



Pipeline Safety Division Investigation Report

Investigation regarding: Justin Anderson

UPPAC Database Record ID: 4782

Report Date: 9/17/2013

Investigator: Mike Orr

Damage Date: 4/6/2013

Damage Address: 1610 Carriage Drive, Valparaiso, Porter

The Parties

Excavator: Justin Anderson

Address: 1610 Carriage Drive, Valparaiso, In 46383

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: 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 fencing work.

Findings: Reported by Carrie Ludwig; excavator/occupant did not respond to initial notice mailed 7/10/2013. Excavator/occupant 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

Pipeline Safety Division – Case No. 4782
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4782

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: 4/6/2013
Event Location: 1610 Carriage Drive
City: Indianapolis
Facility Owner: Nipsco
Excavator: Justin Anderson
Other Party: N/A
Pipeline Division Case No. 4782

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. 4782	
Date of Event	4/6/2013
Event Location	1610 Carriage Drive
Event City	Valparaiso
Facility Owner	Nipsco
Excavator	Justin Anderson
Date of IURC Information Request	July 12, 2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	
RESPONSIBLE PARTY PERSONAL NAME	Justin Anderson
TITLE (IF ANY)	
ADDRESS	1610 Carriage Drive
CITY/ STATE/ZIP	Valparaiso / IN / 46383
PREFERRED TELEPHONE	480-415-5482
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	1610 Carriage Drive
CITY/STATE/ZIP	Valparaiso / 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)	No
IF YES, HOW MANY EVACUATED	
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)	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: 1304060380.</p>	

Facility: Distribution Lines; Folder: On-Hold folder; Assigned To: N/A

NIPSCO 00173 IUPPSa 04/06/2013 20:57:25 1304060380-00A EMER NEW STRT

EMERGENCY SEE REMARKS

Ticket : 1304060380 Date: 04/06/2013 Time: 20:53 Oper: SFOX Chan:050

State: IN Cnty: PORTER Twp: CENTER
Cityname: VALPARAISO Inside: Y Near: N
Subdivision:

Address : 1610
Street : CARRIAGE DR
Cross 1 : MCCORD RD Within 1/4 mile: Y
Location: LOCATE THE ENTIRE PROPERTY
:
Grids : 4128A8701A 4128A8702D 4129D8701A 4129D8702D
Boundary: n 41.484192 s 41.482118 w -87.033599 e -87.031777

Work type : REPAIRING A GAS LINE
Done for : NIPSCO
Start date: 04/06/2013 Time: 20:55 Hours notice: 0/000 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 1 DAY Depth: 5 FEET

Company : NIPSCO Type: MEMB
Co addr : 801 EAST 86TH AVENUE
City : MERRILLVILLE State: IN Zip: 46410
Caller : DONNA DAME Phone: (800)322-2806
Contact : DONNA DAME - OFFICE Phone:
BestTime:
Mobile : (800)322-2806
Fax : (219)647-4764

Remarks : All tickets are taken and processed on Eastern Daylight Time
CREW ON SITE

Will you be white-lining the dig site area? NO
:

Submitted date: 04/06/2013 Time: 20:53
Members: COMCN ID3800 ID8000 NIPSCO SM

Fact Based Investigation Report

Notification ID 01820130406006
Damage Date 04/06/2013 11:50
Notified By DONNA (Facility Owner)
Damage Address 1610 CARRIAGE DR X MCCORD porter cnty
VALPARAISO, IN
District Northern Indiana
Notification Date 04/06/2013 21:00

Damaged Customer NIPSCO

Investigation Date From 04/06/2013 21:00:00 **To** 04/06/2013 22:35:00

Excavator Involved UNKNOWN

Type of Excavation UNKNOWN

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

Damage Request # 1304061380 **Start Date** 04/06/2013 20:55

Pictures Taken By Nick Cardenas **Date** 04/06/2013 21:30

Photography Type Digital **Frame #** 1

Investigator Emp. # 134731 **Investigator Name** Nick Cardenas

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

I could not find any previous request for this address. Unknown what or who was digging and hit a plastic gas service. Nipsco called in ticket for emergency repairs. Pictures are on 1304060380.

Names of Utility Representatives Contacted or on Site and Statement

Nipsco on site made repairs as needed.

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? No

Was the excavation within the tolerance zone of marks?	No
Extent of facility damage	Cut plastic gas service
Replacement Footage	N/A
Was contractor assistance required? If yes, who?	No
What contractor equipment was used?	N/A
Is the facility shown on the utility records?	No
If yes, list record numbers	

**NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT**

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

REPORTING OPERATING AREA VALPO MAXIMO WO # 59227697

OPERATING AREA CONTACT Tommy Parker JOB ORDER # _____

TRACKING NUMBER 1304060380 LOCATE REF # 01820130406006

Locate Performed By: _____

DATE AND TIME OF ACCIDENT Apr 6 2013 7:55P M DATE OF REPORT 4-6-13

PLACE OF DAMAGE (INCLUDE CITY) 1610 Carriase Dr VALPO 46383

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) 24 PRESSURE (PSI) 45 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 1720 TIME RESTORED 2315

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) Joski Anderson

ADDRESS OF PARTY (INCLUDE CITY) 1610 Carriase Dr

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Joski Anderson

WITNESS NAME AND ADDRESS Joski Anderson

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 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 checked="" 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"/> VACCUM 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 _____ | | |

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Apr 16, 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: Justin Anderson

Business address (*number and street*): 1610 Carriage Drive

City, State, and ZIP code: Valparaiso, IN 46383

Telephone number (*area code*): (480)415-5482

Fax number (*area code*): _____

E-mail address: _____

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 6, 2013

County: Porter

City: Valparaiso

Street address (*number and street, city, state, and ZIP code*):
1610 Carriage Drive

Nearest intersection: McCord Road

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? 0

Was there a customer service interruption? Yes

If yes, how many affected? 1

Time to restore service (*in hours*): 5

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? 24

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? 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? Unknown/Other

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# 1304060380.