



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Beth Ols**

UPPAC Database Record ID: 2186

Investigator: Chuck Weindorf

Report Date: 02/29/2012

Damage Date: 10/09/2011 3:07:39 PM

Damage Address: 9633 Johnson Pl

City: Crown Point

County: Lake

### The Parties

Excavator: **Beth Ols**

Contact: Beth Ols, Homeowner

Address: 9633 Johnson Place, Crown Point, In 46307

Telephone: 219-263-8595

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: Beth Ols**

UPPAC Database Record ID: 2186

**Damage Impact**

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$375

**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:** Damage to a natural gas service occurred during efforts to install a fence.

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 12/20/2011. Work on the fence was begun without a call to Indiana 811 to request that underground utilities be located and marked.

**Conclusion:** There was a failure on the part of the homeowner to provide notice of excavation.

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

**Beth Ols** currently has no other reports of damages in the record.

NO

LOCATE

TICKET

PROVIDED



101 West Ohio Street  
Suite 1707  
Indianapolis, IN 46204

December 19, 2011

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 2186  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 2186

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: 10/9/2011  
Event Location: 9633 Johnson Pl, Crown Point  
Facility Owner: NIPSCO  
Excavator: Beth Ols  
Other Party: N/A  
Pipeline Division Case No. 2186

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****Pipeline Safety Division Case No. 2186**

Date of Event	10/9/2011
Event Location	9633 Johnson Pl, Crown Point
Facility Owner	Northern Indiana Public Service Company
Excavator	Beth Ols
Date of IURC Information Request	11/18/2011

**EVENT LOCATION:**

ADDRESS	9633
STREET	Johnson Pl.
CITY/TOWN/IN ZIP CODE	Crown Point, IN 46307
COUNTY	Lake
TOWNSHIP	Ross
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	Beth Ols
BUSINESS NAME	
ADDRESS	9633
STREET	Johnson Pl.
CITY/ STATE/ZIP	Crown Point, IN 46307
PREFERRED TELPHONE	(219)310-8060
SECONDARY TELEPHONE	(219)263-8595
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  
CITY/STATE/ZIP  
PREFERRED TELEPHONE  
SECONDARY TELEPHONE  
EMAIL ADDRESS

1501 HALE AVENUE  
FORT WAYNE, IN 46802  
260/439-1290

[LSELKING@NISOURCE.COM](mailto:LSELKING@NISOURCE.COM)

**LOCATE MARKS:**

DATE LOCATE REQUESTED  
DATE LOCATE PERFORMED  
DATE OF EVENT  
LOCATE NUMBER  
811 DAMAGE NOTIFICATION NUMBER  
WERE LOCATE MARKS VISIBLE  
DID THE EXCAVATOR WHITE LINE  
WERE MAPS USED TO MARK FACILITY  
WAS THERE A POSITIVE RESPONSE FROM OPERATOR/HOW  
WAS OPERATOR EMPLOYEES ON SITE AT TIME OF INCIDENT

No locate requested.  
No locate requested.  
10/9/11  
No locate requested.  
1110090178  
No locate requested.  
No locate requested.  
No locate requested.  
No locate requested.  
No

**INJURIES:**

NUMBER OF OUT-PATIENT  
NUMBER OF IN-PATIENT INJURIES  
WAS LOCAL FIRE DEPARTMENT CALLED  
FIRE DEPARTMENT NAME  
FIRE DEPARTMENT RESPONSE DESCRIPTION  
WAS LOCAL POLICE DEPARTMENT CALLED  
DEPARTMENT NAME  
POLICE DEPARTMENT RESPONSE DESCRIPTION  
ANY OTHER RESPONSE - IF SO, WHO AND DESCRIBE

0  
0  
Unknown  
Unknown  
Unknown  
Unknown  
Unknown  
Unknown  
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.

#2186

NIPSCO 00042 IUPPSa 10/09/2011 15:07:41 1110090178-00A EMER DAMG GRID

DAMAGE DAMAGE

Ticket : 1110090178 Date: 10/09/2011 Time: 14:59 Oper: JELEWITZ Chan:001

State: IN Cnty: LAKE Twp: CENTER  
Cityname: CROWN POINT Inside: Y Near: N  
Subdivision:Address : 9633  
Street : JOHNSON PL  
Cross 1 : 96TH AVE Within 1/4 mile: Y  
Location: THIS IS A DUPLEX -- LOCATE THE NORTHEAST CORNER OF THE HOUSE  
:  
Grids : 4126C8721D 4126B8721D 4126B8721C  
Boundary: n 41.444286 s 41.441422 w -87.354317 e -87.352722Work type : INSTALLING A GATE  
Done for : BETH OLS  
Start date: 10/09/2011 Time: 15:01 Hours notice: 0/0 Priority: EMER  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
Duration : 1 DAY Depth: 3 FEETCompany : BETH OLS Type: HOME  
Co addr : 9633 JOHNSON PLACE  
City : CROWN POINT State: IN Zip: 46307  
Caller : BETH OLS Phone: (219)310-8060  
Contact : BETH OLS - CELL Phone:  
BestTime:  
Mobile : (219)263-8595Remarks : All tickets are taken and processed on Eastern Daylight Time  
NIPSCO GAS LINE HAS BEEN HIT ON THE NORTHEAST CORNER OF THE HOUSE -- LINE IS  
BLOWING -- ADVISED TO CALL 911 -- NIPSCO HAS ALREADY BEEN CALLED -- UNSURE OF  
THE SIZE COLOR OR MATERIAL OF THE LINE -- CREW ON SITE -- NO PREVIOUS DIG TICKET  
-- THANK YOU

Will you be white-lining the dig site area? NO

:

Submitted date: 10/09/2011 Time: 14:59  
Members: COMCN IB ID2287 NIPSCO SM

# 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

November 18, 2011

Beth Ols  
9633 Johnson Place  
Crown Point, IN 46307

Subject: Notice of Preliminary Determination of Violation

Date of Event: 10/9/2011

Event Location: 9633 Johnson Place, Crown Point, Lake County

Excavator: Beth Ols

Facility Owner: Northern Indiana Public Service Company

Pipeline Safety Division Case No. 2186

To Whom It May Concern:

On behalf of the Indiana Utility Regulatory Commission ("Commission"), I am writing to inform you that information has been filed with our Pipeline Safety Division ("Pipeline Division") regarding an alleged violation of Indiana Code 8-1-26 ("I.C. 8-1-26"), the *Indiana Damage to Underground Facilities Act*. You are receiving this letter because you have been identified as the Respondent or responsible party.

The purpose of this statute is to promote excavation and pipeline safety and to reduce imminent danger to life, health, property, or loss of service associated with unsafe digging practices. Based upon the information received, the Pipeline Division is commencing an investigation into the event concerning you or your business. 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.

Although the law was enacted in 1991, enforcement measures went into effect in July 2009. The Commission was tasked with completing a formal rulemaking on how to determine whether a violation occurred, as well as how the subsequent penalties should be determined. Due to the amount of time required for the rule to become effective and for the Underground Plant

Protection Advisory Committee to be appointed and convened, you are now receiving this notification. This means that your case will be handled according to the recently approved administrative rule, which can be found here: [http://www.in.gov/iurc/files/rm0903\\_051111.pdf](http://www.in.gov/iurc/files/rm0903_051111.pdf).

The Pipeline Division has preliminarily identified that the following statutory violation(s) may have occurred:

***Property Damage Violations:***

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

***Should you disagree with the aforementioned violation(s), you have an opportunity to file documentation in support of your position. In order for this information to be considered, you must provide a written response to each allegation(s) and provide written evidence (e.g., maps, photographs, narrative statements, or other evidence) within thirty (30) days of the date of this letter. If you do not respond or fail to provide additional evidence for the Pipeline Division to consider, your investigation will be closed. Findings will then be forwarded to the Underground Plant Protection Advisory Committee for a recommendation to the Commission on the appropriate penalty.***

If you are a business entity, please provide your full personal name and business title, as well as your legal authority to represent the business in this matter. If you lack such authority or are mistakenly named as the Respondent, you must provide the identical information requested above on behalf of your business.

Pursuant to the statute, civil penalties may include:

1. A warning letter for homeowners/tenants who are first-time offenders regarding a violation in which no one was personally injured;
2. A civil penalty up to a maximum of ten thousand dollars (\$10,000.00);
3. Required participation of employees in a mandatory education and training program sponsored by the Commission; and/or
4. Required development of a plan to avoid future violations, which must receive approval.

Depending upon the individual circumstances of each case, any combination of the civil penalties may be reduced to a Consent Agreement between the Commission and the offender.

**If you believe there are other parties or witnesses with relevant information for the Pipeline Safety Division to consider in its investigation, we request that you *immediately* provide their name, address, telephone number, and email address *in writing* to the Pipeline Safety Division.** Because the investigation should be completed within sixty (60) days, any delay in providing additional persons to be contacted may result in the investigation being concluded without this additional source of information.

Please forward any documentation to the following address or, in the alternative, you may scan the materials and send them electronically. Also, please be sure to include your assigned Pipeline Division Case Number on all communications.

Materials should be completed and sent via mail or email:

Mail: Pipeline Safety Division – Case No. 2186  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 E  
Indianapolis, IN 46204

Email: PipelineDamageCase@urc.in.gov

Included with this letter are the following documents: a *Summary of Procedures and Respondent's Rights* to assist in answering your questions; and an *Information Request* enclosure to assist in providing pertinent information regarding this investigation.

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,

A handwritten signature in black ink that reads "William Boyd". The signature is written in a cursive style with a large, looped initial "W".

William Boyd  
Director, Pipeline Safety Division

Enclosures: Summary of Procedures and Respondent's Rights  
Information Request

# Information Request

## Pipeline Safety Division Indiana Utility Regulatory Commission

Case No. 2186

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:

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: \_\_\_\_\_

THE POLICE DIDNT GIVE  
ME ANY WRITTEN REPORT -  
CALLED 911 BECAUSE  
MANDATORY -  
NOBODY GAVE ME ME  
ANY REPORTS -  
FIRE + AMBULANCE LEFT  
WITHIN 5 MINUTES  
OF ARRIVING

NO WITNESS -  
JUST ME +  
FAMILY MEMBER  
IN YARD

**Utility Line Impact:**

**Location of Damage:**

Address: 9633 JOHNSON PLACE

City, State Zip: CROWN POINT IN 46375

Nearest Intersection: \_\_\_\_\_

**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? 0

Repair Cost (if known): \$ 375.00

PAID  
TO  
NIPSCO

**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: \_\_\_\_\_

??  
0.

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

} WERE HERE FOR 5 MINUTES -  
LEFT - EVERYTHING OK

Additional Information/Comments:

YOUR PIPELINE SAFETY DIVISION CASE NO. 2186

YOUR FULL NAME: BETH OLS

FULL NAME OF BUSINESS/ENTITY (if applicable): \_\_\_\_\_

YOUR BUSINESS TITLE (if applicable): \_\_\_\_\_

ADDRESS: 9133 Jefferson Place

CITY: Crown Point STATE: IN ZIP CODE: 46307

YOUR TELEPHONE NUMBER: ( 219 ) 263 - 8595 SECOND NO. ( ) \_\_\_\_\_ - \_\_\_\_\_

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

TODAY'S DATE: 12/10/11

YOUR SIGNATURE:  TITLE (if any) \_\_\_\_\_

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

**Pipeline Safety Division – Case No. 2186  
Indiana Utility Regulatory Commission  
101 West Washington Street, # 1500E  
Indianapolis, IN 46204**

Or scan document(s) and Email to:

**PipelineDamageCase@urc.in.gov**