



Pipeline Safety Division Investigation Report

Investigation regarding: **Horizon Electric**

UPPAC Database Record ID: 4784

Report Date: 9/17/2013

Investigator: Mike Orr

Damage Date: 10/4/2012

Damage Address: 571 Vernon Woods Dr Lot 22, Valparaiso, Porter

The Parties

Excavator: **Horizon Electric**

Address: 2402 Linda Rd, Valparaiso, In 46383

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Trencher

Type of Work Performed: Electric

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: False

Number of Customers Affected: 0

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 electric work.

Findings: Reported by Carrie ludwig; 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.



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Mar 20, 2013

Who is submitting this information?

Name of person providing this information: Carrie ludwig

Business address (*number and street*): 3511 East 15th Ave

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: Horizon Electric

Business address (*number and street*): 2402 Linda Rd

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

Telephone number (*area code*): 219 405 8781

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Trencher

Type of work performed: Electric

Date and Location of Damage

Date of damage (*month, day, year*): Oct 4, 2012

County: Porter

City: Valparaiso

Street address (*number and street, city, state, and ZIP code*):
571 Vernon Woods Dr Lot 22

Nearest intersection: _____

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? No

If yes, how many affected? 0

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 \$ _____

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? 22

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? Contract Locator

If a contractor locator, enter the company name, if known: USIC

Were facility marks visible in the area of excavation? Yes

Were facilities marked correctly? Yes

Type of markings used: Paint and Flags

If other, please specify: Excavator working off of Nipsco ticket #: 1209252601

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

Description of Cause

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

Additional Comments

Nipsco emergency repair ticket #: 1210042757

Excavator working off of our locate #: 1209252601



150 West Market Street, Suite 600
Indianapolis, IN 46204

August 12, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4784
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4784

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: 10/4/2012

Event Location: 571 Vernon Woods Dr Lot 22

City: Indianapolis

Facility Owner: Nipsco

Excavator: Horizon Electric

Other Party: N/A

Pipeline Division Case No. 4784

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. 4784 | |
| Date of Event | 10/4/2012 |
| Event Location | 571 Vernon Woods Dr Lot 22 |
| Event City | Valparaiso |
| Facility Owner | Nipsco |
| Excavator | Horizon Electric |
| Date of IURC Information Request | July 12, 2013 |
| THE PARTIES | |
| EXCAVATOR: | |
| BUSINESS NAME | Horizon Electric |
| RESPONSIBLE PARTY PERSONAL NAME | |
| TITLE (IF ANY) | |
| ADDRESS | 2402 Linda Road |
| CITY/ STATE/ZIP | Valparaiso / IN / 46383 |
| PREFERRED TELEPHONE | 219-405-8781 |
| 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 | 571 Vernon Woods Dr Lot 22 |
| CITY/STATE/ZIP | Valparaiso / IN / |
| NEAREST INTERSECTION | |
| PRODUCT TYPE (Select One) | |
| NATURAL GAS | X |
| LIQUID PIPELINE | |
| UNKNOWN/OTHER | Click here to enter text. |
| FACILITY TYPE (Select One) | |
| DISTRIBUTION | |
| GATHERING | |
| SERVICE/DROP | X |
| TRANSMISSION | |
| UNKNOWN/OTHER | Click here to enter text. |
| SIZE (DIAMETER/ETC.) | 1 1/8" |
| PRESSURE (PSIG/INCHES) | Click here to enter text. |
| INTERRUPTION IN SERVICE (YES/NO) | No |
| NUMBER OF CUSTOMERS AFFECTED | |
| 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 | |
| Milling Equipment | |
| Probing Device | |

| | |
|--|-----|
| Trencher | X |
| Vacuum Equipment | |
| Unknown/Other | |
| TYPE OF WORK PERFORMED (Select One) | |
| Agriculture | |
| Cable TV | |
| Curb/Sidewalk | |
| Bldg. Construction | |
| Bldg. Demolition | |
| Drainage | |
| Driveway | |
| Electric | X |
| 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) | Yes |
| LOCATE MARKS CORRECT (YES/NO) | Yes |
| 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: 1210042757.</p> <p>Locate #1209252601 has NIPSCO as Excavator.</p> | |

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

NIPSCO 00876 IUPPSa 10/04/2012 16:15:52 1210042757-00A EMER NEW GRID

EMERGENCY SEE REMARKS

Ticket : 1210042757 Date: 10/04/2012 Time: 16:11 Oper: MMOELLER Chan:039

State: IN Cnty: PORTER Twp: CENTER
Cityname: VALPARAISO Inside: Y Near: N
Subdivision: VERNON WOODS Lot: 22

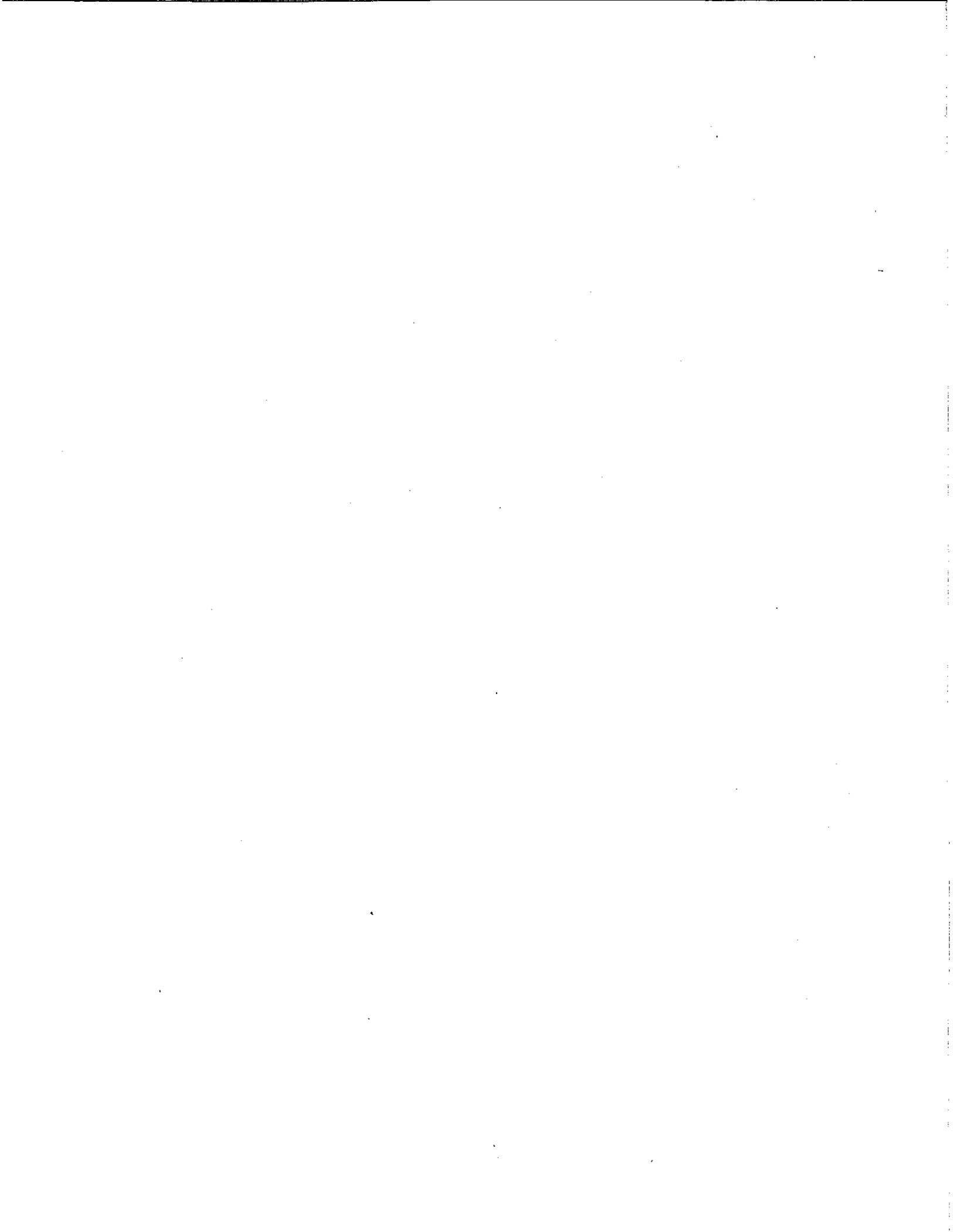
Address : 571
Street : VERNON WOODS DR
Cross 1 : ACORN DR Within 1/4 mile: Y
Location: LOCATE THE ENTIRE LOT
:
Grids : 4130A8705D 4131D8705D 4131C8705D 4130A8705C 4131D8705C
Grids : 4131C8705C
Boundary: n 41.521294 s 41.514511 w -87.091293 e -87.084244

Work type : GAS LEAK REPAIR
Done for : NIPSCO
Start date: 10/04/2012 Time: 16:12 Hours notice: 0/0 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 : JOEL DEJESUS Phone: (800)322-2806
Contact : TOMMY PARKER - CELL Phone:
BestTime:
Mobile : (219)252-3093

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

Submitted date: 10/04/2012 Time: 16:11
Members: BE COMCN ID8000 NIPSCO SM



NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA 050 MAXIMO WO #

OPERATING AREA CONTACT Tommy Parker JOB ORDER # 581176

TRACKING NUMBER 018-2012-1004-017 LOCATE REF #
Locate Performed By: VSIC

DATE AND TIME OF ACCIDENT 10/4 2012 15:07pM DATE OF REPORT 10/4/12

PLACE OF DAMAGE (INCLUDE CITY) 571 Vernon Woods Dr., Valparaiso

DAMAGE WAS TO:

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

OTHER (DESCRIBE)

GAS: SERVICE (X) MAIN () SIZE 1 1/8 MATERIAL: PLASTIC (X) STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE)

DEPTH OF FACILITY (inches) 22" PRESSURE (PSI) 45 Lbs.

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

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

DURATION OF INTERRUPTION: TIME REPORTED 15:07 TIME RESTORED 18:30

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1 1/8

LOCATE MARKS ON SITE: YES (X) DISTANCE BETWEEN FACILITY AND LOCATE MARKS 12 inches NO ()
HOW LOCATED: PAINT () FLAGS () BOTH (X) WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) Horizon Electric, John Kirk 219-405-8781

ADDRESS OF PARTY (INCLUDE CITY) 2402 Linda Rd., Valparaiso 46383

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE John Kirk, Ryan Hansell

WITNESS NAME AND ADDRESS
WITNESS REMARKS

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY REPORT #
FIRE () AGENCY REPORT #
OTHER () Any Injuries? () YES # (X) NO

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

WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW

- () AGRICULTURE/FARMING () CABLE TV () CURB/SIDEWALK () TELECOMMUNICATIONS
() BLDG CONSTRUCTION () DEMOLITION () DRAINAGE () WATER
() DRIVEWAY (X) ELECTRIC () SURVEYING () DRAINS/CULVERTS
() FENCING () GRADING () IRRIGATION () MOWING
() LANDSCAPING () PIPELINE () MILLING () OTHER
() POLE/SIGN POST () ROAD WORK () SEWER

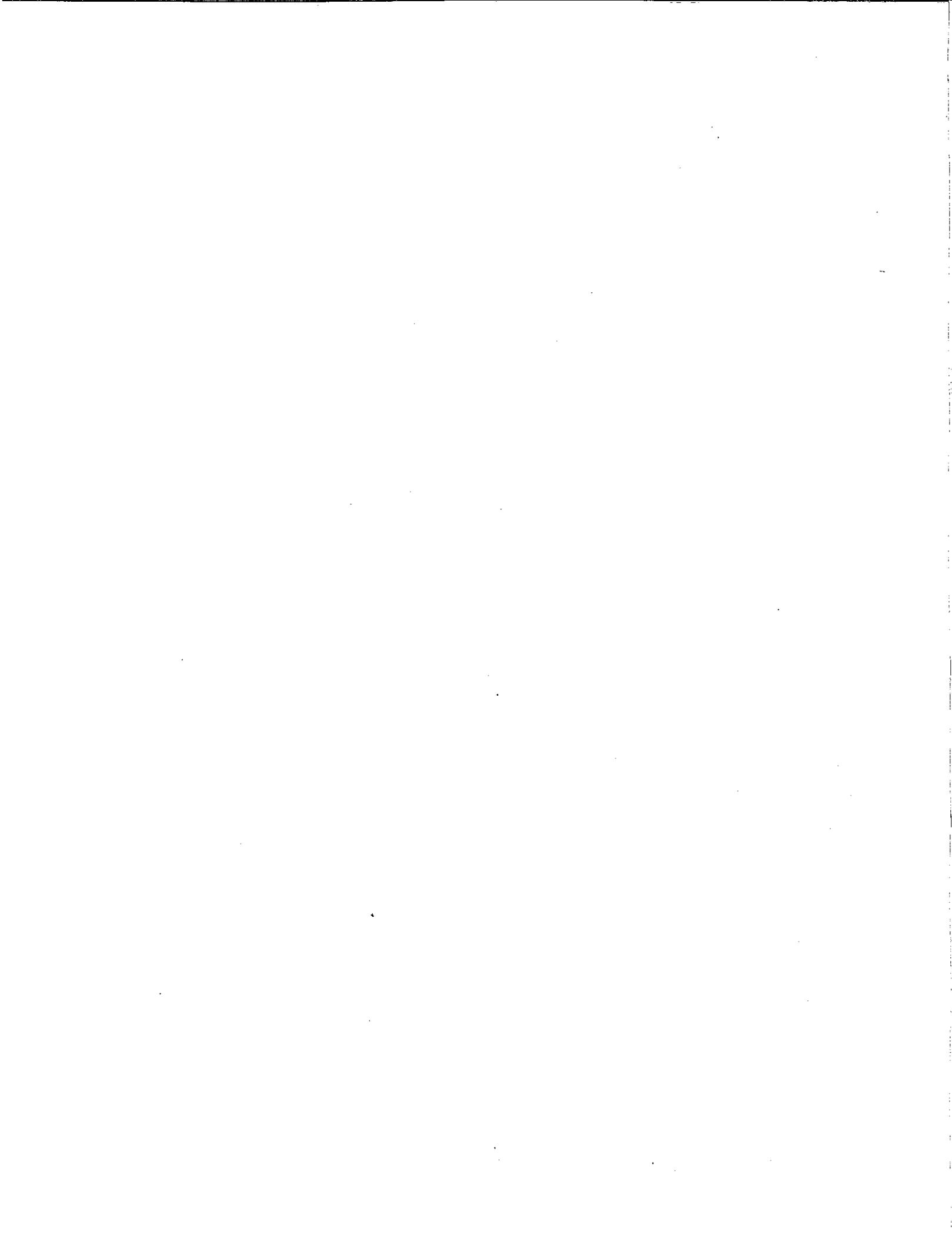
TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

- () AUGER () HAND TOOLS () BACKHOE/TRACKHOE
() MILLING EQUIPMENT () PROBING DEVICE () BORING / DRILLING
() EXPLOSIVES (X) TRENCHER () FARM EQUIPMENT
() VACCUUM EQUIPMENT () GRADER () OTHER

REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW

- () AUTOMOTIVE ACCIDENT () EXCAVATING BEFORE LOCATES DUE (X) CARELESS MACHINE OPERATOR
() NO NOTIFICATION () MARKS DISTURBED () STUB () OTHER

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM



* NO Meter on house at this time *

COMMENTS: Electrician was trenching in line to light post and hit the gas
service. Crew alerted supervisor that operator was commenting
that he has hit our lines 5 times recently. TP

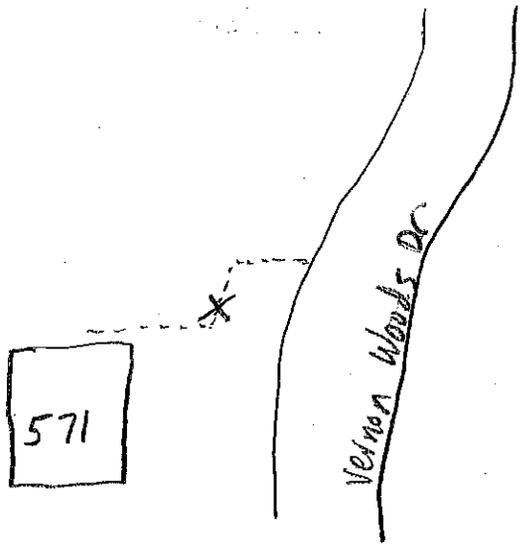
PERSON PREPARING REPORT John A. Crowe

FIELD SUPERVISOR Kick Smith

FIELD MANAGER John Todd

- 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: _____