



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Gariup Construction Company, Inc.**

UPPAC Database Record ID: 3276

Investigator: Howard Friend

Report Date: 08/16/2012

Damage Date: 06/26/2012 10:01:22 AM

Damage Address: 6700 E Oak Ave

City: Miller

County: Lake

### The Parties

Excavator: **Gariup Construction Company, Inc.**

Contact: Darren Demaree, Senior Project Manager

Address: Po Box 64879, Gary, In 46401

Telephone: (219) 887-5233

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: Gariup Construction Company, Inc.**

UPPAC Database Record ID: 3276

**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: 1206213018

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Curb/Sidewalk

**Synopsis:** A natural gas service was damaged during excavation for a curb/walk.

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 08/10/2012. NIPSCO maintains that excavator failed to maintain required clearance from the gas main with the excavator. Excavator included in their response that the gas service varied in depth from 4 feet to 8 inches, and referenced article 10-3.05(03) of the 10-3.0 utility accommodation policy that states the line should be 5feet deep, not 8 inches.

**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.**



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jul 11, 2012

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### 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

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### Excavator Information, if known

Full name: Gariup Construction Co Inc

Business address (*number and street*): PO Box 64879

City, State, and ZIP code: Gary, IN 46401

Telephone number (*area code*): 219 887 5233

Fax number (*area code*): 219 981 3679

E-mail address:

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### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Curb/Sidewalk

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## Date and Location of Damage

Date of damage (*month, day, year*): Jun 26, 2012

County: Lake

City: Gary

Street address (*number and street, city, state, and ZIP code*):  
6700 E Oak Ave Gary IN

Nearest intersection: N Montgomery 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? Yes

If yes, how many affected? 1

Time to restore service (*in hours*): \_\_\_\_\_

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ \_\_\_\_\_

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## 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? 30

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## Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1206213018

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? Unknown/Other

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? Yes

Did the excavator notify 911 in the event of a release of product? Unknown/Other

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### **Description of Cause**

Select from the list the most accurate cause for the damage: --Failure to maintain clearance

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### **Additional Comments**

Damage ticket #: 1206261041

This was reported by IN811 in Spreadsheet CH. MAO 7/11/2012.



101 West Ohio Street, Suite 1707  
Indianapolis, IN 46204

August 13, 2012

*Via Electronic Transmission – [PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)*

Pipeline Safety Division – Case No. 3276  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3276

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: 6/26/2012

Event Location: Oak Ave, Miller

Facility Owner: Northern Indiana Public Service Company

Excavator: Gariup Construction Co Inc.

Other Party: N/A

Pipeline Division Case No. 3276

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,

A handwritten signature in black ink, appearing to read "Christopher Earle".

Christopher C. (Kit) Earle  
NiSource Corporate Services - Legal  
Phone: 317-684-4904  
Fax: 317-684-4918  
Email: [cearle@nisource.com](mailto:cearle@nisource.com)

<b>IURC INFORMATION REQUEST</b>	
<b>Pipeline Safety Division Case No. 3276</b>	
Date of Event	6/26/2012
Event Location	Oak Ave, Miller
Facility Owner	Northern Indiana Public Service Company
Excavator	Gariup Construction Co Inc.
Date of IURC Information Request	7/13/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Gariup Construction
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	P. O. Box 64879
CITY/ STATE/ZIP	Gary, IN 46401
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<b>FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:</b>	
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	<a href="mailto:LSELKING@NISOURCE.COM">LSELKING@NISOURCE.COM</a>
<b>LOCATOR SERVICE INFORMATION</b>	
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	
<b>OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION</b>	
PERSONAL CONTACT	
BUSINESS/ORGANIZATION NAME	
TITLE (IF ANY)	

ADDRESS	
CITY/ STATE/ZIP	
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<b>UTILITY LINE IMPACT</b>	
<b>LOCATION OF DAMAGE</b>	
ADDRESS	E Oak Ave
CITY/STATE/ZIP	Gary, IN 46401
NEAREST INTERSECTION	N Montgomery St
<b>PRODUCT TYPE (Select One)</b>	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
<b>FACILITY TYPE (Select One)</b>	
DISTRIBUTION	
GATHERING	
SERVICE/DROP	X
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	1 1/8"
PRESSURE (PSIG/INCHES)	28
INTERRUPTION IN SERVICE (YES/NO)	Yes
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	
REPAIR COST (IF KNOWN) (\$)	
<b>CAUSE OF DAMAGE INFORMATION:</b>	
<b>TYPE OF EQUIPMENT (Select One)</b>	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	
Probing Device	

Trencher	
Vacuum Equipment	
Unknown/Other	X Mechanized Equipment
<b>TYPE OF WORK PERFORMED (Select One)</b>	
Agriculture	
Cable TV	
Curb/Sidewalk	X
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/NO)	Yes
IGNITION AND/OR FIRE (YES/NO)	No
EXCAVATOR NOTIFY 811 (YES/NO)	Yes – 1206261041
<b>LOCATE INFORMATION:</b>	
EXCAVATOR REQUEST LOCATE (YES/NO)	Yes

INDIANA 811 LOCATE TICKET NUMBER	1206213018
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
<b>INCIDENT IMPACT INFORMATION</b>	
NUMBER OF OUTPATIENT TREATED	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FACILITIES	0
FIRE DEPARTMENT RESPONSE (YES/NO)	
POLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
Failure to verify location by test-hole pot-holing by excavator.	

# Fact Based Investigation Report

01820120626006  
Northern IN  
6/26/2012 10:45:00 AM  
6/26/2012 10:58:49 AM  
JOEL Excavator  
601 N MONTGOMERY ST  
GARY  
ST: IN ZIP:

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

NIPSCO

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DAMAGED CUSTOMER:

06/26/2012  
10:25:00  
11:25:00

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INVESTIGATION DATE:  
FROM:  
TO:

UNKNOWN  
Unknown

---

EXCAVATOR INVOLVED:  
TYPE OF EXCAVATION:

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

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1206261360  
6/26/2012 10:45:00 AM

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

Bob Anderson  
6/26/2012 11:10:00 AM  
Digital  
1

---

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

117382  
Bob Anderson  
**BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?**  
No

INVESTIGATOR EMP#:  
INVESTIGATOR NAME:

## Fact Based Investigation Customer Information

01820120626006

NIPSCO

(optional)

**NOTIFICATION ID:**

**SELECT A CUSTOMER:**

**CUSTOMER #:**

LOWPROF

Gas Service

Anderson Bob - 117382

**FACILITY DESCRIPTION:**

**FACILITY ID:**

**LOCATOR NAME & EMP #:**

**LOCATOR NOT KNOWN:**

**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,  
Investigation Results Verified By Utility Representative

**INVESTIGATOR STATEMENT/CAUSAL FACTORS:**

An unknown contractor was demolishing a wooden section of this building. It appeared to be an overhang or a covered area of some kind on the east side. While dismantling this piece, it collapsed and fell onto the large gas meter station and snapped the regulator off of the meter piping. Gas was blowing for awhile until Nipsco was able to find the valve near the main and shut it down. There was no locate request called in for this property and even if there was this situation had no effect on any locates.

**NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:**

Crew from Nipsco & Steve Tayler, supervisor.

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

Unknown contractor on site.

**LIST ANY OTHER INDIVIDUALS ON SITE:**

Bob Squzert, locator and also the Gary Fire Dept.

**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 TOLERANCE ZONE OF MARKS?**

No

**EXTENT OF FACILITY DAMAGE**

Crushed meter & snapped off the regulator

**REPLACEMENT FOOTAGE**

None, New meter build

**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, PLEASE LIST RECORD #(S)**



NIPSCO 00302 IUPPSa 06/26/2012 10:01:27 1206261041-00A EMER DAMG GRID

DAMAGE DAMAGE

Ticket : 1206261041 Date: 06/26/2012 Time: 09:58 Oper: RJOHNSON Chan:002

State: IN Cnty: LAKE Twp: CALUMET  
Cityname: MILLER Inside: Y Near: N  
Subdivision:

# 3276

Address :

Street : OAK AVE

Cross 1 : N MONTGOMERY ST Within 1/4 mile: Y

Location: THIS IS MARQUETTE PARK - FROM THE INTERSECTION - TRAVEL WEST ON OAK AVE FOR 1500 FEET - LOCATE CONTINUING WEST FOR APPROX 800 FEET ON THE NORTH SIDE OF THE ROAD - TO WHERE THE ROAD TURNS SOUTH

:

Grids : 4137D8715D 4137C8715D 4137D8715C 4137D8715B

Boundary: n 41.620850 s 41.618557 w -87.259552 e -87.250786

Work type : SITE CLEARING

Done for : MARQUETTE PARK

Start date: 06/26/2012 Time: 09:58 Hours notice: 0/0 Priority: EMER

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

Duration : 6 MONTHS Depth: 4 FEET

Company : GARIUP CONSTRUCTION CO INC Type: CONT

Co addr : PO BOX 64879

City : GARY State: IN Zip: 46401

Caller : JASON HINOJOSA Phone: (219)887-5233

Contact : JASON HINOJOSA - CELL Phone:

BestTime:

Mobile : (219)746-8958

Fax : (219)981-3679

Remarks : All tickets are taken and processed on Eastern Daylight Time  
GAS LINE HAS BEEN DAMAGED--NIPSCO IS THE UTILITY COMPANY--GAS LINE IS NOT  
BLOWING--LINE IS DAMAGED ON THE SOUTH SIDE OF THE AQUATORIUM--ON THE NORTH SIDE  
OF OAK AVE--YELLOW 1" DIAMETER LINE--UNKNOWN MATERIAL--HAVE NOT CALLED 911--CREW  
IS ON SITE--HAVE NOT CALLED NIPSCO TO REPORT THE DAMAGED LINE--GAVE  
NUMBER--PREVIOUS TICKET 1206213018  
Will you be white-lining the dig site area? NO

:

Submitted date: 06/26/2012 Time: 09:58

Members: COMCN IB ID2227 NIPSCO SM

NIPSCO 00845 IUPPSa 06/21/2012 15:35:55 1206213018-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1206213018 Date: 06/21/2012 Time: 15:30 Oper: KREED Chan:090

State: IN Cnty: LAKE Twp: CALUMET  
Cityname: MILLER Inside: Y Near: N  
Subdivision:

#3276

Address :  
Street : OAK AVE  
Cross 1 : N MONTGOMERY ST Within 1/4 mile: Y  
Location: THIS IS MARQUETTE PARK - FROM THE INTERSECTION - TRAVEL WEST ON OAK  
AVE FOR 1500 FEET - LOCATE CONTINUING WEST FOR APPROX 800 FEET ON THE NORTH SIDE  
OF THE ROAD - TO WHERE THE ROAD TURNS SOUTH

:  
Grids : 4137D8715D 4137C8715D 4137D8715C 4137D8715B  
Boundary: n 41.620850 s 41.618557 w -87.259552 e -87.250786

Work type : SITE CLEARING  
Done for : MARQUETTE PARK  
Start date: 06/25/2012 Time: 15:45 Hours notice: 96/48 Priority: NORM  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N  
Duration : 6 MONTHS Depth: 4 FEET

Company : GARIUP CONSTRUCTION CO INC Type: CONT  
Co addr : PO BOX 64879  
City : GARY State: IN Zip: 46401  
Caller : JASON HINOJOSA Phone: (219)887-5233  
Contact : JASON HINOJOSA - CELL Phone:  
BestTime:  
Mobile : (219)746-8958  
Fax : (219)981-3679

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

Submitted date: 06/21/2012 Time: 15:30  
Members: COMCN IB ID2227 NIPSCO SM

NIPSCO 00394 IUPPSa 06/26/2012 10:48:54 1206261360-00A EMER NEW STRT

EMERGENCY

Ticket : 1206261360 Date: 06/26/2012 Time: 10:45 Oper: JCOX Chan:000

State: IN Cnty: LAKE Twp: CALUMET  
Cityname: GARY Inside: Y Near: N  
Subdivision:

#3276

Address : 601  
Street : N MONTGOMERY ST  
Cross 1 : FOREST AVE Within 1/4 mile: Y  
Location: LOCATE THE ENTIRE PROPERTY  
:  
Grids : 4136B8715D 4136A8715D  
Boundary: n 41.614918 s 41.611862 w -87.252258 e -87.250755

Work type : GAS LEAK REPAIR  
Done for : NIPSCO  
Start date: 06/26/2012 Time: 10:46 Hours notice: 0/0 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 EAST 86TH AVENUE  
City : MERRILLVILLE State: IN Zip: 46410  
Caller : JOEL DEJESUS Phone: (800)322-2806  
Contact : MIKE COAPSTICK--CELL Phone:  
BestTime:  
Mobile : (219)314-0384

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

Submitted date: 06/26/2012 Time: 10:45  
Members: COMCN IB ID2227 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY  
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Comp 150 MAXIMO WO # \_\_\_\_\_

OPERATING AREA CONTACT \_\_\_\_\_ JOB ORDER # 475861

TRACKING NUMBER 018-2012-0626-002 LOCATE REF # \_\_\_\_\_

Locate Performed By: \_\_\_\_\_

DATE AND TIME OF ACCIDENT 6-26 2012, 0911A M DATE OF REPORT 6-26-12

PLACE OF DAMAGE (INCLUDE CITY) 6700 E. OAK, Gary

DAMAGE WAS TO:

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

OTHER (DESCRIBE) \_\_\_\_\_

GAS: SERVICE  MAIN ( ) SIZE 1 1/8 MATERIAL: PLASTIC  STEEL ( ) METER ( ) REG STATION ( ) STUB ( )  
OTHER (DESCRIBE) \_\_\_\_\_

DEPTH OF FACILITY (inches) 30" PRESSURE (PSI) 28 Lbs.

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

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

DURATION OF INTERRUPTION: TIME REPORTED 0911 TIME RESTORED \_\_\_\_\_

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1"

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

PARTY THAT CAUSED DAMAGES (NAME) Garup

ADDRESS OF PARTY (INCLUDE CITY) ?

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE ?

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

- WORK IN PROGRESS WHEN FACILITY DAMAGED -- CHECK APPROPRIATE CHOICE BELOW
- |  |                                     |   |   |
|--|-------------------------------------|---|---|
| <input type="checkbox"/> AGRICULTURE/FARMING | <input type="checkbox"/> CABLE TV   | <input checked="" type="checkbox"/> CURB/SIDEWALK | <input type="checkbox"/> TELECOMMUNICATIONS |
| <input type="checkbox"/> BLDG CONSTRUCTION   | <input type="checkbox"/> DEMOLITION | <input 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 type="checkbox"/> CARELESS MACHINE OPERATOR |  |
| <input type="checkbox"/> NO NOTIFICATION     | <input type="checkbox"/> MARKS DISTURBED               | <input type="checkbox"/> STUB                      | <input type="checkbox"/> OTHER <u>Did Not Expose</u> |

COMMENTS :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERSON PREPARING REPORT C. Vucko

FIELD SUPERVISOR S. Taylor / M. COOPSTICK

FIELD MANAGER K. Hasan Bey

- 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: \_\_\_\_\_



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jul 11, 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 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: Gariup Construction Co Inc

Business address (*number and street*): PO Box 64879

City, State, and ZIP code: Gary, IN 46401

Telephone number (*area code*): 219 887 5233

Fax number (*area code*): 219 981 3679

E-mail address: \_\_\_\_\_

### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Curb/Sidewalk

---

---

**Date and Location of Damage**Date of damage (*month, day, year*): Jun 26, 2012

County: Lake

City: Gary

Street address (*number and street, city, state, and ZIP code*):  
6700 E Oak Ave Gary IN

Nearest intersection: N Montgomery 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? Yes

If yes, how many affected? 1

Time to restore service (*in hours*):

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$

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**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? 30

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**Notification, Locating, Marking**

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1206213018

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? Unknown/Other

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? Yes

Did the excavator notify 911 in the event of a release of product? Unknown/Other

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### **Description of Cause**

Select from the list the most accurate cause for the damage: --Failure to verify location by test-hole (pot-holing)

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### **Additional Comments**

Damage ticket #: 1206261041



## INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: #3276

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*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.*

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### The Parties

#### Excavator Information:

Business Name: GARIUP CONSTRUCTION CO., INC

Responsible Party Personal Name: DARREN DEMAREE

Title (if any): SENIOR PROJECT MANAGER

Address (number and street): 3965 HARRISON ST

City, State and ZIP Code: GARY, IN 46408

Preferred Telephone Number (area code): 219-887-5233

Cellular Telephone Number (area code): NOT APPLICABLE

Email Address: darren.demaree@gariup.com

#### Facility Information:

Business Name: NORTHERN INDIANA PUBLIC SERVICE CO

Responsible Party Personal Name: LARRY DOWELL

Title (if any): EMPLOYEE #116726

Address (number and street): 801 EAST 86TH AVE

City, State and ZIP Code: MERRILLVILLE, IN 46410

Preferred Telephone Number (area code): 219-647-4033

Cellular Telephone Number (area code): UNKNOWN

Email Address: UNKNOWN

**Locator Service Information:**

Business Name: UNITED STATES INFRASTRUCTURE CORP (USIC)

Responsible Party Personal Name: BOB

Title (if any): UNKNOWN

Address (number and street): UNKNOWN

City, State and ZIP Code: UNKNOWN

Preferred Telephone Number (area code): UNKNOWN

Cellular Telephone Number (area code): 574-320-5665

Email Address: UNKNOWN

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**Cause of Damage Information**

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

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

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

Personal Contact: NONE

Business/Organization Name: NONE

Title (if any): NONE

Address (number and street): NONE

City, State and ZIP Code: NONE

Preferred Telephone Number (area code): NONE

Cellular Telephone Number (area code): NONE

Email Address: NONE

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### Utility Line Impact

#### Location of Damage:

Address (number and street): 6700 EAST OAK AVE

City, State and ZIP Code: GARY, IN 46402

Nearest Intersection: MONTGOMERY

Product Type (select one): Natural Gas

Facility Type (select one): Distribution

Size (Diameter/etc.): 1-1/8"

Pressure (PSIG/Inches): UNKNOWN

Interruption in Service:  Yes  No Number of Customers Affected: 0

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

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### Locate Information

Excavator Request Locate:  Yes  No

Indiana 811 Locate Ticket Number: 1206213018

**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

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### Incident Impact Information

**Number of Outpatient Treated:** <sup>0</sup> \_\_\_\_\_

**Number of Inpatient Treated:** <sup>0</sup> \_\_\_\_\_

**Number of Fatalities:** <sup>0</sup> \_\_\_\_\_

**Fire Department Response:**  Yes  No

**Police Department Response:**  Yes  No

**Ambulance Response:**  Yes  No

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### Additional Information / Comments

WE MEET WITH USCI ONSITE BEFORE WE DIG AND OUTLINE WHAT EXCAVATION IS GOING TO TAKE PLACE WITH BOB, SO WE VERBALLY "WHITE LINE" WHAT WORK IS TAKING PLACE IN A MEETING.

IT SHOULD BE NOTED THAT THIS GAS LINE VARIED IN DEPTH FROM 4 FEET DOWN TO 8 INCHES DOWN AND PER ARTICLE 10-3.05 (03) OF THE 10-3.0 UTILITY ACCOMODATION POLICY THE LINE SHOULD HAVE BEEN 5 FEET DEEP, NOT 8 INCHES.

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 3276

Your Full Name: DARREN DEMAREE

Full Name of Business / Entity (if applicable): GARIUP CONSTRUCTION CO., INC

Your Business Title (if applicable): SENIOR PROJECT MANAGER

Address (number and street): 3965 HARRISON ST

City: GARY, IN 46408 State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Your E-mail Address: darren.demaree@gariup.com

Today's Date (month, day, year): 8-10-2012

Your Signature: \_\_\_\_\_ Title (if any) \_\_\_\_\_

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 3276**  
**Indiana Utility Regulatory Commission**  
**101 West Washington Street, 1500E**  
**Indianapolis, IN 46204**

Or scan the statement and Email to:

[PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)