



Pipeline Safety Division Investigation Report

Investigation regarding: Rex Construction

UPPAC Database Record ID: 4123

Report Date: 6/19/2013

Investigator: Mike Orr

Damage Date: 11/15/2012 12:29:38 PM

Damage Address: / Indianapolis Blvd, Highland, Lake

The Parties

Excavator: **Rex Construction**

Address: 700 Schiller Ave, 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: Sewer

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: 1210221409

Original Start Date:

Locate Instructions: FROM THE ADDRESS OF 8144 INDIANAPOLIS BLVD -- LOCATE THE WEST SIDE OF INDIANAPOLIS BLVD GOING NORTH FOR APPROXIMATELY 600 FEET ENDING AT THE LITTLE CALUMET RIVER

Follow-Up Locate Instructions (if applicable):

Synopsis: Excavator struck and damaged an underground natural gas service while performing sewer work having allowed the locate ticket to expire..

Findings: Reported by Indiana 811; excavator did not respond to initial notice mailed 11/30/2012. Excavator failed to maintain a valid locate ticket before excavating and damaging the gas service with the backhoe.

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. 4123
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4123

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: 11/15/2012

Event Location: / Indianapolis Blvd

Facility Owner: Northern Indiana Public Service Company

Excavator: Rex Construction

Other Party:

Pipeline Division Case No. 4123

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. 4123	
Date of Event	11/15/2012
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	219-322-2090
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	8144 Indianapolis Blvd
CITY/STATE/ZIP	Highland, IN 46322
NEAREST INTERSECTION	81 st 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	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	
Sewer (Sanitary/Storm)	X
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- 1211151584
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1210221409
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)	N
POLICE DEPARTMENT RESPONSE (YES/NO)	N
AMBULANCE RESPONSE (YES/NO)	N
ADDITIONAL INFORMATION/COMMENTS	
<p>NIPSCO emergency ticket 1210221409</p> <p>Failure to support exposed facilities. Excavator was digging on an expired ticket.</p> <p>USIC was not notified of damage and does not have an investigation</p>	

NIPSCO 00466 IUPPSa 10/22/2012 10:47:55 1210221409-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1210221409 Date: 10/22/2012 Time: 10:45 Oper: CJODOM Chan:056

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

CASE: 4123

Address :

Street : INDIANAPOLIS BLVD
Cross 1 : 81ST ST Within 1/4 mile: Y
Location: FROM THE ADDRESS OF 8144 INDIANAPOLIS BLVD -- LOCATE THE WEST SIDE OF INDIANAPOLIS BLVD GOING NORTH FOR APPROXIMATELY 600 FEET ENDING AT THE LITTLE CALUMET RIVER

:
Grids : 4133A8728C 4134D8728C 4134D8728B
Boundary: n 41.569283 s 41.564938 w -87.476273 e -87.470856

Work type : FORCE MAIN INSTALLATION
Done for : RIETH RILEY
Start date: 10/24/2012 Time: 11:00 Hours notice: 48/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 2 WEEKS Depth: 20 FEET

Company : REX CONSTRUCTION Type: CONT
Co addr : 700 SCHILLER AVE
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: 10/22/2012 Time: 10:45
Members: BE COMCN IB ID2509 ID5069 ID6405 ID6428 ID7808 NIPSCO SM

NIPSCO 00519 IUPPSa 11/15/2012 12:29:43 1211151584-00A EMER DAMG GRID

DAMAGE SEE REMARKS

Ticket : 1211151584 Date: 11/15/2012 Time: 12:28 Oper: SPOPE Chan:044

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

Case: 4123

Address :

Street : INDIANAPOLIS BLVD

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

Location: FROM THE ADDRESS OF 8144 INDIANAPOLIS BLVD -- LOCATE THE WEST SIDE OF
INDIANAPOLIS BLVD GOING NORTH FOR APPROXIMATELY 600 FEET ENDING AT THE LITTLE
CALUMET RIVER

:

Grids : 4133A8728C 4134D8728C 4134D8728B

Boundary: n 41.569283 s 41.564938 w -87.476273 e -87.470856

Work type : FORCE MAIN INSTALLATION

Done for : RIETH RILEY

Start date: 11/15/2012 Time: 12:28 Hours notice: 0/0 Priority: EMER

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

Duration : 2 WEEKS Depth: 20 FEET

Company : REX CONSTRUCTION Type: CONT

Co addr : 700 SCHILLER AVE

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
NIPSCO GAS MAIN HAS BEEN CUT--LINE WAS CUT IN FRONT OF 8144 INDIANAPOLIS
BLVD--SIZE/COLOR UNKNOWN--LINE IS BLOWING--ADVISED TO CALL 911--CREW ON
SITE--PREV TICKET 1210221409--THANK YOU
Will you be white-lining the dig site area? NO

:

Submitted date: 11/15/2012 Time: 12:28

Members: BE COMCN IB ID2509 ID5069 ID6405 ID6428 ID7808 NIPSCO SM

Fact Based Investigation Report

NOTIFICATION ID: 01820121115004

DISTRICT: Northern IN

DAMAGE DATE: 11/15/2012 12:29:43 PM

NOTIFICATION DATE: 11/15/2012 12:35:22 PM

NOTIFIED BY: NORMA MUNOZ

DAMAGE ADDRESS: INDIANAPOLIS BLVD

CITY: HIGHLAND

ST: IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 10/24/2012

FROM: 12:40:00

TO: 13:10:00

EXCAVATOR INVOLVED: REX CONSTRUCTION

TYPE OF EXCAVATION: Force main installation

ORIG. LOCATE REQ.: 1210221409

START DATE/TIME: 10/24/2012 12:40:00 PM

TYPE OF TICKET: Routine

LOCATE REQ. INFO N/A:

DIG UP/DAMAGE REQ.: 121151584

START DATE/TIME: 11/15/2012 2:15:00 PM

PICTURES TAKEN BY: Guillermo Garcia **DATE/TIME:** 11/15/2012 2:15:00 PM

PHOTOGRAPHY TYPE: Digital

FRAME #:

INVESTIGATOR EMP#: 134728

INVESTIGATOR NAME: Guillermo Garcia

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820121115004

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: *(optional)*

FACILITY DESCRIPTION: LOWPROF

FACILITY ID: Gas Service

LOCATOR NAME & EMP #: Wesley Tony - 124875

LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:

Facility Marked Accurately,
Old Request,
Relocate Needed

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:

The ticket had been expired and the line had been located properly when the original was called in. They hit a service not the main. There was still paint and flags at the site of the damage. USIC is not at fault. The damage investigation photos are on

ticket 1211131260.

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 ruptured line

REPLACEMENT FOOTAGE 3'

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 010 MAXIMO WO # _____

OPERATING AREA CONTACT TONY SANCHEZ JOB ORDER # 583052

TRACKING NUMBER 018-2012-1115-005 LOCATE REF # _____
Locate Performed By: USIC

DATE AND TIME OF ACCIDENT 11-15-12 11:30AM 2012 M DATE OF REPORT 11-15-12

PLACE OF DAMAGE (INCLUDE CITY) 8144 Indianapolis Blvd Highland IN

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) 4 FT (48") 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: 1

DURATION OF INTERRUPTION: TIME REPORTED 11:30 AM TIME RESTORED 3:30 PM

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: CUT LINE

LOCATE MARKS ON SITE: YES () DISTANCE BETWEEN FACILITY AND LOCATE MARKS _____ NO → NOT VISIBLE
HOW LOCATED: PAINT () FLAGS () BOTH () WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) Rex Construction

ADDRESS OF PARTY (INCLUDE CITY) 219-322-8090

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Norma (eallen)

WITNESS NAME AND ADDRESS N/A

WITNESS REMARKS N/A

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 type="checkbox"/> LANDSCAPING | <input checked="" type="checkbox"/> PIPELINE | <input type="checkbox"/> MILLING | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> POLE/SIGN POST | <input type="checkbox"/> ROAD WORK | <input checked="" 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 checked="" type="checkbox"/> CARELESS MACHINE OPERATOR |
| <input type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED | <input type="checkbox"/> STUB <input type="checkbox"/> OTHER _____ |