



Pipeline Safety Division Investigation Report

Investigation regarding: **Ac Campbell**

UPPAC Database Record ID: 2219

Investigator: Chuck Weindorf

Report Date: 02/29/2012

Damage Date: 09/20/2011

Damage Address: 1230 N. Us Hwy 31

City: Austin

County: Scott

The Parties

Excavator: **Ac Campbell**

Contact: Ac Campbell

Address: 1247 N. Third St., Austin, In 47102

Telephone: 812-794-3949

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: Ac Campbell

UPPAC Database Record ID: 2219

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$254

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 excavation to install fence posts.

Findings: Reported by Midwest Natural Gas; excavator's response to initial notice was received on 12/28/2011. Work 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 Mr. Campbell to request locates.

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

Ac Campbell currently has no other reports of damages in the record.

NO

LOCATE

TICKET

PROVIDED

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

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

Subject: Investigation Request for Information

Date of Event: 9/20/2011

Event Location: 1230 N. Us Hwy 31, Austin

Facility Owner: Midwest Natural Gas Corporation

Excavator: Ac Campbell (occupant)

Other Party: N/A

Pipeline Division Case No. 2219

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,**

YOUR PIPELINE SAFETY DIVISION CASE NO. 2219

YOUR FULL NAME: Terry Shafer

FULL NAME OF BUSINESS/ENTITY (if applicable) Midwest Natural Gas Corp.

YOUR BUSINESS TITLE (if applicable) Regional Area Manager (Scottsburg Dist)

ADDRESS: 1652 W. McClain Ave. P.O. Box 707

CITY: Scottsburg STATE: IN ZIP CODE: 47170

YOUR TELEPHONE NUMBER: (812) 752-2230 SECOND NO. (812) 595-0633

YOUR EMAIL ADDRESS: tshafer@midnatgas.com

TOSAYS DATE: 12/5/2011

YOUR SIGNATURE:  TITLE: Regional Area Mgr.

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

**Pipeline Safety Division-Case No. 2219
Indiana Utility Regulatory Commission
101 West Washington Street, # 1500E
Indianapolis, IN 46204**

Or scan document(s) and Email to:

PipelineDamageCase@urc.in.gov

INFORMATION REQUEST

Pipeline Safety Division Indiana Utility Regulatory Commission

Case No. 2219

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: A.C. Campbell
Title (if any): N/A
Address: 1247 N. Third St.
City, State, Zip: Austin, IN 47102
Preferred Telephone: (812) 794-3949
Cell Phone Number: N/A
Email Address: N/A

Facility Information:

Business Name: Midwest Natural Gas Corp.
Responsible Party Personal Name: Terry Shafer
Title (if any): Regional Area Manager Scottsburg District
Address: 1652 W. McClain Ave. P.O. Box 707
City, State, Zip: Scottsburg, IN 47170
Preferred Telephone: (812) 752-2230
Cell Phone Number: (812) 595-0633
Email Address: tshafer@midnatgas.com

Locator Service Information:

Business Name: Midwest Natural Gas Corp.
Responsible Party Personal Name: Donnie Douglas
Title (if any): Service Technician
Address: 1652 W. McClain Ave. P.O. Box 707
City, State, Zip: Scottsburg, IN 47170
Preferred Telephone: (812) 752-2230

Cell Phone Number: (812) 595-0633
Email Address: N/A
Other (Witness, Police, Fire, Other) Information:
Personal Contact: N/A
Business/Organization Name: N/A
Title (if any) N/A
Address: N/A
City, State, Zip: N/A
Preferred Telephone: N/A
Secondary Telephone: N/A
Email Address: N/A

Utility Line Impact:

Location of Damage:

Address: 1230 N. SR 31
City, State, Zip: Austin, IN 47102
Nearest Intersection: Applewood Ln.

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" PE

Pressure (PSIG/Inches):

50

Interruption in Service:

Yes No

Number of Customers Affected: 1

Evacuation:

Yes No

If yes, How Many Evacuated? _____

Repair Cost (if know): \$ 253.72

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

Information Request

Pipeline Safety Division Indiana Utility Regulatory Commission

Case No. 2219

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:

RECEIVED

NOV 28 2011

INDIANA UTILITY
REGULATORY COMMISSION

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

Personal Contact: Fred CAMPBELL

Business/Organization Name:

Title (if any)

Address: RR1

City, State, Zip: AUSTIN, IND. 47102

Preferred Telephone: 794-2388

Cell Phone Number:

Email Address:

Utility Line Impact:

Location of Damage:

Address: 1230 US Hwy. 31

City, State Zip: AUSTIN, IND. 47102

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.): 1/2" approximately

Pressure (PSIG/Inches): _____

Interruption in Service: Yes No Number of Customers Affected: 0

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

Repair Cost (if known): \$ 250.00

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:

We were putting up a fence around our central air unit to prevent thieves from stealing it, after they had already stole one of our units.

We called the Gas Company when we hit the pipe, they spliced it and fixed it when they arrived. They were there for about 1/2 hr to 1 hr.

YOUR PIPELINE SAFETY DIVISION CASE NO. 2219

YOUR FULL NAME: AC CAMPBELL

FULL NAME OF BUSINESS/ENTITY (if applicable): Northside Pentecostal Church of God

YOUR BUSINESS TITLE (if applicable): _____

ADDRESS: 1230 N. Hwy 31

CITY: Austin STATE: Ind. ZIP CODE: 47102

YOUR TELEPHONE NUMBER: (812) 794-3949 SECOND NO. () - _____

YOUR EMAIL ADDRESS: _____

TODAY'S DATE: 11-21-2011

YOUR SIGNATURE: AC Campbell TITLE (if any) Pastor

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

**Pipeline Safety Division – Case No. 2219
Indiana Utility Regulatory Commission
101 West Washington Street, # 1500E
Indianapolis, IN 46204**

Or scan document(s) and Email to:

PipelineDamageCase@urc.in.gov