



Pipeline Safety Division Investigation Report

Investigation regarding: Sat Pro Systems

UPPAC Database Record ID: 4734

Report Date: 9/9/2013

Investigator: Mike Orr

Damage Date: 10/11/2012

Damage Address: 64 Nichols St Apt A, Hebron, Porter

The Parties

Excavator: **Sat Pro Systems**

Address: 900 N Washington St, Valparasio, In 46383

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Hand Tools

Type of Work Performed: Cable TV

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 service while performing cable TV work.

Findings: Reported by Carrie Ludwig; excavator did not respond to initial notice mailed 7/10/2013. Excavator failed to request a locate ticket prior to 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. 4734
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4734

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: 10/11/2012

Event Location: 64 Nichols St Apt A

City: Indianapolis

Facility Owner: Nipsco

Excavator: Sat Pro Systems

Other Party: N/A

Pipeline Division Case No. 4734

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. 4734	
Date of Event	10/11/2012
Event Location	64 Nichols St Apt A
Event City	Hebron
Facility Owner	Nipsco
Excavator	Sat Pro Systems
Date of IURC Information Request	July 12, 2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Sat Pro Systems
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	900 N Washington St
CITY/ STATE/ZIP	Valparaiso / IN / 46383
PREFERRED TELEPHONE	219-299-2027
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	571 Vernon Woods Dr Lot 22
CITY/STATE/ZIP	Valparaiso / IN /
NEAREST INTERSECTION	
PRODUCT TYPE (Select One)	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	Click here to enter text.
FACILITY TYPE (Select One)	
DISTRIBUTION	
GATHERING	
SERVICE/DROP	X
TRANSMISSION	
UNKNOWN/OTHER	Click here to enter text.
SIZE (DIAMETER/ETC.)	1 1/8"
PRESSURE (PSIG/INCHES)	Click here to enter text.
INTERRUPTION IN SERVICE (YES/NO)	No
NUMBER OF CUSTOMERS AFFECTED	
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	
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)	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: 1210112159.</p>	

Fact Based Investigation Report

Notification ID 01820121011015
Damage Date 10/11/2012 13:00
Notified By ANGELA SCHUFFERT (Facility Owner)
Damage Address 64 NICHOLS ST. X MAXWELL ST. PORTER CTY
HEBRON, IN
District Northern Indiana
Notification Date 10/11/2012 14:25

Damaged Customer NIPSCO

Investigation Date From 10/11/2012 13:55:00 **To** 10/11/2012 14:40:00

Excavator Involved Homeowner
Type of Excavation Install satellite dish

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

Damage Request # M67218689 **Start Date** 10/11/2012 15:25

Pictures Taken By Anita Whitis **Date** 10/11/2012 14:00
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
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
Visual, Facility Exposed At Time Of Investigation

Investigator Statement/Causal Factors
The homeowner was setting a post for his tv dish and damaged the plastic gas service. No locate request for digging.

Names of Utility Representatives Contacted or on Site and Statement

Nipsco on site made repairs.

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

Homeowner on site

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? Yes

Was the excavation within the tolerance zone of marks?	No
Extent of facility damage	Cut gas service
Replacement Footage	N/A
Was contractor assistance required? If yes, who?	No
What contractor equipment was used?	N/A
Is the facility shown on the utility records?	No
If yes, list record numbers	

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

NIPSCO 00657 IUPPSa 10/11/2012 14:17:51 1210112159-00A EMER NEW STRT

EMERGENCY EMERGENCY

Ticket : 1210112159 Date: 10/11/2012 Time: 14:14 Oper: AHUNTER Chan:037

State: IN Cnty: PORTER Twp: BOONE
Cityname: HEBRON Inside: Y Near: N
Subdivision:

Address : 64
Street : NICHOLS ST
Cross 1 : MAXWELL ST Within 1/4 mile: Y
Location: LOCATE-- THE ENTIRE PROPERTY
:
Grids : 4119B8711A 4119B8712D
Boundary: n 41.328358 s 41.327206 w -87.200981 e -87.197502

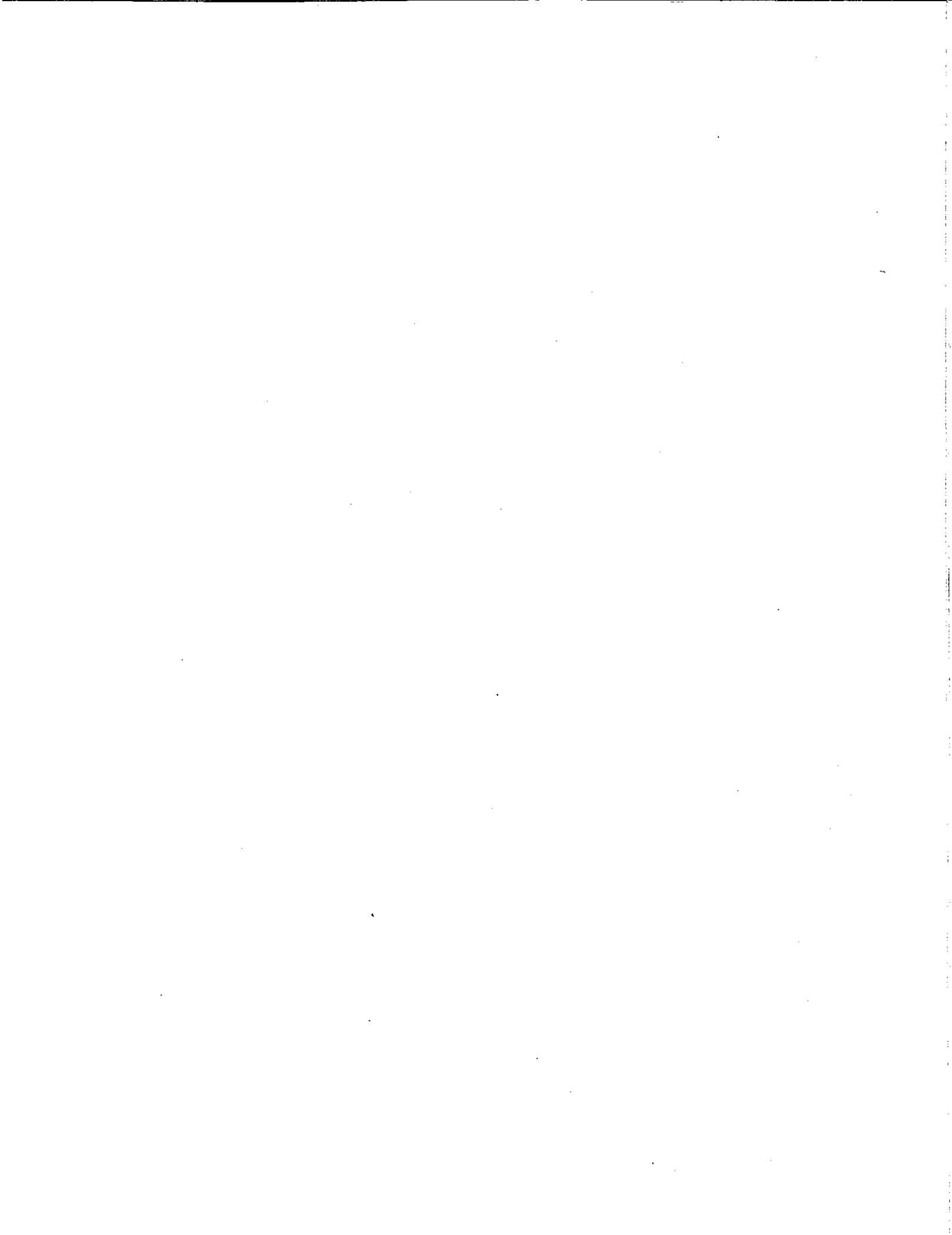
Work type : REPAIR GAS LINE
Done for : NIPSCO
Start date: 10/11/2012 Time: 14:16 Hours notice: 0/0 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 1 DAY Depth: 6 FEET

Company : NIPSCO Type: MEMB
Co addr : 801 EAST 86TH AVENUE
City : MERRILLVILLE State: IN Zip: 46410
Caller : ANGELA SCHUFFERT Phone: (800)322-2806
Contact : TOMMY PARKER---CELL Phone:
BestTime:
Mobile : (219)252-3093

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

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

Submitted date: 10/11/2012 Time: 14:14
Members: COMCN ID2009 ID2757 NIPSCO SM



NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Valpo MAXIMO WO #
OPERATING AREA CONTACT Rick Smith JOB ORDER # 592751
TRACKING NUMBER 018-2012-1011-015 LOCATE REF #
Locate Performed By:

DATE AND TIME OF ACCIDENT 10/11 2012 1300 PM DATE OF REPORT 10/11/12
PLACE OF DAMAGE (INCLUDE CITY) 64 Nichols ST Apt 4 - Hebron

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) 10" PRESSURE (PSI) 30 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 13:00 TIME RESTORED 14:45

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 5/8"

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

PARTY THAT CAUSED DAMAGES (NAME) Sat Pro Systems

ADDRESS OF PARTY (INCLUDE CITY) 900 N Washington St Valparaiso IN 46383

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE ANDREW KUROWSKI

WITNESS NAME AND ADDRESS ANDREW KUROWSKI 2281 SAGER RD. VALPO. 46383

WITNESS REMARKS DUG 6" INTO GROUND AND NOTICED GAS LEAK

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY REPORT #

FIRE () AGENCY Hebron Fire Dept REPORT #

OTHER () Sat Pro Systems Any Injuries? () YES # () NO

PHOTOS TAKEN: YES () NO () TAKEN BY: Sat Pro / USIC (ATTACH PHOTOS TO REPORT)
MEDIA ON SITE YES () NO ()

WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW

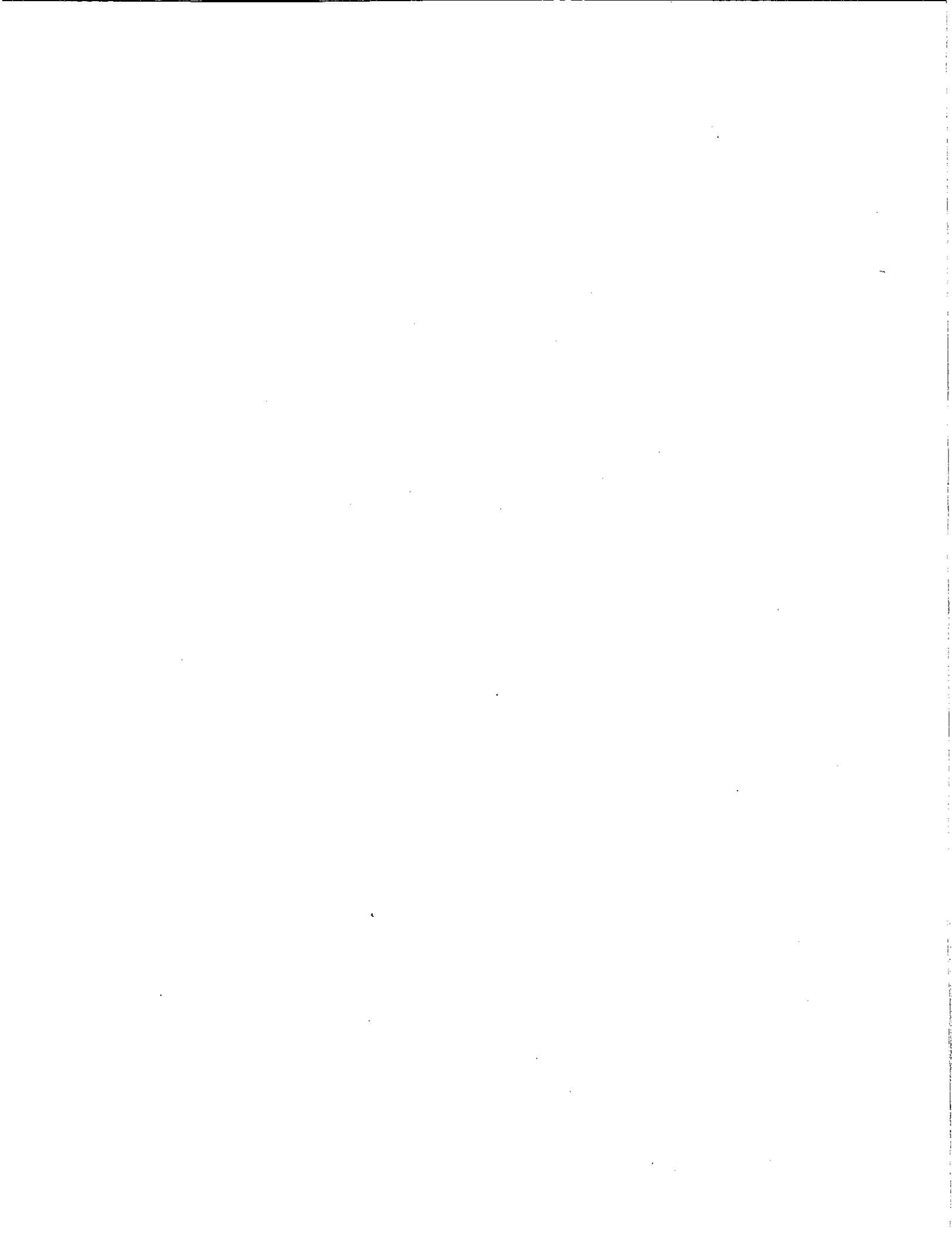
- () AGRICULTURE/FARMING () BLDG CONSTRUCTION () DRIVEWAY () FENCING () LANDSCAPING () POLE/SIGN POST
() CABLE TV () DEMOLITION () ELECTRIC () GRADING () PIPELINE () ROAD WORK
() CURB/SIDEWALK () DRAINAGE () SURVEYING () IRRIGATION () MILLING () SEWER
() TELECOMMUNICATIONS () WATER () DRAINS/CULVERTS () MOWING () OTHER

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

- () AUGER () MILLING EQUIPMENT () EXPLOSIVES () VACCUUM EQUIPMENT
() HAND TOOLS () PROBING DEVICE () TRENCHER () GRADER
() BACKHOE/TRACKHOE () BORING / DRILLING () FARM EQUIPMENT () OTHER

REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW

- () AUTOMOTIVE ACCIDENT () EXCAVATING BEFORE LOCATES DUE () CARELESS MACHINE OPERATOR
() NO NOTIFICATION () MARKS DISTURBED () STUB () OTHER



COMMENTS :

NO locates.

PERSON PREPARING REPORT

J Pressel

FIELD SUPERVISOR

J Parkw

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: _____



Property of United States Infrastructure Corporation
Photo taken on 10/11/2012 1:39:50 PM



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Mar 20, 2013

Who is submitting this information?

Name of person providing this information: Carrie Ludwig

Business address (*number and street*): 3511 East 15th Ave

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: Sat Pro Systems

Business address (*number and street*): 900 N Washington St

City, State, and ZIP code: Valparasio, IN 46383

Telephone number (*area code*): (219) 299-2027

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Hand Tools

Type of work performed: Cable TV

Date and Location of Damage

Date of damage (*month, day, year*): Oct 11, 2012

County: Porter

City: Hebron

Street address (*number and street, city, state, and ZIP code*):
64 Nichols St Apt A

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*): 1.45

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?

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: --Notification to one-call center made but not sufficient

Additional Comments

Nipsco emergency repair ticket #: 1210112159