



Pipeline Safety Division Investigation Report

Investigation regarding: Lovisa And Barone Landscape

UPPAC Database Record ID: 4054

Report Date: 6/11/2013

Investigator: Mike Orr

Damage Date: 10/24/2012 12:54:42 PM

Damage Address: 15831 Branch Water Way, Mishawaka, St Joseph

The Parties

Excavator: **Lovisa And Barone Landscape**

Address: 14009 Jefferson Boulevard, Mishawaka, In 46545

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Auger

Type of Work Performed: landscaping

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: 1210111046

Original Start Date:

Locate Instructions: LOCATE--ENTIRE PROPERTY--

Follow-Up Locate Instructions (if applicable):

Synopsis: A natural gas service was damaged a second time in one (1) week performing landscaping with a bobcat excavator.

Findings: Reported by Indiana 811; excavator did not respond to initial notice mailed 11/30/2012. The excavator had a valid locate and the gas operator provided accurate locate markings; however, the excavator damaged the gas service for the second time in one (1) week with mechanized equipment.

Conclusion: There was a failure to use hand tools where required.

Violation: IC 8-1-26-20(a)(2) Failure to maintain two (2) feet clearance with mechanized equipment.



150 West Market Street, Suite 600
Indianapolis, IN 46204

February 4, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4054
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4054

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: 10/24/2012

Event Location: 15831 Branch Water Way

Facility Owner: Northern Indiana Public Service Company

Excavator: Lovisa And Barone Landscape

Other Party:

Pipeline Division Case No. 4054

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. 4054 | |
| Date of Event | 10/24/2012 |
| Event Location | 15831 Branch Water Way |
| Event City | Mishawaka |
| Facility Owner | Northern Indiana Public Service Company |
| Excavator | Lovisa And Barone Landscape |
| Date of IURC Information Request | 12/5/2012 |
| THE PARTIES | |
| EXCAVATOR: | |
| BUSINESS NAME | Lovisa & Barone Landscape |
| RESPONSIBLE PARTY PERSONAL NAME | |
| TITLE (IF ANY) | |
| ADDRESS | 14009 Jefferson Blvd |
| CITY/ STATE/ZIP | Mishawaka, IN 46545 |
| PREFERRED TELEPHONE | 574-252-5252 |
| CELL PHONE TELEPHONE | 574-532-1049 |
| EMAIL ADDRESS | JOE@LOVISAANDBARONE.COM |
| 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 | 15831 Branch Water Way |
| CITY/STATE/ZIP | Mishawaka, IN 46545 |
| NEAREST INTERSECTION | Springmill 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) | |
| INTERRUPTION IN SERVICE (YES/NO) | Y |
| NUMBER OF CUSTOMERS AFFECTED | 1 |
| EVACUATION (YES/NO) | N |
| IF YES, HOW MANY EVACUATED | 0 |
| REPAIR COST (IF KNOWN) (\$) | |
| | |
| CAUSE OF DAMAGE INFORMATION: | |
| TYPE OF EQUIPMENT (Select One) | |
| Auger | |
| Backhoe/Trackhoe | |
| Boring/Drilling | |
| Directional Drilling | |
| Explosives | |
| Farm Equipment | |
| Grader/Scraper | X |
| 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 | X |
| 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) | Y |
| IGNITION AND/OR FIRE (YES/NO) | N |
| EXCAVATOR NOTIFY 811 (YES/NO) | Y- 1210241861 |
| LOCATE INFORMATION: | |
| EXCAVATOR REQUEST LOCATE (YES/NO) | Y |

| | |
|--|------------|
| INDIANA 811 LOCATE TICKET NUMBER | 1210111046 |
| 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 FATALITIES | 0 |
| FIRE DEPARTMENT RESPONSE (YES/NO) | |
| POLICE DEPARTMENT RESPONSE (YES/NO) | |
| AMBULANCE RESPONSE (YES/NO) | |
| ADDITIONAL INFORMATION/COMMENTS | |
| <p>Failure to use hand tools where required.</p> <p>2 damages at this address by same contractor see also 10-17-12 case number 4040</p> <p>Nipsco emergency repair ticket 1210241929</p> | |

NIPSCO 00314 IUPPSa 10/11/2012 10:39:06 1210111046-00A NORM NEW STRT

NORMAL NOTICE

Ticket : 1210111046 Date: 10/11/2012 Time: 10:31 Oper: DWILSON Chan:006

CASE #
4054

State: IN Cnty: ST JOSEPH Twp: PENN
Cityname: MISHAWAKA Inside: Y Near: N
Subdivision: WINDING WOODS

Address : 15831
Street : BRANCH WATER WAY
Cross 1 : SPRINGMILL DR Within 1/4 mile: Y
Location: LOCATE--ENTIRE PROPERTY--
:
Grids : 4142D8610C 4142D8610B
Boundary: n 41.703442 s 41.702049 w -86.175690 e -86.172752

Work type : LANDSCAPING
Done for : MATT BRENNAN
Start date: 10/15/2012 Time: 10:45 Hours notice: 96/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 5 DAYS Depth: 3 FEET

Company : LOVISA AND BARONE LANDSCAPE Type: CONT
Co addr : 14009 JEFFERSON BOULEVARD
City : MISHAWAKA State: IN Zip: 46545
Caller : JOE BARONE Phone: (574)252-5252
Contact : JOE BARONE - CELL Phone:
BestTime:
Mobile : (574)532-1049
Fax : (574)252-5949
Email : JOE@LOVISAANDBARONE.COM

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

Submitted date: 10/11/2012 Time: 10:31
Members: AEPIN COMCN ID1639 ID1640 NIPSCO SBCIN SM ID0106

Fact Based Investigation Report

NOTIFICATION ID: 01820121024006

DISTRICT: Northern IN

DAMAGE DATE: 10/24/2012 12:55:03 PM

NOTIFICATION DATE: 10/24/2012 1:00:13 PM

NOTIFIED BY: JOE BARONE

DAMAGE ADDRESS: 15831 BRANCH WATER WAY

CITY: MISHAWAKA

ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 10/24/2012

FROM: 13:30:00

TO: 14:00:00

EXCAVATOR INVOLVED: LOVISA BARONE LANDSCAPE

TYPE OF EXCAVATION: LANDSCAPING

ORIG. LOCATE REQ.: 1210111046

START DATE/TIME:

TYPE OF TICKET:

LOCATE REQ. INFO N/A:

DIG UP/DAMAGE REQ.: 1210241861

START DATE/TIME:

PICTURES TAKEN BY: PAUL HOUGHTON

DATE/TIME: 10/24/2012 1:35:00 PM

PHOTOGRAPHY TYPE: Digital

FRAME #:

INVESTIGATOR EMP#: 113212

INVESTIGATOR NAME: ERIC VEACH

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820121024006

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF

FACILITY ID: Gas Service

LOCATOR NAME & EMP #: Houghton Paul - 129851

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:

Contractor wiped out marks then dug directly on top of gas line. THIS IS SECOND TIME THAT THE CONTRACTOR CUT THIS NIPSCO GAS SERVICE.

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 TOLERANCE ZONE OF MARKS? No

EXTENT OF FACILITY DAMAGE CUT IN HALF

REPLACEMENT FOOTAGE N/A

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? AUGER

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)

NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA 060 MAXIMO WO # _____
OPERATING AREA CONTACT Armstrong JOB ORDER # 575856
TRACKING NUMBER 018 2012 1024 006 LOCATE REF # _____
Locate Performed By: _____

DATE AND TIME OF ACCIDENT 10-24 2012, 1300 M DATE OF REPORT 10-24-12

PLACE OF DAMAGE (INCLUDE CITY) 15831 Branchwater Way, Mish

DAMAGE WAS TO:

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

OTHER (DESCRIBE) _____

GAS: SERVICE MAIN () SIZE 5/8 MATERIAL: PLASTIC STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE) _____

DEPTH OF FACILITY (Inches) 30 PRESSURE (PSI) med 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 1300 TIME RESTORED 1400

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: Cut into

LOCATE MARKS ON SITE: YES DISTANCE BETWEEN FACILITY AND LOCATE MARKS 0 NO ()

HOW LOCATED: PAINT FLAGS BOTH () WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) Lovisa + Barone Landscaping

ADDRESS OF PARTY (INCLUDE CITY) 14009 Jefferson Blvd, Mish

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

WITNESS NAME AND ADDRESS Same as above

WITNESS REMARKS None

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 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 checked="" 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 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 checked="" 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 checked="" type="checkbox"/> OTHER <u>Not reported / located</u> |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS :

PERSON PREPARING REPORT _____

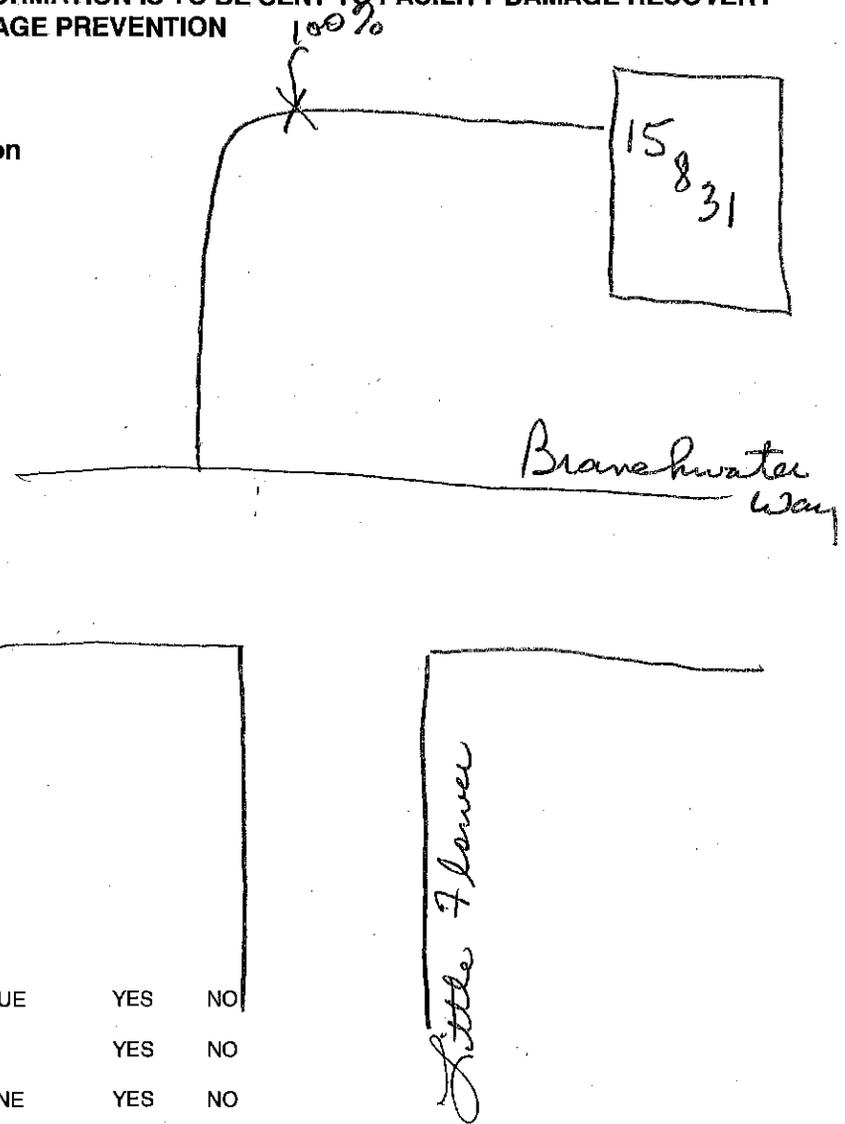
FIELD SUPERVISOR Richard Whithorn

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

N
|



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: _____