



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: Casondra Albertson

UPPAC Database Record ID: 4756

Report Date: 8/20/2013

Investigator: Mike Orr

Damage Date: 4/7/2013

Damage Address: 1632 Stone Lake Drive, LaPorte, LaPorte

The Parties

Excavator: Casondra Albertson

Address: 1632 Stone Lake Drive, LaPorte, In 46350

Facility Owner: NIPSCO

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Hand Tools

Type of Work Performed: Fencing

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: Yes

Indiana 811 Ticket Number: 1304060343

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

Synopsis: Excavator/occupant struck and damaged an underground natural gas service while performing fencing work.

Findings: Reported by Carrie Ludwig; excavator/occupant did not respond to initial notice mailed 7/10/2013. The excavator/occupant called the association (IN811) for a normal locate ticket after the emergency ticket indicating the damage was issued.

Conclusion: There was a failure to provide notice of excavation.

Violation: IC 8-1-26-16(g)(other) Failure to provide notice of excavation - other.



150 West Market Street, Suite 600
Indianapolis, IN 46204

August 12, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4756
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4756

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: 4/7/2013

Event Location: 1632 Stone Lake Drive

City: Indianapolis

Facility Owner: Nipsco

Excavator: Casondra Albertson

Other Party: N/A

Pipeline Division Case No. 4756

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. 4756	
Date of Event	4/7/2013
Event Location	1632 Stone Lake Drive
Event City	Laporte
Facility Owner	Nipsco
Excavator	Casondra Albertson
Date of IURC Information Request	July 12, 2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	
RESPONSIBLE PARTY PERSONAL NAME	Casondra Albertson
TITLE (IF ANY)	
ADDRESS	1632 Stone Lake Drive
CITY/ STATE/ZIP	LaPorte / IN / 46350
PREFERRED TELEPHONE	219-369-7386
CELL PHONE TELEPHONE	
EMAIL ADDRESS	casondraalbertson@yahoo.com
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	1632 Stone Lake Drive
CITY/STATE/ZIP	LaPorte / 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	1
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	X
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	1304060343
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>Notification to one-call center made but not sufficient (made after damage). NIPSCO Emergency Repair Ticket Number: 1304060295.</p>	

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

NIPSCO 00150 IUPPSa 04/06/2013 19:05:09 1304060343-00A NORM NEW STRT

NORMAL NOTICE

Ticket : 1304060343 Date: 04/06/2013 Time: 18:49 Oper: DBROOKING Chan:008

State: IN Cnty: LAPORTE Twp: CENTER
Cityname: LA PORTE Inside: Y Near: N
Subdivision:

Address : 1632
Street : STONE LAKE DR
Cross 1 : WELLER AVE Within 1/4 mile: Y
Location: LOCATE ENTIRE BACK AND BOTH SIDES OF THE PROPERTY
:
Grids : 4136C8644A 4136C8644B
Boundary: n 41.607816 s 41.606699 w -86.746461 e -86.742745

Work type : INSTALL PRIVACY FENCE
Done for : CASONDRA ALBERTSON
Start date: 04/10/2013 Time: 07:00 Hours notice: 84/048 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 2 FEET Depth: 3 FEET

Company : CASONDRA ALBERTSON Type: HOME
Co addr : 1632 STONE LAKE DR
City : LA PORTE State: IN Zip: 46350
Caller : CASONDRA ALBERTSON Phone: (219)369-7386
Contact : CASONDRA ALBERTSON--CELL Phone:
BestTime:
Mobile : (219)369-7386
Email : CASONDRAALBERTSON@YAHOO.COM

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

Submitted date: 04/06/2013 Time: 18:49
Members: COMCN ID2354 ID5693 ID8000 NIPSCO SM

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

NIPSCO 00122 IUPPSa 04/06/2013 16:36:53 1304060295-00A EMER NEW STRT

EMERGENCY EMERGENCY

Ticket : 1304060295 Date: 04/06/2013 Time: 16:33 Oper: DBROOKING Chan:008

State: IN Cnty: LAPORTE Twp: CENTER
Cityname: LA PORTE Inside: Y Near: N
Subdivision:

Address : 1632
Street : STONE LAKE DR
Cross 1 : WELLER AVE Within 1/4 mile: Y
Location: LOCATE ENTIRE PROPERTY
:
Grids : 4136C8644A 4136C8644B
Boundary: n 41.607816 s 41.606699 w -86.746461 e -86.742745

Work type : REPAIR GAS LEAK
Done for : NIPSCO
Start date: 04/06/2013 Time: 16:34 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 : MICHELLE TOMONDI Phone: (219)647-4701
Contact : STEVE GEORGIAN - CELL Phone:
BestTime:
Mobile : (219)363-1033
Fax : (219)647-4764
Email : MTOMONDI@NISOURCE.COM

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

Submitted date: 04/06/2013 Time: 16:33
Members: COMCN ID2354 ID5693 ID8000 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY

FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA LAFORTE MAXIMO WO # na
OPERATING AREA CONTACT Sam Geissen JOB ORDER # 581616-16
TRACKING NUMBER 018-2013-0406-003 LOCATE REF # na/8
Locate Performed By: _____

DATE AND TIME OF ACCIDENT April 6 2013 3:09 PM DATE OF REPORT 4/6/13
PLACE OF DAMAGE (INCLUDE CITY) 1632 Stone Lake DR. LaPorte, IN 46350

DAMAGE WAS TO:
ELECTRIC - POLE / TRANSFORMER: # _____ SIZE 2013 YEAR INSTALLED _____ BROKEN YES () NO ()
OTHER (DESCRIBE) _____

GAS: SERVICE MAIN () SIZE 5 1/8" MATERIAL: PLASTIC STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE) _____
DEPTH OF FACILITY (inches) 18" PRESSURE (PSI) 40 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 15:09 TIME RESTORED 1630
DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: sewer

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

PARTY THAT CAUSED DAMAGES (NAME) Casondra Albertson

ADDRESS OF PARTY (INCLUDE CITY) 1632 Stone Lake DR LaPorte, IN 46350

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Casondra

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
() AGRICULTURE/FARMING () CABLE TV () 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 EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW
() AUGER () HAND TOOLS BACKHOE/TRACKHOE
() MILLING EQUIPMENT () PROBING DEVICE () BORING / DRILLING
() EXPLOSIVES () TRENCHER () FARM EQUIPMENT
() VACCUUM EQUIPMENT () GRADER () OTHER _____

REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW
() AUTOMOTIVE ACCIDENT () EXCAVATING BEFORE LOCATES DUE () CARELESS MACHINE OPERATOR
() NO NOTIFICATION () MARKS DISTURBED () STUB OTHER No Locates

COMMENTS: Customer Cot Service line with Post hole

digged - no locates

PERSON PREPARING REPORT W. Folic

FIELD SUPERVISOR Steve Gerson

FIELD MANAGER John 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: _____

Fact Based Investigation Report

Notification ID 01820130406003
Damage Date 04/06/2013 16:40
Notified By Michelle/Nipsco (Other)
Damage Address 1632 Stonlake Dr X Weller Ave Laporte Cnty/Center Twp
Laporte, IN
District Northern Indiana
Notification Date 04/06/2013 16:39

Damaged Customer NIPSCO

Investigation Date From 04/06/2013 16:20:00 **To** 04/06/2013 16:45:00

Excavator Involved Homeowner

Type of Excavation fence install

Orig. Locate Request NONE **Start Date**
Type of Ticket **Locate Req. Info** N/A Yes

Damage Request # M83819747 **Start Date** 04/06/2013 16:00

Pictures Taken By Jon Novak **Date** 04/06/2013 16:20

Photography Type Digital **Frame #** 1

Investigator Emp. # 131987 **Investigator Name** Jon Novak

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

Homeowner did not call for locates. Hit gas service.

Names of Utility Representatives Contacted or on Site and Statement

Mike Cook

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

Casondra Albertson stated she did not think about calling for locates.

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 gas service

Replacement Footage

N/A

Was contractor assistance required? If yes, who?

No

What contractor equipment was used?

Post hole digger

Is the facility shown on the utility records?

No

If yes, list record numbers



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Apr 9, 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: Casondra Albertson

Business address (*number and street*): 1632 Stone Lake Drive

City, State, and ZIP code: LaPorte, IN 46350

Telephone number (*area code*): (219)369-7386

Fax number (*area code*): _____

E-mail address: casondraalbertson@yahoo.com

Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Hand Tools

Type of work performed: Fencing

Date and Location of Damage

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

County: LaPorte _____

City: LaPorte _____

Street address (*number and street, city, state, and ZIP code*):
1632 Stone Lake Drive _____

Nearest intersection: Weller Avenue _____

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? Yes

If yes, how many evacuated? 1 _____

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? Service/Drop

What was the depth of the facility, in inches? 18 _____

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1304060343 _____

Was the locate request completed within two working days? No

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"? No

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? Yes

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

Emergency ticket# 1304060295.

Excavator dug before ticket was due.