STATE OF INDIANA

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: Riley Construction (Israel Riley)

UPPAC Database Record ID: 4745

Report Date: 9/9/2013 Investigator: Mike Orr

Damage Date: 3/12/2013 Damage Address: 1810 E. Market Street, Logansport, Cass

The Parties

Excavator: **Riley Construction (Israel Riley)**

Address: 3015 S Pennsylvania, Logansport, In 46947

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas Facility Function: Service/Drop

Type of Equipment: Hand Tools Type of Work Performed: Curb / Sidewalk

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 curb/sidewalk work.

Findings: Reported by Carrie Ludwig; excavator did not respond to initial notice mailed 7/10/2013. Excavator failed to request a locate tick et prior to excavating.

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. 4745
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4745

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: 3/12/2013

Event Location: 1810 E. Market Street

City: Indianapolis

Facility Owner: Nipsco

Excavator: Riley Construction (israel Riley)

Other Party: N/A

Pipeline Division Case No. 4745

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. 4745	
Date of Event	3/12/2013
Event Location	1810 E. Market Street
Event City	Logansport
Facility Owner	Nipsco
Excavator	Riley Construction (Israel Riley)
Date of IURC Information Request	July 12, 2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	
RESPONSIBLE PARTY PERSONAL NAME	Riley Construction
TITLE (IF ANY)	
ADDRESS	3015 S. Pennsylvania
CITY/ STATE/ZIP	Logansport / IN / 46947
PREFERRED TELEPHONE	765-438-2676
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	1810 E Market Street
CITY/STATE/ZIP	Logansport / 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.)	5/8"
PRESSURE (PSIG/INCHES)	Click here to enter text.
INTERRUPTION IN SERVICE (YES/NO)	Yes
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	Yes
IF YES, HOW MANY EVACUATED	2
REPAIR COST (IF KNOWN) ($)	
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scrapper	
Hand Tools	X
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)	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	
No notification made to the one-call center. NIPSCO Emergency Repair Ticket Number: 1303123121.	

Fact Based Investigation Report

Notification ID 01820130312005
Damage Date 03/12/2013 10:10
Notified By JAMILA MARTIN (Facility Owner)
Damage Address 1810 E MARKET ST X 18TH STREET CASS CTY / EEL TWP LOGANSPORT, IN
District Northern Indiana
Notification Date 03/12/2013 12:11

Damaged Customer NIPSCO

Investigation Date From 03/12/2013 12:35:00 **To** 03/12/2013 13:00:00

Excavator Involved RILEY CONSTRUCTION
Type of Excavation WALKWAY

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

Damage Request # M81054676 **Start Date**

Pictures Taken By MIKE CADE **Date** 03/12/2013 12:40
Photography Type Digital **Frame #** N/A

Investigator Emp. # 112161 **Investigator Name** MIKE CADE
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
Visual, Facility Exposed At Time Of Investigation

Investigator Statement/Causal Factors
NO LOCATE CALLED.
Names of Utility Representatives Contacted or on Site and Statement
N/A
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? Yes
Was the excavation within the tolerence zone of marks? No
Extent of facility damage HOLE FROM STAKE

Replacement Footage	1 FT
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?	No
If yes, list record numbers	N/A

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

NIPSCO 01007 IUPPSa 03/12/2013 18:16:49 1303123121-00A NORM NEW STRT

NORMAL NOTICE

Ticket : 1303123121 Date: 03/12/2013 Time: 18:10 Oper: NBOYD Chan:002

State: IN Cnty: CASS Twp: EEL
Cityname: LOGANSPORT Inside: Y Near: N
Subdivision:

Address : 1800
Street : E MARKET ST
Cross 1 : 18TH ST Within 1/4 mile: Y
Location: LOCATE THE EXIT OF THE DRIVE THROUGH WHERE IT MEETS 18TH ST - AT THE
CONCRETE APPROACH - LOCATE A 20X10 FOOT AREA IN BETWEEN THE ASPHALT
:
Grids : 4045C8620A 4045C8620B
Boundary: n 40.756883 s 40.755676 w -86.346805 e -86.344579

Work type : CONCRETE APPROACH REPLACEMENT
Done for : SCOOPS ICE CREAM STAND
Start date: 03/15/2013 Time: 07:00 Hours notice: 60/048 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 2 DAYS Depth: 1 FOOT

Company : RILEY CONSTRUCTS Type: CONT
Co addr : 3015 S PENNSYLVANIA AVE
City : LOGANSPORT State: IN Zip: 46947
Caller : JACOB RILEY Phone: (765)438-2676
Contact : JACOB RILEY - CELL Phone:
BestTime:
Mobile : (765)438-2676

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

Submitted date: 03/12/2013 Time: 18:10
Members: ID3043 ID6231 ID8000 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Peru MAXIMO WO # M696131 / M696159

OPERATING AREA CONTACT D. Palmer JOB ORDER # 585201-18

TRACKING NUMBER 018 2013 0312 005 LOCATE REF #

Locate Performed By:

DATE AND TIME OF ACCIDENT 03-12 2013 11:00 AM DATE OF REPORT 03-12-13

PLACE OF DAMAGE (INCLUDE CITY) 1810 E. Market Logansport

DAMAGE WAS TO:

ELECTRIC - POLE / TRANSFORMER: # SIZE YEAR INSTALLED BROKEN YES ( ) NO ( )

OTHER (DESCRIBE)

GAS: SERVICE (X) MAIN ( ) SIZE 5/8" MATERIAL: PLASTIC (X) STEEL ( ) METER ( ) REG STATION ( ) STUB ( )

OTHER (DESCRIBE)

DEPTH OF FACILITY (inches) 12" PRESSURE (PSI) 50 Lbs.

RELEASE OF GAS: YES (X) NO ( ) IGNITION OF GAS: YES ( ) NO (X) EVACUATION REQUIRED: YES (X) # 2 NO ( )

INTERRUPTION OF SERVICE: YES (X) NO ( ) NUMBER OF CUSTOMERS LOST: 1

DURATION OF INTERRUPTION: TIME REPORTED 11:00 TIME SHUT OFF 11:30 TIME RESTORED 13:30

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

LOCATE MARKS ON SITE: YES ( ) DISTANCE BETWEEN FACILITY AND LOCATE MARKS NO (X)

HOW LOCATED: PAINT ( ) FLAGS ( ) BOTH ( ) WHITE LINED ( )

PARTY THAT CAUSED DAMAGES (NAME) Israel Riley

ADDRESS OF PARTY (INCLUDE CITY) 3015 S Pennsylvania

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Israel Riley

WITNESS NAME AND ADRESS

WITNESS REMARKS

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY REPORT #

FIRE (X) AGENCY Logansport REPORT #

OTHER ( ) Any Injuries? ( ) YES # (X) NO

PHOTOS TAKEN: YES ( ) NO (X) TAKEN BY: (ATTACH PHOTOS TO REPORT)

MEDIA ON SITE YES ( ) NO (X)

WORK IN PROGRESS WHEN FACILITY DAMAGED – CHECK APPROPRIATE CHOICE BELOW

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

TYPE OF EQUPMENT USED – CHECK APPROPRIATE CHOICE BELOW

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

REASON DAMAGE OCCURRED– CHECK APPROPRIATE CHOICE BELOW

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

- **SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM**

COMMENTS : Drove Stake through Service

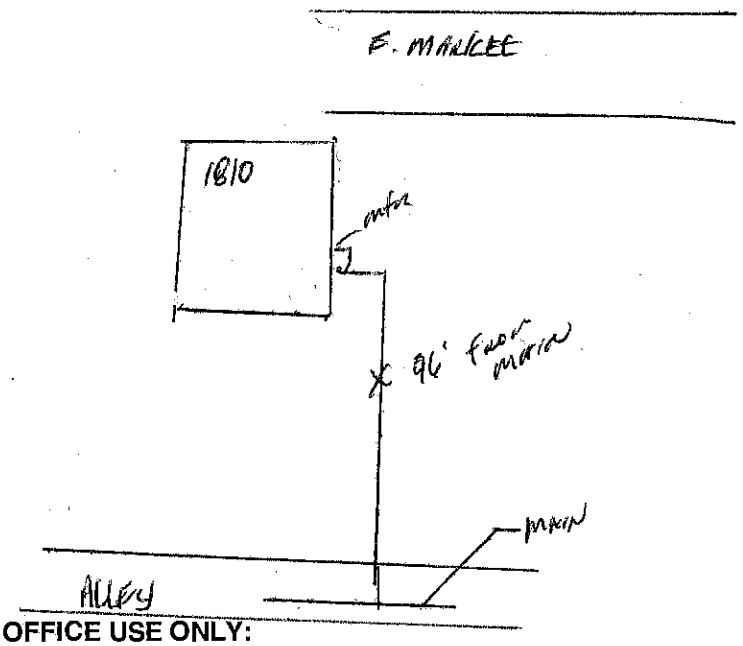
PERSON PREPARING REPORT Geringer

FIELD SUPERVISOR D. Palmer

FIELD MANAGER D. Salmon

- **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: [illegible] DATE: 03-12-13

Property of United States Infrastructure Corporation
Photo taken on 3/12/2013 12:39:59 PM

DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)
INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Mar 14, 2013

Who is submitting this information?

Name of person providing this information: Carrie Ludwig

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: Riley Construction (Israel Riley)

Business address *(number and street)*: 3015 S Pennsylvania

City, State, and ZIP code: Logansport, IN 46947

Telephone number *(area code)*: (765) 438-2676

Fax number *(area code)*:

E-mail address:

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Hand Tools

Type of work performed: Curb/Sidewalk

Date and Location of Damage

Date of damage (*month, day, year*): Mar 12, 2013

County: Cass

City: Logansport

Street address (*number and street, city, state, and ZIP code*):
1810 E. Market Street

Nearest intersection: 18th Street

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? Yes

If yes, how many evacuated? 2

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? 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? 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? 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 was posted as a locate on the date of damage. Ticket#1303123121.