STATE OF INDIANA

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: Jordan Walter

UPPAC Database Record ID: 5117

Report Date: 10/3/2013 Investigator: Mike Orr

Damage Date: 6/8/2013 Damage Address: 124 W Dewey Street, Bremen, Marshall

The Parties

Excavator: **Jordan Walter**

Address: 124 W Dewey Street, Bremen, In 46506

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:

Follow-Up Locate Instructions (if applicable):

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

Findings: Reported by Carrie Ludwig (NIPSCo); excavator did not respond to initial notice 8/6/2013. The 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 29, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 5117
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 5117

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: 6/8/2013

Event Location: 124 W Dewey Street

City: Bremen

Facility Owner: NIPSCO

Excavator: Jordan Walter

Other Party: N/A

Pipeline Division Case No. 5117

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. 5117	
Date of Event	6/8/2013
Event Location	124 W Dewey Street
Event City	Bremen
Facility Owner	NIPSCO
Excavator	Jordan Walter
Date of IURC Information Request	July 29, 2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	
RESPONSIBLE PARTY PERSONAL NAME	Jordan Walter
TITLE (IF ANY)	
ADDRESS	124 W Dewey Street
CITY/ STATE/ZIP	Bremen / IN /
PREFERRED TELEPHONE	
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	124 W Dewey Street
CITY/STATE/ZIP	Bremen / 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.)	
PRESSURE (PSIG/INCHES)	
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/Scrapper	
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)	No
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	
No notification made to the one-call center. Emergency ticket number: 1306080419.	

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT
**** COMPLETE FORM FOR ALL DAMAGES TO NIPSCO FACILITIES ****

REPORTING OPERATING AREA Plymouth **MAXIMO WO #** _____

OPERATING AREA CONTACT Bob Somers **JOB ORDER #** 588948

TRACKING NUMBER 018 2013 0608 **LOCATE REF #** _____

Locate Performed By: _____

DATE AND TIME OF ACCIDENT June 8 2013, 4 P M DATE OF REPORT June 8, 2013

PLACE OF DAMAGE (INCLUDE CITY) 124 W Dewey St - Bremen

DAMAGE WAS TO:

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

OTHER (DESCRIBE) _____

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

DEPTH OF FACILITY (inches) 18" 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: 1

DURATION OF INTERRUPTION: TIME REPORTED 4:00 PM TIME SHUT OFF 4:45 PM TIME RESTORED 6:30 PM

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/4"

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

PARTY THAT CAUSED DAMAGES (NAME) Jordan Walter (Homeowner)

ADDRESS OF PARTY (INCLUDE CITY) 124 W. Dewey - Bremen

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

WITNESS NAME AND ADRESS _____

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

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

TYPE OF EQUPMENT 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 _____

- **SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM**

COMMENTS : HOMEOWNER HIT SERVICE WITH POST HOLE DRIVER SETTING POSTS

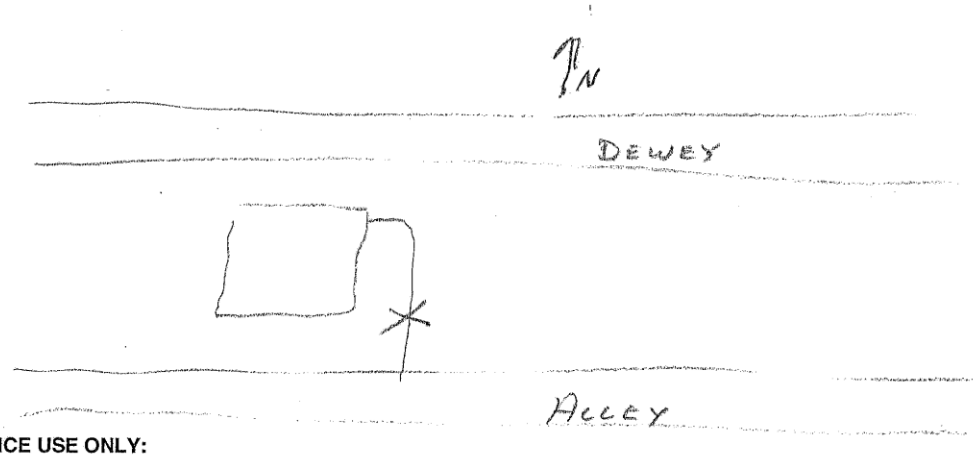
PERSON PREPARING REPORT JAMES GREATHOUSE

FIELD SUPERVISOR BOB SOMERS

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: _____

Facility: Distribution Lines; Folder: On-Hold folder; Assigned To: N/A

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NIPSCO 00154 IUPPSa 06/08/2013 17:24:39 1306080419-00A EMER NEW  STRT

EMERGENCY SEE REMARKS

Ticket : 1306080419 Date: 06/08/2013 Time: 17:20 Oper: TSONS Chan:015

State: IN Cnty: MARSHALL Twp: GERMAN
Cityname: BREMEN  Inside: Y Near: N
Subdivision:

Address : 124
Street  : W DEWEY ST
Cross 1 : N CENTER ST   Within 1/4 mile: Y
Location: LOCATE THE ENTIRE PROPERTY
:
Grids   : 4126A8608A   4127D8608A   4127D8608B
Boundary: n 41.450672    s 41.449546    w -86.149489    e -86.145784

Work type : REPAIR GAS SERVICE LINE
Done for  : NIPSCO
Start date: 06/08/2013  Time: 17:22  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  : JEREMY COZAD Phone: (800)322-2806
Contact : BOB SOMERS - CELL Phone:
BestTime:
Mobile  : (574)274-2451

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: 06/08/2013 Time: 17:20
Members: ID2034 ID4324 ID4636 ID5344 ID5857 ID7634 NIPSCO SM
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Fact Based Investigation Report

Notification ID 01820130608004
Damage Date 06/08/2013 13:00
Notified By SHERI MINKEMA (Other)
Damage Address 124 W DEWEY ST MARSHALL/ GERMAN TWP
BREMAN, IN
District Northern Indiana
Notification Date 06/08/2013 16:32

Damaged Customer NIPSCO

Investigation Date From 06/08/2013 18:10:00 **To** 06/08/2013 18:55:00

Excavator Involved Homeowner
Type of Excavation FENCE POST

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

Damage Request # 1306080419 **Start Date** 06/08/2013 17:20

Pictures Taken By CLINT SLUSS **Date** 06/08/2013 18:40
Photography Type Digital **Frame #**

Investigator Emp. # 117331 **Investigator Name** CLINT SLUSS
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
Investigator Verified Existing Marks By Hooking Up
Visual, Facility Exposed At Time Of Investigation

Investigator Statement/Causal Factors
NO TICKET , HOMEOWNER WAS DRIVEING POST FOR A FENCE AND HIT THE PL SERVICE NIPSCO NUMBER 1306080419 M92241664 DIG UP NUMBER(PICS ON HERE).
Names of Utility Representatives Contacted or on Site and Statement
NA
Names of Excavator's Representatives Contacted or on Site and Statement
HOMEOWNER , THOUGHT THE GAS WENT OUT TO THE FRONT SENCE METER IS OUT FRONT
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? No

Was the excavation within the tolerence zone of marks?	Yes
Extent of facility damage	HOLE IN SERVICE
Replacement Footage	APX 2FT
Was contractor assistance required? If yes, who?	No
What contractor equipment was used?	NA
Is the facility shown on the utility records?	No
If yes, list record numbers	NIPSCO

DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)
INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jun 25, 2013

Who is submitting this information?

Name of person providing this information: Carrie Ludwig (NIPSCo)

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

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: Jordan Walter

Business address *(number and street)*: 124 W Dewey Street

City, State, and ZIP code: Bremen, IN 46506

Telephone number *(area code)*: N/A

Fax number *(area code)*:

E-mail address:

Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Hand Tools

Type of work performed: Fencing

Date and Location of Damage

Date of damage (*month, day, year*): Jun 8, 2013

County: Marshall

City: Bremen, IN 46506

Street address (*number and street, city, state, and ZIP code*):
124 W Dewey Street

Nearest intersection: N Center Street

Right of way where damage occurred: Unknown/Other

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? _____

Was there a customer service interruption? Yes

If yes, how many affected? 1

Time to restore service (*in hours*): 2

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? 18

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?

If locates were performed, were they done so by a contractor or pipeline employee?

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

Were facility marks visible in the area of excavation?

Were facilities marked correctly?

Type of markings used:

If other, please specify: _____

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

Emergency ticket# 1306080419.