



Pipeline Safety Division Investigation Report

Investigation regarding: Gariup Construction Co Inc

UPPAC Database Record ID: 4737

Report Date: 8/16/2013

Investigator: Howard Friend

Damage Date: 6/19/2012

Damage Address: 6700 E Oak Ave, Gary, Lake

The Parties

Excavator: **Gariup Construction Co Inc**

Address: 3965 Harrison St, Gary, In 46383

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Grading

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$297

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1206110373

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

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

Findings: Reported by Carrie Ludwig (NIPSCO); excavator's response to initial notice was received on 7/23/2013. The operator reported the excavator spotted the gas line at each end of the building but not in the middle. They reported the locate flags were still in place at the time of the damage.

The excavator reports "gas line was not installed in accordance with article 10-3.05 (03) of the 10-3.0 utility accommodation policy that states a line under the roadway should be 5'-0" deep".

Conclusion: There was a failure to maintain two (2) feet clearance with mechanized equipment.

Violation: IC 8-1-26-20(a)(2) Failure to maintain two (2) feet clearance with mechanized equipment.



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. 4737
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4737

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: 6/19/2012
Event Location: 6700 E Oak Ave
City: Indianapolis
Facility Owner: Nipsco
Excavator: Gariup Construction Co Inc
Other Party: N/A
Pipeline Division Case No. 4737

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. 4737	
Date of Event	6/19/2012
Event Location	6700 E Oak Ave
Event City	Gary
Facility Owner	Nipsco
Excavator	Gariup Construction Co Inc
Date of IURC Information Request	July 12, 2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Gariup Construction Co Inc
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	3965 Harrison Street
CITY/ STATE/ZIP	Gary / IN / 46383
PREFERRED TELEPHONE	219-712-2796
CELL PHONE TELEPHONE	219-712-2796
EMAIL ADDRESS	N/A
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	6700 E Oak Ave
CITY/STATE/ZIP	Gary / IN /
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.)	1 1/8"
PRESSURE (PSIG/INCHES)	
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	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	X
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	
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)	Yes

INDIANA 811 LOCATE TICKET NUMBER	1206110373
LOCATE MARKS VISIBLE (YES/NO)	Yes
LOCATE MARKS CORRECT (YES/NO)	Yes
EXCAVATOR "WHITE LINED" (YES/NO)	No
MAPS USED TO MARK FACILITIES (YES/NO)	Yes
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>Failure to use hand tools where required.</p> <p>NIPSCO Emergency Repair Ticket Number: 1206193360.</p>	

Fact Based Investigation Report

Notification ID 01820120619014
Damage Date 06/19/2012 14:30
Notified By KATE ()
Damage Address 6700 EAST OAK AVE (LAKE CTY) X MONTGOMERY STREET (CAULMET
TWNShP)
GARY, IN
District Northern Indiana
Notification Date 06/19/2012 15:52

Damaged Customer NIPSCO

Investigation Date From 06/19/2012 15:40:00 **To** 06/19/2012 16:05:00

Excavator Involved GARIUP CONSTRUCTION

Type of Excavation Rebuilding of pavillion and surrounding areas

Orig. Locate Request 1206110365 **Start Date**
Type of Ticket **Locate Req. Info** N/A

Damage Request # M53990063 **Start Date**

Pictures Taken By Bob Anderson **Date** 06/19/2012 15:50
Photography Type Digital **Frame #** 1

Investigator Emp. # 117382 **Investigator Name** Bob Anderson
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 # Sqzert Robert - 122566 **Locator Not Known**

Investigation Findings

Facility Marked Accurately

Other Notes

Investigation Methods

Investigation Results Verified By Utility Representative
Visual, Facility Exposed At Time Of Investigation

Investigator Statement/Causal Factors

Contractor was grading down area in front of building and spotted the gas line on each end of the property before but failed to spot it in the center and one of the crew accidentally hit the line while grading down the area. Flags still visable on site.

Names of Utility Representatives Contacted or on Site and Statement

Nipsco on site, no comments.

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

Crew from Gariup on site stated they knew line was there but failed to spot line.

Other individuals on site

None

Were any markings visible on the damage site upon arrival?	Yes
Were any other indicators of facility present in the area?	Yes
Was the excavation within the tolerance zone of marks?	Yes
Extent of facility damage	Cut gas line in half.
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	

NIPSCO 00139 IUPPSa 06/11/2012 08:20:36 1206110373-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1206110373 Date: 06/11/2012 Time: 08:19 Oper: BBASTIN Chan:045

State: IN Cnty: LAKE Twp: CALUMET
Cityname: GARY Inside: Y Near: N
Subdivision:

Address : 6700
Street : OAK AVE
Cross 1 : N MONTGOMERY ST Within 1/4 mile: Y
Location: LOCATE THE NORTH SIDE OF OAK AVE FROM THE BUILDING TO THE WEST END
OF
THE PARKING LOT

:
Grids : 4137D8715D 4137C8715D 4137D8715C 4137D8715B
Boundary: n 41.620914 s 41.618176 w -87.259995 e -87.250687

Work type : INSTALL PARKING LOTS
Done for : CITY OF GARY
Start date: 06/13/2012 Time: 08:30 Hours notice: 48/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 2 MONTHS Depth: 4 FEET

Company : GARIUP CONSTRUCTION Type: HOME
Co addr : 3965 HARRISON STREET
City : GARY State: IN Zip: 46383
Caller : JASON HINOJOSA Phone: (219)712-2796
Contact : ERIC ROBINSON - CELL Phone:
BestTime:
Mobile : (219)712-2796
Fax : (219)981-3679

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

Submitted date: 06/11/2012 Time: 08:19
Members: COMCN IB ID2227 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY

FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA 150 MAXIMO WO # _____
OPERATING AREA CONTACT Wheeler Stanley JOB ORDER # 475814
TRACKING NUMBER 018 2012 0619 014 LOCATE REF # _____
Locate Performed By: _____

DATE AND TIME OF ACCIDENT 6/19/12 2012 14:30 M DATE OF REPORT 6/19/12
PLACE OF DAMAGE (INCLUDE CITY) 6700 E OAK AVE

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) 12" **PRESSURE (PSI)** 28 **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 14:30 TIME RESTORED 16:30

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

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

PARTY THAT CAUSED DAMAGES (NAME) Garrop Construction

ADDRESS OF PARTY (INCLUDE CITY) 3965 HARRISON ST Gary, IN 887-6233

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Greg Hannas

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 checked="" 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 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"/> BACKHOE/TRACKHOE
<input type="checkbox"/> MILLING EQUIPMENT	<input type="checkbox"/> BORING / DRILLING
<input type="checkbox"/> EXPLOSIVES	<input type="checkbox"/> FARM EQUIPMENT
<input type="checkbox"/> VACUUM EQUIPMENT	<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 _____

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM



Property of United States Infrastructure Corporation
Photo taken on 6/19/2012 3:42:26 PM



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Mar 12, 2013

Who is submitting this information?

Name of person providing this information: Carrie Ludwig (NIPSCo)

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: Gariup Construction Co Inc

Business address (*number and street*): 3965 Harrison St

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

Telephone number (*area code*): 219 712 2796

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Curb/Sidewalk

Date and Location of Damage

Date of damage (*month, day, year*): Jun 19, 2012 _____

County: Lake _____

City: Gary _____

Street address (*number and street, city, state, and ZIP code*):
6700 E Oak Ave _____

Nearest intersection: N Montgomery St _____

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? 0 _____

Was there a customer service interruption? Yes

If yes, how many affected? 1 _____

Time to restore service (*in hours*): 2 _____

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? 12 _____

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1206110373 _____

Was the locate request completed within two working days? Yes

If locates were performed, were they done so by a contractor or pipeline employee? Contract Locator

If a contractor locator, enter the company name, if known: USIC

Were facility marks visible in the area of excavation? Yes

Were facilities marked correctly? Yes

Type of markings used: Flags

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: --Failure to use hand tools where required

Additional Comments

Nipsco emergency repair ticket #: 1206193360



INFORMATION REQUEST

State Form 54909 (R / 3-13)

INDIANA UTILITY REGULATORY COMMISSION -- PIPELINE SAFETY DIVISION

Case Number: 4737

Date of Damage (month, day, year): 6/19/2012

Location of Damage:

Address (number and street): 6700 E Oak Ave

City, State and ZIP Code: Gary, IN 46402

Nearest Intersection: Montgomery

Excavator Information:

Business Name: Gariup Construction

Responsible Party Personal Name: Eric Robinson

Title (if any): Superintendent

Address (number and street): 3965 Harrison St

City, State and ZIP Code: Gary, IN 46402

Preferred Telephone Number (area code): 219-887-5233

Email Address: darren.demaree@gariup.com

Utility Information:

Utility Name: NIPSCO

Contact Person: Larry Dowell and Steve Tayler (work order #475814)

Title (if any): _____

Cause of Damage Information

Type of Equipment (*select one*):

Backhoe/Trackhoe

Type of Work Performed (*select one*):

Curb/Sidewalk

Repair Cost: \$ 296.57

- 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: 1206060513
 - 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

GAS LINE WAS NOT INSTALLED IN ACCORDANCE WITH ARTICLE T0-3.05 (03) OF THE T0-3.0 UTILITY ACCOMODATION POLICY THAT STATES A LINE UNDER THE ROADWAY SHOULD BE 5'-0" DEEP.

Printed Name: Darren Demaree

Signature: _____ Date (month, day, year): 7/23/2013

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

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