



Pipeline Safety Division Investigation Report

Investigation regarding: **Jerry Durflinger**

UPPAC Database Record ID: 3471

Investigator: Howard Friend

Report Date: 10/25/2012

Damage Date: 6/6/2012

Damage Address: 3368 W 169th Ave

City: Lowell

County: Lake

The Parties

Excavator: **Jerry Durflinger**

Contact:

Address: 3368 W 169th Ave, Lowell, In

Telephone: 219 613 2655

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: Jerry Durflinger

UPPAC Database Record ID: 3471

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: Backhoe/Trackhoe

Type of work performed: Landscaping

Synopsis: A natural gas service was damaged during excavation to remove trees.

Findings: Reported by NIPSCO; excavator/homeowner did not respond to initial notice mailed 9/14/2012. The excavator/property owner 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.



101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

October 16, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3471
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3471

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: 6/6/2012

Event Location: 3368 W 169th Ave, Lowell

Facility Owner: Northern Indiana Public Service Company

Excavator: Jerry Durflinger

Other Party: N/A

Pipeline Division Case No. 3471

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,

A handwritten signature in black ink, appearing to read "Christopher Earle".

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. 3471 | |
| Date of Event | 6/6/2012 |
| Event Location | 3368 W 169th Ave, Lowell |
| Facility Owner | Northern Indiana Public Service Company |
| Excavator | Jerry Durlinger |
| Date of IURC Information Request | 9/18/2012 |
| THE PARTIES | |
| EXCAVATOR: | |
| BUSINESS NAME | Jerry Durlinger |
| RESPONSIBLE PARTY PERSONAL NAME | Same |
| TITLE (IF ANY) | |
| ADDRESS | 3368 W. 169 th Avenue |
| CITY/ STATE/ZIP | Lowell, IN 46356 |
| 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 | 3368 W. 169 th Avenue |
| CITY/STATE/ZIP | Lowell, IN 46356 |
| 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) | N/A |
| 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) (\$) | 197.89 |
| 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 | |

| | |
|--|-----|
| Trancher | |
| 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 | X |
| 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) | No |
| MAPS USED TO MARK FACILITIES (YES/NO) | No |
| 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) | N/A |
| POLICE DEPARTMENT RESPONSE (YES/NO) | N/A |
| AMBULANCE RESPONSE (YES/NO) | N/A |
| ADDITIONAL INFORMATION/COMMENTS | |
| <p>Compensation has been received from the excavator.</p> <p>No notification made to the one call center.</p> <p>No damage or original tickets.</p> | |

Fact Based Investigation Report

NOTIFICATION ID: 01820120606022 **DISTRICT:** Northern IN
DAMAGE DATE: 6/6/2012 2:00:00 PM **NOTIFICATION DATE:** 6/6/2012 2:05:18 PM
NOTIFIED BY: Sherri Facility Owner
DAMAGE ADDRESS: 3368 W 169th Ave
CITY: Lowell **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 06/06/2012
FROM: 13:20:00 **TO:** 13:40:00

EXCAVATOR INVOLVED: Homeowner
TYPE OF EXCAVATION: removing trees

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

DIG UP/DAMAGE REQ.: M52461605 **START DATE/TIME:** 6/6/2012 1:00:00 PM

PICTURES TAKEN BY: david parks **DATE/TIME:** 6/6/2012 1:30:00 PM
PHOTOGRAPHY TYPE: Digital **FRAME #:**

INVESTIGATOR EMP#: 130726 **INVESTIGATOR NAME:** david parks
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120606022
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 damaged gas service while removing trees on property; did ot have a 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? No

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS? No

EXTENT OF FACILITY DAMAGE cut service

REPLACEMENT FOOTAGE unknown

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? unknown

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: Jul 17, 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 4022

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

E-mail address: cludwig@nisource.com

Excavator Information, if known

Full name: Jerry Durlinger

Business address (*number and street*): 3368 W 169th Ave

City, State, and ZIP code: Lowell, IN

Telephone number (*area code*): 219 613 2655

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Landscaping

Date and Location of Damage

Date of damage (month, day, year): Jun 6, 2012

County: Lake

City: Lowell

Street address (number and street, city, state, and ZIP code):
3368 W 169th Ave Lowell 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): 3.5

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? 18

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Unknown/Other

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? Unknown/Other

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

PROPERTY DAMAGE REPORT (CLAIMS FOR THE COMPANY)

FORWARD ORIGINAL AND 1 COPY

FAXED JUN 27 2012

ALL DAMAGES TO PROPERTY MUST BE REPORTED TO THE CLAIMS DEPARTMENT

REPORTING OPERATING AREA Crown Point O30 CLAIM NUMBER _____

OPERATING AREA CONTACT STAN LEW ANDERSON JOB ORDER NUMBER 572956

TRACKING NUMBER 018-2012-0606-022 LOCATE REF NUMBER _____
NO LOCATE REQUESTED

1. DATE AND HOUR OF DAMAGE 10:43 AM 06 2012 06 M DATE OF THIS REPORT 06-06-12

2. PLACE OF DAMAGE (INCLUDE CITY) 3368 W 169th Ave Lowell 46356

3. DAMAGE WAS TO POLE # _____ SIZE _____ YEAR INSTALLED _____ BROKEN YES NO
GAS SERVICE MAIN - SIZE 5/8" OTHER _____

4. PARTY RESPONSIBLE FOR DAMAGES (NAME) Jerry Duffinger
(ADDRESS, CITY, STATE, ZIP) 3368 W 169th Ave Lowell IL 46356

5. WHO WAS IN CHARGE OF WORK AT PLACE AND TIME OF DAMAGE / CONTRACTORS FOREMAN _____
Home owner

6. NAME AND ADDRESS OF WITNESSES _____

7. REMARKS OF WITNESSES _____

8. POLICE REPORT ATTACHED (# _____) (IF NO POLICE REPORT - WHY _____)

9. PHOTOS TAKEN YES NO (IF YES, PLEASE FORWARD WITH COMPLETED PROPERTY DAMAGE REPORT.)

10. WORK IN PROGRESS WHEN DAMAGE OCCURRED:
- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> SEWER | <input type="checkbox"/> ROAD CONSTRUCTION | <input type="checkbox"/> FENCE WORK |
| <input type="checkbox"/> WATER | <input type="checkbox"/> CULVERTS OR DRAINS | <input type="checkbox"/> DRIVEWAY |
| <input type="checkbox"/> ELECTRIC | <input type="checkbox"/> DITCH CLEANING | <input type="checkbox"/> CURB OR SIDEWALK |
| <input type="checkbox"/> TELEPHONE | <input checked="" type="checkbox"/> LANDSCAPING | <input type="checkbox"/> IRRIGATION |
| <input type="checkbox"/> TV CABLE | <input type="checkbox"/> POLE OR SIGN INSTALLATION | <input type="checkbox"/> BUILDING CONSTRUCTION |
| <input type="checkbox"/> OTHER _____ | | |

11. REASON DAMAGE OCCURRED:
- | | |
|---|---|
| <input checked="" type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> INACCURATE LOCATION |
| <input type="checkbox"/> CARELESS MACHINE OPERATOR | <input type="checkbox"/> INSUFFICIENT TIME NOTIFICATION |
| <input type="checkbox"/> DELIBERATE | <input type="checkbox"/> AUTOMOTIVE ACCIDENT |
| <input type="checkbox"/> FAILURE TO HAND EXPOSE | <input type="checkbox"/> OTHER _____ |

OPINION AND RECOMMENDATION: BILL DO NOT BILL (REASON: _____)
OPINION IS TO BILL, NO LOCATES WERE CALLED IN BEFORE WORK WAS DONE.

PERSON PREPARING REPORT ERIC GARCIA 122175
FIELD MANAGER _____

(SKETCH ON OTHER SIDE)

Submitted

50# 572956

DAMAGE REQUEST INFORMATION

DATE 6.6.12

CITY Lowell

ADDRESS 3368 W 169th Ave.

CONTRACTOR Homeowner

TYPE OF EQUIPMENT Heavy Equipment

WORK TYPE Landscape.

LOCATE # N/A

LOCATES (YES/NO)

ACCURATE LOCATES (YES/NO) N/A

PAINT, FLAGS OR BOTH N/A

RELEASE OF GAS (YES/NO)

DETAILED DESCRIPTION OF EVENT INCLUDING EQUIPMENT USED:

Remove of tree in front yard w/ heavy machine hit 5/8" plastic service.

DEPTH OF LINE 18+ "

WERE LOCATES PERFORMED IN 2 WORKING DAYS (YES/NO)

SERVICE OR MAIN AND SIZE OF LINE 5/8" plastic

PRESSURE (PSI) 60

OUTAGE (YES/NO)

HOW MANY CUSTOMERS LOST 1

TIME TO RESTORE SERVICE 3.5 hours

EVACUATION (YES/NO)

HOW MANY EVACUATED

DAMAGE OR LEAK

Submitted
7/17/12

Entered
7/13/12