



Pipeline Safety Division Investigation Report

Investigation regarding: **Toddco Incorporated**

UPPAC Database Record ID: 4114

Report Date: 6/12/2013

Investigator: Mike Orr

Damage Date: 11/13/2012 1:02:19 PM

Damage Address: 8928 Branton Ave, Highland, Lake

The Parties

Excavator: **Toddco Incorporated**

Address: 3630 Ridge Road, Highland, In 46322

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: Yes

Indiana 811 Ticket Number: 1210122655

Original Start Date:

Locate Instructions: LOCATE THE ENTIRE PROPERTY AROUND ALL SIDES OF THE HOUSE

Follow-Up Locate Instructions (if applicable):

Synopsis: Excavator struck and damaged an underground natural gas service while performing foundation repair work.

Findings: Reported by Indiana 811; excavator did not respond to initial notice mailed 11/30/2012. Excavator failed to maintain a valid locate ticket where UPPAC considers an expired locate ticket as not having had a locate ticket.

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 4, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4114
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4114

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: 11/13/2012

Event Location: 8928 Branton Ave

Facility Owner: Northern Indiana Public Service Company

Excavator: Toddco Incorporated

Other Party:

Pipeline Division Case No. 4114

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. 4114	
Date of Event	11/13/2012
Event Location	8928 Branton Ave
Event City	Highland
Facility Owner	Northern Indiana Public Service Company
Excavator	Toddco Incorporated
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Toddco Inc
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	3630 Ridge Road
CITY/ STATE/ZIP	Highland, IN 46322
PREFERRED TELEPHONE	219-682-7682
CELL PHONE TELEPHONE	219-746-8843
EMAIL ADDRESS	TODDCO@2002.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	8928 Branton Ave
CITY/STATE/ZIP	Highland, IN 46322
NEAREST INTERSECTION	Lincoln St
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	
Hand Tools	X
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	
Sewer (Sanitary/Storm)	
Site Development	
Steam	
Storm Drain/Culvert	
Street Light	
Telecommunications	
Traffic Signal	
Traffic Sign	
Water	
Waterway Improvement	
Unknown/Other	X
RELEASE OF PRODUCT (YES/NO)	Y
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	Y-1211131889
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1210122655
LOCATE MARKS VISIBLE (YES/NO)	Y
LOCATE MARKS CORRECT (YES/NO)	Y
EXCAVATOR "WHITE LINED" (YES/NO)	Y
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	
Excavator hit accurately marked facility with shovel.	

NIPSCO 00848 IUPPSa 10/12/2012 16:49:54 1210122655-00A NORM NEW STRT

NORMAL NOTICE

Ticket : 1210122655 Date: 10/12/2012 Time: 16:38 Oper: KSWANK Chan:063

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

4114
Case: ~~4114~~

Address : 8928
Street : BRANTON AVE
Cross 1 : LINCOLN ST Within 1/4 mile: Y
Location: LOCATE THE ENTIRE PROPERTY AROUND ALL SIDES OF THE HOUSE
:
Grids : 4132A8728C 4133D8728C
Boundary: n 41.552639 s 41.549828 w -87.473427 e -87.471901

Work type : FOUNDATION REPAIR
Done for : HOMEOWNER
Start date: 10/16/2012 Time: 17:00 Hours notice: 96/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 4 DAYS Depth: 6 FEET

Company : TODDCO INCORPORATED Type: CONT
Co addr : 3630 RIDGE ROAD
City : HIGHLAND State: IN Zip: 46322
Caller : JIM BONESSA Phone: (219)682-7682
Contact : JIM BONESSA - CELL Phone:
BestTime:
Mobile : (219)746-8843
Fax : (219)972-0139
Email : TODDCO@2002.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
Will you be white-lining the dig site area? YES
:

Submitted date: 10/12/2012 Time: 16:38
Members: BE COMCN IB ID5069 ID9330 NIPSCO SM

NIPSCO 00585 IUPPSa 11/13/2012 13:02:26 1211131889-00A EMER DAMG STRT

DAMAGE SEE REMARKS

Ticket : 1211131889 Date: 11/13/2012 Time: 12:58 Oper: BLIEVERTZ Chan:025

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

CASE 14119

Address : 8928
Street : BRANTON AVE
Cross 1 : LINCOLN ST Within 1/4 mile: Y
Location: LOCATE THE ENTIRE PROPERTY AROUND ALL SIDES OF THE HOUSE
:
Grids : 4132A8728C 4133D8728C
Boundary: n 41.552639 s 41.549828 w -87.473427 e -87.471901

Work type : FOUNDATION REPAIR
Done for : HOMEOWNER
Start date: 11/13/2012 Time: 12:58 Hours notice: 0/0 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 4 DAYS Depth: 6 FEET

Company : TODDCO INCORPORATED Type: CONT
Co addr : 3630 RIDGE ROAD
City : HIGHLAND State: IN Zip: 46322
Caller : JIM BONESSA Phone: (219)682-7682
Contact : JIM BONESSA - CELL Phone:
BestTime:
Mobile : (219)746-8843
Fax : (219)972-0139
Email : TODDCO@2002.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
A NIPSCO GAS LINE WAS HIT IN THE BACK YARD OF THE PROPERTY - GAS LINE IS NOT
BLOWING - LINE IS HALF INCH/ORANGE/PLASTIC - ADVISED CALLER TO CALL 911 -
CALLERS CREW IS ON SITE - CALLER HAS CALLED NIPSCO TO REPORT THE DAMAGE -
PREVIOUS TICKET NUMBER IS 1210122655 - THANK YOU
Will you be white-lining the dig site area? YES
:

Submitted date: 11/13/2012 Time: 12:58
Members: BE COMCN IB ID5069 ID9330 NIPSCO SM

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? Yes

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 Cut in line

REPLACEMENT FOOTAGE 2'

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?

WHAT CONTRACTOR EQUIPMENT WAS USED?

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 Hammond MAXIMO WO # CD509686206 1131133
OPERATING AREA CONTACT Nick Vescei JOB ORDER # ~~CD509686206~~ 369688
TRACKING NUMBER 018 2012 113006 LOCATE REF # N/A
Locate Performed By: _____

DATE AND TIME OF ACCIDENT 11-13-12, 12:30pm M DATE OF REPORT 11-13-12
PLACE OF DAMAGE (INCLUDE CITY) Out back of House 8928 Branton Ave Highland

DAMAGE WAS TO:

ELECTRIC - POLE / TRANSFORMER: # N/A 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) 18" PRESSURE (PSI) 40 Lbs.

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

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

DURATION OF INTERRUPTION: TIME REPORTED 12:30 pm TIME RESTORED 2:45 pm

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: slice

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

PARTY THAT CAUSED DAMAGES (NAME) Jim from Toddco (219) 682-7682

ADDRESS OF PARTY (INCLUDE CITY) _____

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

WITNESS NAME AND ADDRESS _____

WITNESS REMARKS Jim

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY No REPORT # No

FIRE () AGENCY No REPORT # No

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 checked="" type="checkbox"/> OTHER <u>Foundation</u> |
| <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 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 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>Shovel hit Coupling</u> |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM