



## Pipeline Safety Division Investigation Report

### Investigation regarding: Samuel Eicher Construction

UPPAC Database Record ID: 4773

Report Date: 9/17/2013

Investigator: Mike Orr

Damage Date: 5/17/2013

Damage Address: 352 Martin Street, Rome City, Noble

### The Parties

Excavator: **Samuel Eicher Construction**

Address: 058 N 250w, Lagrange, In 46761

Facility Owner: **NIPSCO**

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Auger

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 7/10/2013. 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.**



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. 4773  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4773

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: 5/17/2013  
Event Location: 352 Martin Street  
City: Indianapolis  
Facility Owner: Nipsco  
Excavator: Samuel Eicher Construction  
Other Party: N/A  
Pipeline Division Case No. 4773

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. 4773</b>	
Date of Event	5/17/2013
Event Location	352 Martin Street
Event City	Rome City
Facility Owner	Nipsco
Excavator	Samuel Eicher Construction
Date of IURC Information Request	July 12, 2013
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Samuel Eicher Construction
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	058 N 250W
CITY/ STATE/ZIP	LaGrange / IN / 46761
PREFERRED TELEPHONE	260-336-1026
CELL PHONE TELEPHONE	
EMAIL ADDRESS	rv.parrish@hotmail.com
<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	352 Martin Street
CITY/STATE/ZIP	Rome City / IN /
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.)	1/2"
PRESSURE (PSIG/INCHES)	<a href="#">Click here to enter text.</a>
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	X
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
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: 1305170253.</p>	

Fact Based Investigation Report

**Notification ID** 01820130517001  
**Damage Date** 05/17/2013 05:30  
**Notified By** DAWN COLUMBUS (Facility Owner)  
**Damage Address** 352 MARTIN ST X JEFFERSON ST NOBLE/ORANGE  
ROME CITY, IN  
**District** Northern Indiana  
**Notification Date** 05/17/2013 08:10

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**Damaged Customer** NIPSCO

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**Investigation Date From** 05/17/2013 00:00:00 **To** 05/17/2013 00:05:00

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**Excavator Involved** Sam Etcher Construction  
**Type of Excavation** pole buildind

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

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**Damage Request #** 1305170253 **Start Date**

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**Pictures Taken By** randy gose **Date** 05/17/2013 00:05  
**Photography Type** Digital **Frame #**

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**Investigator Emp. #** 117384 **Investigator Name** randy gose  
**Based on your investigation, is further investigation needed?** No

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**Fact Based Investigation Customer Information**

**Facility Description** Low Profile **Facility ID** Gas Service  
**Locator Name & EMP #** - **Locator Not Known** Yes

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**Investigation Findings**  
No Locate Req. By Contractor  
**Other Notes**

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**Investigation Methods**  
Investigator Verified Existing Marks By Hooking Up  
Visual, Facility Exposed At Time Of Investigation

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**Investigator Statement/Causal Factors**  
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

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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?** Yes  
**Was the excavation within the tolerance zone of marks?** No

**Extent of facility damage**

cut svc line

**Replacement Footage**

n/a

**Was contractor assistance required? If yes, who?**

No

**What contractor equipment was used?**

back hoe

**Is the facility shown on the utility records?**

No

**If yes, list record numbers**

nipsco

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

NIPSCO 00070 IUPPSa 05/17/2013 08:06:34 1305170253-00A EMER NEW STRT

EMERGENCY EMERGENCY

Ticket : 1305170253 Date: 05/17/2013 Time: 08:04 Oper: DBROOKING Chan:008

State: IN Cnty: NOBLE Twp: ORANGE  
Cityname: ROME CITY Inside: Y Near: N  
Subdivision:

Address : 352  
Street : MARTIN ST  
Cross 1 : JEFFERSON ST Within 1/4 mile: Y  
Location: LOCATE ENTIRE PROPERTY  
:  
Grids : 4129A8522A 4129B8522A 4129B8522B  
Boundary: n 41.495874 s 41.492561 w -85.380311 e -85.378808

Work type : REPAIR GAS LINE  
Done for : NIPSCO  
Start date: 05/17/2013 Time: 08:05 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 : DAWN GALAMBUS Phone: (800)322-2806  
Contact : JOE THOMAS - CELL Phone:  
BestTime:  
Mobile : (260)908-3413

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: 05/17/2013 Time: 08:04  
Members: ID2034 ID5857 ID7573 ID7613 ID9270 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY  
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Angola MAXIMO WO # M 761012  
OPERATING AREA CONTACT Angola JOB ORDER # 603479  
TRACKING NUMBER 01820130517001 LOCATE REF # +305170253 NONE  
Locate Performed By: USIC

DATE AND TIME OF ACCIDENT 5-17-13 20 130A M DATE OF REPORT 5-17-13  
PLACE OF DAMAGE (INCLUDE CITY) 352 Martin St Rome City

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

OTHER (DESCRIBE) \_\_\_\_\_

GAS: SERVICE  MAIN ( ) SIZE 1/2" MATERIAL: PLASTIC  STEEL ( ) METER ( ) REG STATION ( ) STUB ( )  
OTHER (DESCRIBE) \_\_\_\_\_

DEPTH OF FACILITY (inches) 24" PRESSURE (PSI) 50 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 730 A.M. TIME SHUT OFF 800 AM TIME RESTORED 1130 AM

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/4"

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

PARTY THAT CAUSED DAMAGES (NAME) Sam Eicher Construction

ADDRESS OF PARTY (INCLUDE CITY) 058 N 250W Lagrange

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Sam Eicher

WITNESS NAME AND ADDRESS Kyle Coney

WITNESS REMARKS \_\_\_\_\_

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY \_\_\_\_\_ REPORT # \_\_\_\_\_

FIRE ( ) AGENCY \_\_\_\_\_ REPORT # \_\_\_\_\_

OTHER ( ) \_\_\_\_\_ Any Injuries? ( ) YES # \_\_\_\_\_  NO

PHOTOS TAKEN: YES  NO ( ) TAKEN BY: Kyle Coney (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 checked="" type="checkbox"/> AUGER  | <input 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 checked="" 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 _____               |

COMMENTS: arrived on sight. Building a pole barn. Hit service  
line with an auger while setting poles.  
No locates requested by contractor

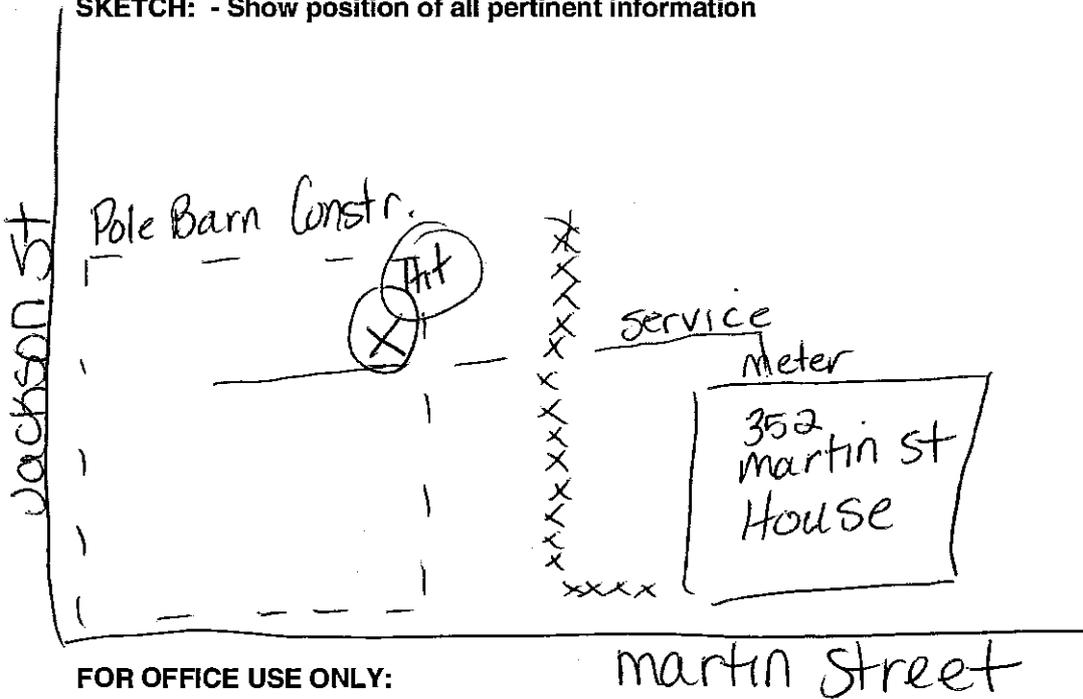
PERSON PREPARING REPORT Stephanie Lay #124183

FIELD SUPERVISOR Joe Thomas

FIELD MANAGER Joe Thomas

- 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 5/17/2013 8:34:14 AM



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: May 24, 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: Samuel Eicher Construction

Business address (*number and street*): 058 N 250W

City, State, and ZIP code: LaGrange, IN 46761

Telephone number (*area code*): (260)336-1026

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

E-mail address: rv.parrish@hotmail.com

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### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Auger

Type of work performed: Bldg. Construction

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**Date and Location of Damage**

Date of damage (*month, day, year*): May 17, 2013

County: Noble

City: Rome City

Street address (*number and street, city, state, and ZIP code*):  
352 Martin Street

Nearest intersection: Jefferson Street

Right of way where damage occurred: Unknown/Other

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*): 4

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? 24

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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"?

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# 1305170253.