



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: **Knott Drainage & Excavating Inc.**

UPPAC Database Record ID: 5128

Report Date: 10/3/2013

Investigator: Mike Orr

Damage Date: 6/3/2013

Damage Address: 3506 Homestead Road, Fort Wayne, Allen

The Parties

Excavator: **Knott Drainage & Excavating Inc.**

Address: 6422 Indiana State Road 205, Laotto, In 46763

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: Yes

Indiana 811 Ticket Number: 1305163617

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 mailed 8/6/2013. Excavator failed to maintain required clearance from the gas service with the backhoe.

Conclusion: There was a failure to maintain clearance with mechanized equipment within the tolerance zone.

Violation: IC 8-1-26-20(a)(2) Failure to maintain two (2) feet clearance with mechanized equipment.



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jul 2, 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: Knott Drainage & Excavating Inc

Business address (*number and street*): 6422 INDIANA STATE ROAD 205

City, State, and ZIP code: LAOTTO, IN 46763

Telephone number (*area code*): (260)357-5424

Fax number (*area code*): (260)357-0534

E-mail address: KNOTTEXCAVATING@GMAIL.COM

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 3, 2013

County: Allen

City: Fort Wayne

Street address (*number and street, city, state, and ZIP code*):
3506 Homestead Road

Nearest intersection: Covington Road

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*): _____

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? 24

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1305163617

Was the locate request completed within two working days? Yes

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

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

Were facility marks visible in the area of excavation? Yes

Were facilities marked correctly? Yes

Type of markings used: Paint and Flags

If other, please specify: _____

Was site marked by "White Lining"? No

Were special instructions part of the locate request?

Were maps used to complete the locate request? Yes

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: --Failure to use hand tools where required

Additional Comments

Emergency ticket# 1306032720.



150 West Market Street, Suite 600
Indianapolis, IN 46204

August 29, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 5128
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 5128

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: 6/3/2013

Event Location: 3506 Homestead Road

City: Fort Wayne

Facility Owner: NIPSCO

Excavator: Knott Drainage & Excavating Inc

Other Party: N/A

Pipeline Division Case No. 5128

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. 5128	
Date of Event	6/3/2013
Event Location	3506 Homestead Road
Event City	Fort Wayne
Facility Owner	NIPSCO
Excavator	Knott Drainage & Excavating Inc
Date of IURC Information Request	July 29, 2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Knott Drainage & Excavating Inc
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	6422 Indiana State Road 205
CITY/ STATE/ZIP	Laotto / IN / 46763
PREFERRED TELEPHONE	260-357-5424
CELL PHONE TELEPHONE	260-410-7348
EMAIL ADDRESS	knottexcavatng@gmail.com
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	3506 Homestead Road
CITY/STATE/ZIP	Fort Wayne / 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.)	3/4"
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)	Yes

INDIANA 811 LOCATE TICKET NUMBER	1305163617
LOCATE MARKS VISIBLE (YES/NO)	Yes
LOCATE MARKS CORRECT (YES/NO)	Yes
EXCAVATOR "WHITE LINED" (YES/NO)	No
MAPS USED TO MARK FACILITIES (YES/NO)	Yes
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>Failure to use hand tools where required. Emergency ticket number: 1306032720.</p>	

NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA 220 FFW MAXIMO WO # _____
OPERATING AREA CONTACT J Hane JOB ORDER # 603417
TRACKING NUMBER 018 2013 0603010 LOCATE REF # 130-SIL-3617
Locate Performed By: _____

DATE AND TIME OF ACCIDENT 11:48 AM 2013 6-3 M DATE OF REPORT 6-3-13
PLACE OF DAMAGE (INCLUDE CITY) 3506 Homestead Rd Fort Wayne

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

OTHER (DESCRIBE) _____

GAS: SERVICE MAIN () SIZE 3/4 MATERIAL: PLASTIC () STEEL METER () REG STATION () STUB ()
OTHER (DESCRIBE) _____

DEPTH OF FACILITY (inches) 24" PRESSURE (PSI) 45-60 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 *Did not shut down service*

DURATION OF INTERRUPTION: TIME REPORTED 11:48 TIME SHUT OFF N/A TIME RESTORED N/A

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: N/A

LOCATE MARKS ON SITE: YES DISTANCE BETWEEN FACILITY AND LOCATE MARKS 0 NO ()
HOW LOCATED: PAINT FLAGS () BOTH () WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) Knott Drainage & excavating Inc

ADDRESS OF PARTY (INCLUDE CITY) 3506 Home Stead Rd

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Rob Knott

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: Aaron (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 checked="" 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 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 type="checkbox"/> HAND TOOLS | <input checked="" 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 type="checkbox"/> AUTOMOTIVE ACCIDENT | <input type="checkbox"/> EXCAVATING BEFORE LOCATES DUE | <input checked="" type="checkbox"/> CARELESS MACHINE OPERATOR |
| <input type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED | <input type="checkbox"/> STUB |
| | | <input type="checkbox"/> OTHER _____ |

COMMENTS: Line hit / pulled steel service
Compression curb stop in yard

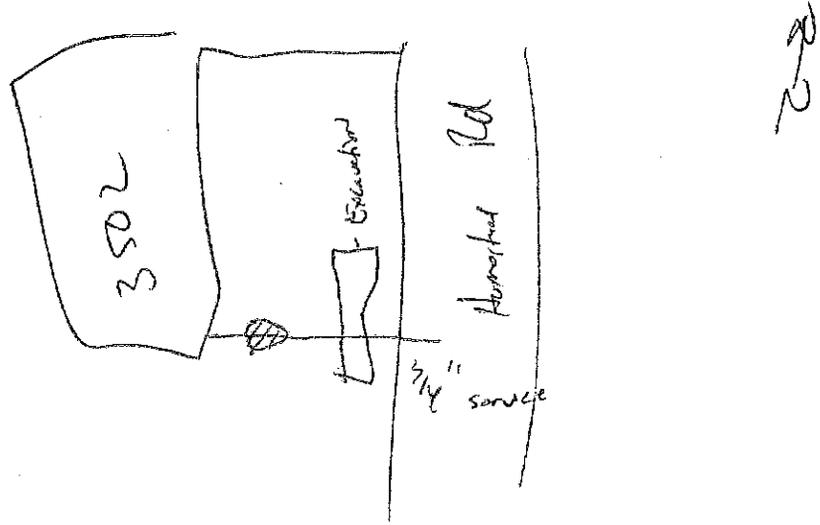
PERSON PREPARING REPORT Hunter

FIELD SUPERVISOR Jason Acker

FIELD MANAGER Jason Haver

- 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: REGION 3; Assigned To: N/A

NIPSCO 00524 IUPPSa 05/31/2013 12:01:51 1305163617-01A NORM 2NDR STRT

SECOND NOTICE 2ND NOTICE

Ticket : 1305163617 Date: 05/31/2013 Time: 11:56 Oper: SPOPE Chan:044
Old Tkt: 1305163617 Date: 05/16/2013 Time: 16:00 Oper: BMORRIS Rev: 00A

State: IN Cnty: ALLEN Twp: ABOITE
Cityname: FORT WAYNE Inside: N Near: Y
Subdivision:

Address : 3506
Street : HOMESTEAD RD
Cross 1 : COVINGTON RD Within 1/4 mile: Y
Location: LOCATE ENTIRE EAST SIDE OF THE PROPERTY
:
Grids : 4103C8517D 4103D8517D
Boundary: n 41.055554 s 41.050571 w -85.285119 e -85.283618

Work type : INSTALLING SANITARY SEWER
Done for : EDMOND BUILDERS
Start date: 05/20/2013 Time: 16:15 Hours notice: 0/000 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 2 WEEKS Depth: 12 FEET

Company : KNOTT DRAINAGE AND EXCAVATING Type: CONT
Co addr : 6422 INDIANA STATE ROAD 205
City : LAOTTO State: IN Zip: 46763
Caller : ROB KNOTT Phone: (260)357-5424
Contact : ROB KNOTT - CELL Phone:
BestTime:
Mobile : (260)410-7348
Fax : (260)357-0534
Email : KNOTTEXCAVATING@GMAIL.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
STILL NEED ELEC TO RESPOND TO REQUEST ASAP--CREW ON SITE--THANK YOU
Will you be white-lining the dig site area? NO
:

Submitted date: 05/31/2013 Time: 11:56
Members: AEPIN AQUA CC FW ID5792 ID6111 ID8000 NIPSCO SM

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

NIPSCO 00966 IUPPSa 06/03/2013 13:44:01 1306032720-00A EMER NEW STRT

EMERGENCY EMERGENCY

Ticket : 1306032720 Date: 06/03/2013 Time: 13:40 Oper: STURNER Chan:000

State: IN Cnty: ALLEN Twp: ABOITE
Cityname: FORT WAYNE Inside: Y Near: N
Subdivision:

Address : 3506
Street : HOMESTEAD RD
Cross 1 : N WESTLAKES DR Within 1/4 mile: Y
Location: LOCATE ENTIRE PROPERTY -- CREW IS ENROUTE
:
Grids : 4103C8517D 4103D8517D
Boundary: n 41.055554 s 41.050571 w -85.285119 e -85.283618

Work type : GAS LINE REPAIR
Done for : NIPSCO
Start date: 06/03/2013 Time: 13:42 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 E 86TH AVE
City : MERRILLVILLE State: IN Zip: 46410
Caller : TENNILLE FORD Phone: (800)322-2806
Contact : JASON OTIS CELL Phone:
BestTime:
Mobile : (260)241-3246
Fax : (219)647-4764

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

Submitted date: 06/03/2013 Time: 13:40
Members: AEPIN AQUA CC FW ID5792 ID6111 ID8000 NIPSCO SM

Fact Based Investigation Report

Notification ID 01820130603010
Damage Date 06/03/2013 11:50
Notified By TENNILLE FORD (Facility Owner)
Damage Address 3506 HOMESTEAD RD X N WESTLAKES DR ALLEN
FORT WAYNE, IN
District Northern Indiana
Notification Date 06/03/2013 13:55

Damaged Customer NIPSCO

Investigation Date From 06/03/2013 14:10:00 **To** 06/03/2013 14:25:00

Excavator Involved KNOTT EXCAVATION
Type of Excavation SEWER

Orig. Locate Request 1305163617 **Start Date**
Type of Ticket **Locate Req. Info** N/A

Damage Request # 1306032720 **Start Date**

Pictures Taken By ron stephens **Date** 06/03/2013 14:15
Photography Type Digital **Frame #** N/A

Investigator Emp. # 123132 **Investigator Name** RON STEPHENS
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 # Lederle Caleb - 131110 **Locator Not Known**

Investigation Findings

Facility Marked Accurately

Other Notes

Investigation Methods

Investigator Verified Existing Marks By Hooking Up
Visual, Facility Exposed At Time Of Investigation

Investigator Statement/Causal Factors

gas service locate and ws painted and flagged

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

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 steel service
Replacement Footage	3
Was contractor assistance required? If yes, who?	No
What contractor equipment was used?	N/A
Is the facility shown on the utility records?	No
If yes, list record numbers	N/A