



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Terry Minix**

UPPAC Database Record ID: 1319

Investigator: Rich Medcalf

Report Date: 03/15/2012

Damage Date: 9/30/2010 8:00:08 PM

Damage Address: 51280 Birch Rd

City: Granger

County: St Joseph

### The Parties

Excavator: **Terry Minix**

Contact: Terry Minix, Homeowner

Address: 51280 Birch Road, Granger, In 46530

Telephone: 514 272 9707

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: Terry Minix**

UPPAC Database Record ID: 1319

**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: 1008181129

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Bldg. Construction

**Synopsis:** Damage occurred during excavation for home improvement.

**Findings:** Submitted by Indiana 811; homeowner responded on 11/9/2011. Excavation work was done on an expired locate ticket.

**Conclusion:** There was a failure to provide notice of excavation prior to construction due to the fact the original locate had expired.

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

**Terry Minix** currently has no other reports of damage on the record.

NO

LOCATE

TICKET

PROVIDED

December 2, 2011

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 1319  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 1319

To Whom It May Concern:

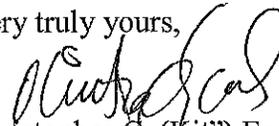
Attached please find Northern Indiana Public Service Company's ("NIPSCO") written information relating to the following event:

Date of Event: 9/14/2010  
Event Location: 51280 Birch Rd, Granger  
Facility Owner: NIPSCO  
Excavator: Terry Minix  
Other Party: N/A  
Pipeline Division Case No. 1319

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](mailto:cearle@nisource.com)

**IURC INFORMATION REQUEST**

NIPSCO CLAIM # (INTERNAL USE ONLY)

10-2282

NIPSCO JOB ORDER # (INTERNAL USE ONLY)

512337

FIELD SUPERVISOR

Art Blauvelt

**Pipeline Safety Division Case No.**

1319

Date of Event

9/30/2010

Event Location

51280 Birch Rd., Granger

Facility Owner

Northern Indiana Public Service Company

Excavator

Terry Minix

Date of IURC Information Request

9/2/2011

**EVENT LOCATION:**

ADDRESS

51280

STREET

Birch Road

CITY/TOWN/IN ZIP CODE

Granger, IN

COUNTY

TOWNSHIP

PROPERTY OWNER

USE - COMMERCIAL/RESIDENTIAL

TENANT'S NAME

IF COMMERCIAL USE, TENANT OR OWNER OCCUPIED

IF TENANT OCCUPIED, TENANT'S FULL NAME

**EXCAVATOR:**

NON BUSINESS FULL PERSONAL NAME

Terry Minix

BUSINESS NAME

ADDRESS

51280

STREET

Birch Road

CITY/ STATE/ZIP

Granger, IN 46530

PREFERRED TELEPHONE

SECONDARY TELEPHONE

EMAIL ADDRESS

<b>FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:</b>	
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	<a href="mailto:LSELKING@NISOURCE.COM">LSELKING@NISOURCE.COM</a>
<b>LOCATE MARKS:</b>	
DATE LOCATE REQUESTED	8/18/10
DATE LOCATE PERFORMED	8/20/10
DATE OF EVENT	09/30/10
LOCATE NUMBER	1008181129
811 DAMAGE NOTIFICATION NUMBER	1009302805
WERE LOCATE MARKS VISIBLE	Yes at time of locate - not at time of damage
DID THE EXCAVATOR WHITE LINE	Unknown
WERE MAPS USED TO MARK FACILITY	Unknown
WAS THERE A POSITIVE RESPONSE FROM OPERATOR/HOW	Yes Paint and Flags
WAS OPERATOR EMPLOYEES ON SITE AT TIME OF INCIDENT	No
<b>INJURIES:</b>	
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. Excavation was performed on an expired locate after NIPSCO had been to property on 9/28/10 to reroute the service.

Picture of Original locate 1008181129 (homeowner request for addition)



Picture of locate 1009212783 (this was a NIPSCO request) for a service reroute



Picture of damage 1009302805 (occurred at 9PM so it is too dark to see)



Locate 1009302806 (called in after damage by homeowner) work completed upon arrival per USIC



**Information Request**

**Pipeline Safety Division  
Indiana Utility Regulatory Commission**

Case No. 1319

RECEIVED

NOV 09 2011

INDIANA UTILITY  
REGULATORY COMMISSION

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:

Responsible Party Personal Name:

Title (if any):

Address:

City, State Zip:

Preferred Telephone:

Cell Phone Number:

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: *INDIANA 811*

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: *51290 Birch Rd.*

City, State Zip: *Granger, IN 46530*

Nearest Intersection: *Birch Rd & Adams Rd.*

**Product Type (circle one):**

Natural Gas

Liquid Pipeline

Unknown/Other

**Facility Type (circle one):**

Distribution

Gathering

Service/Drop

Transmission

Unknown/Other *Residence*

Size (Diameter/etc.): \_\_\_\_\_

Pressure (PSIG/Inches): 6

Interruption in Service:  Yes /  No

Number of Customers Affected: 1

Evacuation: Yes  /  No      If yes, How Many Evacuated? 0

Repair Cost (if known): \$ \_\_\_\_\_

**Cause of Damage Information:**

**Type of Equipment (circle one):**

Auger

Backhoe/Trackhoe

Boring /Drilling

Directional Drilling

Explosives

Farm Equipment

Grader/Scraper

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: 100 930 2806

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:**

We were adding onto our house.  
The lines were marked but I still hit  
the gas line. I dug the holes myself.  
Terry Minix

YOUR PIPELINE SAFETY DIVISION CASE NO. 1319

YOUR FULL NAME: Terry Lee Minix

FULL NAME OF BUSINESS/ENTITY (if applicable): NA

YOUR BUSINESS TITLE (if applicable): NA

ADDRESS: 51280 Birch Rd.

CITY: Gronget STATE: IN ZIP CODE: 46530

YOUR TELEPHONE NUMBER: (574) 272 - 9707 SECOND NO. (574) 303 - 7195

YOUR EMAIL ADDRESS: \_\_\_\_\_

TODAY'S DATE: 10/31/11

YOUR SIGNATURE: Terry Minix TITLE (if any) NA

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

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

Or scan document(s) and Email to:

**PipelineDamageCase@urc.in.gov**