



Pipeline Safety Division Investigation Report

Investigation regarding: Rex Construction

UPPAC Database Record ID: 4073

Report Date: 6/11/2013

Investigator: Mike Orr

Damage Date: 10/29/2012 2:37:45 PM

Damage Address: Indianapolis Blvd, Highland, Lake

The Parties

Excavator: **Rex Construction**

Address: 700 Schiller Avenue, Schererville, In 46375

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Road Work

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: 1210040912

Original Start Date:

Locate Instructions: FROM THE ABOVE INTERSECTION--STARTING FROM THE NORTHEAST CORNER OF THE INTERSECTION--LOCATE--GOING SOUTH ON THE EAST SIDE OF INDIANAPOLIS BLVD FOR APPROX 500 FEET--

Follow-Up Locate Instructions (if applicable):

Synopsis: Excavator struck and damaged an underground natural gas service while performing road work with an expired locate.

Findings: Reported by Indiana 811; excavator did not respond to initial notice mailed 11/30/2012. Excavator damaged a natural gas service line having an expired locate ticket where UPPAC has considered this the same as never having had a locate.

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

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



150 West Market Street, Suite 600
Indianapolis, IN 46204

February 1, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4073
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4073

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: 10/29/2012

Event Location: / Indianapolis Blvd

Facility Owner: Northern Indiana Public Service Company

Excavator: Rex Construction

Other Party: N/A

Pipeline Division Case No. 4073

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. 4073	
Date of Event	10/29/2012
Event Location	/ Indianapolis Blvd
Event City	Highland
Facility Owner	Northern Indiana Public Service Company
Excavator	Rex Construction
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Rex Construction
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	700 Schiller Ave
CITY/ STATE/ZIP	Schererville, IN 46375
PREFERRED TELEPHONE	219-322-8090
CELL PHONE TELEPHONE	219-306-1687
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	2336 81st Street
CITY/STATE/ZIP	Highland, IN 46322
NEAREST INTERSECTION	Indianapolis Blvd
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	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	X
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- 1210292684
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1210040912
LOCATE MARKS VISIBLE (YES/NO)	Y
LOCATE MARKS CORRECT (YES/NO)	N
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)	Y
POLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
ADDITIONAL INFORMATION/COMMENTS	
<p>Facility was not located or marked. Nipsco emergency repair ticket 1210292813</p>	

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? Yes

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 severed

REPLACEMENT FOOTAGE 2

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? na

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S) na

NIPSCO 00302 IUPPSa 10/04/2012 10:14:50 1210040912-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1210040912 Date: 10/04/2012 Time: 10:08 Oper: DWILSON Chan:006

State: IN Cnty: LAKE Twp: NORTH
Cityname: HIGHLAND Inside: Y Near: N
Subdivision:

Address :

Street : INDIANAPOLIS BLVD

Cross 1 : 81ST ST Within 1/4 mile: Y

Location: FROM THE ABOVE INTERSECTION--STARTING FROM THE NORTHEAST CORNER OF THE
INTERSECTION--LOCATE--GOING SOUTH ON THE EAST SIDE OF INDIANAPOLIS BLVD FOR
APPROX 500 FEET--

:

Grids : 4133A8728D 4133A8728C 4134D8728C

Boundary: n 41.567024 s 41.564335 w -87.473595 e -87.470467

Work type : INSTALLING WATER MAIN

Done for : TOWN OF HIGHLAND

Start date: 10/09/2012 Time: 10:30 Hours notice: 120/48 Priority: NORM

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

Duration : 2 WEEKS Depth: 10 FEET

Company : REX CONSTRUCTION Type: CONT

Co addr : 700 SCHILLER AVENUE

City : SCHERERVILLE State: IN Zip: 46375

Caller : NORMA MUNOZ Phone: (219)322-8090

Contact : JIM REX--CELL Phone:

BestTime:

Mobile : (219)306-1687

Fax : (219)322-0031

Remarks : All tickets are taken and processed on Eastern Daylight Time

Will you be white-lining the dig site area? NO

:

Submitted date: 10/04/2012 Time: 10:08

Members: BE COMCN IB ID2509 ID5069 ID6405 ID6428 NIPSCO SM

CASE #
4073

NIPSCO 00950 IUPPSa 10/29/2012 14:37:47 1210292684-00A EMER DAMG GRID

DAMAGE DAMAGE

CASE #
4073

Ticket : 1210292684 Date: 10/29/2012 Time: 14:35 Oper: BBASTIN Chan:045

State: IN Cnty: LAKE Twp: NORTH
Cityname: HIGHLAND Inside: Y Near: N
Subdivision:

Address :
Street : INDIANAPOLIS BLVD
Cross 1 : 81ST ST Within 1/4 mile: Y
Location: FROM THE ABOVE INTERSECTION--STARTING FROM THE NORTHEAST CORNER OF THE
INTERSECTION--LOCATE--GOING SOUTH ON THE EAST SIDE OF INDIANAPOLIS BLVD FOR
APPROX 500 FEET--

:
Grids : 4133A8728D 4133A8728C 4134D8728C
Boundary: n 41.567024 s 41.564335 w -87.473595 e -87.470467

Work type : INSTALLING WATER MAIN
Done for : TOWN OF HIGHLAND
Start date: 10/29/2012 Time: 14:35 Hours notice: 0/0 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 2 WEEKS Depth: 10 FEET

Company : REX CONSTRUCTION Type: CONT
Co addr : 700 SCHILLER AVENUE
City : SCHERERVILLE State: IN Zip: 46375
Caller : NORMA MUNOZ Phone: (219)322-8090
Contact : JIM REX--CELL Phone:
BestTime:
Mobile : (219)306-1687
Fax : (219)322-0031

Remarks : All tickets are taken and processed on Eastern Daylight Time
A NIPSCO SERVICE GAS LINE WAS HIT AT CORNER PROPERTY 2336 81ST STREET--GAS LINE
IS NOT BLOWING--LINE IS PLASTIC--SIZE AND COLOR UNKNOWN--CREW IS ON
SITE--ADVISED TO TO CALL NIPSCO--PREV TICKET NUMBER IS 1210040912
Will you be white-lining the dig site area? NO
:

Submitted date: 10/29/2012 Time: 14:35
Members: BE COMCN IB ID2509 ID5069 ID6405 ID6428 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Hammont MAXIMO WO # C0506486207
OPERATING AREA CONTACT TONY SANCHEZ JOB ORDER # 583064
TRACKING NUMBER 018 2012 1029 013 LOCATE REF # _____
Locate Performed By: _____

DATE AND TIME OF ACCIDENT 10-29 2012, _____ M DATE OF REPORT 10-29-12
PLACE OF DAMAGE (INCLUDE CITY) 2336 81st St, Hammond

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

OTHER (DESCRIBE) _____

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

DEPTH OF FACILITY (inches) 18" 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: 4

DURATION OF INTERRUPTION: TIME REPORTED 14:00 TIME RESTORED 18:35

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: SEVERED IN HALF

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

PARTY THAT CAUSED DAMAGES (NAME) REX CONSTRUCTION

ADDRESS OF PARTY (INCLUDE CITY) _____

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE NORMA UNOZ

WITNESS NAME AND ADDRESS _____

WITNESS REMARKS _____

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY _____ REPORT # _____

FIRE AGENCY TIMMER 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 type="checkbox"/> LANDSCAPING | <input type="checkbox"/> PIPELINE | <input type="checkbox"/> MILLING | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> POLE/SIGN POST | <input checked="" 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 checked="" type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED | <input type="checkbox"/> STUB | <input type="checkbox"/> OTHER _____ |

COMMENTS :

PERSON PREPARING REPORT

0121925

FIELD SUPERVISOR

FIELD MANAGER

- 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: _____