



Pipeline Safety Division Investigation Report

Investigation regarding: **Mr Rooter Plumbing**

UPPAC Database Record ID: 3132

Investigator: Howard Friend

Report Date: 09/17/2012

Damage Date: 6/1/2012 9:31:06 AM

Damage Address: 109 Arcade Ave

City: Elkhart

County: Elkhart

The Parties

Excavator: **Mr Rooter Plumbing**

Contact:

Address: Po Box 390, Milford, In 46542

Telephone:

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: Mr Rooter Plumbing

UPPAC Database Record ID: 3132

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 9

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

Excavator Activities/Cause of damage information:

Excavator request locates: No Indiana 811 ticket Number:

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Sewer (Sanitary/Storm)

Synopsis: A natural gas line was damaged during excavation for a sewer line.

Findings: Reported by Indiana 811; excavator did not respond to initial notice mailed on 8/16/2012. The excavator failed to provide notice of excavation. Locate markings had been provided by the Operators locate contractor due to the fact the City of Elkhart public works requested locate markings.

Conclusion: The excavator failed to provide notice of excavation.

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: Jun 28, 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

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: City of Elkhart Public Works

Business address (*number and street*): 1201 South Nappanee Street

City, State, and ZIP code: Elkhart, IN 46516

Telephone number (*area code*): 374-293-2572

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Municipality

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 1, 2012

County: Elkhart

City: Elkhart

Street address (*number and street, city, state, and ZIP code*):
109 Arcade Ave Elkhart IN

Nearest intersection: Bresseau Dr

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? Yes

If yes, how many affected? 9

Time to restore service (*in hours*): 4

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? 20

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1205252319

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? Contract Locator

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

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: _____

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? Yes

Did the excavator notify Indiana 811 in the event of this damage? Yes

Did the excavator notify 911 in the event of a release of product? Yes

Description of Cause

Select from the list the most accurate cause for the damage: --Facility was not located or marked

Additional Comments

Damage ticket #: 1206010823

Nipsco emergency repair ticket #: 1206010983

City of Elkhart is not at fault. Gas operator failed to locate or provided incorrect locate markings.

This damage was reported by IN811 in Spreadsheet CE. MAO 06/29/2012.



101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

August 13, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3132
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3132

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: 6/1/2012

Event Location: 109 Arcade Ave, Elkhart

Facility Owner: Northern Indiana Public Service Company

Excavator: City of Elkhart Public Works

Other Party: N/A

Pipeline Division Case No. 3132

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. 3132	
Date of Event	6/1/2012
Event Location	109 Arcade Ave, Elkhart
Facility Owner	Northern Indiana Public Service Company
Excavator	City of Elkhart Public Works
Date of IURC Information Request	7/13/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Mr Rooter Plumbing
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	106 E Catherine Street
CITY/ STATE/ZIP	Elkhart, IN
PREFERRED TELEPHONE	(574) 389-7711
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	109 Arcade Ave
CITY/STATE/ZIP	Elkhart, IN
NEAREST INTERSECTION	Bresseau Dr
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)	45
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	9
EVACUATION (YES/NO)	Y
IF YES, HOW MANY EVACUATED	3 residences
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	
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)	Y
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	Y 1206010823
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	N working under City of Elkhart's locate

INDIANA 811 LOCATE TICKET NUMBER	N/A
LOCATE MARKS VISIBLE (YES/NO)	Y
LOCATE MARKS CORRECT (YES/NO)	Y
EXCAVATOR "WHITE LINED" (YES/NO)	N
MAPS USED TO MARK FACILITIES (YES/NO)	Y
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	N
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	
<p>Excavator failed to notify one-call center for own locates and failed to use hand tools where required Nipsco emergency repair ticket #: 1206010983</p>	

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA 000 MAXIMO WO #
OPERATING AREA CONTACT Jim Armstrong JOB ORDER # 542330
TRACKING NUMBER 01820120601009 LOCATE REF #
Locate Performed By:

DATE AND TIME OF ACCIDENT 6/11 2012 8:21 M DATE OF REPORT 6/11/12
PLACE OF DAMAGE (INCLUDE CITY) 109 Arcade Ave. Elkhart

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 ()
OTHER (DESCRIBE)

DEPTH OF FACILITY (inches) 20" PRESSURE (PSI) 45 Lbs.

RELEASE OF GAS: YES (X) NO () IGNITION OF GAS: YES () NO (X) EVACUATION REQUIRED: YES (X) # 3 homes NO ()

INTERRUPTION OF SERVICE: YES (X) NO () NUMBER OF CUSTOMERS LOST: 9

DURATION OF INTERRUPTION: TIME REPORTED 8:01 TIME RESTORED 13:00

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 5/8"

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

PARTY THAT CAUSED DAMAGES (NAME) Mr. Rooter Plumbing

ADDRESS OF PARTY (INCLUDE CITY) Milford, IN 866-545-8855

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Joe Phillips

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: (ATTACH PHOTOS TO REPORT)
MEDIA ON SITE YES () NO (X)

WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW

- () AGRICULTURE/FARMING () CABLE TV () CURB/SIDEWALK () TELECOMMUNICATIONS
() BLDG CONSTRUCTION () DEMOLITION () DRAINAGE (X) WATER
() DRIVEWAY () ELECTRIC () SURVEYING () DRAINS/CULVERTS
() FENCING () GRADING () IRRIGATION () MOWING
() LANDSCAPING () PIPELINE () MILLING () OTHER
() POLE/SIGN POST () ROAD WORK () 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 (X) OTHER Failure to hand expose

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS: Accurate locate failure to hand expose,
service marking loop/bend

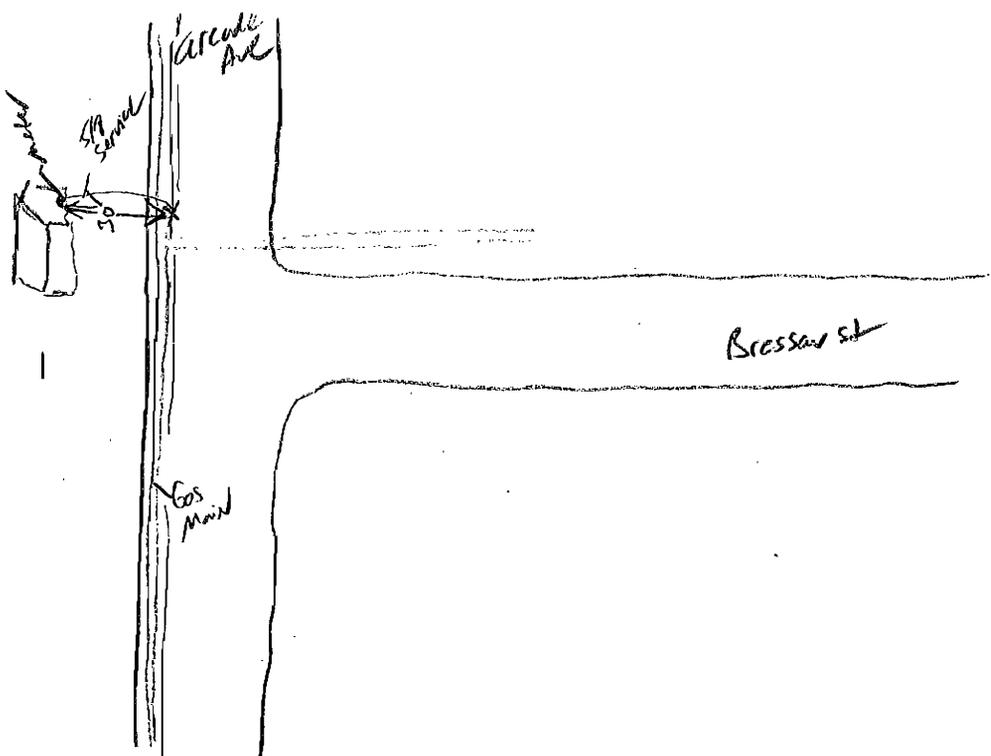
PERSON PREPARING REPORT Anthony Jones

FIELD SUPERVISOR Gary Dodge

FIELD MANAGER Rick Gray

- 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: _____

Fact Based Investigation Report

01820120601001

Northern IN

6/1/2012 9:15:00 AM

6/1/2012 9:32:05 AM

CARLA Facility Owner

109 ARCADE AVE X BRESSEAU

ELKHART

ST: IN ZIP:

NOTIFICATION ID:

DISTRICT:

DAMAGE DATE:

NOTIFICATION DATE:

NOTIFIED BY:

DAMAGE ADDRESS:

CITY:

NIPSCO

DAMAGED CUSTOMER:

06/01/2012

INVESTIGATION DATE:

10:00:00

FROM:

10:30:00

TO:

ROTO-ROOTER

EXCAVATOR INVOLVED:

SEWER

TYPE OF EXCAVATION:

1205252319

ORIG. LOCATE REQ.:

START DATE/TIME:

TYPE OF TICKET:

LOCATE REQ. INFO N/A:

1206010823

DIG UP/DAMAGE REQ.:

START DATE/TIME:

MIKE OBERLIN

PICTURES TAKEN BY:

6/1/2012 11:00:00 AM

DATE/TIME:

Digital

PHOTOGRAPHY TYPE:

FRAME #:

113397

INVESTIGATOR EMP#:

MIKE OBERLIN

INVESTIGATOR NAME:

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?

No

Fact Based Investigation Customer Information

01820120601001

NIPSCO

(optional)

NOTIFICATION ID:

SELECT A CUSTOMER:

CUSTOMER #:

LOWPROF

Gas Service

Klapp Jason - 131802

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 Verified Existing Marks By Hooking Up

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

ROTO ROTER HIT A GAS SERVICE THAT WAS MARKED ACURATE DIGGING IN A CITY OF ELKHART TICKET SERVICE WENT PAST THE MAIN AND TURNED IN ON THE BACK SIDE OF MAIN PULLED LINE OUT OF TAP

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

U/K

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

U/K

LIST ANY OTHER INDIVIDUALS ON SITE:

U/K

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

SERVICE

REPLACEMENT FOOTAGE

NONE

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?

No

WHAT CONTRACTOR EQUIPMENT WAS USED?

IS THE FACILITY SHOWN ON THE UTILITY RECORDS?

No

IF YES, PLEASE LIST RECORD #(S)

NIPSCO 00219 IUPPSa 06/01/2012 09:31:08 1206010823-00A EMER DAMG STRT

DAMAGE SEE REMARKS

Ticket : 1206010823 Date: 06/01/2012 Time: 09:27 Oper: LSTEVENSON Chan:018

State: IN Cnty: ELKHART Twp: CONCORD
Cityname: ELKHART Inside: Y Near: N
Subdivision:

Address : 109
Street : ARCADE AVE
Cross 1 : BRESSEAU DR Within 1/4 mile: Y
Location: LOCATE THE ENTIRE PROPERTY AND THE ENTIRE STREET IN FRONT OF THE
PROPERTY

:
Grids : 4141D8559B
Boundary: n 41.686264 s 41.684219 w -85.993805 e -85.992294

Work type : SEWER REPAIR
Done for : CITY OF ELKHART
Start date: 06/01/2012 Time: 09:27 Hours notice: 0/0 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 2 WEEKS Depth: 12 FEET

Company : CITY OF ELKHART PUBLIC WORKS Type: OTHR
Co addr : 1201 SOUTH NAPPANEE STREET
City : ELKHART State: IN Zip: 46516
Caller : DEREK SAUER Phone: (574)293-2572
Contact : DEREK SAUER - OFFICE EXT 226 Phone:
BestTime:
Mobile : (574)293-2572 Ext: 226
Fax : (574)293-7658
Email : DEREK.SAUER@COEI.ORG

Remarks : All tickets are taken and processed on Eastern Daylight Time
PER DEREK SAUER---NIPSCO GAS LINE WAS HIT ON THE TREE LAWN AREA BETWEEN THE CURB
AND SIDEWALK---GAS LINE IS BLOWING---GAS CAN BE HEARD AND SMELLED---LINE IS
ORANGE AND PLASTIC---911 AND NIPSCO HAVE BEEN NOTIFIED OF THE DAMAGE---DEREK
SAUER IS ON SITE---PREVIOUS TICKET NUMBER IS 1205252319
Will you be white-lining the dig site area? NO
:

Submitted date: 06/01/2012 Time: 09:27
Members: AEPIN COMCN ID0598 ID8000 NIPSCO SM

CASE # 3132

MR. ROOTER PLUMBING CAUSED DAMAGE

NIPSCO 00662 IUPPSa 05/25/2012 15:44:22 1205252319-00A NORM NEW STRT

NORMAL NOTICE

Ticket : 1205252319 Date: 05/25/2012 Time: 15:31 Oper: DEREK.SAUER Chan:000

State: IN Cnty: ELKHART Twp: CONCORD
Cityname: ELKHART Inside: Y Near: N
Subdivision:

Address : 109
Street : ARCADE AVE
Cross 1 : BRESSEAU DR Within 1/4 mile: Y
Location: LOCATE THE ENTIRE PROPERTY AND THE ENTIRE STREET IN FRONT OF THE
PROPERTY

Grids : 4141D8559B
Boundary: n 41.686264 s 41.684219 w -85.993805 e -85.992294

Work type : SEWER REPAIR
Done for : CITY OF ELKHART
Start date: 05/30/2012 Time: 15:45 Hours notice: 120/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 2 WEEKS Depth: 12 FEET

Company : CITY OF ELKHART PUBLIC WORKS Type: OTHR
Co addr : 1201 SOUTH NAPPANEE STREET
City : ELKHART State: IN Zip: 46516
Caller : DEREK SAUER Phone: (574)293-2572
Contact : DEREK SAUER - OFFICE EXT 226 Phone:
BestTime:
Mobile : (574)293-2572 Ext: 226
Fax : (574)293-7658
Email : DEREK.SAUER@COEI.ORG

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

Submitted date: 05/25/2012 Time: 15:31
Members: AEPIN COMCN ID0598 ID8000 NIPSCO SM

CASE # 3132

MR. ROOTER PLUMBING CAUSED DAMAGE



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Jun 28, 2012

Who is submitting this information?

Name of person providing this information: Carrie Ludwig

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

City, State, and ZIP code: Gary, IN

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: Mr Rooter Plumbing

Business address (*number and street*): _____

City, State, and ZIP code: Milford, IN

Telephone number (*area code*): 866-545-8855

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Water

Date and Location of Damage

Date of damage (month, day, year): Jun 1, 2012

County: Elkhart

City: Elkhart

Street address (number and street, city, state, and ZIP code):
109 Arcade Ave Elkhart IN

Nearest intersection: Bresseau Dr

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? Yes

If yes, how many affected? 9

Time to restore service (in hours): 4

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? 20

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

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? Yes

Did the excavator notify Indiana 811 in the event of this damage? Yes

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

Damage ticket #: 1206010823

Nipsco emergency repair ticket #: 1206010983

City of Elkhart had a ticket for this address
1205252319

Information Request

Pipeline Safety Division
Indiana Utility Regulatory Commission

Case No. 3132

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

The Parties: The City of Elkhart received notice as the Excavator, however, the excavation was done by Mr. Rooter. See below.

Excavator Information:

Business Name: **Mr. Rooter**

Responsible Party Personal Name:

Title (if any):

Address: **P.O. Box 390**

City, State Zip: **Milford, IN 46542**

Preferred Telephone: **Please contact the Utility Staff Attorney: Maggie Jones (574) 293-2572**

Cell Phone Number:

Email Address: **Please contact the Utility Staff Attorney: Maggie.jones@coei.org**

Facility Information:

Business Name: **NIPSCO**

Responsible Party Personal Name:

Title (if any):

Address:

City, State, Zip:

Preferred Telephone:

Cell Phone Number:

Email Address:

Locator Service Information:

Business Name: **Indiana Underground Plant Protection Service (aka Call Before You Dig)**

Responsible Party Personal Name: Title (if any):

Address:

City, State Zip:

Preferred Telephone: **(800) 382-5544**

Cell Phone Number:

Email Address:

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

Personal Contact:

Business/Organization Name:

Title (if any)

Address:

City, State, Zip:

Preferred Telephone:

Cell Phone Number:

Email Address:

Utility Line Impact: This information is unknown to the Excavator

Location of Damage:

Address: **109 Arcade Ave.**

City, State Zip: **Elkhart, IN 46516**

Nearest Intersection: **Arcade Ave and Brusseau Dr.**

Product Type (circle one):

Natural Gas

Liquid Pipeline

Unknown/Other

Facility Type (circle one):

Distribution

Gathering

Service/Drop

Transmission

Unknown/Other

Size (Diameter/etc.): _____

Pressure (PSIG/Inches): _____

Interruption in Service: Yes /No Number of Customers Affected: _____

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

Repair Cost (if Known): \$ _____

Cause of Damage Information:

Type of Equipment (circle one):

Auger

Backhoe/Trackhoe

Boring/Drilling

Directional Drilling

Explosives

Farm Equipment

Grader/Scraper

Hand Tools

Milling Equipment

Probing Device

Trencher

Vacuum Equipment

Unknown/Other

Type of Work Performed (circle 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

Release of Product: **Yes**

Ignition and/or Fire: **No**

Excavator Notify 811: **Yes**

Locate Information:

Excavator Request Locate: **Yes**

Indiana 811 Locate Ticket Number: 1205252319

Locate Marks Visible: **Yes, except for Frontier fiber optic**

Locate Marks Correct: **No, the gas service line looped around the gas main and this line was not marked**

Excavator "White Lined": **No**

Maps Used to Mark Facilities: **No**

Was Locate Provided within Two (2) Working Days: **Yes**

Operator Employees On-site during Excavation: **Yes**

Incident Impact Information:

Number of Outpatient Treated: 0

Number of Inpatient Treated: 0

Number of Fatalities: 0

Fire Department Response: **Yes**

Police Department Response: **No**

Ambulance Response: **No**

Additional Information/Comments:

Please see attached documents.

Exhibit 1 is the reference ticket for the facility location request dated 5/25/12.

Exhibit 2 is a page from the Inspector's report stating that the unmarked gas service line was outside the two-foot clearance when it was hit.

Exhibit 3 is photos taken at the scene showing the location of the line where it was hit.

The City of Elkhart's position as to this Notice Violation is as follows:

1. IC 8-1-26-1(g) Failure to provide notice of excavation: The attached Exhibit 1 shows that the City notified Indiana Underground Plant Protection Service of the excavation within 1 week prior to excavating. The City of Elkhart has not violated this statute.
2. IC 8-26-16(h) Failure to perform required white lining: Pursuant to the referenced statute, white lining is only necessary if the excavator is unable to provide the physical location by one of the following means: a) street address; b) legal description; or c) a highway location. The City of Elkhart provided the street address (see Exhibit 1), therefore white lining was not necessary. The City of Elkhart has not violated the statute.
3. IC 8-1-26-20(b) Failure to maintain two feet clearance with mechanized equipment: The unmarked gas service line looped around the gas main. Since the service line was not marked the excavation crew was not able to maintain the two feet clearance. The City of Elkhart has not violated the statute.

YOUR PIPELINE SAFETY DIVISION CASE NO.: 3132

YOUR FULL NAME: Margaret M. Jones

FULL NAME OF BUSINESS/ENTITY (if applicable): The City of Elkhart Indiana

YOUR BUSINESS TITLE (if applicable): Utility Staff Attorney

ADDRESS: 1201 S. Nappanee St

CITY: Elkhart STATE: IN ZIP CODE: 46516

YOUR TELEPHONE NUMBER: (574) 293 - 2572 SECOND NO. () _____ - _____

YOUR EMAIL ADDRESS: Maggie.jones@coei.org

TODAY'S DATE: 8/13/12

YOUR SIGNATURE: Maggie Jones TITLE (if any): Utility Staff Attorney

Please return your Narrative Statement and Answers to the above questions to:

Pipeline Safety Division- Case No.:---:--- Indiana Utility Regulatory Commission
101 West Washington Street, # 1500E
Indianapolis, IN 46204

Or scan document(s) and Email to:

PipelineDamageCase@urc.in.gov

Exhibit 1

NORMAL NOTICE

Ticket : 1205252319 Date: 05/25/2012 Time: 03:31 Oper: DEREK.SAUER Chan:000

State: IN Cnty: ELKHART Twp: CONCORD
 Cityname: ELKHART Inside: Y Near: N
 Subdivision:

Address : 109
 Street : ARCADE AVE
 Cross 1 : BRESSEAU DR Within 1/4 mile: Y
 Location: LOCATE THE ENTIRE PROPERTY AND THE ENTIRE STREET IN FRONT OF THE
 PROPERTY
 :
 Grids : 4141D8559B

Work type : SEWER REPAIR
 Done for : CITY OF ELKHART
 Start date: 05/30/2012 Time: 15:45 Hours notice: 132/48 Priority: NORM
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
 Duration : 2 WEEKS Depth: 12 FEET

Company : CITY OF ELKHART PUBLIC WORKS Type: OTHR
 Co addr : 1201 SOUTH NAPPANEE STREET
 City : ELKHART State: IN Zip: 46516
 Caller : DEREK SAUER Phone: (574)293-2572
 Contact : DEREK SAUER - OFFICE EXT 226 Phone:
 BestTime:
 Mobile : (574)293-2572 Ext: 226
 Fax : (574)293-7658
 Email : DEREK.SAUER@COEI.ORG

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

Submitted date: 05/25/2012 Time: 03:31
 Members: AEPIN COMCN ID0598 ID8000 NIPSCO SM

Member Name	Facility Types
AMERICAN ELECTRIC POWER	ELECTRIC
COMCAST NORTH	CABLE TV
ELKHART PUBLIC UTILITIES	WATER
FRONTIER	TELEPHONE
NIPSCO	GAS & ELECTRIC

[View Map](#) [Close Map](#)

DAMAGE SEE REMARKS

Ticket : 1206010823 Date: 06/01/2012 Time: 09:27 Oper: LSTEVENSON Chan:018

State: IN Cnty: ELKHART Twp: CONCORD
 Cityname: ELKHART Inside: Y Near: N
 Subdivision:

Address : 109
 Street : ARCADE AVE
 Cross 1 : BRESSEAU DR Within 1/4 mile: Y
 Location: LOCATE THE ENTIRE PROPERTY AND THE ENTIRE STREET IN FRONT OF THE
 PROPERTY
 :
 Grids : 4141D8559B

Work type : SEWER REPAIR
 Done for : CITY OF ELKHART
 Start date: 06/01/2012 Time: 09:27 Hours notice: 0/000 Priority: EMER
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
 Duration : 2 WEEKS Depth: 12 FEET

Company : CITY OF ELKHART PUBLIC WORKS Type: OTHR
 Co addr : 1201 SOUTH NAPPANEE STREET
 City : ELKHART State: IN Zip: 46516
 Caller : DEREK SAUER Phone: (574)293-2572
 Contact : DEREK SAUER - OFFICE EXT 226 Phone:
 BestTime:
 Mobile : (574)293-2572 Ext: 226
 Fax : (574)293-7658
 Email : DEREK.SAUER@COEI.ORG

Remarks : All tickets are taken and processed on Eastern Daylight Time
 PER DEREK SAUER---NIPSCO GAS LINE WAS HIT ON THE TREE LAWN AREA BETWEEN THE CURB
 AND SIDEWALK---GAS LINE IS BLOWING---GAS CAN BE HEARD AND SMELLED---LINE IS
 ORANGE AND PLASTIC---911 AND NIPSCO HAVE BEEN NOTIFIED OF THE DAMAGE---DEREK
 SAUER IS ON SITE---PREVIOUS TICKET NUMBER IS 1205252319
 Will you be white-lining the dig site area? NO
 :

Submitted date: 06/01/2012 Time: 09:27
 Members: AEPIN COMCN ID0598 ID8000 NIPSCO SM

Member Name	Facility Types
AMERICAN ELECTRIC POWER	ELECTRIC
COMCAST NORTH	CABLE TV
ELKHART PUBLIC UTILITIES	WATER
FRONTIER	TELEPHONE
NIPSCO	GAS & ELECTRIC

[View Map](#) [Close Map](#)

Exhibit 2

ELKHART CITY ENGINEERING DEPARTMENT
INSPECTORS REPORT

DATE 6-1-72

SITE: 109 Arcade Ave INSPECTOR: Derek Sauer

TIME STARTED: 8 AM TIME STOPPED: 1 PM WEATHER CONDITION: _____ TEMP: _____

PERMIT ISSUED: _____ PERMIT NUMBER: _____

CONTRACTOR/ CITY CREWS: Mr. Roster, Nipsey, E.F.D., AEP, locate, etc

(NAMES & POSITIONS)

EQUIPMENT USED:

WORKED PERFORMED: Dug in the tree line. 9 AM pulled ^{Gas} service from the main. Nipsey on site 9:50 AM shut off @ 11 AM. Main turned on at 1 PM but the repair was leaked. Mr. Roster pulled off the site @ this time. Nipsey continued to work. The gas service boped around the main 24"-30".

An Unmarked Fiber optic line was also damaged and Frontier did a repair on it after Nipsey was finished.

Mr Roster will return on Monday.

CHANGES IN PLANS (ENGINEER, INSPECTOR, CONTRACTOR)

APPROVED BY:

SITE PROBLEMS:

SAFETY PROVISIONS: (TRAFFIC CONTROL)

- BARRICADES FLASHERS BARRICADES CONES DETOUR SIGNS HARNESS
 AIR PACK GAS DETECTION OTHER _____

INJURIES (PLEASE USE BACK OF THIS SHEET TO GIVE FULL DESCRIPTION OF PERSON, INJURY, CAUSE, AND IF TREATMENT WAS NECESSARY)

UNDER GROUND UTILITY LOCATE REFERENCE NUMBER _____

NOTES _____

Exhibit 3

