is 9816 not 9830. The only ticket for this was for electric an that was a few weeks ago. The last ticket was a couple months back. No one is out here. Marks that were out here are gone due to weather because even the last ticket for AEP was over three weeks old

**Names of Utility Representatives Contacted or on Site and Statement**

na

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

na

**Other individuals on site**

na

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**Were any markings visible on the damage site upon arrival?** Yes

**Were any other indicators of facility present in the area?** Yes

<b>Was the excavation within the tolerance zone of marks?</b>	Yes
<b>Extent of facility damage</b>	cut
<b>Replacement Footage</b>	1ft
<b>Was contractor assistance required? If yes, who?</b>	No
<b>What contractor equipment was used?</b>	backhoe
<b>Is the facility shown on the utility records?</b>	No
<b>If yes, list record numbers</b>	

NORTHERN INDIANA PUBLIC SERVICE COMPANY  
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Angola MAXIMO WO # M697840  
OPERATING AREA CONTACT Joe Thomas JOB ORDER # 589743  
TRACKING NUMBER 01820130314001 LOCATE REF # Not on site  
Locate Performed By: \_\_\_\_\_

DATE AND TIME OF ACCIDENT 3-14 2013 9:05 AM DATE OF REPORT 3-14-13  
PLACE OF DAMAGE (INCLUDE CITY) 9830 Auburn Rd Ft Wayne

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

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

GAS: SERVICE  MAIN ( ) SIZE 1 1/8" MATERIAL: PLASTIC  STEEL ( ) METER ( ) REG STATION ( ) STUB ( )  
OTHER (DESCRIBE) \_\_\_\_\_

DEPTH OF FACILITY (inches) 20" PRESSURE (PSI) 35 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 9:05am TIME SHUT OFF 9:35am TIME RESTORED 10:30am

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

LOCATE MARKS ON SITE: YES  DISTANCE BETWEEN FACILITY AND LOCATE MARKS 0 NO ( )  
HOW LOCATED: PAINT ( ) FLAGS ( ) BOTH  WHITE LINED ( )

PARTY THAT CAUSED DAMAGES (NAME) M+S Electric

ADDRESS OF PARTY (INCLUDE CITY) 9400 Ardmore Ft Wayne 46809

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

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: 021839 (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 checked="" 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 checked="" type="checkbox"/> CARELESS MACHINE OPERATOR |
| <input type="checkbox"/> NO NOTIFICATION     | <input type="checkbox"/> MARKS DISTURBED               | <input type="checkbox"/> STUB                                 |
|  |  | <input type="checkbox"/> OTHER _____                          |

COMMENTS: MES Electric Failed to Have expose  
Marked 1 1/2 ft. Service

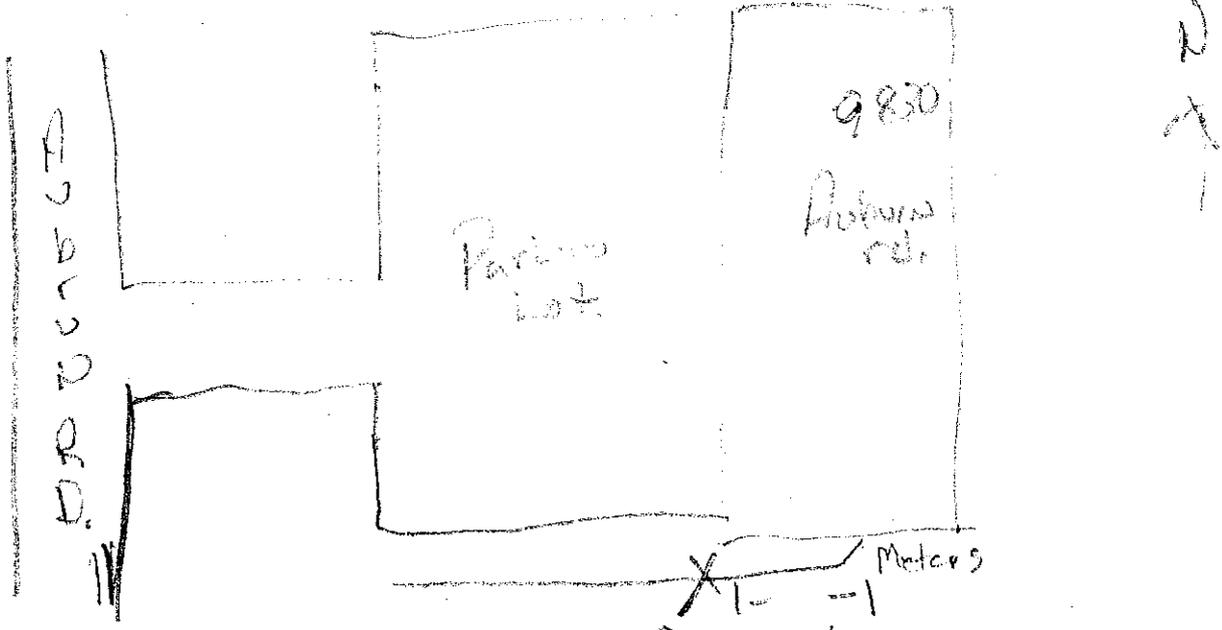
PERSON PREPARING REPORT N. Benson

FIELD SUPERVISOR Lee Thomas

FIELD MANAGER Lee Thomas

- 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: Mar 19, 2013

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### Who is submitting this information?

Name of person providing this information: Carrie Ludwig

Business address (*number and street*): 351 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

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### Excavator Information, if known

Full name: M and S Electric

Business address (*number and street*): 9400 Ardmore Avenue

City, State, and ZIP code: Fort Wayne, IN 46809

Telephone number (*area code*): (260) 747-9768

Fax number (*area code*): (260) 747-9885

E-mail address: MMROTH2@GMAIL.COM

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### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Electric

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## Date and Location of Damage

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

County: Allen

City: Fort Wayne

Street address (*number and street, city, state, and ZIP code*):  
9830 (9816) Auburn Road

Nearest intersection: N/A

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*): 1

Enter number of injuries, if applicable and known: \_\_\_\_\_

Enter number of fatalities, if applicable and known: \_\_\_\_\_

Property damage, Estimate \$ \_\_\_\_\_

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## 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? 20

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## 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: Other

If other, please specify: \_\_\_\_\_

Was site marked by "White Lining"? No

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

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### **Description of Cause**

Select from the list the most accurate cause for the damage: --No notification made to the one-call center

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### **Additional Comments**



**INFORMATION REQUEST**

State Form 54909 (R / 3-13)

INDIANA UTILITY REGULATORY COMMISSION - PIPELINE SAFETY DIVISION

RECEIVED

AUG 06 2013

INDIANA UTILITY  
REGULATORY COMMISSION

Case Number: 4718

Date of Damage (month, day, year): 3-14-2013

**Location of Damage:**

Address (number and street): 9830 (9816) Auburn Rd, Ft Wayne IN 468

City, State and ZIP Code: Ft Wayne, IN

Nearest Intersection: Kelly's Landing + Auburn Road

**Excavator Information:**

Business Name: M+S Electric

Responsible Party Personal Name: Brad Miller

Title (if any): President- Owner

Address (number and street): 9400 Ardmore Ave

City, State and ZIP Code: Fort Wayne, IN 46809

Preferred Telephone Number (area code): 260-747-9768

Email Address: mselectric@frontier.com

**Utility Information:**

Utility Name: NIPSCO

Contact Person: Mary Lechowicz

Title (if any): Leader Facility Damages

**Cause of Damage Information**

Type of Equipment (select one):

mini excavator

Type of Work Performed (select one):

install power to sewage lift station

Repair Cost: \$ 437.09

- 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: \_\_\_\_\_
- 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**

During the process of digging the trench near a gasline we hit a large patch of ice, which pulled on the gas line, causing a break in the gas line. The depth of gas line appeared to be buried less than 12" in the area where we were digging the trench when we hit the ice.

Printed Name: Brad D. MillerSignature:  Date (month, day, year): 8-2-13

*\*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**