



Pipeline Safety Division Investigation Report

Investigation regarding: **Brian Givens**

UPPAC Database Record ID: 4775

Report Date: 8/20/2013

Investigator: Mike Orr

Damage Date: 5/13/2013

Damage Address: 332 Studebaker Street, South Bend, St. Joseph

The Parties

Excavator: **Brian Givens**

Address: 332 Studebaker Street, South Bend, In 46628

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Landscaping

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/occupant struck and damaged an underground natural gas service while performing landscaping work.

Findings: Reported by Carrie Ludwig (NIPSCO); excavator/occupant did not respond to initial notice mailed 7/10/2013. The excavator/occupant failed to request a locate ticket prior to excavating beyond twelve (12) inches depth.

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. 4775
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4775

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: 5/13/2013
Event Location: 332 Studebaker Street
City: Indianapolis
Facility Owner: Nipsco
Excavator: Brian Givens
Other Party: N/A
Pipeline Division Case No. 4775

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. 4775	
Date of Event	5/13/2013
Event Location	332 Studebaker Street
Event City	South Bend
Facility Owner	Nipsco
Excavator	Brian Givens
Date of IURC Information Request	July 12, 2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	
RESPONSIBLE PARTY PERSONAL NAME	Brian Givens
TITLE (IF ANY)	
ADDRESS	332 Studebaker Street
CITY/ STATE/ZIP	South Bend / IN / 46628
PREFERRED TELEPHONE	574-904-5729
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	332 Studebaker Street
CITY/STATE/ZIP	South Bend / 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)	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	
Electric	
Engineering/Surveying	
Fencing	
Grading	
Irrigation	
Landscaping	X
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)	N/A
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: 1305132563.</p>	

Fact Based Investigation Report

Notification ID 01820130513017
Damage Date 05/13/2013 12:20
Notified By AMBER (Facility Owner)
Damage Address 332 STUDEBAKER ST X WINDEN AVE (ST JOESPH COUNTY TWP
PORTAGE)
SOUTH BEND, IN
District Northern Indiana
Notification Date 05/13/2013 13:37

Damaged Customer NIPSCO

Investigation Date From 05/13/2013 14:55:00 **To** 05/13/2013 15:10:00

Excavator Involved Homeowner

Type of Excavation PULLING OUT TREE W/BACKHOE

Orig. Locate Request 1305132563 **Start Date**
Type of Ticket **Locate Req. Info** N/A Yes

Damage Request # 1305132563 **Start Date** 05/13/2013 00:00

Pictures Taken By ALLEN O'DONNELL **Date** 05/13/2013 15:00
Photography Type Digital **Frame #**

Investigator Emp. # 113463 **Investigator Name** BRIAN ARENS

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

NO PAINT OR FLAGS FOUND ONSITE. NO KNOWN LOCATE REQUEST. HOME OWNER PULLING TREE OUT OF THE GROUND WITH A BACKHOE, PULLED OUT A 5/8" PL GAS SERVICE ALONG WITH THE TRESS BALL.

Names of Utility Representatives Contacted or on Site and Statement

TRUCK #/Struck # 40250-6 & 30955-6 STATED THE HOME OWNER DID NOT HAVE A LOCATE REQUEST.

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

NA

Other individuals on site

NA

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	PULLED OUT OF GROUND AND CUT
Replacement Footage	UNKNOWN
Was contractor assistance required? If yes, who?	No NA
What contractor equipment was used?	NA
Is the facility shown on the utility records?	No
If yes, list record numbers	NA

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

NIPSCO 00868 IUPPSa 05/13/2013 13:29:38 1305132563-00A EMER NEW STRT

EMERGENCY SEE REMARKS

Ticket : 1305132563 Date: 05/13/2013 Time: 13:26 Oper: DHIGHBAUGH Chan:091

State: IN Cnty: ST JOSEPH Twp: PORTAGE
Cityname: SOUTH BEND Inside: Y Near: N
Subdivision:

Address : 332
Street : STUDEBAKER ST
Cross 1 : LINDEN AVE Within 1/4 mile: Y
Location: LOCATE ENTIRE PROPERTY
:
Grids : 4140A8616C 4140B8616C
Boundary: n 41.682754 s 41.678890 w -86.272581 e -86.271057

Work type : REPAIR GAS LINE
Done for : NIPSCO
Start date: 05/13/2013 Time: 13:28 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 : AMBER FERGUSON Phone: (800)322-2806
Contact : GARY DODGE - CELL Phone:
BestTime:
Mobile : (574)876-6040
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: 05/13/2013 Time: 13:26
Members: AEPIN COMCN ID5610 NIPSCO SBCIN SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA South Bend MAXIMO WO #
OPERATING AREA CONTACT Jim Armstrong JOB ORDER # 589571
TRACKING NUMBER 018 2013 0513 019 LOCATE REF #
Locate Performed By:

DATE AND TIME OF ACCIDENT 5-13-13 12:49 20 P M DATE OF REPORT 5-13-13
PLACE OF DAMAGE (INCLUDE CITY) 332 Studebaker At 46628

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

OTHER (DESCRIBE)

GAS: SERVICE MAIN () SIZE 3/8 MATERIAL: PLASTIC STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE)

DEPTH OF FACILITY (inches) 18" PRESSURE (PSI) 35 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 12:49 TIME SHUT OFF 13:00 TIME RESTORED 13:30

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: cut in half

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

PARTY THAT CAUSED DAMAGES (NAME) Brian Divers

ADDRESS OF PARTY (INCLUDE CITY) 332 Studebaker At

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Owner Divers

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

COMMENTS :

PERSON PREPARING REPORT

L. Weisner 05-11-83

FIELD SUPERVISOR

Garry King

FIELD MANAGER

Gary Dodge

Superintendent

- 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: _____



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: May 15, 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: Brian Givens

Business address (*number and street*): 332 Studebaker Street

City, State, and ZIP code: South Bend, IN 46628

Telephone number (*area code*): (574)904-5729

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Landscaping

Date and Location of Damage

Date of damage (*month, day, year*): May 13, 2013

County: St. Joseph

City: South Bend

Street address (*number and street, city, state, and ZIP code*):
332 Studebaker Street

Nearest intersection: Linden 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*): 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?

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?

Did the excavator notify the operator in the event of this damage?

Did the excavator notify Indiana 811 in the event of this damage?

Did the excavator notify 911 in the event of a release of product?

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# 1305132563.