



Pipeline Safety Division Investigation Report

Investigation regarding: Asphalt Service Inc

UPPAC Database Record ID: 3668

Investigator: Howard Friend

Report Date: 10/18/2012

Damage Date: 08/14/2012

Damage Address: 9418 W 181st Ave

City: Lowell

County: Lake

The Parties

Excavator: **Asphalt Service Inc**

Contact: Gary Bonnema, President

Address: 616 W Avenue H, Griffith, In, 46319

Telephone: (219) 924-8181

Facility Owner: NIPSCO

Contact: Kit Earle

Address: 101 West Ohio Street, Indianapolis, IN 46204

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Investigation regarding: Asphalt Service Inc

UPPAC Database Record ID: 3668

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$1807.96

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1208102049

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Storm Drain

Synopsis: A natural gas service was damaged during excavation for a storm drain.

Findings: Excavator had a valid locate and the operator provided accurate locate markings. Excavator failed to maintain required clearance from the gas service with the excavator. Reported by NIPSCO; excavator signed for initial notice on 09/17/2012 but has not submitted a response.

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.



Date: 09/19/2012

MAIL MAIL:

The following is in response to your 09/19/2012 request for delivery information on your Certified Mail(TM)/RRE item number 9214 8901 0661 5400 0004 2849 90. The delivery record shows that this item was delivered on 09/17/2012 at 11:41 AM in GRIFFITH, IN 46319. The scanned image of the recipient information is provided below.

Signature of Recipient:

| Delivery Section | |
|------------------|-------------------|
| re | Bonnie Sasseville |
| d | BONNIE SASSEVILLE |

Address of Recipient:

| | |
|----|-------------------|
| cy | BONNIE SASSEVILLE |
| ss | 616 WAULT |

Thank you for selecting the Postal Service for your mailing needs. If you require additional assistance, please contact your local Post Office or postal representative.

Sincerely,

United States Postal Service

The customer reference info shown below is not validated or endorsed by the United States Postal Service. It is solely for customer use.

3668
ASPHALT SERVICE INC
616 W AVENUE H
GRIFFITH IN 46319-3008



101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

October 22, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3668
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3668

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: 8/14/2012

Event Location: 9418 W 181st Ave, Lowell

Facility Owner: Northern Indiana Public Service Company

Excavator: Asphalt Service Inc.

Other Party: N/A

Pipeline Division Case No. 3668

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,

A handwritten signature in black ink, appearing to read "Christopher Earle".

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. 3668 | |
| Date of Event | 8/14/2012 |
| Event Location | 9418 W 181st Ave, Lowell |
| Facility Owner | Northern Indiana Public Service Company |
| Excavator | Asphalt Service Inc. |
| Date of IURC Information Request | 9/18/2012 |
| THE PARTIES | |
| EXCAVATOR: | |
| BUSINESS NAME | Asphalt Service |
| RESPONSIBLE PARTY PERSONAL NAME | Jason Jeffers |
| TITLE (IF ANY) | |
| ADDRESS | 616 W. Avenue H |
| CITY/ STATE/ZIP | Griffith, IN 46319 |
| PREFERRED TELEPHONE | 219 924-8181 |
| CELL PHONE TELEPHONE | 219 712-5059 |
| EMAIL ADDRESS | ASPHALTSERVICE@ATT.NET |
| 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 | 9418 W. 181 st Avenue |
| CITY/STATE/ZIP | Lowell, IN 46356 |
| NEAREST INTERSECTION | US RT 41 |
| 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 steel |
| PRESSURE (PSIG/INCHES) | 40 |
| 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) (\$) | 1,807.96 |
| 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 | X |
| 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) | N |
| LOCATE INFORMATION: | |

| | |
|---|------------|
| EXCAVATOR REQUEST LOCATE (YES/NO) | Y |
| INDIANA 811 LOCATE TICKET NUMBER | 1208102049 |
| 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) | Y |
| POLICE DEPARTMENT RESPONSE (YES/NO) | Y |
| AMBULANCE RESPONSE (YES/NO) | |
| ADDITIONAL INFORMATION/COMMENTS | |
| Failure to use hand tools where required | |

NIPSCO 00636 IUPPSa 08/10/2012 16:00:45 1208102049-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1208102049 Date: 08/10/2012 Time: 15:46 Oper: MMOELLER Chan:039

State: IN Cnty: LAKE Twp: WEST CREEK
Cityname: LOWELL Inside: Y Near: N
Subdivision:

3668

Address : 9418
Street : W 181ST AVE
Cross 1 : US RT 41 Within 1/4 mile: N
Location: AT THE WEST BUILDING - LOCATE A 20 FT WIDE PATH FROM THE BACK OF THE
BUILDING TO THE DITCH

:
Grids : 4117C8726B 4117C8726A
Boundary: n 41.291534 s 41.289940 w -87.449440 e -87.444496

Work type : BURY DOWNSPOUTS
Done for : HIRATAS LOWELL BODY SHOP
Start date: 08/14/2012 Time: 16:00 Hours notice: 96/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 2 DAYS Depth: 2 FEET

Company : ASPHALT SERVICE INC Type: CONT
Co addr : 616 W AVENUE H
City : GRIFFITH State: IN Zip: 46319
Caller : JASON JEFFERS Phone: (219)924-8181
Contact : JASON JEFFERS - - CELL Phone:
BestTime:
Mobile : (219)712-5059
Fax : (219)924-1216
Email : ASPHALTSERVICE@ATT.NET

Remarks : All tickets are taken and processed on Eastern Daylight Time
Will you be white-lining the dig site area? NO
:

Submitted date: 08/10/2012 Time: 15:46
Members: COMCN IB ID0915 ID1420 NIPSCO SM

Fact Based Investigation Report

NOTIFICATION ID: 01820120814012 **DISTRICT:** Northern IN
DAMAGE DATE: 8/14/2012 6:30:00 PM **NOTIFICATION DATE:** 8/14/2012 6:33:19 PM
NOTIFIED BY: CARLA BESON Facility Owner
DAMAGE ADDRESS: 9418 W 181ST AVE X PARRISH
CITY: LOWELL **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 08/14/2012
FROM: 18:40:00 **TO:** 19:10:00

EXCAVATOR INVOLVED: Asphalt Service
TYPE OF EXCAVATION: bury downspouts

ORIG. LOCATE REQ.: 1208102049 **START DATE/TIME:** 8/14/2012 4:00:00 PM
TYPE OF TICKET: Routine **LOCATE REQ. INFO N/A:**

DIG UP/DAMAGE REQ.: 1208143560 **START DATE/TIME:** 8/14/2012 6:35:00 PM

PICTURES TAKEN BY: eric paulson **DATE/TIME:** 8/14/2012 6:45:00 PM
PHOTOGRAPHY TYPE: Digital **FRAME #:**

INVESTIGATOR EMP#: 130722 **INVESTIGATOR NAME:** eric paulson
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? Possibly

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120814012
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: *(optional)*

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** Gas Service
LOCATOR NAME & EMP #: Black Cody - 134729
LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:
Facility Marked Accurately

Other:

CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):
Visual, Facility Exposed At Time Of Investigation,

Investigator Verified Existing Marks By Hooking Up

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

Gas service hit by contractor, marked accurately. NIPSCO techs on site, as well as Jason Jeffers from Asphalt service stated that the service was marked accurately.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

na

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

Jason Jeffers

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? Yes

EXTENT OF FACILITY DAMAGE cut service

REPLACEMENT FOOTAGE unknown

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? backhoe

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)
INDIANA UTILITY REGULATORY COMMISSION

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

Who is submitting this information?

Name of person providing this information: Steve Noffsinger

Business address (*number and street*): 3511 E 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: Asphalt Service Inc

Business address (*number and street*): 616 W Avenue H

City, State, and ZIP code: Griffith, IN, 46319

Telephone number (*area code*): (219)924-8181

Fax number (*area code*): (219)924-1216

E-mail address: ASPHALTSERVICE@ATT.NET

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Storm Drain/Culvert

Date and Location of DamageDate of damage (*month, day, year*): Aug 14, 2012County: LakeCity: LowellStreet address (*number and street, city, state, and ZIP code*):
9418 W 181st Ave, Lowell, IN, 46356Nearest intersection: US RT 41Right of way where damage occurred: Private - BusinessWas there a release of product? YesIf yes, was there an ignition of product? NoWere evacuations necessary as a result of release? NoIf yes, how many evacuated? 0Was there a customer service interruption? YesIf yes, how many affected? 1Time to restore service (*in hours*): 3.25Enter number of injuries, if applicable and known: 0Enter number of fatalities, if applicable and known: 0Property damage, Estimate \$

Affected Facility InformationWhat type of pipeline was damaged? Natural GasWhat was the affected facility? Service/DropWhat was the depth of the facility, in inches? 18

Notification, Locating, MarkingDid excavator request locates prior to commencing work? YesEnter Indiana 811 ticket number, if known: 1208102049

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

If other, please specify: _____

Was site marked by "White Lining"? No

Were special instructions part of the locate request? No

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? No

Did the excavator notify 911 in the event of a release of product? Yes

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 1208143560

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Crown Point MAXIMO WO #
OPERATING AREA CONTACT m. SCWIESSE JOB ORDER # 573014
TRACKING NUMBER 018 2012 0814 012 LOCATE REF # 1208102049
Locate Performed By:

DATE AND TIME OF ACCIDENT 1649 8-14-2012 1649 M DATE OF REPORT 8-14-12
PLACE OF DAMAGE (INCLUDE CITY) Lowell Auto Body 9718 W 181st Ave Lowell IN

DAMAGE WAS TO:

ELECTRIC - POLE / TRANSFORMER: # SIZE YEAR INSTALLED BROKEN YES () NO ()

OTHER (DESCRIBE)

GAS: SERVICE () MAIN () SIZE 3/4" 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: 1

DURATION OF INTERRUPTION: TIME REPORTED 1649 TIME SHUT OFF 1817 TIME RESTORED 2130

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 3/4"

LOCATE MARKS ON SITE: YES () DISTANCE BETWEEN FACILITY AND LOCATE MARKS 54' NO ()
HOW LOCATED: PAINT () FLAGS () BOTH () WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) Asphalt Service

ADDRESS OF PARTY (INCLUDE CITY) 616 W. Avenue H, Griffith IN 46319

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Jason Jeffers

WITNESS NAME AND ADDRESS

WITNESS REMARKS

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY Lowell Police REPORT #

FIRE () AGENCY Lowell Fire 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

- () AGRICULTURE/FARMING () CABLE TV () CURB/SIDEWALK () TELECOMMUNICATIONS
() BLDG CONSTRUCTION () DEMOLITION () DRAINAGE () WATER
() DRIVEWAY () ELECTRIC () SURVEYING () DRAINS/CULVERTS
() FENCING () GRADING () IRRIGATION () MOWING
() LANDSCAPING () PIPELINE () MILLING () OTHER
() POLE/SIGN POST () ROAD WORK () SEWER

TYPE OF EQUIPMENT USED -- CHECK APPROPRIATE CHOICE BELOW

- () AUGER () HAND TOOLS () BACKHOE/TRACKHOE
() MILLING EQUIPMENT () PROBING DEVICE () BORING / DRILLING
() EXPLOSIVES () TRENCHER () FARM EQUIPMENT
() VACCUUM EQUIPMENT () GRADER () OTHER

REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW

- () AUTOMOTIVE ACCIDENT () EXCAVATING BEFORE LOCATES DUE () CARELESS MACHINE OPERATOR
() NO NOTIFICATION () MARKS DISTURBED () STUB () OTHER

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

SIN #110601 Rev. 6-12

JO# 573014

COMMENTS:

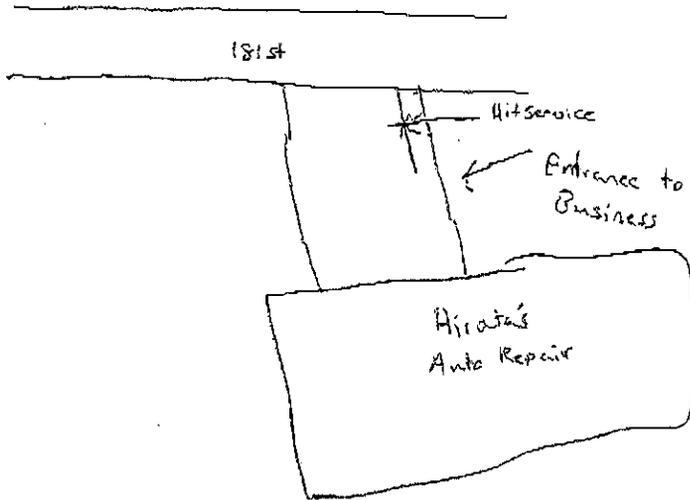
PERSON PREPARING REPORT E. GARCIA

FIELD SUPERVISOR M. Schessle

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 | <input checked="" type="radio"/> NO |
| • NO IN 811 LOCATE CALLED IN | YES | NO |
| • DAMAGE CAUSED FROM EXCAVATION WITHIN 24" ZONE | <input checked="" type="radio"/> YES | NO |
| • EXPIRED LOCATE | YES | NO |
| • WAS WHITE LINING INDICATED ON LOCATE REQUEST | YES | NO |

COMPLETED BY: M. Schessle DATE: 8-14-12