



Pipeline Safety Division Investigation Report

Investigation regarding: Gary Frye

UPPAC Database Record ID: 2072

Investigator: Jay Scherer

Report Date: 02/13/2012

Damage Date: 08/22/2011

Damage Address: 115 East Street

City: Switz City, In 47465

County: Greene

The Parties

Excavator: **Gary Frye**

Contact: Gary Frye, Homeowner

Address: 115 East Street, Switz City, In 47465

Telephone: 812-227-0502

Facility Owner: Midwest Natural Gas Corporation

Contact: Arthur Campbell

Address: 107 SE Third Street, Washington, IN 47501-0520

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Investigation regarding: Gary Frye

UPPAC Database Record ID: 2072

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$108

Excavator Activities/Cause of damage information:

Excavator request locates: No Indiana 811 ticket Number:

Type of Equipment: Hand Tools

Type of work performed: Pole

Synopsis: Damage to a natural gas service occurred while homeowner was installing a pitching backstop.

Findings: Reported by Midwest Natural Gas; homeowner's response to initial notice received on 12/05/2011. Homeowner failed to call to request that underground utilities be located.

Conclusion: There was a failure to request locates.

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

Gary Frye currently has no other reports of damages in the record.

NO

LOCATE

TICKET

PROVIDED



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

November 18, 2011

Mr. Arthur Campbell
Midwest Natural Gas Corporation
107 SE Third Street
Washington, IN 47501-0520

Subject: Investigation Request for Information

Date of Event: 8/22/2011

Event Location: 115 East Street, Switz City, In 47465

Facility Owner: Midwest Natural Gas Corporation

Excavator: Gary Frye

Other Party: N/A

Pipeline Division Case No. 2072

Dear Mr. Campbell:

Pursuant to Indiana Code 8-1-26, the *Indiana Damage to Underground Facilities Act*, the Pipeline Safety Division of the Indiana Utility Regulatory Commission ("Pipeline Division") is required to investigate reported incidents of alleged statutory violations involving underground pipeline safety. The purpose of this statute is to promote excavation and pipeline safety and to reduce the imminent danger to life, health, property, or loss of service associated with unsafe digging practices. Please note that the investigation does not entail determining criminal liability or a civil determination of fault or damages; however, it does determine whether any statutory violations were committed regarding public safety.

The Pipeline Division received information regarding potential statutory violations regarding the date and location referenced above. You were identified as a person or entity that might have information that would assist the Pipeline Division in its investigation. Therefore, we have contacted you in order to receive the full account of information in order to make a fair determination related to the circumstances of this incident.

We have asked all involved parties, entities and witnesses to provide *written* information within *30 days* in order to meet legal deadlines to conclude our investigation. **Please consider this letter as a formal request to receive any and all information and evidence (including a narrative, documentation,**

maps, photographs or any other written information) you can access regarding anything you may know about the incident referenced above.

Please promptly provide your information to: Pipeline Safety Division – Case No. 2072, Indiana Utility Regulatory Commission, 101 West Washington Street, # 1500E, Indianapolis, IN 46204. Also, please include the Investigation Number referenced above on your materials. In the alternative, if you would prefer to scan the materials and send them electronically, please send the documents to: *PipelineDamageCase@urc.in.gov*.

Although you are not a formal party in this investigation, please treat this request for information seriously, because the potential civil penalties for violations include: a potential civil fine up to \$10,000.00; mandatory education and training for employees regarding pipeline safety; a required development plan to avoid future violations; or a warning letter for certain homeowner/tenants who are first time offenders. Consequently, your input will assist the Pipeline Division with its determination and may have a substantial impact on the case.

After the investigation is completed, the Pipeline Division will prepare an Investigation Report with findings and forward it to the Underground Plant Protection Advisory Committee (“Advisory Committee”). This is a statutory committee, comprised of excavators, facility operators, investor and municipal utilities, the 811 Association and facility locate marking companies, whose role is to evaluate the Pipeline Division’s findings and make a recommendation for a civil penalty. In the event there is disagreement regarding the Advisory Committee’s recommendation to the Commission, parties are entitled to request a hearing before the full Commission. If there is a violation, the Indiana Utility Regulatory Commission (“Commission”) will impose the penalty. Any fines imposed are statutorily required to be spent funding the Commission’s training and educational programming to promote excavation and pipeline safety.

Thank you for your *prompt* assistance in providing written information to the Pipeline Division regarding the previously referenced incident. Any information received after the deadlines will not be considered in the investigation, will be unavailable to the Advisory Committee and will result in a lack of full information being made available; hence, your participation is vital to serving the interests of justice and enhancing the public’s safety. In an effort to assist you, please find an enclosure entitled “Information Request.” Should you have procedural or legal questions regarding the Underground Plant Protection Advisory Committee or the Indiana Utility Regulatory Commission, please contact David L. Welch, Assistant General Counsel, at (317) 234-4715. Should you have questions regarding the pipeline damage identified above, or our investigation, please contact me at (317) 232-2718. Thank you for your assistance.

Sincerely,



William Boyd
Director, Pipeline Safety Division

Enclosure: Information Request

INFORMATION REQUEST

Pipeline Safety Division Indiana Utility Regulatory Commission

Case No. 2072

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: Gary Frye
Title (if any): _____
Address: 115 East Street
City, State, Zip: Switz City, IN 47465
Preferred Telephone: 812-227-0502
Cell Phone Number: _____
Email Address: _____

Facility Information:

Business Name: Midwest Natural Gas Corp.
Responsible Party Personal Name: Ted A. Williams
Title (if any): Bloomfield Regional Manager
Address: PO Box 66
City, State, Zip: Bloomfield, IN 47424
Preferred Telephone: 812-384-4150
Cell Phone Number: 812-259-9236
Email Address: twilliams@midnatgas.com

Locator Service Information:

Business Name: Midwest Natural Gas Corp.
Responsible Party Personal Name: _____
Title (if any): _____
Address: Bloomfield Regional Manager
City, State, Zip: PO Box 66
Preferred Telephone: Bloomfield, IN 47424
Cell Phone Number: 812-384-4150
Email Address: _____

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

Personal Contact: _____
Business/Organization Name: _____
Title (if any) _____
Address: _____
City, State, Zip: _____
Preferred Telephone: _____
Secondary Telephone: _____
Email Address: _____

Utility Line Impact:

Location of Damage:

Address: 115 East Street
City, State, Zip: Switz City, IN 47465
Nearest Intersection: 2nd Street

Product Type (circle one):

Natural Gas
Liquid Pipeline
Unknown/Other

Facility Type (Circle One):

Distribution
Gathering
Service/Drop
Transmission
Unknown/ Other

Size (Diameter/etc.): 5/8"

Pressure (PSIG/Inches): 47 PSI

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

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

Repair Cost (if know): \$ \$107.80

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

YOUR PIPELINE SAFETY DIVISION CASE NO. 2072
YOUR FULL NAME: Ted Aaron Williams
FULL NAME OF BUSINESS/ENTITY (if applicable): Midwest Natural Gas Corp.
YOUR BUSINESS TITLE (if applicable): Bloomfield Regional Manager
ADDRESS: Po Box 66 2244 West State Road 54
CITY: Bloomfield STATE: IN ZIP CODE: 47424
YOUR TELEPHONE NUMBER: (812) 384-4150 SECOND NO. (812) 259-9236
YOUR EMAIL ADDRESS: twilliams@midnatgas.com

TODAY'S DATE: 11/30/2011

YOUR SIGNATURE Ted A. Williams TITLE Bloomfield Regional Manager

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

Pipeline Safety Division-Case No. 2072
Indiana Utility Regulatory Commission
101 West Washington Street, #1500E
Indianapolis, IN 46204

Or scan document(s) and Email to:
PipelineDamageCase@urc.in.gov



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Aug 22, 2011

Who is submitting this information?

Name of person providing this information: Ted A. Williams

Business address (*number and street*): 2244 West State Road 54

City, State, and ZIP code: Bloomfield, IN 47424

Telephone number (*area code*): 812-384-4150

Fax number (*area code*): 812-384-4895

E-mail address: twilliams@midnatgas.com

Excavator Information, if known

Full name: Gary Frye

Business address (*number and street*): 115 East Street

City, State, and ZIP code: Switz City, IN 47465

Telephone number (*area code*): 812-227-0502

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Hand Tools

Type of work performed: Pole

Date and Location of Damage

Date of damage (month, day, year): Aug 22, 2011

County: Greene

City: Switz City, IN 47465

Street address (number and street, city, state, and ZIP code):
115 East Street

Nearest intersection: 2nd Street

Right of way where damage occurred: Private Easement

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? _____

Was there a customer service interruption? Yes

If yes, how many affected? 1

Time to restore service (in hours): 1

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 0

Affected Facility Information

What type of pipeline was damaged? Natural Gas

What was the affected facility? Service/Drop

What was the depth of the facility, in inches? 12

Notification, Locating, Marking

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known: None

Was the locate request completed within two working days?

If locates were performed, were they done so by a contractor or pipeline employee? Unknown/Other

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

Were facility marks visible in the area of excavation? No

Were facilities marked correctly? Unknown/Other

Type of markings used:

If other, please specify: _____

Was site marked by "White Lining"? No

Were special instructions part of the locate request?

Were maps used to complete the locate request?

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? No

Description of Cause

Select from the list the most accurate cause for the damage: --No notification made to the one-call center

Additional Comments

Information Request

RECEIVED

**Pipeline Safety Division
Indiana Utility Regulatory Commission**

DEC 05 2011

Case No. 2072

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: Gary Frye

Title (if any):

Address: PO Box 279

City, State Zip: Switz City, IN 47465

Preferred Telephone: 812-227-0502

Cell Phone Number:

Email Address: fryeg@bloomington.in.gov

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: PO Box 279 / 115 East St

City, State Zip: Switz City, IN 47465

Nearest Intersection: 2nd / East St

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: 1 (MC)

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

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: _____

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: _____

Number of Inpatient Treated: _____

Number of Fatalities: _____

Fire Department Response: Yes / No

Police Department Response: Yes / No

Ambulance Response: Yes / No

Additional Information/Comments:

I was building a pitching backstop for Softball, I was misinformed on the depth of how far gas lines are buried by a party who doesn't have knowledge of the depth as was shown by the incident that happened, I was in the wrong by not calling 811 for a locate to start with & am sorry for the inconvenience it caused.

YOUR PIPELINE SAFETY DIVISION CASE NO. 2072

YOUR FULL NAME: Gary Dean Frye

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

YOUR BUSINESS TITLE (if applicable): _____

ADDRESS: PO Box 279

CITY: Switz City STATE: IN ZIP CODE: 47465

YOUR TELEPHONE NUMBER: (812) 227-0502 SECOND NO. () _____ - _____

YOUR EMAIL ADDRESS: fryeg@bloomington.in.gov

TODAY'S DATE: 11/28/11

YOUR SIGNATURE: Gary D. Frye TITLE (if any) _____

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

**Pipeline Safety Division – Case No. 2072
Indiana Utility Regulatory Commission
101 West Washington Street, # 1500E
Indianapolis, IN 46204**

Or scan document(s) and Email to:

PipelineDamageCase@urc.in.gov