



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: Art The Handyman

UPPAC Database Record ID: 5119

Report Date: 10/3/2013

Investigator: Mike Orr

Damage Date: 6/12/2013

Damage Address: 207 E St Rd 16, Buffalo, White

The Parties

Excavator: **Art The Handyman**

Address: 741 S Bluff Street, Monticello, In 47960

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Sewer

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 sewer 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. 5119
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 5119

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: 6/12/2013
Event Location: 207 E ST RD 16
City: Buffalo
Facility Owner: NIPSCO
Excavator: Art The Handyman
Other Party: N/A
Pipeline Division Case No. 5119

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. 5119	
Date of Event	6/12/2013
Event Location	207 E ST RD 16
Event City	Buffalo
Facility Owner	NIPSCO
Excavator	Art The Handyman
Date of IURC Information Request	July 29, 2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Art The Handyman
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	741 S Bluff Street
CITY/ STATE/ZIP	Monticello / IN / 47960
PREFERRED TELEPHONE	574-870-3568
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	207 E ST RD 16
CITY/STATE/ZIP	Buffalo / 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)	
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	X
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
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	
Grading	
Irrigation	
Landscaping	
Liquid Pipeline	
Milling	
Natural Gas	
Pole	
Public Transit Authority	
Railroad Maintenance	
Road Work	
Sewer (Sanitary/Storm)	X
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. Excavator was working under someone else ticket #1306103595.	

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Monticello MAXIMO WO #

OPERATING AREA CONTACT David Prather JOB ORDER # 584450

TRACKING NUMBER 018-2013-0612-002 LOCATE REF #

Locate Performed By:

DATE AND TIME OF ACCIDENT 6-12 2013 0837 M DATE OF REPORT 6-12-13

PLACE OF DAMAGE (INCLUDE CITY) 207 E State Rd 16, Buffalo

DAMAGE WAS TO:

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

OTHER (DESCRIBE)

GAS: SERVICE X MAIN () SIZE 5/8" MATERIAL: PLASTIC X STEEL () METER () REG STATION () STUB ()

DEPTH OF FACILITY (inches) 16" PRESSURE (PSI) 50 Lbs.

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

INTERRUPTION OF SERVICE: YES X NO () NUMBER OF CUSTOMERS LOST: 1

DURATION OF INTERRUPTION: TIME REPORTED 0837 TIME SHUT OFF 0852 TIME RESTORED 0930

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 2' x 6'

LOCATE MARKS ON SITE: YES X DISTANCE BETWEEN FACILITY AND LOCATE MARKS 5-10 inches NO ()

HOW LOCATED: PAINT X FLAGS X BOTH () WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) Art, The Handy man

ADDRESS OF PARTY (INCLUDE CITY) 741 S. Bluff st, Monticello (574) 870-3568

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Artemio Estudillo

WITNESS NAME AND ADDRESS

WITNESS REMARKS

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY REPORT #

FIRE () AGENCY REPORT #

OTHER () Any Injuries? () YES # () NO

PHOTOS TAKEN: YES () NO X TAKEN BY: (ATTACH PHOTOS TO REPORT)

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
() LANDSCAPING () PIPELINE () MILLING () OTHER
() POLE/SIGN POST () ROAD WORK X SEWER

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

- () AUGER () HAND TOOLS X 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 X CARELESS MACHINE OPERATOR
() NO NOTIFICATION () MARKS DISTURBED () STUB () OTHER Not hand exposed.

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS :

PERSON PREPARING REPORT

Chad Hostetler

FIELD SUPERVISOR

David Prather

FIELD MANAGER

David Prather

- 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 01090 IUPPSa 06/10/2013 15:31:09 1306103595-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1306103595 Date: 06/10/2013 Time: 15:26 Oper: KSWANK Chan:063

State: IN Cnty: WHITE Twp: LIBERTY
Cityname: BUFFALO Inside: Y Near: N
Subdivision:

Address : 207
Street : E IN RT 16
Cross 1 : MIDDLE ST Within 1/4 mile: Y
Location: LOCATE THE ENTIRE PROPERTY
:
Grids : 4052A8644A 4052A8644B 4053D8644A 4053D8644B
Boundary: n 40.884056 s 40.882702 w -86.747073 e -86.744643

Work type : SEWER CONNECTION
Done for : HOMEOWNER
Start date: 06/12/2013 Time: 15:45 Hours notice: 48/048 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 1 DAY Depth: 5 FEET

Company : GODLOVE ENTERPRISES INC Type: OTHR
Co addr : 933 HANAWALT ROAD
City : MONTICELLO State: IN Zip: 47960
Caller : DEB BRADY Phone: (574)583-8990
Contact : STEVE GODLOVE -- CELL Phone:
BestTime:
Mobile : (574)870-1052
Fax : (574)583-2918
Email : DEB@GODLOVEENT.COM

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

Submitted date: 06/10/2013 Time: 15:26
Members: ID6676 ID7161 ID8338 NIPSCO SM

Fact Based Investigation Report

Notification ID 01820130612002
Damage Date 06/12/2013 10:40
Notified By Anessa (Facility Owner)
Damage Address 207 E SR 16 XS. Middle St (White County)
Buffalo, IN
District Northern Indiana
Notification Date 06/12/2013 10:41

Damaged Customer NIPSCO

Investigation Date From 06/12/2013 12:25:00 **To** 06/12/2013 12:40:00

Excavator Involved GODLOVE
Type of Excavation sewer connection

Orig. Locate Request 1306103595 **Start Date** 06/12/2013 15:45
Type of Ticket Routine **Locate Req. Info** N/A

Damage Request # M92720273 **Start Date** 06/12/2013 10:45

Pictures Taken By Tim Bednarz **Date** 06/12/2013 12:25
Photography Type Digital **Frame #**

Investigator Emp. # 116288 **Investigator Name** Tim Bednarz
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 # Bednarz Tim - 116288 **Locator Not Known**

Investigation Findings
Facility Marked Accurately
Other Notes

Investigation Methods
Visual, Facility Exposed At Time Of Investigation

Investigator Statement/Causal Factors
Contractor was digging out landscaping and tree roots and caught gas line with excavator. There were flags between tree and gas meter. Contractor didn't hand dig to expose the gas line.
Names of Utility Representatives Contacted or on Site and Statement
N/A
Names of Excavator's Representatives Contacted or on Site and Statement
crew was on site(3)
Other individuals on site
Homeowner

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

Extent of facility damage

cut in half

Replacement Footage

splice 1-2 ft

Was contractor assistance required? If yes, who?

No

What contractor equipment was used?

Is the facility shown on the utility records?

No

If yes, list record numbers



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jun 27, 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: Art The Handyman

Business address (*number and street*): 741 S Bluff Street

City, State, and ZIP code: Monticello, IN 47960

Telephone number (*area code*): (574)870-3568

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Sewer (Sanitary/Storm)

Date and Location of Damage

Date of damage (*month, day, year*): Jun 12, 2013 _____

County: White _____

City: Buffalo _____

Street address (*number and street, city, state, and ZIP code*):
207 E ST RD 16 _____

Nearest intersection: Middle Street _____

Right of way where damage occurred: Private - Land Owner

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*): 1 _____

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? 16 _____

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

Excavator working on another contractor's ticket# 1306103595.