



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Walter Ward**

UPPAC Database Record ID: 4065

Report Date: 6/11/2013

Investigator: Mike Orr

Damage Date: 10/26/2012 5:35:23 PM

Damage Address: 402 W Paulding Rd, Fort Wayne, Allen

### The Parties

Excavator: **Walter Ward**

Address: 4121 Smith St, Fort Wayne, In 46806

Facility Owner: **NIPSCO**

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Hand Tools

Type of Work Performed: Construction

### 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: No

Indiana 811 Ticket Number: Original Start Date:

Locate Instructions: LOCATE THE BACK YARD OF THE PROPERTY WITHIN 20 FEET OF THE HOUSE

Follow-Up Locate Instructions (if applicable):

**Synopsis:** Excavator damaged a natural gas service line while performing construction without a locate ticket.

**Findings:** Reported by Indiana 811; excavator did not respond to initial notice mailed 11/30/2012. Excavator failed to have a valid locate when damage occurred to a gas service line while performing construction work.

**Conclusion:** There was a failure to provide notice of excavation.

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



150 West Market Street, Suite 600  
Indianapolis, IN 46204

February 1, 2013

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

Pipeline Safety Division – Case No. 4065  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4065

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: 10/26/2012

Event Location: 402 W Paulding Rd

Facility Owner: Northern Indiana Public Service Company

Excavator: Walter Ward

Other Party: N/A

Pipeline Division Case No. 4065

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](mailto:cearle@nisource.com)

<b>IURC INFORMATION REQUEST</b>	
<b>Pipeline Safety Division Case No. 4065</b>	
Date of Event	10/26/2012
Event Location	402 W Paulding Rd
Event City	Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	Walter Ward
Date of IURC Information Request	12/5/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Walter Ward
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	4121 Smith St
CITY/ STATE/ZIP	Fort Wayne, IN 46806
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	856-982-4268
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	LSELKING@NISOURCE.COM
<b>LOCATOR SERVICE INFORMATION</b>	
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	<a href="mailto:morganthompson@usicinc.com">morganthompson@usicinc.com</a>
<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	402 W Paulding Rd
CITY/STATE/ZIP	Fort Wayne, IN 46807
NEAREST INTERSECTION	McClellan 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.)	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) (\$)	
<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	X
Milling Equipment	
Probing Device	

Trancher	
Vacuum Equipment	
Unknown/Other	
<b>TYPE OF WORK PERFORMED (Select One)</b>	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	X
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)	Y
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	Y-1210262313
<b>LOCATE INFORMATION:</b>	
EXCAVATOR REQUEST LOCATE (YES/NO)	N

INDIANA 811 LOCATE TICKET NUMBER	
LOCATE MARKS VISIBLE (YES/NO)	N
LOCATE MARKS CORRECT (YES/NO)	N
EXCAVATOR "WHITE LINED" (YES/NO)	N
MAPS USED TO MARK FACILITIES (YES/NO)	N
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	N
<b>INCIDENT IMPACT INFORMATION</b>	
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)	
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
No notification made to the one-call center.	

**Fact Based Investigation Report**

NOTIFICATION ID: 01820121024014

DISTRICT: Northern IN

DAMAGE DATE: 10/24/2012 7:50:00 PM

NOTIFICATION DATE: 10/24/2012 7:49:52 PM

NOTIFIED BY: glenda 800322806 Other

DAMAGE ADDRESS: 402 west paulding rd

CITY: ft wayne

ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 10/24/2012

FROM: 19:55:00

TO: 20:15:00

EXCAVATOR INVOLVED: Homeowner

TYPE OF EXCAVATION: POST

ORIG. LOCATE REQ.:

START DATE/TIME:

TYPE OF TICKET: Other

LOCATE REQ. INFO N/A: Yes

DIG UP/DAMAGE REQ.: M68705748

START DATE/TIME:

PICTURES TAKEN BY: ERIC BLANTON DATE/TIME: 10/24/2012 8:15:00 PM

PHOTOGRAPHY TYPE: Digital

FRAME #:

INVESTIGATOR EMP#: 113185

INVESTIGATOR NAME: ROSS GILLESPIE

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

**Fact Based Investigation Customer Information**

NOTIFICATION ID: 01820121024014

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF

FACILITY ID: Gas Service

LOCATOR NAME & EMP #: Gillespie Ross - 113185

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

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

No Locate Req. By Contractor, called one in day after the damage (1210250370).

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

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

**LIST ANY OTHER INDIVIDUALS ON SITE:**  
NA

**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?** Yes  
**EXTENT OF FACILITY DAMAGE** PL SER  
**REPLACEMENT FOOTAGE** 1  
**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)**

NIPSCO 00699 IUPPSa 10/26/2012 17:35:45 1210262313-00A EMER DAMG STRT

CASE #  
4065

DAMAGE SEE REMARKS

Ticket : 1210262313 Date: 10/26/2012 Time: 17:23 Oper: BLIEVERTZ Chan:025

State: IN Cnty: ALLEN Twp: WAYNE  
Cityname: FORT WAYNE Inside: Y Near: N  
Subdivision:

Address : 402  
Street : W PAULDING RD  
Cross 1 : MCCLELLAN ST Within 1/4 mile: Y  
Location: LOCATE THE BACK YARD OF THE PROPERTY WITHIN 20 FEET OF THE HOUSE  
:  
Grids : 4101A8508C 4101A8508B  
Boundary: n 41.032101 s 41.030979 w -85.142067 e -85.139389

Work type : PORCH INSTALL  
Done for : GALE AND HENRY COLE  
Start date: 10/26/2012 Time: 17:30 Hours notice: 0/0 Priority: EMER  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
Duration : 1 DAY Depth: 2 FEET

Company : WALTER WARD Type: OTHR  
Co addr : 4121 SMITH ST  
City : FORT WAYNE State: IN Zip: 46806  
Caller : WALTER WARD Phone: (000)000-0000  
Contact : GALE AND HENRY COLE Phone:  
BestTime:  
Mobile : (856)982-4268

Remarks : All tickets are taken and processed on Eastern Daylight Time  
ON WEDNESDAY 10/24/2012 - A NIPSCO GAS LINE WAS HIT IN THE BACK YARD OF THE  
PROPERTY - GAS LINE IS NOT BLOWING - UNKNOWN SIZE/COLOR/MATERIAL - CALLER CALLED  
911 - CALLERS CREW IS NOT ON SITE - CALLER HAS CALLED NIPSCO TO REPORT THE  
DAMAGE - THERE IS NO PREVIOUS TICKET NUMBER  
Will you be white-lining the dig site area? NO  
:

Submitted date: 10/26/2012 Time: 17:23  
Members: AEPIN CC FW ID8000 NIPSCO SM

# NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA FT. WAYNE MAXIMO WO # \_\_\_\_\_  
 OPERATING AREA CONTACT \_\_\_\_\_ JOB ORDER # 564499  
 TRACKING NUMBER 01802121024014 LOCATE REF # \_\_\_\_\_  
 Locate Performed By: \_\_\_\_\_

DATE AND TIME OF ACCIDENT 10/24/12 2012 M DATE OF REPORT 10/24/12  
 PLACE OF DAMAGE (INCLUDE CITY) 402 W Paulding FT. WAYNE

**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) 12 PRESSURE (PSI) 45 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 19:09 TIME SHUT OFF 21:20 TIME RESTORED 21:40

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/2"

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

PARTY THAT CAUSED DAMAGES (NAME) Gayle Cole (Home owner)

ADDRESS OF PARTY (INCLUDE CITY) 402 W. Paulding Rd. FT. WAYNE

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Walter Ward

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 checked="" type="checkbox"/> AGRICULTURE/FARMING | <input type="checkbox"/> CABLE TV   | <input type="checkbox"/> CURB/SIDEWALK | <input type="checkbox"/> TELECOMMUNICATIONS |
| <input checked="" type="checkbox"/> BLDG CONSTRUCTION   | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> DRAINAGE      | <input type="checkbox"/> WATER              |
| <input checked="" 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 <u>Deck</u>  |
| <input checked="" 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 checked="" 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 type="checkbox"/> GRADER                | <input type="checkbox"/> OTHER             |

- REASON DAMAGE OCCURRED** - CHECK APPROPRIATE CHOICE BELOW
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> AUTOMOTIVE ACCIDENT | <input checked="" 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 _____               |

COMMENTS: Customer Having Box put on back  
of House - no Locates called in

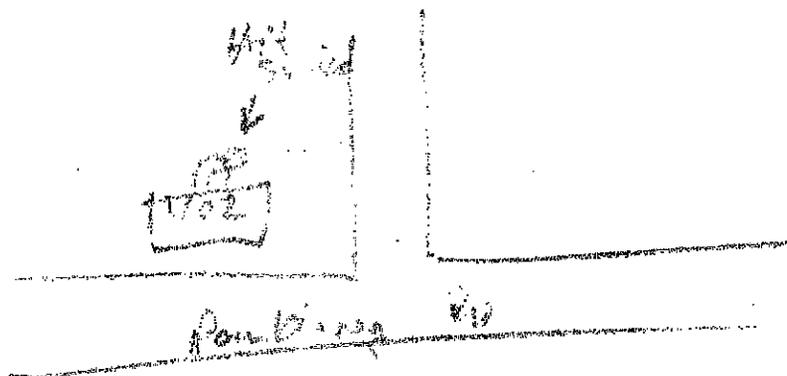
PERSON PREPARING REPORT ODIE Carter

FIELD SUPERVISOR JASON O'S

FIELD MANAGER RANDY DUNN

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