



Pipeline Safety Division Investigation Report

Investigation regarding: **Kopriva Builders**

UPPAC Database Record ID: 4883

Report Date: 9/20/2013

Investigator: Mike Orr

Damage Date: 5/30/2013 5:20:55 PM

Damage Address: 3002 S Main St, Portage, St Joseph

The Parties

Excavator: **Kopriva Builders**

Address: 801 Lovechio Drive, Mishawaka, In 46544

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: LOCATE THE BACK YARD

Follow-Up Locate Instructions (if applicable):

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

Findings: Reported by Indiana 811; 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.



150 West Market Street, Suite 600
Indianapolis, IN 46204

August 12, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4883
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4883

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: 5/30/2013
Event Location: 3002 S Main St
City: Indianapolis
Facility Owner: Nipsco
Excavator: Kopriva Builders
Other Party: N/A
Pipeline Division Case No. 4883

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 C. 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. 4883	
Date of Event	5/30/2013
Event Location	3002 S Main St
Event City	Portage
Facility Owner	Nipsco
Excavator	Kopriva Builders
Date of IURC Information Request	July 12, 2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Kopriva Builders
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	801 Lovechio Drive
CITY/ STATE/ZIP	Mishawaka / IN / 46544
PREFERRED TELEPHONE	574-993-2733
CELL PHONE TELEPHONE	
EMAIL ADDRESS	Click here to enter text.
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	3002 S Main 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	
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)	Yes - 1305303823
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	
No notification made to the one-call center.	

Fact Based Investigation Report

Notification ID 01820130530013
Damage Date 05/30/2013 17:21
Notified By WILLIAM KOPRIVA ()
Damage Address 3002 S MAIN ST
SOUTH BEND, IN
District Northern Indiana
Notification Date 05/30/2013
17:25

Damaged Customer NIPSCO

Investigation Date From 05/30/2013 17:30:00 **To** 05/30/2013 18:10:00

Excavator Involved KOPRIVA BUILDERS
Type of Excavation FENCE POST INSTALLATION

Orig. Locate Request 1305064275 **Start Date**
Type of Ticket **Locate Req. Info** N/A Yes

Damage Request # 1305303823 **Start Date** 05/30/2013 00:00

Pictures Taken By B ARENS **Date** 05/30/2013 17:45
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 ONSITE. CONTR DIGGING ON THE SOUTH SIDE OF THE BACK YARD STRUCK AND DAMAGED THE 5/8" PL GAS SERVICE (THAT WAS RUNNING FROM THE METER ON THE SOUTH SIDE OF THE HOME TO THE ALLEY BEHIND THE HOME) THER IS NO KNOWN LOCATE REQUEST FOR THIS PROPERTY.

Names of Utility Representatives Contacted or on Site and Statement
RICH WAHLGREN. HE SHOWED ME THE DAMAGE SITE AND THE REPAIR IN PROGRESS.

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	CUT
Replacement Footage	1'
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: Distribution Lines; Folder: N/A; Assigned To: USIC

NIPSCO 01302 IUPPSa 05/30/2013 17:20:59 1305303823-00A EMER DAMG STRT

DAMAGE SEE REMARKS

Ticket : 1305303823 Date: 05/30/2013 Time: 17:15 Oper: LWORTON Chan:000

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

Address : 3002
Street : S MAIN ST
Location: LOCATE THE BACK YARD

:
Grids : 4138B8615D
Boundary: n 41.643990 s 41.642191 w -86.251992 e -86.250494

Work type : INSTALLING A FENCE
Done for : HOMEOWNER
Start date: 05/30/2013 Time: 17:17 Hours notice: 0/000 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : UNKNOWN Depth: UNKNOWN

Company : KOPRIVA BUILDERS Type: CONT
Co addr : 801 LOVECHIO DRIVE
City : MISHAWAKA State: IN Zip: 46544
Caller : WILLIAM KOPRIVA Phone: (574)993-2733
Contact : WILLIAM KOPRIVA CELL Phone:
BestTime:
Mobile : (574)993-2733

Remarks : All tickets are taken and processed on Eastern Daylight Time
HIT A NIPSCO GAS LINE IN THE BACK YARD---GAS IS NOT BLOWING OR CAN BE SMELLED---
5/8 INCH PLASTIC GAS LINE--- CALLED NIPSCO AND THE LINE HAS BEEN FIXED--- DID
NOT CALL 911---CREW IS ON SITE--- NO PREVIOUS TICKET NUMBER--- THANK YOU
Will you be white-lining the dig site area? NO
:

Submitted date: 05/30/2013 Time: 17:15
Members: AEPIN COMCN ID5610 ID6590 NIPSCO SBCIN SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA 060 MAXIMO WO # _____

OPERATING AREA CONTACT TIM ARMSTRONG JOB ORDER # 589564

TRACKING NUMBER 018 20130530 014 LOCATE REF # _____

Locate Performed By: _____

DATE AND TIME OF ACCIDENT 5/30 2012 1728 M DATE OF REPORT 5/30

PLACE OF DAMAGE (INCLUDE CITY) 7002 S MAIN ST

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"-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 1830 TIME SHUT OFF 1845 TIME RESTORED 1830

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) KAPLON BUILDERS

ADDRESS OF PARTY (INCLUDE CITY) ?

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Bill Kaplon

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

- | | | | |
|--|-------------------------------------|--|---|
| <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"/> 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 type="checkbox"/> STUB |
| | | <input type="checkbox"/> OTHER _____ |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

SIN #110601 Rev. 6-12

COMMENTS :

PERSON PREPARING REPORT

RADEGREN

FIELD SUPERVISOR

ARMSTRONG - [Signature]

FIELD MANAGER

DOOLEY

- 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: _____



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Photo taken on 5/30/2013 5:51:05 PM