



INDIANA UTILITY REGULATORY COMMISSION
101 W. WASHINGTON STREET, SUITE 1500E
INDIANAPOLIS, INDIANA 46204-3407

<http://www.in.gov/iurc>
Office: (317) 232-2701
Facsimile: (317) 232-6758

Pipeline Safety Division Investigation Report

Investigation regarding: Tom Anderson

UPPAC Database Record ID: 5096

Report Date: 10/9/2013

Investigator: Mike Orr

Damage Date: 7/16/2013 3:23:04 PM

Damage Address: 702 W Marion St, Penn, St Joseph

The Parties

Excavator: Tom Anderson

Address: 702 West Marion Street, Mishawaka, In 46545

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 REAR OF THE PROPERTY ALONG THE EXISTING FENCELINE

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's response to initial notice was received on 8/20/2013. Excavator/occupant failed to provide notice of excavation to the association (IN811) when excavating deeper than twelve (12) inches.

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 26, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 5096
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 5096

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: 7/16/2013

Event Location: 702 W MARION ST

City: PENN

Facility Owner: NIPSCO

Excavator: TOM ANDERSON

Other Party: N/A

Pipeline Division Case No. 5096

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. 5096	
Date of Event	7/16/2013
Event Location	702 W MARION ST
Event City	PENN
Facility Owner	NIPSCO
Excavator	TOM ANDERSON
Date of IURC Information Request	July 26, 2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	
RESPONSIBLE PARTY PERSONAL NAME	Thomas Anderson
TITLE (IF ANY)	
ADDRESS	702 West Marion Street
CITY/ STATE/ZIP	Mishawaka / IN / 46545
PREFERRED TELEPHONE	574-302-6498
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	702 W Marion Street
CITY/STATE/ZIP	Mishawaka / 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 – 1307163221
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	No

INDIANA 811 LOCATE TICKET NUMBER	N/A
LOCATE MARKS VISIBLE (YES/NO)	
LOCATE MARKS CORRECT (YES/NO)	
EXCAVATOR "WHITE LINED" (YES/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. Emergency ticket number: 1307163252.</p>	

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 King JOB ORDER # 602987
TRACKING NUMBER 018 2013 0716 016 LOCATE REF # _____
Locate Performed By: _____

DATE AND TIME OF ACCIDENT 7-16-13 2013 1530M DATE OF REPORT 7-16-13
PLACE OF DAMAGE (INCLUDE CITY) 700 W. Marion, Mch

DAMAGE WAS TO:

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

OTHER (DESCRIBE) _____

GAS: SERVICE MAIN () SIZE 3/8 MATERIAL: PLASTIC STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE) _____

DEPTH OF FACILITY (inches) 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 1450 TIME SHUT OFF 1555 TIME RESTORED 16.00

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: Cut 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) Anderson, Tom

ADDRESS OF PARTY (INCLUDE CITY) 702 W. Marion

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

WITNESS NAME AND ADDRESS As above

WITNESS REMARKS None

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 type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED | <input type="checkbox"/> STUB | <input type="checkbox"/> OTHER _____ |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS :

PERSON PREPARING REPORT Larry Makins

FIELD SUPERVISOR Garry King

FIELD MANAGER Gary Bayl

- 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:** _____

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

NIPSCO 01046 IUPPSa 07/16/2013 15:23:04 1307163221-01A EMER DAMG STRT

RETRANSMIT SEE REMARKS

Ticket : 1307163221 Date: 07/16/2013 Time: 15:19 Oper: SLUCAS Chan:060
Old Tkt: 1307163221 Date: 07/16/2013 Time: 15:05 Oper: SLUCAS Rev: 00A

State: IN Cnty: ST JOSEPH Twp: PENN
Cityname: MISHAWAKA Inside: Y Near: N
Subdivision:

Address : 702
Street : W MARION ST
Cross 1 : BENTON ST Within 1/4 mile: Y
Location: LOCATE THE REAR OF THE PROPERTY ALONG THE EXISTING FENCELINE
:
Grids : 4140C8611B 4140C8611C 4140D8611B 4140D8611C
Boundary: n 41.671150 s 41.670041 w -86.193256 e -86.190483

Work type : REPLACING FENCE POST
Done for : ANDERSONS
Start date: 07/16/2013 Time: 15:08 Hours notice: 0/000 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 1 DAY Depth: 2 FEET

Company : TOM ANDERSON Type: HOME
Co addr : 702 WEST MARION STREET
City : MISHAWAKA State: IN Zip: 46545
Caller : SUE ANDERSON Phone: (574)302-6498
Contact : TOM ANDERSON - CELL Phone:
BestTime:
Mobile : (574)302-6498

Remarks : All tickets are taken and processed on Eastern Daylight Time
THIS TICKET IS BEING RETRANSMITTED TO ADD THAT THIS COULD BE A NIPSCO LINE --
THANK YOU -- A GAS LINE HAS BEEN HIT IN THE REAR OF THE PROPERTY - HOMEOWNER IS
ON SITE - LINE IS A PLASTIC WHITE PVC PIPE - LINE SIZE IS UNKNOWN BY CALLER -
GAS WAS HEARD AND COULD BE SMELLED - CALLER HAS CALLED THE UTILITY - CALLER HAS
NOT CALLED 911 BUT WAS ADVISED TO DO SO - THERE IS NO PREVIOUS TICKET NUMBER -
THANK YOU
Will you be white-lining the dig site area? NO
:

Submitted date: 07/16/2013 Time: 15:19
Members: COMCN ID0918 ID1639 ID1640 ID2600 ID2601 ID8240 NIPSCO SBCIN SM

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

NIPSCO 01040 IUPPSa 07/16/2013 15:22:18 1307163252-00A EMER NEW STRT

EMERGENCY SEE REMARKS

Ticket : 1307163252 Date: 07/16/2013 Time: 15:19 Oper: ALOUIE Chan:032

State: IN Cnty: ST JOSEPH Twp: PENN
Cityname: MISHAWAKA Inside: Y Near: N
Subdivision:

Address : 702
Street : W MARION ST
Cross 1 : BENTON ST Within 1/4 mile: Y
Location: LOCATE THE ENTIRE PROPERTY
:
Grids : 4140C8611B 4140C8611C 4140D8611B 4140D8611C
Boundary: n 41.671150 s 41.670041 w -86.193256 e -86.190483

Work type : REPAIRING GAS LINE
Done for : NIPSCO
Start date: 07/16/2013 Time: 15:20 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 : JAMILA MARTIN Phone: (800)322-2806
Contact : JOE COLE---CELL Phone:
BestTime:
Mobile : (574)312-1916
Fax : (219)647-4764

Remarks : All tickets are taken and processed on Eastern Daylight Time
CREW EN ROUTE

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

Submitted date: 07/16/2013 Time: 15:19
Members: COMCN ID0918 ID1639 ID1640 ID2600 ID2601 ID8240 NIPSCO SBCIN SM

Fact Based Investigation Report

Notification ID 01820130716016
Damage Date 07/16/2013 15:15
Notified By SUE ANDERSON ()
Damage Address 702 W MARION ST
MISHAWAKA, IN
District Northern Indiana
Notification Date 07/16/2013
15:20

Damaged Customer NIPSCO

Investigation Date From 07/16/2013 15:50:00 **To** 07/16/2013 16:00:00

Excavator Involved Homeowner
Type of Excavation unknown

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

Damage Request # 1307163252 **Start Date** 07/16/2013 15:20

Pictures Taken By Jose Galicia **Date** 07/16/2013 13:55
Photography Type Digital **Frame #** see 1307163252

Investigator Emp. # 130534 **Investigator Name** Josh Scheibelhut
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

Visual, Facility Exposed At Time Of Investigation

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

Homeowner - Stated he didn't now the gas line was where he was digging and had not called 811 for locates.

Other individuals on site

Jose Galicia, USIC

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



INFORMATION REQUEST

State Form 54909 (R / 3-13)
INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

RECEIVED

AUG 20 2013

INDIANA UTILITY
REGULATORY COMMISSION

Case Number: 5096

Date of Damage (month, day, year): 7-16-2013

Location of Damage:

Address (number and street): 702 W, Marion St.

City, State and ZIP Code: Mishawaka, IN 46545

Nearest Intersection: Benton St.

Excavator Information:

Business Name: _____

Responsible Party Personal Name: Tom Anderson

Title (if any): _____

Address (number and street): 702 W. Marion St

City, State and ZIP Code: Mishawaka IN 46545

Preferred Telephone Number (area code): (Mishawaka) 574-207-4219

Email Address: toma717@comcast.com

Utility Information:

Utility Name: NipSCO

Contact Person: N.A.

Title (if any): _____

Cause of Damage Information

Type of Equipment (select one): Hand tool

Type of Work Performed (select one): Fence post reinforcement

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

Locate Information

Excavator Request Locate: Yes No

Indiana 811 Locate Ticket Number: 1307163211 - (after)

- 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

Incident Information:

- Fire Department Response: Yes No
- Police Department Response: Yes No
- Ambulance Response: Yes No

Additional Information / Comments

Printed Name: Tom Anderson

Signature: Tom Anderson Date (month, day, year): 08-14-2013

**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

Or mail to:

**Indiana Utility Regulatory Commission
Pipeline Safety Division - Case Number 5096
101 West Washington Street, 1500E
Indianapolis, IN 46204**

**Or fax to:
317-233-2410**