



## Pipeline Safety Division Investigation Report

### Investigation regarding: Shawn Merritt

UPPAC Database Record ID: 4859

Report Date: 9/19/2013

Investigator: Mike Orr

Damage Date: 5/23/2013 7:20:50 PM

Damage Address: 23600 State Line Rd, Osolo, Elkhart

### The Parties

Excavator: **Shawn Merritt**

Address: 23600 State Line Road, Elkhart, In 46514

Facility Owner: **NIPSCO**

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Auger

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  
5/29/2013

Indiana 811 Ticket Number: 1305233904

Original Start Date:

Locate Instructions: LOCATE-- THE FRONT OF THE PROPERTY - Called in after hit

Follow-Up Locate Instructions (if applicable):

**Synopsis:** Excavator/occupant struck and damaged an underground natural gas service while performing fencing work.

**Findings:** Reported by Indiana 811; excavator/occupant did not respond to initial notice mailed 7/10/2013. Excavator/occupant failed to provide notice of excavation to 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. 4859  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4859

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: 5/23/2013  
Event Location: 23600 State Line Rd  
City: Indianapolis  
Facility Owner: Nipsco  
Excavator: Shawn Merritt  
Other Party: N/A  
Pipeline Division Case No. 4859

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](mailto:cearle@nisource.com)

<b>IURC INFORMATION REQUEST</b>	
<b>Pipeline Safety Division Case No. 4859</b>	
Date of Event	5/23/2013
Event Location	23600 State Line Rd
Event City	Osolo
Facility Owner	Nipsco
Excavator	Shawn Merritt
Date of IURC Information Request	July 12, 2013
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	
RESPONSIBLE PARTY PERSONAL NAME	Shawn Merritt
TITLE (IF ANY)	
ADDRESS	23600 State Line Road
CITY/ STATE/ZIP	Elkhart / IN / 46514
PREFERRED TELEPHONE	574-320-8411
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	23600 Stateline Road
CITY/STATE/ZIP	Elkhart / IN / 46514
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)	<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	
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)	Yes - 1305233910
<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)	Yes
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: 1305233863.</p>	

Fact Based Investigation Report

**Notification ID** 01820130523010  
**Damage Date** 05/23/2013 18:00  
**Notified By** DAVID 8003222806 (Other)  
**Damage Address** 23600 STATE LINE RD ELKHART  
ELKHART , IN  
**District** Northern Indiana  
**Notification Date** 05/23/2013 17:55

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**Damaged Customer** NIPSCO

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**Investigation Date From** 05/23/2013 20:00:00 **To** 05/23/2013 21:10:00

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**Excavator Involved** Homeowner  
**Type of Excavation** Install Fence

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

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**Damage Request #** M90239211 **Start Date** 05/23/2013 16:55

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**Pictures Taken By** Scott Schooley **Date** 05/23/2013 20:20  
**Photography Type** Digital **Frame #** see M90239211

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**Investigator Emp. #** 130534 **Investigator Name** Josh Scheibelhut  
**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**  
Visual, Facility Exposed At Time Of Investigation

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**Investigator Statement/Causal Factors**  
No locate request on file. USIC not at fault.  
**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?** No  
**Was the excavation within the tolerance zone of marks?** No  
**Extent of facility damage** n/a

**Replacement Footage**

n/a

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

No n/a

**What contractor equipment was used?**

n/a

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

No

**If yes, list record numbers**

n/a

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

NIPSCO 01280 IUPPSa 05/23/2013 18:36:52 1305233863-00A EMER NEW GRID

EMERGENCY SEE REMARKS

Ticket : 1305233863 Date: 05/23/2013 Time: 18:23 Oper: MMILLER Chan:001

State: IN Cnty: ELKHART Twp: WASHINGTON

Cityname: ELKHART Inside: Y Near: N

Subdivision:

Address : 23600

Street : STATE LINE RD

Cross 1 : CO RT 15 Within 1/4 mile: Y

Location: LOCATE THE ENTIRE PROPERTY INCLUDING THE ENTIRE ROADWAY

:

Grids : 4145B8554A 4145B8554B 4145B8555A 4145B8555B 4145B8555C

Grids : 4145B8555D

Boundary: n 41.760182 s 41.758691 w -85.931055 e -85.909729

Work type : REPAIR GAS LINE

Done for : NIPSCO

Start date: 05/23/2013 Time: 18:25 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 : DAVID WITHERSPOON Phone: (800)322-2806

Contact : DAVID WITHERSPOON - 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: 05/23/2013 Time: 18:23

Members: COMCN ID2477 ID5121 ID8000 NIPSCO SM TEST04

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

NIPSCO 01294 IUPPSa 05/23/2013 19:20:54 1305233910-00A EMER DAMG GRID

DAMAGE

Ticket : 1305233910 Date: 05/23/2013 Time: 19:14 Oper: AHUNTER Chan:037

State: IN Cnty: ELKHART Twp: OSOLO  
Cityname: ELKHART Inside: N Near: Y  
Subdivision:

Address : 23600  
Street : STATE LINE RD  
Cross 1 : CO RT 11 Within 1/4 mile: N  
Location: LOCATE-- THE FRONT OF THE PROPERTY  
:  
Grids : 4145B8554A 4145B8555A 4145B8555B 4145B8555C 4145B8555D  
Grids : 4145C8554A 4145C8555B 4145C8555C 4145C8555D  
Boundary: n 41.760310 s 41.758092 w -85.929947 e -85.914155

Work type : INSTALL FENCE  
Done for : SHAWN MERRITT  
Start date: 05/23/2013 Time: 19:14 Hours notice: 0/000 Priority: EMER  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
Duration : 2 DAYS Depth: 3 FEET

Company : SHAWN MERRITT Type: HOME  
Co addr : 23600 STATE LINE ROAD  
City : ELKHART State: IN Zip: 46514  
Caller : SHAWN MERRITT Phone: (574)320-8411  
Contact : SHAWN MERRITT---CELL Phone:  
BestTime:  
Mobile : (574)320-8411

Remarks : All tickets are taken and processed on Eastern Daylight Time  
A NIPSCO GAS LINE HAS BEEN DAMAGED IN THE FRONT OF THE PROPERTY-- GAS LINE WAS  
BLOWING COULD BE HEARD AND SMELT-- NIPSCO IS ALREADY ON SITE REPAIRING LINE  
--ADVISED CALLER TO REPORT THE DAMAGE TO 911 --- LINE IS APPROX 5-8 INCH THICK--  
ADVISED CALLER TO REPORT DAMAGE TO THE UTILITY COMPANY--- CREW IS ON SITE--- NO  
PREVIOUS TICKET NUMBER-- THANK YOU  
Will you be white-lining the dig site area? NO  
:

Submitted date: 05/23/2013 Time: 19:14  
Members: COMCN ID2477 ID5121 ID8000 NIPSCO SM TEST04

# 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 Tim Armstrong JOB ORDER # 575935  
TRACKING NUMBER 019 2013 0523 010 LOCATE REF # none  
Locate Performed By: \_\_\_\_\_

DATE AND TIME OF ACCIDENT 5-23-13 20\_\_\_\_ M DATE OF REPORT 5-23-13  
PLACE OF DAMAGE (INCLUDE CITY) 23600 stateline rd

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

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

**GAS:** SERVICE  MAIN ( ) SIZE 5/8 MATERIAL: PLASTIC  <sup>TO</sup> STEEL ( ) METER ( ) REG STATION ( ) STUB   
OTHER (DESCRIBE) \_\_\_\_\_

DEPTH OF FACILITY (inches) 16" 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: 0

DURATION OF INTERRUPTION: TIME REPORTED 5:36 TIME RESTORED 21:30 stop 6:30

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 5/8 1/2"

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

PARTY THAT CAUSED DAMAGES (NAME) Shawn Merritt

ADDRESS OF PARTY (INCLUDE CITY) 23600 stateline rd

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Shawn Merritt

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

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

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

FIRE  AGENCY Osola 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 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 checked="" type="checkbox"/> STUB           |
|                                                         |                                                        | <input type="checkbox"/> OTHER _____               |

**COMMENTS :**

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**PERSON PREPARING REPORT** Todd Overmyer

**FIELD SUPERVISOR** Tim Armstrong

**FIELD MANAGER** Gary Dodge Garyoff

- 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 5/23/2013 8:24:18 PM