STATE OF INDIANA

INDIANA UTILITY REGULATORY COMMISSION
101 W. WASHINGTON STREET, SUITE 1500E
INDIANAPOLIS, INDIANA 46204-3407

http://www.in.gov/iurc
Office: (317) 232-2701
Facsimile: (317) 232-6758

Pipeline Safety Division Investigation Report

Investigation regarding: Danuel Kennett

UPPAC Database Record ID: 1237

Investigator: Dan Novak

Report Date: 02/13/2012

Damage Date: 09/14/2010 6:11:24 PM

Damage Address: 1005 Liberty Dr

City: Mishawaka

County: St Joseph

The Parties

Excavator: **Danuel Kennett**

Contact: Danuel Kennett, Homeowner

Address: 1005 Liberty Drive, Mishawaka, In 46545

Telephone: (574) 258-0418

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: Danuel Kennett

UPPAC Database Record ID: 1237

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): $275

Excavator Activities/Cause of damage information:

Excavator request locates: No Indiana 811 ticket Number:

Type of Equipment: Hand Tools

Type of work performed: Fencing

Synopsis: Homeowner damaged gas service while installing a fence.

Findings: Reported by Indiana 811; homeowner's response to initial notice received on 11/09/2011. Homeowner failed to call 811 and request that underground utilities be located and marked.

Conclusion: There was a failure to request locates.

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

Danuel Kennett currently has no other reports of damages in the record.

NO

LOCATE

TICKET

PROVIDED

NiSource®

December 2, 2011

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 1237
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 1237

To Whom It May Concern:

Attached please find Northern Indiana Public Service Company's ("NIPSCO") written information relating to the following event:

Date of Event: 9/14/2010

Event Location: 1005 Liberty Dr., Mishawaka

Facility Owner: NIPSCO

Excavator: Danuel Kennett

Other Party: N/A

Pipeline Division Case No. 1237

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.

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	
NIPSCO CLAIM # (INTERNAL USE ONLY)	10-2196
NIPSCO JOB ORDER # (INTERNAL USE ONLY)	532582
FIELD SUPERVISOR	Art Blauvelt
Pipeline Safety Division Case No.	1237
Date of Event	9/14/2010
Event Location	1005 Liberty Dr., Mishawaka
Facility Owner	Northern Indiana Public Service Company
Excavator	Danuel Kennett
Date of IURC Information Request	9/2/2011
EVENT LOCATION:	
ADDRESS	402
STREET	W. Broadway
CITY/TOWN/IN ZIP CODE	Mishawaka, IN
COUNTY	
TOWNSHIP	
PROPERTY OWNER	
USE - COMMERCIAL/RESIDENTIAL	
TENANT'S NAME	
IF COMMERCIAL USE, TENANT OR OWNER OCCUIED	
IF TENANT OCCUPIED, TENANT'S FULL NAME	
EXCAVATOR:	
NON BUSINESS FULL PERSONAL NAME	Danuel Kennett
BUSINESS NAME	
ADDRESS	1005
STREET	Liberty Drive
CITY/ STATE/ZIP	Mishawaka, IN 46545
PREFERRED TELPHONE	
SECONDARY TELEPHONE	
EMAIL ADDRESS	

FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:	
BUSINESS NAME	NORTHERN INDIANA PUBLIC SERVICE COMPANY
RESPONSIBLE BUSINESS PERSON NAME AND TITLE	LUKE SELKING
ADDRESS	1501 HALE AVENUE
CITY/STATE/ZIP	FORT WAYNE, IN 46802
PREFERRED TELEPHONE	260/439-1290
SECONDARY TELEPHONE	
EMAIL ADDRESS	LSELKING@NISOURCE.COM
LOCATE MARKS:	
DATE LOCATE REQUESTED	No locates requested
DATE LOCATE PERFORMED	No locates requested
DATE OF EVENT	09/14/10
LOCATE NUMBER	No locates requested
811 DAMAGE NOTIFICATION NUMBER	1009142935
WERE LOCATE MARKS VISIBLE	No locates requested
DID THE EXCAVATOR WHITE LINE	Unknown
WERE MAPS USED TO MARK FACILITY	No locates requested
WAS THERE A POSITIVE RESPONSE FROM OPERATOR/HOW	No locates requested
WAS OPERATOR EMPLOYEES ON SITE AT TIME OF INCIDENT	No
INJURIES:	
NUMBER OF OUT-PATIENT	0
NUMBER OF IN-PATIENT INJURIES	0
WAS LOCAL FIRE DEPARTMENT CALLED	Unknown
FIRE DEPARTMENT NAME	Unknown
FIRE DEPARTMENT RESPONSE DESCRIPTION	Unknown
WAS LOCAL POLICE DEPARTMENT CALLED	Unknown
DEPARTMENT NAME	Unknown
POLICE DEPARTMENT RESPONSE DESCRIPTION	Unknown
ANY OTHER RESPONSE - IF SO, WHO AND DESCRIBE	Unknown
DESCRIBE WHAT HAPPENED AND WHY	
	NIPSCO gas service struck and damaged during excavation for the installation of a fence. Excavation was performed without the benefit of locates.

Information Request

RECEIVED
NOV 09 2011
INDIANA UTILITY
REGULATORY COMMISSION

Pipeline Safety Division
Indiana Utility Regulatory Commission

Case No. 1237

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

The Parties:

Excavator Information:
Business Name: N/A

Responsible Party Personal Name: DANIEL W KENNETT

Title (if any): HOME OWNER

Address: 1005 LIBERTY DR

City, State Zip: MISHAWAKA IN. 46545

Preferred Telephone: 574-258-0418

Cell Phone Number: 574-276-8302

Email Address:

Facility Information:
Business Name:

Responsible Party Personal Name:

Title (if any):

Address:

City, State, Zip:

Preferred Telephone:

Cell Phone Number:

Email Address:

Locator Service Information:
Business Name:

Responsible Party Personal Name:

Title (if any):

Address:

City, State Zip:

Preferred Telephone:

Cell Phone Number:

Email Address:

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

Business/Organization Name:

Title (if any)

Address:

City, State, Zip:

Preferred Telephone:

Cell Phone Number:

Email Address:

Utility Line Impact:

Location of Damage:
Address: 1005 LIBERTY DR
City, State Zip: MISHAWAKA, IN, 46545
Nearest Intersection: LIBERTY DR & BROADWAY

Product Type (circle one):
Natural Gas
Liquid Pipeline
Unknown/Other

Facility Type (circle one):
Distribution
Gathering
Service/Drop
Transmission
Unknown/Other

Size (Diameter/etc.): _____

Pressure (PSIG/Inches):_____

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

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

Repair Cost (if known): $ 275 15

Cause of Damage Information:

Type of Equipment (circle one):
Auger
Backhoe/Trackhoe
Boring /Drilling
Directional Drilling
Explosives
Farm Equipment
Grader/Scrapper
Hand Tools
Milling Equipment
Probing Device
Trencher
Vacuum Equipment
Unknown/Other

Type of Work Performed (circle 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

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: _____

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: 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: AFTER I HIT GAS LINE CALLED FIRE DEPARTMENT THEY CAME AND STAYED ON SITE UNTIL GAS COMPANY SHOWED UP AND PINCHED LINE TO STOP FLOW OF GAS. THE LINE WAS DUG UP TO SEE HOW MUCH DAMAGE WAS DONE AND MAKE IT EASY FOR REPAIR TO BE MADE. GAS COMPANY SENT BILL FOR REPAIR. AFTER LINE WAS HIT ALL UTILITIES CAME AND MARK ALL UNDERGROUND LINES

YOUR PIPELINE SAFETY DIVISION CASE NO. 1237

YOUR FULL NAME: DANIEL WAYNE KENNETT

FULL NAME OF BUSINESS/ENTITY (if applicable): N/A

YOUR BUSINESS TITLE (if applicable): N/A

ADDRESS: 1005 LIBERTY DR

CITY: MISHAWAKA STATE: IN ZIP CODE: 46545

YOUR TELEPHONE NUMBER: (574) 258 - 0418 SECOND NO. (574) 276 - 8302

YOUR EMAIL ADDRESS: _____

TODAY'S DATE: 11-02-11

YOUR SIGNATURE: Daniel W Kennett TITLE (if any) N/A

Please return your Narrative Statement and Answers to the above questions to:

Pipeline Safety Division – Case No. 1237
Indiana Utility Regulatory Commission
101 West Washington Street, # 1500E
Indianapolis, IN 46204

Or scan document(s) and Email to:

PipelineDamageCase@urc.in.gov

A NiSource Company

Northern Indiana Public Service Company
Facility Damage Recovery

801 E. 86th Avenue
Merrillville, IN 46410

(219) 647-4033
(800) 884-2684

October 12, 2010

Danuel Kennett
1005 Liberty Drive
Mishawaka, IN 46545

RE: Our Claim 10 2196

Dear Mr. Kennett:

Enclosed is our Damage Claim Bill in the amount of $275.15, being the expense this Company incurred as the result of your contact with our facilities located in the vicinity of 402 W. Broadway, Mishawaka, Indiana. Our reports indicate that our facilities were damaged on September 14, 2010.

If you have insurance to cover this type of damage claim, please forward the enclosed Damage Claim Bill and envelope to your insurance carrier for payment and advise this Department of the company's name and address so that we can follow the matter to a conclusion. In the event you are not insured, your check, draft or money order in the above amount is hereby requested. To insure proper credit to your account, please remit the top portion of the Damage Claim Bill, along with your payment, in the enclosed pre-addressed envelope.

If you wish to discuss this matter further, please contact the undersigned.

Sincerely,

MARY L. LECHOWICZ
Leader Facility Damages

MLL:kml

Enclosure

Northern Indiana Public Service Company
DAMAGE CLAIM BILL

CLAIM NO.: 10 2196 JOB ORDER NO.: 532582 DATE: October 12, 2010

Danuel Kennett
1005 Liberty Drive
Mishawaka, IN 46545

PAYMENT DUE 28 DAYS FROM ABOVE DATE.
PLEASE MAKE REMITTANCE PAYABLE TO:
NORTHERN INDIANA PUBLIC SERVICE COMPANY
801 E. 86TH AVENUE
MERRILLVILLE, INDIANA 46410-6271
ATTENTION: FACILITY DAMAGES RECOVERY

AMOUNT REMITTED	AMOUNT DUE
	$275.15

PLEASE DETACH HERE AND RETURN THIS PORTION WITH PAYMENT

DATE	DESCRIPTION	AMOUNT
9/14/2010	Expense incurred as the result of damage to NIPSCO facilities located in the vicinity of 402 W. Broadway, Mishawaka, Indiana, by the above.	
	LABOR:	$ 233.67
	MATERIAL:	3.84
	EQUIPMENT:	37.64
	TOTAL EXPENSE:	**$ 275.15**

If you have any questions regarding this bill, please contact Mary Lechowicz, Leader Facility Damages, at 219-647-4033 or 1-800-884-2684

811 Know what's **below.** **Call** before you dig.

Northern Indiana Public Service Company
DAMAGE CLAIM BILL

CLAIM NO.: 10 2196 JOB ORDER NO.: 532582 DATE: October 12, 2010