



Pipeline Safety Division Investigation Report

Investigation regarding: Christopher Baker

UPPAC Database Record ID: 3460

Investigator: Howard Friend

Report Date: 11/13/2012

Damage Date: 7/3/2012

Damage Address: 4612 Ardon Ct

City: Fort Wayne

County: Allen

The Parties

Excavator: **Christopher Baker**

Contact:

Address: 4612 Ardon Ct, Fort Wayne

Telephone: 260 447 0774

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: Christopher Baker

UPPAC Database Record ID: 3460

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$718

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1206280275

Type of Equipment: Auger

Type of work performed: Fencing

Synopsis: A natural gas service was damaged during excavation for fencing.

Findings: Reported by NIPSCO; excavator's response to initial notice was received on 9/24/2012. The excavator/homeowner provided notice of excavation and the operator provided accurate locate markings.

Conclusion: Excavator failed to maintain the required clearance with mechanized equipment.

Violation: IC 8-1-26-20(b): Failure to plan excavation to avoid damage or interference with underground facilities; Failure to maintain two (2) feet clearance with mechanized equipment.



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3460

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: _____

Responsible Party Personal Name: chris baker

Title (if any): _____

Address (number and street): 4612 ardon ct

City, State and ZIP Code: fort wayne in 46816

Preferred Telephone Number (area code): (260)447-0774

Cellular Telephone Number (area code): (260)467-0235

Email Address: dognamevegas@msn.com

Facility 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: _____

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*): Fencing

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*): 4612 ardon ct _____

City, State and ZIP Code: fort wayne in 46816 _____

Nearest Intersection: _____

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Unknown/Other

Size (Diameter/etc.): ^{1/4 in} _____

Pressure (PSIG/Inches): _____

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

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

Repair Cost (if known): \$ ⁷⁵⁰ _____

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: ^{not sure} _____

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

I had called 811 prior to digging as required. I white line my fence line however that was the last hole to do so i removed my line after starting hole. when digging my hole i used a hand auger to dig hole as far as i could go since there was a drought this summer ground was tough as you would imagine. I then used a manuel post hole digger to get to my required depth however while using it i struck the pastic natural gas line which caused the leak involved in this case. I immediately called 911 and nipsco as required no other people where affected. my bill to repair line was 750.00 parts and labor which i paid

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3460

Your Full Name: christopher j baker

Full Name of Business / Entity (*if applicable*): _____

Your Business Title (*if applicable*): _____

Address (*number and street*): 4612 ardon ct

City: fort wayne State: IN ZIP Code: 46816

Your E-mail Address: dognamevegas@msn.com

Today's Date (*month, day, year*): 09/24/12

Your Signature: _____ Title (*if any*) _____

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3460
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. 3460
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3460

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: 7/3/2012

Event Location: 4612 Ardon Ct, Fort Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: Christopher Baker

Other Party: N/A

Pipeline Division Case No. 3460

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. 3460	
Date of Event	7/3/2012
Event Location	4612 Ardon Ct, Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	Christopher Baker
Date of IURC Information Request	9/18/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Christopher Baker
RESPONSIBLE PARTY PERSONAL NAME	Same
TITLE (IF ANY)	
ADDRESS	4612 Arden Ct
CITY/ STATE/ZIP	Fort Wayne, IN 46816
PREFERRED TELEPHONE	260/447-0774
CELL PHONE TELEPHONE	
EMAIL ADDRESS	dognamevegas@msn.com
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
RESPONSIBLE PARTY PERSONAL NAME	Morgan Thompson
TITLE (IF ANY)	Claims Coordinator
ADDRESS	9045 N. River Rd. Suite 300
CITY/ STATE/ZIP	Indianapolis, IN 46240
PREFERRED TELEPHONE	1-317-538-7301
CELL PHONE TELEPHONE	
EMAIL ADDRESS	morganthompson@usicinc.com
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	4612 Arden Ct
CITY/STATE/ZIP	Fort Wayne, IN 46816
NEAREST INTERSECTION	
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.)	5/8" 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	0
REPAIR COST (IF KNOWN) (\$)	717.610
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	X
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	
Probing Device	

Trancher	
Vacuum Equipment	
Unknown/Other	
TYPE OF WORK PERFORMED (Select One)	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	
Bldg. Demolition	
Drainage	
Driveway	
Electric	
Engineering/Surveying	
Fencing	X
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)	Yes
IGNITION AND/OR FIRE (YES/NO)	No
EXCAVATOR NOTIFY 811 (YES/NO)	No
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Yes

INDIANA 811 LOCATE TICKET NUMBER	1206280275
LOCATE MARKS VISIBLE (YES/NO)	Yes
LOCATE MARKS CORRECT (YES/NO)	Yes
EXCAVATOR "WHITE LINED" (YES/NO)	No
MAPS USED TO MARK FACILITIES (YES/NO)	Yes
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)	Yes
POLICE DEPARTMENT RESPONSE (YES/NO)	Yes
AMBULANCE RESPONSE (YES/NO)	No
ADDITIONAL INFORMATION/COMMENTS	
<p>Compensation has been received from the excavator.</p> <p>Failure to use hand tools where required.</p> <p>Nipsco emergency repair ticket 1207033202.</p>	

Fact Based Investigation Report

NOTIFICATION ID: 01820120703015 **DISTRICT:** Northern IN
DAMAGE DATE: 7/3/2012 4:15:00 PM **NOTIFICATION DATE:** 7/3/2012 4:15:59 PM
NOTIFIED BY: JOEL Facility Owner
DAMAGE ADDRESS: 4612 ARDON CT (X WOODLAND DR)
CITY: FT. WAYNE **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 07/03/2012
FROM: 16:55:00 **TO:** 17:15:00

EXCAVATOR INVOLVED: Homeowner
TYPE OF EXCAVATION: fence install

ORIG. LOCATE REQ.: 1206280275 **START DATE/TIME:**
TYPE OF TICKET: **LOCATE REQ. INFO N/A:**

DIG UP/DAMAGE REQ.: 1207033202 **START DATE/TIME:**

PICTURES TAKEN BY: Tony Stephenson **DATE/TIME:** 7/3/2012 5:05:00 PM
PHOTOGRAPHY TYPE: Digital **FRAME #:**

INVESTIGATOR EMP#: 125397 **INVESTIGATOR NAME:** Tony Stephenson
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120703015
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: *(optional)*

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** Gas Service
LOCATOR NAME & EMP #: Stephenson Anthony - 130541
LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:
Facility Marked Accurately

Other:

CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):
Visual, Facility Exposed At Time Of Investigation

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

paint and flags line up with damage site

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? Yes

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 in 2

REPLACEMENT FOOTAGE 1'

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No na

WHAT CONTRACTOR EQUIPMENT WAS USED? augre

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S) na

NIPSCO 00104 IUPPSa 06/28/2012 08:22:40 1206280275-00A NORM NEW STRT

NORMAL NOTICE

Ticket : 1206280275 Date: 06/28/2012 Time: 08:16 Oper: DWILSON Chan:006

State: IN Cnty: ALLEN Twp: ADAMS
Cityname: FORT WAYNE Inside: Y Near: N
Subdivision: CROWN COLONY Lot: 391

CASE #
3460

Address : 4612
Street : ARDON CT
Cross 1 : WOODLYNN DR Within 1/4 mile: Y
Location: WHEN FACING THE PROPERTY--LOCATE--REAR AND LEFT HAND SIDES OF THE
PROPERTY--

:
Grids : 4101C8504B 4101C8504A
Boundary: n 41.024483 s 41.023106 w -85.080673 e -85.077713

Work type : REPLACING FENCE AND EXTENDING FENCE
Done for : CHRIS AND AMY BAKER
Start date: 07/02/2012 Time: 08:30 Hours notice: 96/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 1 WEEK Depth: 3 FEET

Company : CHRIS BAKER Type: HOME
Co addr : 4612 ARDON COURT
City : FORT WAYNE State: IN Zip: 46816
Caller : AMY BAKER Phone: (260)447-0774
Contact : CHRIS BAKER--HOME Phone:
BestTime:
Mobile : (260)447-0774
Email : DOGNAMEVEGAS@MSN.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
Will you be white-lining the dig site area? NO
:

Submitted date: 06/28/2012 Time: 08:16
Members: AEPIN CC FW ID3525 ID8000 NIPSCO SM



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Aug 8, 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: Christopher Baker

Business address (*number and street*): 4612 Ardon Ct

City, State, and ZIP code: Fort Wayne

Telephone number (*area code*): 260 447 0774

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Auger

Type of work performed: Fencing

Date and Location of Damage

Date of damage (month, day, year): Jul 3, 2012

County: Allen

City: Fort Wayne

Street address (number and street, city, state, and ZIP code):
4612 Ardon Ct Fort Wayne IN

Nearest intersection: Woodlyn Dr

Right of way where damage occurred: Private - Land Owner

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): 1.25

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? Yes

Enter Indiana 811 ticket number, if known: 1206280275

Was the locate request completed within two working days? Yes

If locates were performed, were they done so by a contractor or pipeline employee? Contract Locator

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

Were facility marks visible in the area of excavation? Yes

Were facilities marked correctly? Yes

Type of markings used: Paint and Flags

If other, please specify: _____

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? Yes

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? Yes

Description of Cause

Select from the list the most accurate cause for the damage: --Failure to use hand tools where required

Additional Comments

Nipsco emergency repair ticket #: 1207033202

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA 220 MAXIMO WO# M 500640

OPERATING AREA CONTACT Jim CRAIG JOB ORDER # 564394

TRACKING NUMBER 018 2012 0703 015 LOCATE REF #
Locate Performed By: USIC C15 975 064203

DATE AND TIME OF ACCIDENT 7/3/2012 2012 1449 CST DATE OF REPORT 7/3/12

PLACE OF DAMAGE (INCLUDE CITY) 4612 Arden Ct. Fort Wayne 468110

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

OTHER (DESCRIBE)

GAS: SERVICE (X) MAIN () SIZE 5/8 MATERIAL: PLASTIC (X) STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE)

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

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

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

DURATION OF INTERRUPTION: TIME REPORTED 1449 CST TIME SHUT OFF 1750 TIME RESTORED 19:00

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: Severed

LOCATE MARKS ON SITE: YES (X) DISTANCE BETWEEN FACILITY AND LOCATE MARKS 5" Service Depth 30"
HOW LOCATED: PAINT (X) FLAGS () BOTH () WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) Christopher Baker Homeowner

ADDRESS OF PARTY (INCLUDE CITY) 4612 Arden Ct. FW

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Christopher Baker

WITNESS NAME AND ADDRESS

WITNESS REMARKS

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY REPORT #

FIRE (X) AGENCY FWFD / WAS onsite REPORT #

OTHER () Any injuries? () YES # () NO

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

- 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
(X) FENCING () GRADING () IRRIGATION () MOWING
() LANDSCAPING () PIPELINE () MILLING () OTHER
() POLE/SIGN POST () ROAD WORK () SEWER

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

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