



## Pipeline Safety Division Investigation Report

### Investigation regarding: Harold Lee Construction

UPPAC Database Record ID: 4758

Report Date: 9/17/2013

Investigator: Mike Orr

Damage Date: 12/7/2012

Damage Address: 5430 Pierce Street, Merrillville, Lake

### The Parties

Excavator: **Harold Lee Construction**

Address: 1587 Gerry St, Gary, In 46406

Facility Owner: **NIPSCO**

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Hand Tools

Type of Work Performed: Construction

### 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 construction work.

**Findings:** Reported by Carrie Ludwig (NIPSCO); excavator did not respond to initial notice mailed 7/25/2013. Excavator failed to provide notice of excavation to the association (IN811).

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

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



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Mar 8, 2013

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### 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

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### Excavator Information, if known

Full name: Homeowner (William Lewis or Jennifer Lewis)

Business address (*number and street*): 5430 Pierce Street

City, State, and ZIP code: Merrillville, IN 46410

Telephone number (*area code*): (219) 977-8168

Fax number (*area code*): \_\_\_\_\_

E-mail address: \_\_\_\_\_

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### Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Hand Tools

Type of work performed: Bldg. Construction

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**Date and Location of Damage**

Date of damage (*month, day, year*): Dec 7, 2012 \_\_\_\_\_

County: Lake \_\_\_\_\_

City: Merrillville \_\_\_\_\_

Street address (*number and street, city, state, and ZIP code*):  
5430 Pierce Street \_\_\_\_\_

Nearest intersection: W 54th 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? 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*): \_\_\_\_\_

Enter number of injuries, if applicable and known: \_\_\_\_\_

Enter number of fatalities, if applicable and known: \_\_\_\_\_

Property damage, Estimate \$ \_\_\_\_\_

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**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? 20 \_\_\_\_\_

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**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"? 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? Unknown/Other

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### **Description of Cause**

Select from the list the most accurate cause for the damage: --No notification made to the one-call center

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### **Additional Comments**

Emergency ticket# 1212071246.



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. 4758  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4758

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: 12/7/2012

Event Location: 5430 Pierce Street

City: Indianapolis

Facility Owner: Nipsco

Excavator: Homeowner (william Lewis Or Jennifer Lewis)

Other Party: N/A

Pipeline Division Case No. 4758

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](mailto:cearle@nisource.com)

<b>IURC INFORMATION REQUEST</b>	
<b>Pipeline Safety Division Case No. 4758</b>	
Date of Event	12/7/2012
Event Location	5430 Pierce Street
Event City	Merrillville
Facility Owner	Nipsco
Excavator	Homeowner (William Lewis or Jennifer Lewis)
Date of IURC Information Request	July 12, 2013
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	
RESPONSIBLE PARTY PERSONAL NAME	William Lewis or Jennifer Lewis (Homeowner)
TITLE (IF ANY)	
ADDRESS	5430 Pierce Street
CITY/ STATE/ZIP	Merrillville / IN / 46410
PREFERRED TELEPHONE	219-977-8168
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<b>FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:</b>	
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
<b>LOCATOR SERVICE INFORMATION</b>	
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
<b>OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION</b>	
PERSONAL CONTACT	
BUSINESS/ORGANIZATION NAME	
TITLE (IF ANY)	

ADDRESS	
CITY/ STATE/ZIP	
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<b>UTILITY LINE IMPACT</b>	
<b>LOCATION OF DAMAGE</b>	
ADDRESS	5430 Pierce Street
CITY/STATE/ZIP	Merrillville / IN / 46410
NEAREST INTERSECTION	
<b>PRODUCT TYPE (Select One)</b>	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
<b>FACILITY TYPE (Select One)</b>	
DISTRIBUTION	
GATHERING	
SERVICE/DROP	X
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	5/8"
PRESSURE (PSIG/INCHES)	30
INTERRUPTION IN SERVICE (YES/NO)	Yes
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	
REPAIR COST (IF KNOWN) (\$)	
<b>CAUSE OF DAMAGE INFORMATION:</b>	
<b>TYPE OF EQUIPMENT (Select One)</b>	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	X
Milling Equipment	
Probing Device	

Trencher	
Vacuum Equipment	
Unknown/Other	
<b>TYPE OF WORK PERFORMED (Select One)</b>	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	X
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
<b>LOCATE INFORMATION:</b>	
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
<b>INCIDENT IMPACT INFORMATION</b>	
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
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
<p>No notification made to the one-call center.  NIPSCO Emergency Repair Ticket Number: 1212071246.</p>	

**Fact Based Investigation Report**

NOTIFICATION ID: 01820121207001

DISTRICT: Northern IN

DAMAGE DATE: 12/7/2012 1:10:00 PM

NOTIFICATION DATE: 12/7/2012 1:08:01 PM

NOTIFIED BY: MARCIA KING 8003222806 Other

DAMAGE ADDRESS: 5430 PIERCE ST

CITY: Merrillville

ST: IN ZIP:

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DAMAGED CUSTOMER: NIPSCO

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INVESTIGATION DATE: 12/07/2012

FROM: 14:25:00

TO: 14:35:00

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EXCAVATOR INVOLVED: Homeowner

TYPE OF EXCAVATION: Pole for stairs

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ORIG. LOCATE REQ.:

START DATE/TIME:

TYPE OF TICKET:

LOCATE REQ. INFO N/A: Yes

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DIG UP/DAMAGE REQ.: M73102236

START DATE/TIME: 12/7/2012 2:25:00 PM

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PICTURES TAKEN BY: Brad Nagel

DATE/TIME: 12/7/2012 2:25:00 PM

PHOTOGRAPHY TYPE: Digital

FRAME #:

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INVESTIGATOR EMP#: 134728

INVESTIGATOR NAME: Brad Nagel

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

**Fact Based Investigation Customer Information**

NOTIFICATION ID: 01820121207001

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: (optional)

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FACILITY DESCRIPTION: LOWPROF FACILITY ID: Gas Service

LOCATOR NAME & EMP #:

LOCATOR NOT KNOWN: Yes

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CHECK ALL THAT APPLY TO INVESTIGATION:

No Locate Req. By Contractor

Other:

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CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):

Visual, Facility Exposed At Time Of Investigation

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INVESTIGATOR STATEMENT/CAUSAL FACTORS:

There was no ticket for this excavation. Homeowner hit service line when installing post for stairs. USIC not at fault.

**NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:**

Robert Couchon from NIPSCO agreed USIC is not at fault signed meet sheet.

**NAMES OF EXCAVATOR'S REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:**

n/a

**LIST ANY OTHER INDIVIDUALS ON SITE:**

n/a

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**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** line cut

**REPLACEMENT FOOTAGE** 2'

**WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?**

**WHAT CONTRACTOR EQUIPMENT WAS USED?**

**IS THE FACILITY SHOWN ON THE UTILITY RECORDS?** No

**IF YES, PLEASE LIST RECORD #(S)**

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

NIPSCO 00383 IUPPSa 12/07/2012 13:03:45 1212071246-00A EMER NEW STRT

EMERGENCY SEE REMARKS

Ticket : 1212071246 Date: 12/07/2012 Time: 13:00 Oper: DHIGHBAUGH Chan:091

State: IN Cnty: LAKE Twp: ROSS  
Cityname: MERRILLVILLE Inside: Y Near: N  
Subdivision:

Address : 5430  
Street : PIERCE ST  
Cross 1 : W 54TH AVE Within 1/4 mile: Y  
Location: LOCATE ENTIRE PROPERTY  
:  
Grids : 4131D8720A 4131D8721D  
Boundary: n 41.520634 s 41.516878 w -87.350656 e -87.348602

Work type : REPAIR GAS LINE  
Done for : NIPSCO  
Start date: 12/07/2012 Time: 13:01 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: CONT  
Co addr : 801 E 86TH AVE  
City : MERRILLVILLE State: IN Zip: 46410  
Caller : MARCIA KING Phone: (800)322-2806  
Contact : MIKE COAPSTICK--CELL Phone:  
BestTime:  
Mobile : (219)314-0384  
Fax : (219)647-4764

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

Submitted date: 12/07/2012 Time: 13:00  
Members: COMCN IB ID2227 ID6784 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 150 JOB ORDER # 476049  
 TRACKING NUMBER #018 2012 1207001 LOCATE REF # \_\_\_\_\_  
 Locate Performed By: \_\_\_\_\_

DATE AND TIME OF ACCIDENT DEC. 7, 2012 2012, 11:45 A DATE OF REPORT DEC. 7, 2012  
 PLACE OF DAMAGE (INCLUDE CITY) 5430 PIERCE ST, MERR 46410

**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) 20162 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 11:45 TIME RESTORED 12:00

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) UNKNOWN. No body on site!

ADDRESS OF PARTY (INCLUDE CITY) \_\_\_\_\_

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 checked="" 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"/> 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 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 _____               |

