



Pipeline Safety Division Investigation Report

Investigation regarding: **Richard Johnson**

UPPAC Database Record ID: 3480

Investigator: Howard Friend

Report Date: 11/7/2012

Damage Date: 5/12/2012

Damage Address: 1652 S 820 W

City: Russiaville

County: Howard

The Parties

Excavator: **Richard Johnson**

Contact:

Address: 1652 S 820 W, Russiaville, In

Telephone: (765) 883-7776

Facility Owner: NIPSCO

Contact: Kit Earle

Address: 101 West Ohio Street, Indianapolis, IN 46204

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Investigation regarding: Richard Johnson

UPPAC Database Record ID: 3480

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$1707

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 main occurred during excavation to install a fence.

Findings: Reported by NIPSCO; excavator's response to initial notice was received on 10/17/2012. 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.



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3480 _____

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: _____

Title (if any): _____

Address (number and street): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Facility Information:

Business Name: _____

Responsible Party Personal Name: Richard A. Johnson _____

Title (if any): _____

Address (number and street): 1554 S. 820 W. _____

City, State and ZIP Code: Russiaville, Indiana 46979

Preferred Telephone Number (area code): 765-883-7776

Cellular Telephone Number (area code): 765-714-0290

Email Address: richard.johnson@subaru-sia.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*): Farm Equipment

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*): 1554 S. 820 W.

City, State and ZIP Code: Russiaville, Indiana 46979

Nearest Intersection: 820 W. & 150 W.

Product Type (*select one*):

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

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): \$ _____

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: 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

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3480

Your Full Name: Richard Allen Johnson

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

Your Business Title (*if applicable*): _____

Address (*number and street*): 1554 S. 820 W.

City: Russiaville State: in ZIP Code: 46979

Your E-mail Address: richard.johnson@subaru-sia.com

Today's Date (*month, day, year*): 10-16-2012

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

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3480
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 17, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3480
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3480

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: 5/12/2012

Event Location: 1652 S 820 W, Russiaville

Facility Owner: Northern Indiana Public Service Company

Excavator: Richard Johnson

Other Party: N/A

Pipeline Division Case No. 3480

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. 3480	
Date of Event	5/12/2012
Event Location	1652 S 820 W, Russiaville
Facility Owner	Northern Indiana Public Service Company
Excavator	Richard Johnson
Date of IURC Information Request	9/18/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Richard Johnson
RESPONSIBLE PARTY PERSONAL NAME	Same
TITLE (IF ANY)	
ADDRESS	1554 S. 820 W.
CITY/ STATE/ZIP	Russiaville, IN 46979
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	1554 S. 820 W.
CITY/STATE/ZIP	Russiaville, IN 46979
NEAREST INTERSECTION	
PRODUCT TYPE (Select One)	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
FACILITY TYPE (Select One)	
DISTRIBUTION	X
GATHERING	
SERVICE/DROP	
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	2" plastic
PRESSURE (PSIG/INCHES)	
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) (\$)	1,706.74
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	X
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)	No

INDIANA 811 LOCATE TICKET NUMBER	
LOCATE MARKS VISIBLE (YES/NO)	No
LOCATE MARKS CORRECT (YES/NO)	No
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>No notification made to the one call center. Nipsco emergency repair ticket 1205120259.</p>	



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 0422

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

E-mail address: cludwig@nisource.com

Excavator Information, if known

Full name: Richard Johnson

Business address (*number and street*): 1652 S 820 W

City, State, and ZIP code: Russiaville, IN

Telephone number (*area code*): 765 883 7776

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Hand Tools

Type of work performed: Fencing

Date and Location of DamageDate of damage (*month, day, year*): May 12, 2012County: HowardCity: RussiavilleStreet address (*number and street, city, state, and ZIP code*):
1652 S 820 W Russiaville, INNearest intersection: W 150 SRight of way where damage occurred: Private - Land OwnerWas there a release of product? YesIf yes, was there an ignition of product? NoWere evacuations necessary as a result of release? NoIf yes, how many evacuated? 0Was there a customer service interruption? YesIf yes, how many affected? 1Time to restore service (*in hours*): 2Enter number of injuries, if applicable and known: 0Enter number of fatalities, if applicable and known: 0Property damage, Estimate \$

Affected Facility InformationWhat type of pipeline was damaged? Natural GasWhat was the affected facility? DistributionWhat was the depth of the facility, in inches? 36

Notification, Locating, MarkingDid excavator request locates prior to commencing work? NoEnter 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

Nipsco emergency repair ticket #: 1205120259



KOKOMO GAS AND FUEL COMPANY

PROPERTY DAMAGE REPORT (CLAIMS FOR THE COMPANY)

FORWARD ORIGINAL AND 1 COPY

ALL DAMAGES TO PROPERTY MUST BE REPORTED TO THE CLAIMS DEPARTMENT

REPORTING OPERATING AREA _____ CLAIM NUMBER _____

OPERATING AREA CONTACT _____ JOB ORDER NUMBER 567601

TRACKING NUMBER _____ LOCATE REF NUMBER _____

NO LOCATE REQUESTED

1. DATE AND HOUR OF DAMAGE 5/12/12 3:25PM M DATE OF THIS REPORT 5/12/12

2. PLACE OF DAMAGE (INCLUDE CITY) 1554 S. 820W. RUSSIAVILLE

3. DAMAGE WAS TO GAS SERVICE (MAIN) SIZE 2" OTHER _____

4. PARTY RESPONSIBLE FOR DAMAGES (NAME) RICK JOHNSON
(ADDRESS, CITY, STATE, ZIP) 1554 S. 820W. RUSSIAVILLE

5. WHO WAS IN CHARGE OF WORK AT PLACE AND TIME OF DAMAGE/CONTRACTORS FOREMAN
RICK JOHNSON

6. NAME AND ADDRESS OF WITNESS _____

7. REMARKS OF WITNESSES _____

8. POLICE REPORT ATTACHED (# _____) (IF NO POLICY 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 checked="" 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 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 checked="" type="checkbox"/> OTHER <u>NO LOCATES</u> |

OPINION AND RECOMMENDATION: BILL DO NOT BILL (REASON: _____)

FIRST RESPONDER 120247

SUPERVISOR _____

(SKETCH ON OTHER SIDE)