



Pipeline Safety Division Investigation Report

Investigation regarding: **Austgen Equipment Incorporated**

UPPAC Database Record ID: 3003

Investigator: Howard Friend

Report Date: 7/30/2012

Damage Date: 5/24/2012 3:03:03 PM

Damage Address: N West St

City: Crown Point

County: Lake

The Parties

Excavator: **Austgen Equipment Incorporated**

Contact: David J. Austgen, Owner

Address: Po Box 366, Lowell, In 46356

Telephone: 219-690-1850

Facility Owner: NIPSCO

Contact: Kit Earle

Address: 101 West Ohio Street, Indianapolis, IN 46204

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Investigation regarding: Austgen Equipment Incorporated

UPPAC Database Record ID: 3003

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: 1205182735

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Road Work

Synopsis: A natural gas service was damaged during excavation for road work.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 7/23/2012. Excavator had a valid locate request and the gas operator had accurately marked the underground facility. The excavator reported the service line at 5" deep making it difficult to expose without damaging the facility.

Conclusion: Excavator failed to maintain the required clearance with mechanized equipment.

Violation: IC 8-1-26-20(b): Failure to plan excavation to avoid damage or interference with underground facilities; Failure to maintain two (2) feet clearance with mechanized equipment.

Austgen Equipment Incorporated currently has 3 other reports of damages in the record, between 6/8/2011 11:53:31 AM and 6/6/2012 9:25:46 AM.

NO

LOCATE

TICKET

PROVIDED



101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

July 25, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3003
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3003

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: 5/24/2012

Event Location: N West St, Crown Point

Facility Owner: Northern Indiana Public Service Company

Excavator: Austgen Equipment Incorporated

Other Party: N/A

Pipeline Division Case No. 3003

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. 3003	
Date of Event	5/24/2012
Event Location	N West St, Crown Point
Facility Owner	Northern Indiana Public Service Company
Excavator	Austgen Equipment Incorporated
Date of IURC Information Request	7/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Austgen Excavation
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	P. O. Box 366
CITY/ STATE/ZIP	Lowell, IN 46356
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 Locating Service
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	9045 North River Road, Suite 300
CITY/ STATE/ZIP	Indianapolis, IN 46240
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
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	302 N. West Street
CITY/STATE/ZIP	Crown Point, IN 46307
NEAREST INTERSECTION	W Anderson St
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" plastic / 3/4" steel
PRESSURE (PSIG/INCHES)	40
INTERRUPTION IN SERVICE (YES/NO)	Yes
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	N/A
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	

Trancher	
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	X
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)	Y 1205243084
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Yes

INDIANA 811 LOCATE TICKET NUMBER	1205182723
LOCATE MARKS VISIBLE (YES/NO)	Yes
LOCATE MARKS CORRECT (YES/NO)	Yes
EXCAVATOR "WHITE LINED" (YES/NO)	N
MAPS USED TO MARK FACILITIES (YES/NO)	Y
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	No
INCIDENT IMPACT INFORMATION	
NUMBER OF OUTPATIENT TREATED	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FACILITIES	
FIRE DEPARTMENT RESPONSE (YES/NO)	
FPOLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
ADDITIONAL INFORMATION/COMMENTS	
Excavator hit accurately marked facility Nipsco emergency locate #: 1205243172	

Fact Based Investigation Report

01820120524013
Northern IN
5/24/2012 12:55:00 PM
5/24/2012 3:26:24 PM
mark
302 n west st
crown point
ST: IN ZIP:

NOTIFICATION ID:
DISTRICT:
DAMAGE DATE:
NOTIFICATION DATE:
NOTIFIED BY:
DAMAGE ADDRESS:
CITY:

NIPSCO

DAMAGED CUSTOMER:

05/24/2012
14:15:00
14:30:00

INVESTIGATION DATE:
FROM:
TO:

Austgen Equipment Inc.
water/sewer

EXCAVATOR INVOLVED:
TYPE OF EXCAVATION:

1205182723
5/22/2012 3:45:00 PM
Ongoing Project

ORIG. LOCATE REQ.:
START DATE/TIME:
TYPE OF TICKET:
LOCATE REQ. INFO N/A:

M51103490
5/24/2012 4:30:00 PM

DIG UP/DAMAGE REQ.:
START DATE/TIME:

reggie flemings
5/24/2012 2:20:00 PM
Digital

PICTURES TAKEN BY:
DATE/TIME:
PHOTOGRAPHY TYPE:
FRAME #:

129675
reggie flemings
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?

INVESTIGATOR EMP#:
INVESTIGATOR NAME:

No

Fact Based Investigation Customer Information

01820120524013

NIPSCO

(optional)

NOTIFICATION ID:

SELECT A CUSTOMER:

CUSTOMER #:

LOWPROF

Gas Service

Flemings Reginald - 129675

FACILITY DESCRIPTION:

FACILITY ID:

LOCATOR NAME & EMP #:

LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:

Facility Marked Accurately

Other:

CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):

Visual, Facility Exposed At Time Of Investigation

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

previous marks are accurate. usic not at fault. Most marks were destroyed, but post locate photos show line was marked correctly.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

na

NAMES OF EXCAVATOR'S REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

na

LIST ANY OTHER INDIVIDUALS ON SITE:

na

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 service

REPLACEMENT FOOTAGE

unknown

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?

No

WHAT CONTRACTOR EQUIPMENT WAS USED?

unknown

IS THE FACILITY SHOWN ON THE UTILITY RECORDS?

No

IF YES, PLEASE LIST RECORD #(S)

NIPSCO 01083 IUPPSa 05/24/2012 15:03:08 1205243084-00A EMER DAMG GRID

DAMAGE DAMAGE

Ticket : 1205243084 Date: 05/24/2012 Time: 15:00 Oper: DSEGO Chan:087

State: IN Cnty: LAKE Twp: CENTER
Cityname: CROWN POINT Inside: Y Near: N
Subdivision:

#3003

Address :

Street : N WEST ST

Cross 1 : W ANDERSON ST Within 1/4 mile: N

Location: STARTING AT A POINT 1500 FEET SOUTH OF ANDERSON ST LOCATE BOTH SIDES
OF WEST ST GOING 750 FEET SOUTH

:

Grids : 4125D8721A 4125C8721A 4125D8722D 4125C8722D

Boundary: n 41.422218 s 41.419079 w -87.367340 e -87.365829

Work type : SITE EXCAVATION FOR ROAD WORK

Done for : US ARMY CORP

Start date: 05/24/2012 Time: 15:00 Hours notice: 0/0 Priority: EMER

Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y

Duration : 4 WEEKS Depth: 5 FEET

Company : AUSTGEN EQUIPMENT INCORPORATED Type: CONT

Co addr : PO BOX 366

City : LOWELL State: IN Zip: 46356

Caller : MIKE HAKOS Phone: (219)690-1850

Contact : MIKE HAKOS - CELL Phone:

BestTime:

Mobile : (219)689-6148

Fax : (219)690-1852

Email : MHAKOS@AUSTGENEQUIPMENT.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
A NIPSCO GAS LINE HAS BEEN DAMAGED---GAS LINE IS BLOWING---THE LINE WAS DAMAGED
IN THE MIDDLE OF N WEST ST IN FRONT OF THE ADDRESS OF 302 N WEST ST---DAMAGED
LINE IS DESCRIBED AS A STEEL LINE---MIKE HAKOS HAS CALLED 911 AND NIPSCO TO
REPORT THE DAMAGED LINE---CREW IS ON SITE---PREVIOUS TICKET NUMBER IS 1205182735
Will you be white-lining the dig site area? NO

:

Submitted date: 05/24/2012 Time: 15:00

Members: COMCN IB ID2287 NIPSCO SM

NIPSCO 00856 IUPPSa 05/18/2012 15:36:36 1205182735-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1205182735 Date: 05/18/2012 Time: 15:32 Oper: AOWENS Chan:041

State: IN Cnty: LAKE Twp: CENTER
Cityname: CROWN POINT Inside: Y Near: N
Subdivision:

#3003

Address :

Street : N WEST ST

Cross 1 : W ANDERSON ST Within 1/4 mile: N

Location: STARTING AT A POINT 1500 FEET SOUTH OF ANDERSON ST LOCATE BOTH SIDES
OF WEST ST GOING 750 FEET SOUTH

:

Grids : 4125D8721A 4125C8721A 4125D8722D 4125C8722D

Boundary: n 41.422218 s 41.419079 w -87.367340 e -87.365829

Work type : SITE EXCAVATION FOR ROAD WORK

Done for : US ARMY CORP

Start date: 05/22/2012 Time: 15:45 Hours notice: 96/48 Priority: NORM

Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N

Duration : 4 WEEKS Depth: 5 FEET

Company : AUSTGEN EQUIPMENT INCORPORATED Type: CONT

Co addr : PO BOX 366

City : LOWELL State: IN Zip: 46356

Caller : MIKE HAKOS Phone: (219)690-1850

Contact : MIKE HAKOS - CELL Phone:

BestTime:

Mobile : (219)689-6148

Fax : (219)690-1852

Email : MHAKOS@AUSTGENEQUIPMENT.COM

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

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

:

Submitted date: 05/18/2012 Time: 15:32

Members: COMCN IB ID2287 NIPSCO SM



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3003

The Pipeline Safety Division of the Indiana Utility Regulatory Commission requests any and all information you can provide regarding the following criteria.

Upon completion of answers select email button for submission.

The Parties

Excavator Information:

Business Name: Austgen Equipment Inc.

Responsible Party Personal Name: David J. Austgen

Title (if any): Owner

Address (number and street): P.O.Box366

City, State and ZIP Code: Lowell, Indiana,46356

Preferred Telephone Number (area code): 1-219-690-1850

Cellular Telephone Number (area code): _____

Email Address: mhakos@austgenequipment.com

Facility Information:

Business Name: Northern Indiana Public Service Co.

Responsible Party Personal Name: _____

Title (if any): _____

Address (number and street): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Locator Service Information:

Business Name: _____

Responsible Party Personal Name: _____

Title (*if any*): _____

Address (*number and street*): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Cause of Damage Information

Type of Equipment (*select one*): Backhoe/Trackhoe

Type of Work Performed (*select one*): Road Work

Other Information (Witness, Police, Fire, Other):

Personal Contact: _____

Business/Organization Name: _____

Title (*if any*): _____

Address (*number and street*): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): _____

City, State and ZIP Code: _____

Nearest Intersection: west st. and goldbourh _____

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Service/Drop

Size (Diameter/etc.): ^{1/2} _____

Pressure (PSIG/Inches): _____

Interruption in Service: Yes No **Number of Customers Affected:** ¹ _____

Evacuation: Yes No **If yes, How Many Evacuated?** _____

Repair Cost (if known): \$ _____

Release of Product: Yes No

Ignition and/or Fire: Yes No

Excavator Notify 811: Yes No

Locate Information

Excavator Request Locate: Yes No

Indiana 811 Locate Ticket Number: 1205182723/2712/2735/2745

- Locate Marks Visible: Yes No
- Locate Marks Correct: Yes No
- Excavator "White Lined": Yes No
- Maps Used to Mark Facilities: Yes No
- Was Locate Provided within Two (2) Working Days: Yes No
- Operator Employees On-site during Excavation: Yes No

Incident Impact Information

Number of Outpatient Treated: ⁰ _____

Number of Inpatient Treated: ⁰ _____

Number of Fatalities: ⁰ _____

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

Additional Information / Comments

On 5/22/2012 left message for Ryan at the NipSCO Facility to set up meeting due to the depth of the services on this project. Services were at depth of +/- 5" below road pavement and were not consistent. Austgen Equipment were exposing the the services when we hit the line. Austgen Equipment did have meeting with the supervisors of the facility on that Day in which NIPSCO worked with Austgen Equipment to Lower other services lines under the new roadway because of the depth. Austgen Equipment holds safety meeting with their employees to school on the proper procedures for exposing and finding utilities. Austgen Equipment will continue to stress the importance with the employees, to create a safer work place.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3003

Your Full Name: David J. Austgen

Full Name of Business / Entity (if applicable): Austgen Equipment Inc

Your Business Title (if applicable): Owner

Address (number and street): P.O. Box 366

City: Lowell State: In. ZIP Code:

Your E-mail Address: 46356

Today's Date (month, day, year): 7/19/2012

Your Signature: David J. Austgen Title (if any) Owner

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 3003
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204**

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov