



## Pipeline Safety Division Investigation Report

**Investigation regarding:** Walsh and Kelly Construction

UPPAC Database Record ID: 4829

Investigator: Grant Gray

Report Date: 9/13/13

### The Parties

Excavator: Walsh and Kelly Construction

Contact: Keith Gardina

Address (City, State): 1700 E. Main St., Griffith, IN 46319

Telephone: 219-924-5900

### Facility Owner Information:

Business Name: NIPSCO

**Synopsis:** A natural gas service line was damaged while grading the area for new concrete pads.

**Findings:** NIPSCO indicates excavator failed to maintain clearance with mechanized equipment; excavator does not dispute this in its response and does not give any explanation for why the line was damaged. Operator's picture indicates locate marks were 6 inches away from actual location of facility. NIPSCO's report indicates the line rose in depth from 24" to 12" in a span of 12 to 16 inches. Excavator should not have assumed the facility would maintain a consistent depth.

**Conclusion:** Failure to maintain clearance with mechanized equipment.

**Violation:** IC 8-1-26-20(b): Failure to maintain 2 feet of clearance with mechanized equipment.



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. 4829  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4829

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: 5/16/2013

Event Location: 1910 N Main St

City: Indianapolis

Facility Owner: Nipsco

Excavator: Walsh And Kelly

Other Party: N/A

Pipeline Division Case No. 4829

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. 4829</b>                 |   |
| Date of Event   | 5/16/2013                               |
| Event Location  | 1910 N Main St                          |
| Event City  | Center                                  |
| Facility Owner  | Nipsco                                  |
| Excavator   | Walsh And Kelly                         |
| Date of IURC Information Request                              | July 12, 2013                           |
| <b>THE PARTIES</b>  |   |
| <b>EXCAVATOR:</b>   |   |
| BUSINESS NAME   |   |
| RESPONSIBLE PARTY PERSONAL NAME                               | Walsh and Kelly Construction            |
| TITLE (IF ANY)  |   |
| ADDRESS   | 1700 East Main St                       |
| CITY/ STATE/ZIP   | Griffith , IN 46319                     |
| PREFERRED TELEPHONE   | 219 924 5900                            |
| CELL PHONE TELEPHONE  |   |
| EMAIL ADDRESS   |   |
| <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                               | 1912 N Main Street    |
| CITY/STATE/ZIP                        | Crown Point, IN 46307 |
| 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.)                  | 5/8"                  |
| PRESSURE (PSIG/INCHES)                | 40                    |
| INTERRUPTION IN SERVICE (YES/NO)      | Yes                   |
| NUMBER OF CUSTOMERS AFFECTED          | 2                     |
| 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                                 |                       |
| Backhoe/Trackhoe                      | X                     |
| Boring/Drilling                       |                       |
| Directional Drilling                  |                       |
| Explosives                            |                       |
| Farm Equipment                        |                       |
| Grader/Scraper                        |                       |
| Hand Tools                            |                       |
| Milling Equipment                     |                       |
| Probing Device                        |                       |

|  |     |
|--|-----|
| Trancher                                   |     |
| Vacuum Equipment                           |     |
| Unknown/Other                              |     |
| <b>TYPE OF WORK PERFORMED (Select One)</b> |     |
| Agriculture                                |     |
| Cable TV                                   |     |
| Curb/Sidewalk                              |     |
| Bldg. Construction                         |     |
| Bldg. Demolition                           |     |
| Drainage                                   |     |
| Driveway                                   |     |
| Electric                                   |     |
| Engineering/Surveying                      |     |
| Fencing                                    |     |
| Grading                                    | X   |
| 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)          | Yes |

|   |            |
|---|------------|
| INDIANA 811 LOCATE TICKET NUMBER  | 1305032125 |
| 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         |
| <b>INCIDENT IMPACT INFORMATION</b>  |            |
| NUMBER OF OUTPATIENT TREATED  | 0          |
| NUMBER OF INPATIENT TREATED   | 0          |
| NUMBER OF FATALITIES  | 0          |
| FIRE DEPARTMENT RESPONSE (YES/NO)   | No         |
| POLICE DEPARTMENT RESPONSE (YES/NO)   | No         |
| AMBULANCE RESPONSE (YES/NO)   | No         |
| <b>ADDITIONAL INFORMATION/COMMENTS</b>  |            |
| <p>Failure to use hand tools where required<br/> NIPSCO Emergency Repair Ticket Number: N/A</p> |            |

Fact Based Investigation Report

**Notification ID** 01820130516010  
**Damage Date** 05/16/2013 17:30  
**Notified By** ANESA B. 8003222806 (Other)  
**Damage Address** 1916 N MAIN ST LAKE/ROSS  
CROWNPOINT , IN  
**District** Northern Indiana  
**Notification Date** 05/16/2013 17:30

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**Damaged Customer** NIPSCO

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**Investigation Date From** 05/07/2013 16:15:00 **To** 05/07/2013 16:55:00

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**Excavator Involved** walsh kelly  
**Type of Excavation** Concrete Pad installation

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**Orig. Locate Request** 1305032125 **Start Date** 05/07/2013 13:20  
**Type of Ticket** Routine **Locate Req. Info** N/A

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**Damage Request #** M89242897 **Start Date** 05/16/2013 16:15

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**Pictures Taken By** Nathan Wolf **Date** 05/16/2013 16:15  
**Photography Type** Digital **Frame #**

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**Investigator Emp. #** 134728 **Investigator Name** Nathan Wolf  
**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 #** Flemings Reginald - 129675 **Locator Not Known**

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**Investigation Findings**

Facility Marked Accurately

**Other Notes**

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**Investigation Methods**

Visual, Facility Exposed At Time Of Investigation

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**Investigator Statement/Causal Factors**

Walsh and Kelly were excavating an area for a new concrete pad. While doing so they scraped and punctured a gas service. Service was marked accurately.

**Names of Utility Representatives Contacted or on Site and Statement**

Tommy Buher NIPSCO Field Coordinator

**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?** Yes

**Were any other indicators of facility present in the area?** Yes

**Was the excavation within the tolerance zone of marks?** Yes

|   |                |
|---|----------------|
| <b>Extent of facility damage</b>                        | punctured line |
| <b>Replacement Footage</b>                              | 1'             |
| <b>Was contractor assistance required? If yes, who?</b> | No             |
| <b>What contractor equipment was used?</b>              |                |
| <b>Is the facility shown on the utility records?</b>    | No             |
| <b>If yes, list record numbers</b>                      |                |

Facility: Transmission Lines; Folder: GM & T tickets; Assigned To: N/A

NIPSCO 00767 IUPPSa 05/03/2013 12:47:45 1305032137-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1305032137 Date: 05/03/2013 Time: 12:43 Oper: MINDY.LAWSON Chan:000

State: IN Cnty: LAKE Twp: CENTER  
Cityname: CROWN POINT Inside: Y Near: N  
Subdivision:

Address : 1910  
Street : N MAIN ST  
Location: LOCATE ON THE NORTH SIDE OF BUILDING FROM THE BUILDING TO THE NORTH  
RIGHT OF WAY THE ENTIRE LENGHT OF THE BUILDING  
:  
Grids : 4126B8721A 4126C8721A  
Boundary: n 41.442179 s 41.440422 w -87.365548 e -87.362544

Work type : INSTALL CONCRETE PADS  
Done for : LM MANAGEMENT  
Start date: 05/07/2013 Time: 13:00 Hours notice: 96/048 Priority: NORM  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N  
Duration : 4 WEEKS Depth: 3 FEET

Company : WALSH AND KELLY Type: CONT  
Co addr : 1700 EAST MAIN ST  
City : GRIFFITH State: IN Zip: 46319  
Caller : MINDY LAWSON Phone: (219)924-5900  
Contact : KEITH GARDINA Phone:  
BestTime:  
Mobile : (219)746-4356  
Fax : (219)924-8768  
Email : MINDYL@WALSHKELLY.COM

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

Submitted date: 05/03/2013 Time: 12:43  
Members: BE COMCN IB ID2287 NIPSCO SM

Facility: Transmission Lines; Folder: GM & T tickets; Assigned To: N/A

NIPSCO 01040 IUPPSa 05/16/2013 14:45:12 1305163175-00A EMER DAMG GRID

DAMAGE SEE REMARKS

Ticket : 1305163175 Date: 05/16/2013 Time: 14:43 Oper: BBASTIN Chan:045

State: IN Cnty: LAKE Twp: CENTER  
Cityname: CROWN POINT Inside: Y Near: N  
Subdivision:

Address : 1910  
Street : N MAIN ST  
Location: LOCATE THE BACK SIDE OF BUILDING FROM THE BUILDING TO THE EAST RIGHT  
OF WAY THE ENTIRE LENGHT OF THE BUILDING  
:  
Grids : 4126B8721A 4126C8721A  
Boundary: n 41.441699 s 41.440255 w -87.365461 e -87.363379

Work type : INSTALL CONCRETE PADS  
Done for : LM MANAGEMENT  
Start date: 05/16/2013 Time: 14:45 Hours notice: 0/000 Priority: EMER  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
Duration : 4 WEEKS Depth: 3 FEET

Company : WALSH AND KELLY Type: CONT  
Co addr : 1700 EAST MAIN ST  
City : GRIFFITH State: IN Zip: 46319  
Caller : MINDY LAWSON Phone: (219)924-5900  
Contact : KEITH GARDINA Phone:  
BestTime:  
Mobile : (219)746-4356  
Fax : (219)924-8768  
Email : MINDYL@WALSHKELLY.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time  
A NIPSCO GAS LINE HAS BEEN HIT IN THE REAR OF PROPERTY NEAR PARKING LOT--GAS  
LINE WAS BLOWING BUT COMPANY CRIMPED IT--ADVISED TO CALL 911--ALREADY CALLED  
NIPSCO--LINE DESCRIPTION UNKNOWN BUT STATES IT IS A SERVICE LINE--CREW IS ON  
SITE--PREV TICKET NUMBER IS 1305032125  
Will you be white-lining the dig site area? NO  
:

Submitted date: 05/16/2013 Time: 14:43  
Members: BE COMCN IB ID2287 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY  
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA MAXIMO WO #  
OPERATING AREA CONTACT JOB ORDER # 598008  
TRACKING NUMBER 0182 0130516-010 LOCATE REF # 1305032137  
Locate Performed By: \_\_\_\_\_

DATE AND TIME OF ACCIDENT May 16 2013 14:30 M DATE OF REPORT May 17, 2013  
PLACE OF DAMAGE (INCLUDE CITY) 1916 N. Main St. Crown Point

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) 12" 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: ONE

DURATION OF INTERRUPTION: TIME REPORTED 14:30 TIME SHUT OFF 15:00 TIME RESTORED 16:30

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 3/8

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

PARTY THAT CAUSED DAMAGES (NAME) WALSH & KELLEY CONSTRUCTION

ADDRESS OF PARTY (INCLUDE CITY) \_\_\_\_\_

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE LANCE

WITNESS NAME AND ADDRESS \_\_\_\_\_

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

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

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

OTHER ( ) \_\_\_\_\_ Any Injures? ( ) 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 ( ) OTHER  Removing Asphalt
- ( ) LANDSCAPING ( ) PIPELINE ( ) MILLING ( ) SEWER ( )
- ( ) POLE/SIGN POST ( ) ROAD WORK ( ) BACKHOE/TRACKHOE ( )

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

- ( ) AUGER ( ) HAND TOOLS ( ) BACKHOE/TRACKHOE ( )
- ( ) MILLING EQUIPMENT ( ) PROBING DEVICE ( ) BORING / DRILLING ( )
- ( ) EXPLOSIVES ( ) TRENCHER ( ) FARM EQUIPMENT ( )
- ( ) VACUUM 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  Shallow Service

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS: Service went from 2ft deep to 1 foot deep

withing 12"-16" distance

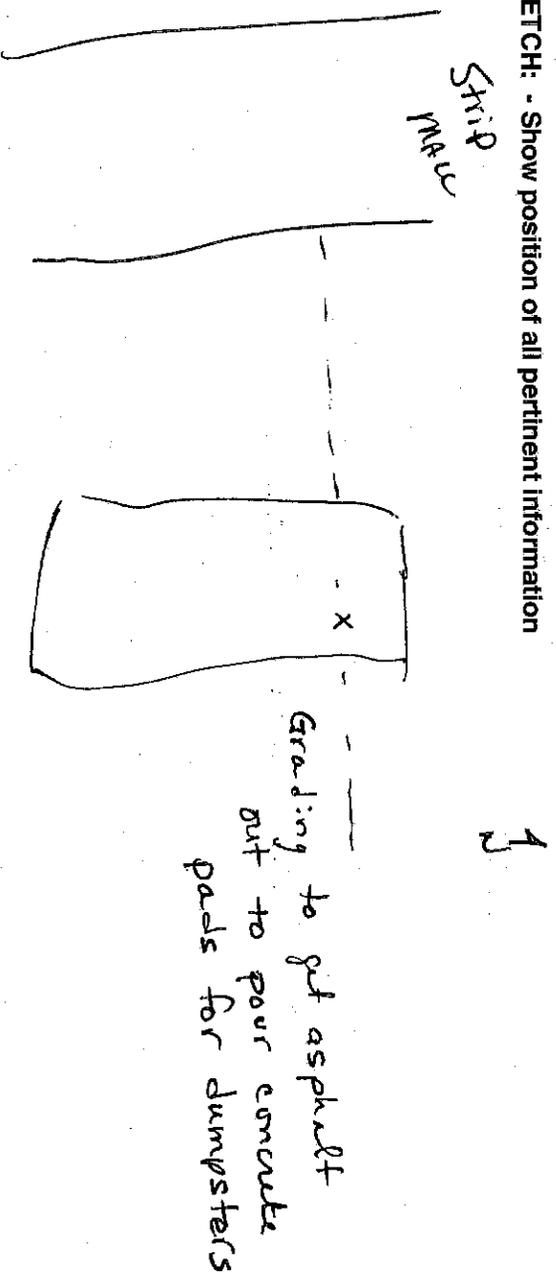
PERSON PREPARING REPORT Jeff Eaton 010665

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: \_\_\_\_\_

Fact Based Investigation Report

**Notification ID** 01820130516007  
**Damage Date** 05/16/2013 14:45  
**Notified By** MINDY LAWSON ()  
**Damage Address** 1910 N MAIN ST  
CROWN POINT, IN  
**District** Northern Indiana  
**Notification Date** 05/16/2013  
14:50

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**Damaged Customer** NIPSCO

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**Investigation Date From** 05/16/2013 16:15:00 **To** 05/16/2013 16:55:00

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**Excavator Involved** WALSH AND KELLY  
**Type of Excavation** Concrete Pad installation

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**Orig. Locate Request** 1305032125 **Start Date** 05/07/2013 13:20  
**Type of Ticket** Routine **Locate Req. Info** N/A

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**Damage Request #** 1305163175 **Start Date** 05/16/2013 16:15

---

**Pictures Taken By** Nathan Wolf **Date** 05/16/2013 16:15  
**Photography Type** Digital **Frame #**

---

**Investigator Emp. #** 134728 **Investigator Name** Nathan Wolf  
**Based on your investigation, is further investigation needed?** No

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Fact Based Investigation Customer Information

**Facility Description** Low Profile **Facility ID** service - 5/8"

**Locator Name & EMP #** Flemings Reginald - 129675 **Locator Not Known**

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**Investigation Findings**

Facility Marked Accurately

**Other Notes**

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**Investigation Methods**

Visual, Facility Exposed At Time Of Investigation

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**Investigator Statement/Causal Factors**

Walsh and Kelly were installing concrete pads in the rear of the building while grading they caught the gas service. The gas service was located correctly.

**Names of Utility Representatives Contacted or on Site and Statement**

Tommy Buher NIPSCO Field Coordinator

**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?** Yes

**Were any other indicators of facility present in the area?** Yes

|   |                  |
|---|------------------|
| <b>Was the excavation within the tolerance zone of marks?</b> | Yes              |
| <b>Extent of facility damage</b>                              | torn gas service |
| <b>Replacement Footage</b>                                    | 1'               |
| <b>Was contractor assistance required? If yes, who?</b>       | No               |
| <b>What contractor equipment was used?</b>                    |                  |
| <b>Is the facility shown on the utility records?</b>          | No               |
| <b>If yes, list record numbers</b>                            |                  |

Facility: Distribution Lines; Folder: N/A; Assigned To: USIC

NIPSCO 00761 IUPPSa 05/03/2013 12:44:24 1305032125-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1305032125 Date: 05/03/2013 Time: 12:33 Oper: MINDY.LAWSON Chan:000

State: IN Cnty: LAKE Twp: CENTER  
Cityname: CROWN POINT Inside: Y Near: N  
Subdivision:

Address : 1910  
Street : N MAIN ST  
Location: LOCATE THE BACK SIDE OF BUILDING FROM THE BUILDING TO THE EAST RIGHT  
OF WAY THE ENTIRE LENGHT OF THE BUILDING  
:  
Grids : 4126B8721A 4126C8721A  
Boundary: n 41.441699 s 41.440255 w -87.365461 e -87.363379

Work type : INSTALL CONCRETE PADS  
Done for : LM MANAGEMENT  
Start date: 05/07/2013 Time: 12:45 Hours notice: 96/048 Priority: NORM  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N  
Duration : 4 WEEKS Depth: 3 FEET

Company : WALSH AND KELLY Type: CONT  
Co addr : 1700 EAST MAIN ST  
City : GRIFFITH State: IN Zip: 46319  
Caller : MINDY LAWSON Phone: (219)924-5900  
Contact : KEITH GARDINA Phone:  
BestTime:  
Mobile : (219)746-4356  
Fax : (219)924-8768  
Email : MINDYL@WALSHKELLY.COM

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

Submitted date: 05/03/2013 Time: 12:33  
Members: BE COMCN IB ID2287 NIPSCO SM

Facility: Transmission Lines; Folder: GM & T tickets; Assigned To: N/A

NIPSCO 01040 IUPPSa 05/16/2013 14:45:12 1305163175-00A EMER DAMG GRID

DAMAGE SEE REMARKS

Ticket : 1305163175 Date: 05/16/2013 Time: 14:43 Oper: BBASTIN Chan:045

State: IN Cnty: LAKE Twp: CENTER  
Cityname: CROWN POINT Inside: Y Near: N  
Subdivision:

Address : 1910  
Street : N MAIN ST  
Location: LOCATE THE BACK SIDE OF BUILDING FROM THE BUILDING TO THE EAST RIGHT  
OF WAY THE ENTIRE LENGHT OF THE BUILDING  
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Grids : 4126B8721A 4126C8721A  
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Work type : INSTALL CONCRETE PADS  
Done for : LM MANAGEMENT  
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Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
Duration : 4 WEEKS Depth: 3 FEET

Company : WALSH AND KELLY Type: CONT  
Co addr : 1700 EAST MAIN ST  
City : GRIFFITH State: IN Zip: 46319  
Caller : MINDY LAWSON Phone: (219)924-5900  
Contact : KEITH GARDINA Phone:  
BestTime:  
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Fax : (219)924-8768  
Email : MINDYL@WALSHKELLY.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time  
A NIPSCO GAS LINE HAS BEEN HIT IN THE REAR OF PROPERTY NEAR PARKING LOT--GAS  
LINE WAS BLOWING BUT COMPANY CRIMPED IT--ADVISED TO CALL 911--ALREADY CALLED  
NIPSCO--LINE DESCRIPTION UNKNOWN BUT STATES IT IS A SERVICE LINE--CREW IS ON  
SITE--PREV TICKET NUMBER IS 1305032125  
Will you be white-lining the dig site area? NO  
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Submitted date: 05/16/2013 Time: 14:43  
Members: BE COMCN IB ID2287 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY  
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Crown Point -030 MAXIMO WO #

OPERATING AREA CONTACT \_\_\_\_\_ JOB ORDER # 584015

TRACKING NUMBER 018 2018 0516 007 LOCATE REF # 1305032125

Locate Performed By: \_\_\_\_\_

DATE AND TIME OF ACCIDENT MAY 16 2013 13:30 M DATE OF REPORT May 16, 2013

PLACE OF DAMAGE (INCLUDE CITY) 1912 N. Main St. Crown Point

**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) 12" PRESSURE (PSI) 40 Lbs.

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

INTERRUPTION OF SERVICE: YES  NO ( ) NUMBER OF CUSTOMERS LOST: 2

DURATION OF INTERRUPTION: TIME REPORTED 13:30 TIME SHUT OFF 14:00 TIME RESTORED 14:30

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 5/8" plastic cut

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

PARTY THAT CAUSED DAMAGES (NAME) WAUSH; Kelly Construction

ADDRESS OF PARTY (INCLUDE CITY) \_\_\_\_\_

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE LANCE

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  
( ) BLDG CONSTRUCTION ( ) DEMOLITION ( ) DRAINAGE  
( ) DRIVEWAY ( ) ELECTRIC ( ) SURVEYING  
( ) FENCING ( ) GRADING ( ) IRRIGATION  
( ) LANDSCAPING ( ) PIPELINE ( ) MILLING  
( ) POLE/SIGN POST ( ) ROAD WORK ( ) SEWER

TELECOMMUNICATIONS

( ) WATER  
( ) DRAINS/CULVERTS  
( ) MOWING  
( ) OTHER Removing asphalt to pour dumpster pads

**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 Shallow Service

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

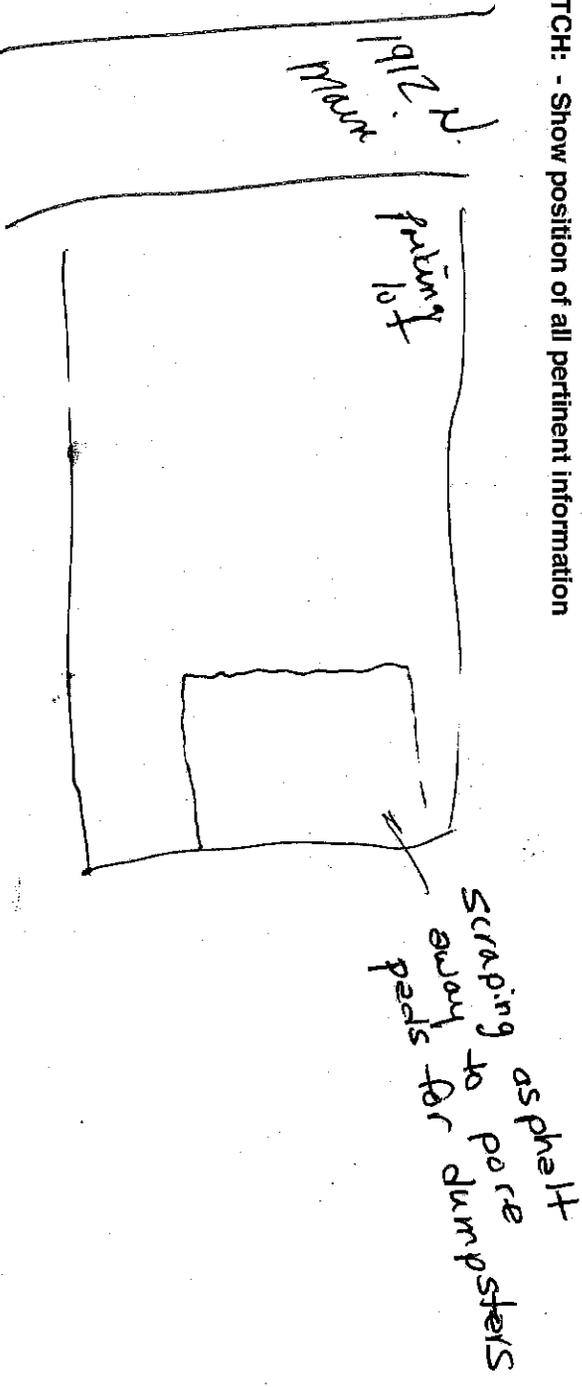
COMMENTS: Where they hit Service - was about 12" deep  
he had hand dug to expose service - @ that location  
it was 2 ft deep - ~~rose~~ service rose 1ft within a foot  
distance  
PERSON PREPARING REPORT Jeff Eaton 0010665

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: \_\_\_\_\_



05/16/2013 15:34

Property of United States Infrastructure Corporation  
Photo taken on 5/16/2013 3:34:26 PM



## INFORMATION REQUEST

State Form 54909 (R / 3-13)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4829

Date of Damage (month, day, year): 5/16/2013

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### Location of Damage:

Address (number and street): 1910 N. Main Street,

City, State and ZIP Code: Crown Point, IN 46307

Nearest Intersection: Main Street and W 97th Pl.

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### Excavator Information:

Business Name: Walsh & Kelly, Inc.

Responsible Party Personal Name: Keith Gardina

Title (if any): Project Manager

Address (number and street): 1700 E. Main Street

City, State and ZIP Code: Griffith, IN 46319

Preferred Telephone Number (area code): (219) 924-5900

Email Address: keithg@walshkelly.com

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### Utility Information:

Utility Name: NIPSCO

Contact Person: \_\_\_\_\_

Title (if any): \_\_\_\_\_

**Cause of Damage Information**

Type of Equipment (*select one*):

Type of Work Performed (*select one*):

Repair Cost: \$ \_\_\_\_\_

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

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**Locate Information**

Excavator Request Locate:  Yes  No

Indiana 811 Locate Ticket Number: 1305032125

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

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**Incident Information:**

Fire Department Response:  Yes  No

Police Department Response:  Yes  No

Ambulance Response:  Yes  No

**Additional Information / Comments**

Please note that the date of the Notice of Preliminary Determination of Violation is dated June 28, 2013 however the envelope is postmarked July 10, 2013 and we did not receive it until July 15, 2013, therefore we feel we did not fail to respond within the 30 days allotted.

Printed Name: Mindy Lawson, Administrative Assistant

Signature:  Date (month, day, year): 7/31/13

*\*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](mailto: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**