



Pipeline Safety Division Investigation Report

Investigation regarding: Mutton Rental Center

UPPAC Database Record ID: 3459

Investigator: Howard Friend

Report Date: 11/7/2012

Damage Date: 6/26/2012

Damage Address: 5501 Us 30 W

City: Fort Wayne

County: Allen

The Parties

Excavator: **Mutton Rental Center**

Contact: Matthew Ray Mutton, Operations Manager

Address: 5530 Illinois Road, Fort Wayne, In 46804

Telephone: (260) 432-8636

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: Mutton Rental Center

UPPAC Database Record ID: 3459

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$1615

Excavator Activities/Cause of damage information:

Excavator request locates: No Indiana 811 ticket Number:

Type of Equipment: Unknown/Other

Type of work performed: Unknown/Other

Synopsis: A 2” natural gas service was damaged during installation of a tent stake.

Findings: Reported by NIPSCO; excavator’s response to initial notice was received on 10/11/2012. The excavator failed to provide notice of excavation.

Conclusion: There was a failure to provide notice of excavation.

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



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3459

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

Upon completion of answers select email button for submission.

The Parties

Excavator Information:

Business Name: Mutton Rentals

Responsible Party Personal Name: Matt Mutton

Title (if any): Operations Manager/Owner

Address (number and street): 5530 Illinois Rd.

City, State and ZIP Code: Fort Wayne, IN 46804

Preferred Telephone Number (area code): 260-432-8636

Cellular Telephone Number (area code): _____

Email Address: matt@muttonrentals.com

Facility Information:

Business Name: Sweet Water Sound

Responsible Party Personal Name: Doug Strahm

Title (if any): _____

Address (number and street): 5501 US HWY 30 W.

City, State and ZIP Code: Fort Wayne, IN 46818

Preferred Telephone Number (area code): 260-432-8176

Cellular Telephone Number (area code): _____

Email Address: doug_strahm@sweetwater.com

Locator Service Information:

Business Name: _____

Responsible Party Personal Name: _____

Title (*if any*): _____

Address (*number and street*): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Cause of Damage Information

Type of Equipment (*select one*): Hand Tools

Type of Work Performed (*select one*): Unknown/Other

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

Personal Contact: _____

Business/Organization Name: _____

Title (*if any*): _____

Address (*number and street*): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): 5501 US 30 W

City, State and ZIP Code: Fort Wayne, IN 46818

Nearest Intersection: US 30 W. & Kroemer Rd

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Distribution

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): \$ 1,600

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 apologize for not filling in all the blanks. Outside of calling in the leak & paying the bill for the repair I was given very little information about the specifics of the leak.

We are a Party & Tent Rental Company. We have been erecting tents every year at Sweet water sound since 2008 for an annual Event. In 2008 the first year doing work at this location the locations of utilities were addressed. Every year since tents have been located in similar locations throughout their parking lot keeping in mind our knowledge of the locations of the underground lines

In 2011 we moved farther west in the lot that we had in years past per the customers need for additional space.

In 2012 we again utilized the space farther west in the parking lot. Upon removing the tents & pulling one of our tents stakes we detected a gas leak.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3459

Your Full Name: Matthew Ray Mutton

Full Name of Business / Entity (if applicable): Mutton Rental Center

Your Business Title (if applicable): Operations Manager-Owner

Address (number and street): 5530 Illinois Rd

City: Fort Wayne State: IN ZIP Code: 46804

Your E-mail Address: matt@muttonrentals.com

Today's Date (month, day, year): 10/11/12

Your Signature: _____ Title (if any) Operations manager-Owr 

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number _____
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov



101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

October 16, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3459
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3459

To Whom It May Concern:

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

Date of Event: 6/26/2012

Event Location: 5501 Us 30 W, Fort Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: Mutton Rental Center

Other Party: N/A

Pipeline Division Case No. 3459

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. To the extent available, NIPSCO is also providing a copy of the Damage Information Report – Pipeline Safety Division previously submitted by NIPSCO to IURC Pipeline Safety as well as additional documentation relating to this Event Location.

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	
Pipeline Safety Division Case No. 3459	
Date of Event	6/26/2012
Event Location	5501 Us 30 W, Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	Mutton Rental Center
Date of IURC Information Request	9/18/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Mutton Rental Center
RESPONSIBLE PARTY PERSONAL NAME	Steve Stedzel
TITLE (IF ANY)	
ADDRESS	5530 Illinois Rd
CITY/ STATE/ZIP	Fort Wayne, IN 46804
PREFERRED TELEPHONE	260 432-8636
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:	
BUSINESS NAME	NORTHERN INDIANA PUBLIC SERVICE COMPANY
RESPONSIBLE PARTY PERSONAL NAME	LUKE SELKING
TITLE	
ADDRESS	1501 HALE AVENUE
CITY/STATE/ZIP	FORT WAYNE, IN 46802
PREFERRED TELEPHONE	260/439-1290
SECONDARY TELEPHONE	
EMAIL ADDRESS	LSELKING@NISOURCE.COM
LOCATOR SERVICE INFORMATION	
BUSINESS NAME	USIC Locating Service
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	9045 North River Road, Suite 300
CITY/ STATE/ZIP	Indianapolis, IN 46240
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION	
PERSONAL CONTACT	
BUSINESS/ORGANIZATION NAME	
TITLE (IF ANY)	

ADDRESS	
CITY/ STATE/ZIP	
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
UTILITY LINE IMPACT	
LOCATION OF DAMAGE	
ADDRESS	5501 US Hwy 30 W.
CITY/STATE/ZIP	Fort Wayne, IN 46818
NEAREST INTERSECTION	Kroemer Rd
PRODUCT TYPE (Select One)	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
FACILITY TYPE (Select One)	
DISTRIBUTION	
GATHERING	
SERVICE/DROP	X
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	2 plastic
PRESSURE (PSIG/INCHES)	45
INTERRUPTION IN SERVICE (YES/NO)	Yes
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	
REPAIR COST (IF KNOWN) (\$)	1,615.08
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	
Probing Device	

Trencher	
Vacuum Equipment	
Unknown/Other	X
TYPE OF WORK PERFORMED (Select 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	X Tent
RELEASE OF PRODUCT (YES/NO)	Yes
IGNITION AND/OR FIRE (YES/NO)	No
EXCAVATOR NOTIFY 811 (YES/NO)	No
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	No

INDIANA 811 LOCATE TICKET NUMBER	N/A
LOCATE MARKS VISIBLE (YES/NO)	N/A
LOCATE MARKS CORRECT (YES/NO)	N/A
EXCAVATOR "WHITE LINED" (YES/NO)	No
MAPS USED TO MARK FACILITIES (YES/NO)	N/A
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	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	
<p>No notification made to the one-call center Compensation has been received from the excavator.</p>	

Fact Based Investigation Report

NOTIFICATION ID: 01820120626012 **DISTRICT:** Northern IN
DAMAGE DATE: 6/26/2012 2:00:00 PM **NOTIFICATION DATE:** 6/26/2012 2:34:10 PM
NOTIFIED BY: AMBER Facility Owner
DAMAGE ADDRESS: 5501 US HWY 30 W (ALLEN CTY)
CITY: FORT WAYNE (WASHINGTON TWNSHP) **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 06/26/2012
FROM: 00:00:00 **TO:** 00:00:00

EXCAVATOR INVOLVED: MUTTON RENTALS
TYPE OF EXCAVATION: Tent

ORIG. LOCATE REQ.: 1206262442 **START DATE/TIME:** 6/26/2012 12:00:00 AM
TYPE OF TICKET: Other **LOCATE REQ. INFO N/A:**

DIG UP/DAMAGE REQ.: **START DATE/TIME:** 6/26/2012 12:00:00 AM

PICTURES TAKEN BY: Ron Marcum **DATE/TIME:** 6/26/2012 12:00:00 AM
PHOTOGRAPHY TYPE: Digital **FRAME #:** na

INVESTIGATOR EMP#: 117462 **INVESTIGATOR NAME:** Ron Marcum
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120626012
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** service - 2"
LOCATOR NAME & EMP #: Marcum Ron - 117462
LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:
No Locate Req. By Contractor

Other:

CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):

Investigation Results Verified By Utility Representative

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

no locate request

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

na

NAMES OF EXCAVATOR'S REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

na

LIST ANY OTHER INDIVIDUALS ON SITE:

na

WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL? No

WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA? Yes

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS? Yes

EXTENT OF FACILITY DAMAGE cut 2 inch gas service

REPLACEMENT FOOTAGE two feet

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED?

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)

FACILITY DAMAGE REPORT

** COMPLETE FORM FOR ALL DAMAGES TO NIPSCO FACILITIES **

REPORTING OPERATING AREA Fort Wayne MAXIMO WO #
OPERATING AREA CONTACT Jason Otis JOB ORDER # 564390
TRACKING NUMBER 018-2012-0626-012 LOCATE REF # NONE
Locate Performed By:

DATE AND TIME OF ACCIDENT 6-26-2012 1:45 PM DATE OF REPORT 6-26-12
PLACE OF DAMAGE (INCLUDE CITY) 5501 US Hwy 30 W Ft. Wayne Ind. 46818

DAMAGE WAS TO: ELECTRIC - POLE / TRANSFORMER: # SIZE YEAR INSTALLED BROKEN YES () NO ()

OTHER (DESCRIBE)

GAS: SERVICE MAIN () SIZE 2 inch MATERIAL: PLASTIC () STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE)

DEPTH OF FACILITY (Inches) 30" PRESSURE (PSI) 45 Lbs.

RELEASE OF GAS: YES () NO () IGNITION OF GAS: YES () NO () EVACUATION REQUIRED: YES () # NO ()

INTERRUPTION OF SERVICE: YES () NO () NUMBER OF CUSTOMERS LOST: 1

DURATION OF INTERRUPTION: TIME REPORTED 1:45 pm TIME SHUT OFF 4:30 TIME RESTORED 6:15

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 6"

LOCATE MARKS ON SITE: YES () DISTANCE BETWEEN FACILITY AND LOCATE MARKS NO () No Locate Requested
HOW LOCATED: PAINT () FLAGS () BOTH () WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) MUTTON Rental Center Inc 260-432-8636

ADDRESS OF PARTY (INCLUDE CITY) 5530 Collins Rd Ft. Wayne, IN 46807

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Steve Stedzel

WITNESS NAME AND ADDRESS W SHEPARD DRIVER N. BROWN P. KEETU

WITNESS REMARKS No locate request, hit service with stake for tent

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY REPORT #
FIRE () AGENCY REPORT #
OTHER () Any Injuries? () YES # () NO

PHOTOS TAKEN: YES () NO () TAKEN BY: (ATTACH PHOTOS TO REPORT)
MEDIA ON SITE YES () NO ()

- WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW
() AGRICULTURE/FARMING () CABLE TV () CURB/SIDEWALK () TELECOMMUNICATIONS
() BLDG CONSTRUCTION () DEMOLITION () DRAINAGE () WATER
() DRIVEWAY () ELECTRIC () SURVEYING () DRAINS/CULVERTS
() FENCING () GRADING () IRRIGATION () MOWING
() LANDSCAPING () PIPELINE () MILLING () OTHER Tent's set up in parking lot
() POLE/SIGN POST () ROAD WORK () SEWER

- TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW
() AUGER () HAND TOOLS () BACKHOE/TRACKHOE
() MILLING EQUIPMENT () PROBING DEVICE () BORING / DRILLING
() EXPLOSIVES () TRENCHER () FARM EQUIPMENT
() VACCUUM EQUIPMENT () GRADER () OTHER - 3 ft. steel spikes

- REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW
() AUTOMOTIVE ACCIDENT () EXCAVATING BEFORE LOCATES DUE () CARELESS MACHINE OPERATOR
() NO NOTIFICATION () MARKS DISTURBED () STUB () OTHER NO LOCATES

COMMENTS :

BOB MATTON PUT UP TENT
DRIVE STARTED IN 2" GAS SERVICE
CIS Ticket # 319854 20-1

PERSON PREPARING REPORT

Bill Shepherd

FIELD SUPERVISOR

Jason Otis

FIELD MANAGER

Randy Durr

- ORIGINAL REPORT AND SUPPORTING INFORMATION IS TO BE SENT TO FACILITY DAMAGE RECOVERY
- COPY OF REPORT IS TO BE SENT TO DAMAGE PREVENTION

SKETCH: - Show position of all pertinent information

FOR OFFICE USE ONLY:

- | | | |
|---|-----|----|
| • DID EXCAVATION OCCUR BEFORE LOCATES WERE DUE | YES | NO |
| • NO IN 811 LOCATE CALLED IN | YES | NO |
| • DAMAGE CAUSED FROM EXCAVATION WITHIN 24" ZONE | YES | NO |
| • EXPIRED LOCATE | YES | NO |
| • WAS WHITE LINING INDICATED ON LOCATE REQUEST | YES | NO |

COMPLETED BY: _____

DATE: _____



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Aug 10, 2012

Who is submitting this information?

Name of person providing this information: Carrie Ludwig

Business address (*number and street*): 3511 East 15th Ave

City, State, and ZIP code: Gary, IN 46403

Telephone number (*area code*): 219 962 0422

Fax number (*area code*): 219 962 0404

E-mail address: cludwig@nisource.com

Excavator Information, if known

Full name: Mutton Rental Center

Business address (*number and street*): 5530 Illinois Road

City, State, and ZIP code: Fort Wayne, IN 46804

Telephone number (*area code*): (260) 432-8636

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Unknown/Other

Type of work performed: Unknown/Other

Date and Location of DamageDate of damage (*month, day, year*): Jun 26, 2012

County: Allen

City: Fort Wayne

Street address (*number and street, city, state, and ZIP code*):
5501 US 30 W Fort Wayne, IN

Nearest intersection: Kroemer Rd

Right of way where damage occurred: Private - Business

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? 0

Was there a customer service interruption? Yes

If yes, how many affected? 1

Time to restore service (*in hours*): 3

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ _____

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? 30

Notification, Locating, Marking

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known: _____

Was the locate request completed within two working days? Unknown/Other

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: Other

If other, please specify: no locates

Was site marked by "White Lining"? No

Were special instructions part of the locate request? Unknown/Other

Were maps used to complete the locate request? Unknown/Other

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? Unknown/Other

Description of Cause

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

Additional Comments

Nipsco emergency repair ticket #: 1206262442