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

Pipeline Safety Division Investigation Report

Investigation regarding: Herbert Hildebrand

UPPAC Database Record ID: 3470

Investigator: Howard Friend

Report Date: 10/25/2012

Damage Date: 7/12/2012

Damage Address: 1855 E 350 S

City: Logansport

County: Cass

The Parties

Excavator: **Herbert Hildebrand**

Contact:

Address: 1855 E 350 S, Logansport, In

Telephone: 574 753 8504

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: Herbert Hildebrand

UPPAC Database Record ID: 3470

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): $

Excavator Activities/Cause of damage information:

Excavator request locates: No Indiana 811 ticket Number:

Type of Equipment: Hand Tools

Type of work performed: Drainage

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

Findings: Reported by NIPSCO; excavator/homeowner responded to initial notice on 9/20/2012. The homeowner 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.

INITIAL DOCUMENTS - EXCAVATOR

9-18-2012

RECEIVED
SEP 20 2012
INDIANA UTILITY
REGULATORY COMMISSION

Herbert Hildebrand
1855E 350S
Logansport, In 46947
Case No. 3470

Dear Sir:

Back in 1982 we had work done at our home by Nipsco, we were told then that the gas line ran along the west side of our house heading south then turned to the east by our driveway.

On this date, 9-12-2012 we were installing a drain from under our house as we keep getting water under our house in the spring. No one was hired to do this, I done it myself. Where I was told the gas line turned, it did not. I scraped my shovel along the steel gas line, then the steel line ended and it was now plastic and my shovel scraped a hole in the plastic.

We called 911, Nipsco, no one was harmed, no one had to leave their homes. Nipsco came and fixed it, we paid Nipsco for the repair. We never knew part of our line was plastic. We have lived here since July 1982.

We did no more work, called Nipsco for locator services, finding out we had been told wrong years ago.

Herbert L Hildebrand Jr
Phone 574-721-2122
or 574-721-5565

101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

October 24, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3470
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3470

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: 7/12/2012

Event Location: 1855 E 350 S, Logansport

Facility Owner: Northern Indiana Public Service Company

Excavator: Herbert Hildebrand

Other Party: N/A

Pipeline Division Case No. 3470

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. 3470	
Date of Event	7/12/2012
Event Location	1855 E 350 S, Logansport
Facility Owner	Northern Indiana Public Service Company
Excavator	Herbert Hildebrand
Date of IURC Information Request	9/18/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Herbert Hildebrand
RESPONSIBLE PARTY PERSONAL NAME	same
TITLE (IF ANY)	
ADDRESS	1855 E. 350 S
CITY/ STATE/ZIP	Logansport, IN 46947
PREFERRED TELEPHONE	
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
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	1855 E. 350 S.
CITY/STATE/ZIP	Logansport, IN 46947
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)	25
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) ($)	167.23
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scrapper	
Hand Tools	X
Milling Equipment	
Probing Device	

Trancher	
Vaccuum Equipment	
Unknown/Other	
TYPE OF WORK PERFORMED (Select One)	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	
Bldg. Demolition	
Drainage	X
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)	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)	N/A
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)	Yes
POLICE DEPARTMENT RESPONSE (YES/NO	N/A
AMBULANCE RESPONSE (YES/NO)	N/A
ADDITIONAL INFORMATION/COMMENTS	
Compensation has been received from the excavator. No notification made to the one call center. No original, damage, or emergency repair tickets.	

Fact Based Investigation Report

NOTIFICATION ID: 01820120712016 **DISTRICT:** Northern IN
DAMAGE DATE: 7/12/2012 9:00:00 PM **NOTIFICATION DATE:** 7/13/2012 7:36:13 AM
NOTIFIED BY: CALINDA W/ NIPSCO Facility Owner
DAMAGE ADDRESS: 1855 E 350 S
CITY: LOGANSPORT **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 07/13/2012
FROM: 08:20:00 **TO:** 08:30:00

EXCAVATOR INVOLVED: Homeowner
TYPE OF EXCAVATION: DRAIN TILE

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

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

PICTURES TAKEN BY: BRAD WELLMAN **DATE/TIME:** 7/13/2012 8:25:00 AM
PHOTOGRAPHY TYPE: Digital **FRAME #:** NA

INVESTIGATOR EMP#: 117330 **INVESTIGATOR NAME:** BRAD WELLMAN
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120712016
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: *(optional)*

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** Gas Service
LOCATOR NAME & EMP #:
LOCATOR NOT KNOWN: Yes

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):
Visual, Facility Exposed At Time Of Investigation

INVESTIGATOR STATEMENT/CAUSAL FACTORS:
HOMEOWNER CUT PL. GAS SERVICE WHILE DIGGING WITHOUT A LOCATE.

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 TOLERENCE ZONE OF MARKS?	No
EXTENT OF FACILITY DAMAGE	CUT PL. SERVICE
REPLACEMENT FOOTAGE	2 FT
WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?	No
WHAT CONTRACTOR EQUIPMENT WAS USED?	NA
IS THE FACILITY SHOWN ON THE UTILITY RECORDS?	No
IF YES, PLEASE LIST RECORD #(S)	

DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Aug 15, 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: Herbert Hildebrand

Business address *(number and street)*: 1855 E 350 S

City, State, and ZIP code: Logansport, IN

Telephone number *(area code)*: 574 753 8504

Fax number *(area code)*:

E-mail address:

Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Hand Tools

Type of work performed: Drainage

Date and Location of Damage

Date of damage (*month, day, year*): Jul 12, 2012

County: Cass

City: Logansport

Street address (*number and street, city, state, and ZIP code*):
1855 E 350 S Logansport IN

Nearest intersection:

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*): 0.5

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? 16

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"?

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

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA PEN MAXIMO WO # M507333

OPERATING AREA CONTACT PALMER JOB ORDER # 979986-18

TRACKING NUMBER 018 2012 0712 010 LOCATE REF # NO LOCATES

Locate Performed By:

DATE AND TIME OF ACCIDENT 7-12 2012, 2035 M DATE OF REPORT 7-12-12

PLACE OF DAMAGE (INCLUDE CITY) 1855 E 350 S LOGANSPORT

DAMAGE WAS TO:

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

OTHER (DESCRIBE)

GAS: SERVICE (✓) MAIN ( ) SIZE 5/8" MATERIAL: PLASTIC (✓) STEEL ( ) METER ( ) REG STATION ( ) STUB ( )

OTHER (DESCRIBE)

DEPTH OF FACILITY (inches) 16" PRESSURE (PSI) 25 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 2039 TIME SHUT OFF 2130 TIME RESTORED 2200

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 4"

LOCATE MARKS ON SITE: YES ( ) DISTANCE BETWEEN FACILITY AND LOCATE MARKS NO (✓)

HOW LOCATED: PAINT ( ) FLAGS ( ) BOTH ( ) WHITE LINED ( )

PARTY THAT CAUSED DAMAGES (NAME) MARGARET HILDEBRAND

ADDRESS OF PARTY (INCLUDE CITY) 1855 E 350 S LOGANSPORT

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE HERBERT HILDEBRAND

WITNESS NAME AND ADRESS

WITNESS REMARKS

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY REPORT #

FIRE (✓) AGENCY WALTON FIRE DEPT 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

( ) AGRIGULTURE/FARMING	( ) CABLE TV	( ) CURB/SIDEWALK	( ) TELECOMMUNICATIONS
( ) BLDG CONSTRUCTION	( ) DEMOLITION	(✓) DRAINAGE	( ) WATER
( ) DRIVEWAY	( ) ELECTRIC	( ) SURVEYING	( ) DRAINS/CULVERTS
( ) FENCING	( ) GRADING	( ) IRRIGATION	( ) MOWING
( ) LANDSCAPING	( ) PIPELINE	( ) MILLING	( ) OTHER
( ) POLE/SIGN POST	( ) ROAD WORK	( ) SEWER	

TYPE OF EQUPMENT USED – CHECK APPROPRIATE CHOICE BELOW

( ) 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	( ) CARELESS MACHINE OPERATOR
(✓) NO NOTIFICATION	( ) MARKS DISTURBED	( ) STUB ( ) OTHER

- **SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM**

COMMENTS : CUSTOMER CUT 1 1/2 SERVICE W/ A SHOVEL WHILE PUTTING IN DRAIN PIPE

NO LOCATES

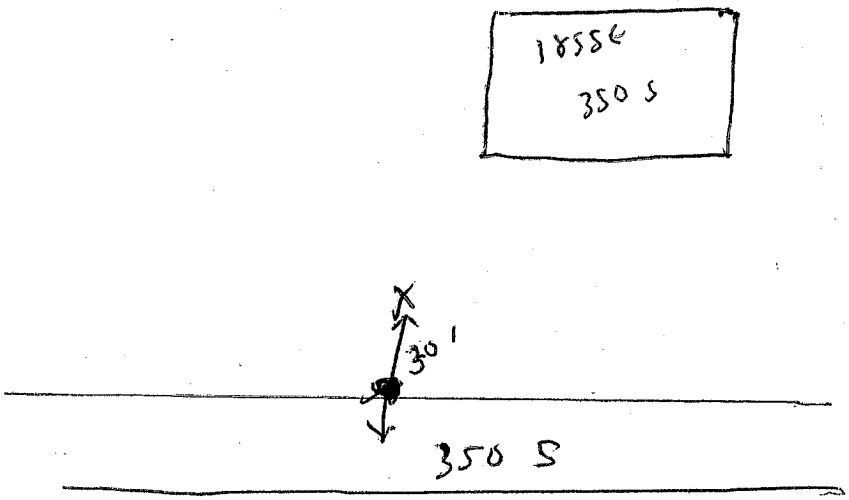
PERSON PREPARING REPORT WILLIAM JOHNSTON

FIELD SUPERVISOR _____

FIELD MANAGER _____

- **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 N ↑



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: 7-12-12