



Pipeline Safety Division Investigation Report

Investigation regarding: Northern Indiana Mechanical

UPPAC Database Record ID: 3658

Investigator: Howard Friend

Report Date: 9/28/12

Damage Date: 7/31/2012

Damage Address: W 10th Ave And Taft St

City: Gary

County: Lake

The Parties

Excavator: **Northern Indiana Mechanical**

Contact: Michael Kiest, Vice President

Address: 3311 E 15th Ave, Gary, In 46403

Telephone: 219-963-1640

Facility Owner: NIPSCO

Contact: Kit Earle

Address: 101 West Ohio Street, Indianapolis, IN 46204

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Investigation regarding: Northern Indiana Mechanical

UPPAC Database Record ID: 3658

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: False

Number of Customers Affected: 0

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: Unknown/Other

Type of work performed: Curb/Sidewalk

Synopsis: A 2" natural gas main was damaged by a concrete form stake while replacing a section of concrete curb.

Findings: Reported by NIPSCO; excavator's response to initial notice was received on 9/18/2012. The excavator was working for the operator and was replacing a section of concrete curb that was removed by the operator. The excavator did not provide notice of excavation. The excavator did not notify the association or the local fire department after the release of a flammable gas. A contractor hired by the operator should know this requirement.

Conclusion: There was a failure 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: Aug 27, 2012

Who is submitting this information?

Name of person providing this information: Tommy Buher

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

City, State, and ZIP code: Gary, IN 46403

Telephone number (*area code*): 219-962-0421

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

E-mail address: cludwig@nisource.com

Excavator Information, if known

Full name: Northern Indiana Mechanical

Business address (*number and street*): 3311 E 15th Ave

City, State, and ZIP code: Gary, IN 46403

Telephone number (*area code*): 219-462-5659

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Unknown/Other

Type of work performed: Curb/Sidewalk

Date and Location of Damage

Date of damage (*month, day, year*): Jul 31, 2012 _____

County: Lake _____

City: Gary _____

Street address (*number and street, city, state, and ZIP code*):
W 10th Ave and Taft St _____

Nearest intersection: same _____

Right of way where damage occurred: Public - City Street

Was there a release of product? Yes

If yes, was there an ignition of product? No

Were evacuations necessary as a result of release? No

If yes, how many evacuated? _____

Was there a customer service interruption? No

If yes, how many affected? _____

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 \$ _____

Affected Facility Information

What type of pipeline was damaged? Natural Gas

What was the affected facility? Distribution

What was the depth of the facility, in inches? 32 _____

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"? No

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? No

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

Description of Cause

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

Additional Comments

Emergency repair ticket 1207313541



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3658

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: Northern Indiana Mechanical Inc.

Responsible Party Personal Name: Michael Kiest

Title (if any): Vice President

Address (number and street): 3311 E. 15th Avenue

City, State and ZIP Code: Gary, IN 46408

Preferred Telephone Number (area code): 219-963-1640

Cellular Telephone Number (area code): 219-405-4059

Email Address: nimco653@hotmail.com

Facility Information:

Business Name: NIPSCO

Responsible Party Personal Name: Nate Seles

Title (if any): Supervisor

Address (number and street): 1300 Dakota Street

City, State and ZIP Code: Gary, IN 46403 _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): 219-789-1231 _____

Email Address: _____

Locator Service Information:

Business Name: N/A _____

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): Unknown/Other

Type of Work Performed (select one): Curb/Sidewalk

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

Personal Contact: N/A _____

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*): 10th and Taft _____

City, State and ZIP Code: Gary, IN _____

Nearest Intersection: 10th and Taft _____

Product Type (*select one*): Natural Gas

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

Size (Diameter/etc.): 2 inch diameter _____

Pressure (PSIG/Inches): unknown _____

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

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: N/A _____

- 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: N/A

Number of Inpatient Treated: N/A

Number of Fatalities: N/A

Fire Department Response: Yes No

Police Department Response: Yes No

Ambulance Response: Yes No

Additional Information / Comments

Northern Indiana Mechanical Inc (NIM) does site restoration for NIPSCO.

A curb and some asphalt was removed by NIPSCO to repair a gas line.

When repair of the line was complete, NIM replaced the asphalt and when NIM was removing the stake for curb replacement - a leak was discovered and reported to NIPSCO.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3658

Your Full Name: MICHAEL KREST

Full Name of Business / Entity (if applicable): NORTHERN INDIANA MECHANICAL INC.

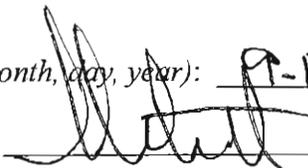
Your Business Title (if applicable): V. PRESIDENT

Address (number and street): 3311 E. 15TH AVE.

City: GARY State: IN ZIP Code: 46403

Your E-mail Address: nimco653@hotmail.com

Today's Date (month, day, year): 9-17-12

Your Signature:  Title (if any) VICE PRESIDENT

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3658
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov