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: Clyde Bradley

UPPAC Database Record ID: 3103

Investigator: Mike Enlow

Report Date: 8/23/2012

Damage Date: 5/29/2012

Damage Address: 715 Madison St

City: Michigan City

County: Laporte

The Parties

Excavator: **Clyde Bradley**

Contact:

Address: 715 Madison St, Michigan City, In

Telephone: 219 874 5526

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: Clyde Bradley

UPPAC Database Record ID: 3103

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: False

Number of Customers Affected: 0

Injuries: 0

Fatalities: 0

Repair Cost (if known): $178

Excavator Activities/Cause of damage information:

Excavator request locates: No Indiana 811 ticket Number: No locate requested

Type of Equipment: Hand Tools

Type of work performed: Unknown/Other

Synopsis: Homeowner cut gas service drop during installation of swing set.

Findings: Reported by Carrie Ludwig (NIPSCo); excavator (Homeowner) did not respond to initial notice mailed July 13, 2012. Excavator (Homeowner) failed to provide a notice to Indiana 811 prior to excavating to install a swing set.

Conclusion: A gas service drop was cut by homeowner during installation of swing set after failing to provide a notice to Indiana 811.

Violation: IC 8-1-26-16(g): Failure to provide notice of excavation.

DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: May 31, 2012

Who is submitting this information?

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

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

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: Clyde Bradley

Business address *(number and street)*: 715 Madison St

City, State, and ZIP code: Michigan City, IN

Telephone number *(area code)*: 219 874 5526

Fax number *(area code)*:

E-mail address:

Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Hand Tools

Type of work performed: Unknown/Other

Date and Location of Damage

Date of damage (*month, day, year*): May 29, 2012

County: Laporte

City: Michigan City

Street address (*number and street, city, state, and ZIP code*):
715 Madison St, Michigan City, IN

Nearest intersection: Elm St

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? 0

Was there a customer service interruption? No

If yes, how many affected? 0

Time to restore service (*in hours*): 1

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

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: No locate requested

Was the locate request completed within two working days? Unknown/Other

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

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

Were facility marks visible in the area of excavation? No

Were facilities marked correctly? Unknown/Other

Type of markings used: Other

If other, please specify: no locates

Was site marked by "White Lining"?

Were special instructions part of the locate request? Unknown/Other

Were maps used to complete the locate request? Unknown/Other

Were pipeline company representatives on site during excavation? No

Did the excavator notify the operator in the event of this damage? No

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? No

Description of Cause

Select from the list the most accurate cause for the damage: --No notification made to the one-call center

Additional Comments

Customer failed to call for locates resulting in hit facility.

101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

August 13, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3103
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3103

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: 5/29/2012

Event Location: 715 Madison St, Michigan City

Facility Owner: Northern Indiana Public Service Company

Excavator: Clyde Bradley

Other Party: N/A

Pipeline Division Case No. 3103

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. 3103	
Date of Event	5/29/2012
Event Location	715 Madison St, Michigan City
Facility Owner	Northern Indiana Public Service Company
Excavator	Clyde Bradley
Date of IURC Information Request	7/13/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Clyde Bradley
RESPONSIBLE PARTY PERSONAL NAME	Clyde Bradley
TITLE (IF ANY)	Property Owner
ADDRESS	715 Madison St
CITY/ STATE/ZIP	Michigan City, IN 46360
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	715 Madison St
CITY/STATE/ZIP	Michigan City, IN 46360
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 plastic
PRESSURE (PSIG/INCHES)	
INTERRUPTION IN SERVICE (YES/NO)	No
NUMBER OF CUSTOMERS AFFECTED	0
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	
REPAIR COST (IF KNOWN) ($)	177.52
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scrapper	
Hand Tools	
Milling Equipment	
Probing Device	

Trancher	
Vaccuum Equipment	
Unknown/Other	X – Post hole digger
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)	
Site Development	
Steam	
Storm Drain/Culvert	
Street Light	
Telecommunications	
Traffic Signal	
Traffic Sign	
Water	
Waterway Improvement	
Unknown/Other	X Swing Set Installation
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)	N/A
LOCATE MARKS CORRECT (YES/NO)	N/A
EXCAVATOR "WHITE LINED" (YES/NO)	No
MAPS USED TO MARK FACILITIES (YES/NO)	N/A
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	
No locates called in.	

IURC Damage Information Request

Complete at damage site. Please scan and email completed form to cludwig@nisource.com within 10 days of damage.

Date 5/24/2012

City Mich City

Address 715 Madison St

Contractor Clyde Bindley

Type of Equipment Post hole digger

Work Type Putting in swing set

Locate # N/A

Locates (yes/no) No

Accurate Locates (yes/no) No

Paint, flags or both None

Release of Gas (yes/no) Yes

Detailed description of Event including equipment used Customer did not call in locate hit 5/8" service while putting in swing set

Depth of line 18"

Were locates performed in 2 working days (yes/no) N/A

Service or main and size of line 5/8" plastic

Pressure (PSI) 45 #

Outage (yes/no) no

How many customers lost 0

Time to restore service 1 hour

Evacuation (yes/no) No

How many evacuated 0

Ignition of product (yes/no) No

Damage or leak Damage —

Fact Based Investigation Report

NOTIFICATION ID: 01820120529003

DISTRICT: Northern IN

DAMAGE DATE: 5/29/2012 10:45:00 AM

NOTIFICATION DATE: 5/29/2012 10:45:26 AM

NOTIFIED BY: MARK Facility Owner

DAMAGE ADDRESS: 715 MADISON ST X ELM ST

CITY: MICHIGAN

ST: IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 05/29/2012

FROM: 11:30:00

TO: 11:55:00

EXCAVATOR INVOLVED: Homeowner

TYPE OF EXCAVATION: N/A

ORIG. LOCATE REQ.: Yes

START DATE/TIME:

TYPE OF TICKET:

LOCATE REQ. INFO N/A:

DIG UP/DAMAGE REQ.: M51337262

START DATE/TIME:

PICTURES TAKEN BY: Chris Deniston

DATE/TIME: 5/29/2012 11:40:00 AM

PHOTOGRAPHY TYPE: Digital

FRAME #:

INVESTIGATOR EMP#: 116375

INVESTIGATOR NAME: Joe Hendrickson

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?
No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120529003

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: *(optional)*

FACILITY DESCRIPTION: LOWPROF

FACILITY ID: Gas Service

LOCATOR NAME & EMP #:

LOCATOR NOT KNOWN: Yes

CHECK ALL THAT APPLY TO INVESTIGATION:
No Locate Req. By Contractor

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:
No call for locates had been made for this address or the work being done. Gas service was hit by the homeowner. Visual that there were utilities in the area but no effort was made to call in to get them located.

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

LIST ANY OTHER INDIVIDUALS ON SITE:
N/A

WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL? No

WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA? Yes

WAS THE EXCAVATION WITHIN THE TOLERENCE ZONE OF MARKS? No

EXTENT OF FACILITY DAMAGE Cut gas service

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, PLEASE LIST RECORD #(S) N/A

DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

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Who is submitting this information?

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Telephone number *(area code)*: 219 962 0422

Fax number *(area code)*: 219 962 0404

E-mail address: cludwig@nisource.com

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Full name: Clyde Bradley

Business address *(number and street)*: 715 Madison St

City, State, and ZIP code: Michigan City, IN

Telephone number *(area code)*: 219 874 5526

Fax number *(area code)*:

E-mail address:

Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Unknown/Other

Type of work performed: Unknown/Other

Date and Location of Damage

Date of damage (*month, day, year*): May 29, 2012

County: Laporte

City: Michigan City

Street address (*number and street, city, state, and ZIP code*):
715 Madison St, Michigan City, IN

Nearest intersection: Elm St

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? 0

Was there a customer service interruption? No

If yes, how many affected? 0

Time to restore service (*in hours*): 1

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

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? Unknown/Other

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

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Were facilities marked correctly? Unknown/Other

Type of markings used: Other

If other, please specify: no locates

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Were special instructions part of the locate request? Unknown/Other

Were maps used to complete the locate request? Unknown/Other

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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? No

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Additional Comments

Customer failed to call for locates resulting in hit facility