



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: David Zarse

UPPAC Database Record ID: 4764

Report Date: 8/20/2013

Investigator: Howard Friend

Damage Date: 5/7/2013

Damage Address: 12209 W Circle Drive, Monticello, White

The Parties

Excavator: David Zarse

Address: 722 S. Bluff Street, Monticello, In 47960

Facility Owner: NIPSCO

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Driveway

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$400

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 driveway work.

Findings: Reported by Carrie Ludwig (NIPSCO); excavator's response to initial notice was received on 8/14/2013. The excavator failed to provide notice of excavation. The excavator reported he ended up deeper than originally planned.

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. 4764
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4764

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: 5/7/2013
Event Location: 12209 W Circle Drive
City: Indianapolis
Facility Owner: Nipsco
Excavator: David Zarse
Other Party: N/A
Pipeline Division Case No. 4764

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,

A handwritten signature in black ink, appearing to read "Christopher Earle".

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. 4764	
Date of Event	5/7/2013
Event Location	12209 W Circle Drive
Event City	Monticello
Facility Owner	Nipsco
Excavator	David Zarse
Date of IURC Information Request	July 12, 2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	
RESPONSIBLE PARTY PERSONAL NAME	David Zarse
TITLE (IF ANY)	
ADDRESS	722 S Bluff Street
CITY/ STATE/ZIP	Monticello / IN / 47960
PREFERRED TELEPHONE	
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	12209 W Circle Drive
CITY/STATE/ZIP	Monticello / IN / 47960
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)	35
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	
Bldg. Construction	
Bldg. Demolition	
Drainage	
Driveway	X
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	
<p>No notification made to the one-call center. NIPSCO Emergency Repair Ticket Number: 1305072551.</p>	

Fact Based Investigation Report

Notification ID 01120130507013
Damage Date 05/07/2013 12:30
Notified By TANECIA GHOLSTON (Facility Owner)
Damage Address 12209 W CIRCLE DRIVE X LOWER LAKE SHORE CARROLL CTY /
JEFFERSON TWP
MONTICELLO, IN
District Central Indiana
Notification Date 05/07/2013 13:48

Damaged Customer NIPSCO

Investigation Date From 05/07/2013 14:30:00 **To** 05/07/2013 14:55:00

Excavator Involved Homeowner
Type of Excavation UNKNOWN

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

Damage Request # 1305072551 **Start Date**

Pictures Taken By RYAN WILSON **Date** 05/07/2013 14:45
Photography Type Digital **Frame #**

Investigator Emp. # 112284 **Investigator Name** BRETT DUNCAN
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
I SEARCHED BACK TO 3-9-13 AND FOUND NO TICKET
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 tolerance zone of marks?	No
Extent of facility damage	N/A
Replacement Footage	N/A
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 00911 IUPPSa 05/07/2013 14:21:35 1305072551-00A EMER NEW GRID

EMERGENCY SEE REMARKS

Ticket : 1305072551 Date: 05/07/2013 Time: 14:07 Oper: DMEYER Chan:034

State: IN Cnty: CARROLL Twp: JEFFERSON
Cityname: MONTICELLO Inside: N Near: Y
Subdivision:

Address : 12209
Street : W CIRCLE DR
Cross 1 : N LOWER LAKESHORE DR Within 1/4 mile: Y
Location: LOCATE THE ENTIRE PROPERTY
:
Grids : 4042C8644A 4042C8645B 4042C8645C 4042C8645D 4042D8644A
Grids : 4042D8645B 4042D8645C 4042D8645D
Boundary: n 40.708032 s 40.702964 w -86.758660 e -86.749449

Work type : REPAIR GAS LINE
Done for : NIPSCO
Start date: 05/07/2013 Time: 14:08 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 : ANNISA BAILEY Phone: (800)322-2806
Contact : DAVE PRATHER - CELL Phone:
BestTime:
Mobile : (574)870-0849
Fax : (219)647-4764

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

Submitted date: 05/07/2013 Time: 14:07
Members: ID2057 ID2100 ID6676 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Monticello MAXIMO WO #

OPERATING AREA CONTACT Dave Pather JOB ORDER # 584396

TRACKING NUMBER 011-2013-0507-013 LOCATE REF #

Locate Performed By:

DATE AND TIME OF ACCIDENT 05-07-13 1236 P M DATE OF REPORT 05-07-13

PLACE OF DAMAGE (INCLUDE CITY) 12209 W. Circle Dr., Monticello

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

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

OTHER (DESCRIBE) DEPTH OF FACILITY (inches) 18" PRESSURE (PSI) 35 Lbs.

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

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

DURATION OF INTERRUPTION: TIME REPORTED 1236 PM CST TIME SHUT OFF 1240 TIME RESTORED 1430

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) Dave Zarse

ADDRESS OF PARTY (INCLUDE CITY) 722 S. Bluff St., Monticello IN 47960

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE DAVE ZARSE

WITNESS NAME AND ADDRESS R. Watson

WITNESS REMARKS

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY REPORT # FIRE (X) AGENCY Monticello Fire Dept REPORT #

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

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

- WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW
() AGRICULTURE/FARMING () CABLE TV () CURB/SIDEWALK () TELECOMMUNICATIONS
() BLDG CONSTRUCTION () DEMOLITION () DRAINAGE () WATER
(X) 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 (X) 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
(X) NO NOTIFICATION () MARKS DISTURBED () STUB () OTHER

COMMENTS: Customer did not have utilities located
prior to excavation.

PERSON PREPARING REPORT Randy Watson

FIELD SUPERVISOR _____

FIELD MANAGER _____

- 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 5/7/2013 2:45:17 PM



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: May 17, 2013

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

Excavator Information, if known

Full name: David Zarse

Business address (*number and street*): 722 S. Bluff Street

City, State, and ZIP code: Monticello, IN 47960

Telephone number (*area code*): N/A

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Driveway

Date and Location of Damage

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

County: White

City: Monticello

Street address (*number and street, city, state, and ZIP code*):
12209 W Circle Drive

Nearest intersection: N Lower Lakeshore Drive

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

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: Other

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? 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# 1305072551.



INFORMATION REQUEST

State Form 54909 (R / 3-13)
INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

RECEIVED

AUG 14 2013

**INDIANA UTILITY
REGULATORY COMMISSION**

Case Number: 4764

Date of Damage (*month, day, year*): 5/07/2013

Location of Damage:

Address (*number and street*): 12209 West Circle Drive

City, State and ZIP Code: Monticello In. 47960

Nearest Intersection: U.S. 39 & 1100 North , Carrol Co.

Excavator Information:

Business Name: _____

Responsible Party Personal Name: David W. Zarse

Title (*if any*): _____

Address (*number and street*): 722 South Bluff Street

City, State and ZIP Code: Monticello IN. 47960

Preferred Telephone Number (*area code*): 574 583-8224

Email Address: davzarse@hotmail.com

Utility Information:

Utility Name: N.I.P.S.CO.

Contact Person: Mary L. Lechowicz

Title (*if any*): Leader Facility Damages

Cause of Damage Information

Type of Equipment (select one):

Type of Work Performed (select one):

Repair Cost: \$ 400.00

- 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: _____
- 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

We were just trying to take off around 6 to 8 inches of dirt so we could put gravel in for the driveway .
We did go a little deeper . We hit the line at around 12 to 14 inches . NIPSCO was called immediatly and
arrived within ten minutes . The Fire Department was called but was cancelled enroute .

Printed Name: David W. Zarse

Signature: *David W Zarse* Date (month, day, year): 8/09/2013

**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**