



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: St. Joseph County Highway Department

UPPAC Database Record ID: 4732

Report Date: 8/19/2013

Investigator: Mike Orr

Damage Date: 2/7/2013

Damage Address: Country Knoll And Sunrise Trail, Granger, St. Joseph

The Parties

Excavator: St. Joseph County Highway Department

Address: 14633 Cleveland Road, Granger, In 46530

Facility Owner: NIPSCO

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Type of Equipment: Hand Tools

Type of Work Performed: Pole

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 struck and damaged an underground natural gas main while performing pole installation work.

Findings: Reported by Carrie Ludwig (NIPSCO); excavator did not respond to initial notice mailed 7/10/2013. Excavator failed to request a locate ticket prior to excavating to replace a road sign post.

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. 4732
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4732

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: 2/7/2013

Event Location: Country Knolls And Sunrise Trail

City: Indianapolis

Facility Owner: Nipsco

Excavator: St. Joseph County Highway Department

Other Party: N/A

Pipeline Division Case No. 4732

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. 4732 | |
| Date of Event | 2/7/2013 |
| Event Location | Country Knolls and Sunrise Trail |
| Event City | Granger |
| Facility Owner | Nipsco |
| Excavator | St. Joseph County Highway Department |
| Date of IURC Information Request | July 12, 2013 |
| THE PARTIES | |
| EXCAVATOR: | |
| BUSINESS NAME | St. Joseph County Highway Department |
| RESPONSIBLE PARTY PERSONAL NAME | |
| TITLE (IF ANY) | |
| ADDRESS | 14633 Cleveland Road |
| CITY/ STATE/ZIP | Granger / IN / 46530 |
| PREFERRED TELEPHONE | 574-272-6860 |
| 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 | Country Knolls & Sunrise Trail |
| CITY/STATE/ZIP | Granger / IN / |
| NEAREST INTERSECTION | |
| PRODUCT TYPE (Select One) | |
| NATURAL GAS | X |
| LIQUID PIPELINE | |
| UNKNOWN/OTHER | |
| FACILITY TYPE (Select One) | |
| DISTRIBUTION | X |
| GATHERING | |
| SERVICE/DROP | |
| TRANSMISSION | |
| UNKNOWN/OTHER | |
| SIZE (DIAMETER/ETC.) | 2" |
| 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) (\$) | |
| | |
| CAUSE OF DAMAGE INFORMATION: | |
| TYPE OF EQUIPMENT (Select One) | |
| Auger | |
| Backhoe/Trackhoe | |
| Boring/Drilling | |
| Directional Drilling | |
| Explosives | |
| Farm Equipment | |
| Grader/Scraper | |
| Hand Tools | X |
| 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 | X |
| 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) | 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. Unknown crew replacing stop sign post struck gas line and abandoned the scene. Damage called in by homeowner. NIPSCO Emergency Repair Ticket Number: 1302070350.</p> | |

■ Fact Based Investigation Report

Notification ID 01820130207001
Damage Date 02/07/2013 07:45
Notified By LAURA SZCZECINA (Facility Owner)
Damage Address COUNTRY KNOLLS DR X SUNRISE TRL ST JOSEPH
GRANGER, IN
District Northern Indiana
Notification Date 02/07/2013 09:23

Damaged Customer NIPSCO

Investigation Date From 02/07/2013 10:05:00 **To** 02/07/2013 10:30:00

Excavator Involved UNKNOWN

Type of Excavation Installing Stake for Stop Sign

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

Damage Request # 1302070350 **Start Date** 02/07/2013 09:15

Pictures Taken By Jose Galicia **Date** 02/07/2013 10:10

Photography Type Digital **Frame #** see 1302070350

Investigator Emp. # 130534 **Investigator Name** Josh Scheibelhut

Based on your investigation, is further investigation needed? No

■ Fact Based Investigation Customer Information

Facility Description Low Profile **Facility ID** Gas Main
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 Statement/Causal Factors

Damaging party was not on site at time of investigation. Gas smell was called in by a homeowner that lived nearby. Damaging party unknown; a stop sign had been hit by a car and the damage occurred due to the sign being replaced. No locate request on file. USIC not at fault. Searched back to 1-1-13 and found no tickets on either cross street.

Names of Utility Representatives Contacted or on Site and Statement

NIPSCO tech truck 30879-6; Ryan - He stated that they think the St Joseph County Highway Department was putting in the sign and caused the damage and left.

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

n/a

Other individuals on site

n/a

| | |
|---|---------|
| 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 |
| Replacement Footage | unknown |
| Was contractor assistance required? If yes, who? | No n/a |
| What contractor equipment was used? | n/a |
| Is the facility shown on the utility records? | Yes |
| If yes, list record numbers | NIPSCO |

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

NIPSCO 00079 IUPPSa 02/07/2013 09:17:52 1302070350-00A EMER NEW STRT

EMERGENCY SEE REMARKS

Ticket : 1302070350 Date: 02/07/2013 Time: 09:13 Oper: JSMITH Chan:088

State: IN Cnty: ST JOSEPH Twp: HARRIS
Cityname: GRANGER Inside: Y Near: N
Subdivision:

Address :
Street : COUNTRY KNOLLS DR
Cross 1 : SUNRISE TRL Within 1/4 mile: Y
Location: LOCATE A 200 FOOT RADIUS OF THE SOUTHEAST CORNER OF THE ABOVE
INTERSECTION
:
Grids : 4145C8610D
Boundary: n 41.756989 s 41.755891 w -86.170604 e -86.169138

Work type : REPAIRING GAS LINE
Done for : NIPSCO
Start date: 02/07/2013 Time: 09:15 Hours notice: 0/000 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 1 DAY Depth: 6 FEET

Company : NIPSCO Type: MEMB
Co addr : 801 EAST 86TH AVENUE
City : MERRILLVILLE State: IN Zip: 46410
Caller : LAURA SZCZECINA Phone: (800)322-2806
Contact : TONY LOPEZ--CELL Phone:
BestTime:
Mobile : (574)876-8107
Fax : (219)647-4764

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

Submitted date: 02/07/2013 Time: 09:13
Members: AEPIN COMCN NIPSCO SBCIN SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA South Bend MAXIMO WO # _____
OPERATING AREA CONTACT Tim Armstrong JOB ORDER # 575833
TRACKING NUMBER 018-2013-0207-001 LOCATE REF # N/A
Locate Performed By: _____

DATE AND TIME OF ACCIDENT 2-7-13 @ 7:47 AM DATE OF REPORT 2-7-13
PLACE OF DAMAGE (INCLUDE CITY) Intersection of Country Knolls Dr + Sunrise Trail Granger

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) _____

DEPTH OF FACILITY (Inches) 36" 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 7:47 AM TIME RESTORED 7:00 PM.

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 5 or 1/2"

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

PARTY THAT CAUSED DAMAGES (NAME) St Joseph County Highway Dept (574) 272-6860

ADDRESS OF PARTY (INCLUDE CITY) 14633 Cleveland Rd Granger 46530

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: _____ (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 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 checked="" 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 checked="" type="checkbox"/> HAND TOOLS | <input 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 checked="" 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 type="checkbox"/> OTHER _____ |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS: SIGN CREW FOR ST. JOSEPH CO HWY DRIVE SIGN
POST INTO 24" MAIN

PERSON PREPARING REPORT Ryan Ullery

FIELD SUPERVISOR Tim Armstrong

FIELD MANAGER Rick Gray

- 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: _____



02/07/2013 10:19

Property of United States Infrastructure Corporation
Photo taken on 2/7/2013 10:19:01 AM



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Mar 5, 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: St. Joseph County Highway Department

Business address (*number and street*): 14633 Cleveland Road

City, State, and ZIP code: Granger, IN 46530

Telephone number (*area code*): (574) 272-6860

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: County

Excavation or demolition equipment: Hand Tools

Type of work performed: Pole

Date and Location of Damage

Date of damage (*month, day, year*): Feb 7, 2013 _____

County: St. Joseph _____

City: Granger _____

Street address (*number and street, city, state, and ZIP code*):
Country Knollis and Sunrise Trail _____

Nearest intersection: _____

Right of way where damage occurred: Public - City Street

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 \$ _____

Affected Facility Information

What type of pipeline was damaged? Natural Gas

What was the affected facility? Distribution

What was the depth of the facility, in inches? 36 _____

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? No

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

No locate requested. Damaging party was not on site at time of investigation (possibly caused damage when putting in sign and left). A homeowner nearby called in the damage.

Emergency ticket# 1302070350.