



Pipeline Safety Division Investigation Report

Investigation regarding: **Cripe Excavating**

UPPAC Database Record ID: 3091

Investigator: Howard Friend

Report Date: 8/3/2012

Damage Date: 6/26/2012

Damage Address: Corner Of Copperfield Way & 331

City: Bremen

County: Marshall

The Parties

Excavator: **Cripe Excavating**

Contact: Sally And Cory Cripe, Owners

Address: 8837 N Syracuse Webster Rd, Syracuse, In 46567

Telephone: 574 834 2643

Facility Owner: NIPSCO

Contact: Kit Earle

Address: 101 West Ohio Street, Indianapolis, IN 46204

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Investigation regarding: Cripe Excavating

UPPAC Database Record ID: 3091

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 3

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1206252407

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Drainage

Synopsis: A natural gas main was damaged during excavation for a drain line.

Findings: Reported by Carrie Ludwig (NIPSCO); excavator's response to initial notice was received on 7/30/2012. Excavator was excavating between a phone line and gas line with a backhoe when gas line was damaged. The gas operator provided accurate locate markings.

Conclusion: Excavator failed to maintain the required clearance with mechanized equipment.

Violation: IC 8-1-26-20(b): Failure to plan excavation to avoid damage or interference with underground facilities; Failure to maintain two (2) feet clearance with mechanized equipment.

Cripe Excavating currently has 1 other report of damages in the record, between 5/8/2012 and 6/26/2012.

NO

LOCATE

TICKET

PROVIDED



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jun 28, 2012

Who is submitting this information?

Name of person providing this information: Carrie Ludwig (NIPSCo)

Business address (*number and street*): 3511 East 15th Ave

City, State, and ZIP code: Gary, IN 46403

Telephone number (*area code*): 219 962 0422

Fax number (*area code*): 219 962 0404

E-mail address: cludwig@nisource.com

Excavator Information, if known

Full name: Cripe Excavating

Business address (*number and street*): 8837 N Syracuse Webster Rd

City, State, and ZIP code: Syracuse, IN 46567

Telephone number (*area code*): 574 834 2643

Fax number (*area code*): 574 834 5476

E-mail address: CRIPPEXC@YAHOO.COM

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Drainage

Date and Location of Damage

Date of damage (*month, day, year*): Jun 26, 2012 _____

County: Marshall _____

City: Bremen _____

Street address (*number and street, city, state, and ZIP code*):
Corner of Copperfield Way & 331 _____

Nearest intersection: In Rt 331 _____

Right of way where damage occurred: Public - City Street

Was there a release of product? Yes

If yes, was there an ignition of product? No

Were evacuations necessary as a result of release? No

If yes, how many evacuated? 0 _____

Was there a customer service interruption? Yes

If yes, how many affected? 3 _____

Time to restore service (*in hours*): 2 _____

Enter number of injuries, if applicable and known: 0 _____

Enter number of fatalities, if applicable and known: 0 _____

Property damage, Estimate \$ _____

Affected Facility Information

What type of pipeline was damaged? Natural Gas

What was the affected facility? Distribution

What was the depth of the facility, in inches? 36 _____

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1206252407 _____

Was the locate request completed within two working days? Yes

If locates were performed, were they done so by a contractor or pipeline employee? Contract Locator

If a contractor locator, enter the company name, if known: USIC

Were facility marks visible in the area of excavation? Yes

Were facilities marked correctly? Yes

Type of markings used: Paint and Flags

If other, please specify: _____

Was site marked by "White Lining"?

Were special instructions part of the locate request? Unknown/Other

Were maps used to complete the locate request? Yes

Were pipeline company representatives on site during excavation? No

Did the excavator notify the operator in the event of this damage? Yes

Did the excavator notify Indiana 811 in the event of this damage? Unknown/Other

Did the excavator notify 911 in the event of a release of product? Unknown/Other

Description of Cause

Select from the list the most accurate cause for the damage: --Failure to use hand tools where required

Additional Comments

Nipsco emergency repair ticket #: 1206261049



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3091

The Pipeline Safety Division of the Indiana Utility Regulatory Commission requests any and all information you can provide regarding the following criteria.

Upon completion of answers select email button for submission.

The Parties

Excavator Information:

Business Name: Cripe Excavating, Inc.

Responsible Party Personal Name: Sally Cripe or Cory Cripe

Title (if any): Owners

Address (number and street): 8837 N. Syracuse Webster Rd.

City, State and ZIP Code: Syracuse, IN 46567

Preferred Telephone Number (area code): 574-834-2643

Cellular Telephone Number (area code): _____

Email Address: Cripeexc@yahoo.com

Facility Information:

Business Name: NIPSCO

Responsible Party Personal Name: Unknown

Title (if any): _____

Address (number and street): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Locator Service Information:

Business Name: USIC _____

Responsible Party Personal Name: _____

Title (*if any*): _____

Address (*number and street*): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Cause of Damage Information

Type of Equipment (*select one*): Backhoe/Trackhoe

Type of Work Performed (*select one*): Drainage

Other Information (Witness, Police, Fire, Other):

Personal Contact: _____

Business/Organization Name: _____

Title (*if any*): _____

Address (*number and street*): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): 60' +/- east of 331 & Copperfield way _____

City, State and ZIP Code: _____

Nearest Intersection: _____

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Unknown/Other

Size (Diameter/etc.): 3" plastic _____

Pressure (PSIG/Inches): unknown _____

Interruption in Service: Yes No **Number of Customers Affected:** ¹ _____

Evacuation: Yes No **If yes, How Many Evacuated?** _____

Repair Cost (if known): \$ _____

Release of Product: Yes No

Ignition and/or Fire: Yes No

Excavator Notify 811: Yes No

Locate Information

Excavator Request Locate: Yes No

Indiana 811 Locate Ticket Number: 1206071625 & 1206071638 _____

- Locate Marks Visible:** Yes No
Locate Marks Correct: Yes No
Excavator "White Lined": Yes No
Maps Used to Mark Facilities: Yes No
Was Locate Provided within Two (2) Working Days: Yes No
Operator Employees On-site during Excavation: Yes No

Incident Impact Information

Number of Outpatient Treated: None

Number of Inpatient Treated: None

Number of Fatalities: None

Fire Department Response: Yes No

Police Department Response: Yes No

Ambulance Response: Yes No

Additional Information / Comments

Notice of our excavation was given. We have provided locate ticket # that cover the time that the damage happened. If you need the ticket # from prior and previous let us know and those can be provided.

The job was not white lined, a detailed description of where we were going to be working was given when we called in the locate request. This project covered an area of approximately 1,300 feet along the side of the road.

Using a vacuum machine the utilities were located in the locations that we would be crossing them and checked for elevation and conflict. The day that this incident took place we were excavating for the new storm drainpipe, to do this we needed to cross under both a gas line and a phone line. The gas and phone line were running parallel to each other approximately 6' apart. We were excavating between the two lines and between the areas that we had pot holed. As is seen in the picture there is a curve or bow in the gas main were it comes closer to the phone line and that is where the damage to the line occurred

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: _____

Your Full Name: _____

Full Name of Business / Entity (if applicable): _____

Your Business Title (if applicable): _____

Address (number and street): _____

City: _____ State: _____ ZIP Code: _____

Your E-mail Address: _____

Today's Date (month, day, year): _____

Your Signature: _____ Title (if any) _____

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number ³⁰⁹¹ _____
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov

