



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Michael Hendricks -- Homeowner**

UPPAC Database Record ID: 3653

Investigator: Howard Friend

Report Date: 12/13/2012

Damage Date: 8/8/2012

Damage Address: 7202 Royal Ct Lot 19

City: Fort Wayne

County: Allen

### The Parties

Excavator: **Michael Hendricks -- Homeowner**

Contact:

Address: 7202 Royal Ct Lot 19, Fort Wayne, In, 46814

Telephone: (260)672-3837

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: Michael Hendricks -- Homeowner**

UPPAC Database Record ID: 3653

**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: Landscaping

**Synopsis:** A natural gas service was damaged during excavation to install railroad ties around a play area in the back yard.

**Findings:** Reported by NIPSCO; excavator's response to initial notice was received on 10/4/2012. The excavator/homeowner drove two (2) foot long rods in the ground to hold the railroad ties in place. The homeowner failed to provide notice of excavation.

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

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



101 West Ohio Street, Suite 1707  
Indianapolis, IN 46204

October 22, 2012

*Via Electronic Transmission – [PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)*

Pipeline Safety Division – Case No. 3653  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3653

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: 8/8/2012

Event Location: 7202 Royal Ct Lot 19, Fort Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: Michael Hendricks -- Homeowner

Other Party: N/A

Pipeline Division Case No. 3653

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](mailto:cearle@nisource.com)

<b>IURC INFORMATION REQUEST</b>	
<b>Pipeline Safety Division Case No. 3653</b>	
Date of Event	8/8/2012
Event Location	7202 Royal Ct Lot 19, Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	Michael Hendricks -- Homeowner
Date of IURC Information Request	9/18/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Michael Hendricks
RESPONSIBLE PARTY PERSONAL NAME	Michael Hendricks
TITLE (IF ANY)	Homeowner
ADDRESS	7202 Royal Troon Court
CITY/ STATE/ZIP	Fort Wayne, IN 46814
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<b>FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:</b>	
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
<b>LOCATOR SERVICE INFORMATION</b>	
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	
<b>OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION</b>	
PERSONAL CONTACT	
BUSINESS/ORGANIZATION NAME	

TITLE (IF ANY)	
ADDRESS	
CITY/ STATE/ZIP	
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<b>UTILITY LINE IMPACT</b>	
<b>LOCATION OF DAMAGE</b>	
ADDRESS	7202 royal Troon Court
CITY/STATE/ZIP	Fort Wayne, IN 46814
NEAREST INTERSECTION	Ivanhoe
<b>PRODUCT TYPE (Select One)</b>	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
<b>FACILITY TYPE (Select One)</b>	
DISTRIBUTION	
GATHERING	
SERVICE/DROP	X
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	5/8
PRESSURE (PSIG/INCHES)	50
INTERRUPTION IN SERVICE (YES/NO)	Yes
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	
REPAIR COST (IF KNOWN) (\$)	427.62
<b>CAUSE OF DAMAGE INFORMATION:</b>	
<b>TYPE OF EQUIPMENT (Select One)</b>	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	X
Milling Equipment	

Probing Device	
Trencher	
Vacuum Equipment	
Unknown/Other	
<b>TYPE OF WORK PERFORMED (Select One)</b>	
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
<b>LOCATE INFORMATION:</b>	

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)	
MAPS USED TO MARK FACILITIES (YES/NO)	N/A
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	No
<b>INCIDENT IMPACT INFORMATION</b>	
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)	
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
<p>No notification made to the one-call center  Nipsco emergency repair ticket #: 1208081910</p>	

**Fact Based Investigation Report**

**NOTIFICATION ID:** 01820120808007                      **DISTRICT:** Northern IN  
**DAMAGE DATE:** 8/8/2012 11:30:00 AM    **NOTIFICATION DATE:** 8/8/2012 12:36:00 PM  
**NOTIFIED BY:** DAWN GALANBOS Facility Owner  
**DAMAGE ADDRESS:** 7202 ROLAY TROON CT X IVAN HOE LN  
**CITY:** FT WAYNE                      **ST:** IN    **ZIP:**

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**DAMAGED CUSTOMER:** NIPSCO

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**INVESTIGATION DATE:** 08/08/2012  
**FROM:** 12:50:00    **TO:** 13:25:00

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**EXCAVATOR INVOLVED:** Homeowner  
**TYPE OF EXCAVATION:** none

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

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**DIG UP/DAMAGE REQ.:** M59652790                      **START DATE/TIME:**

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**PICTURES TAKEN BY:** RON STEPHENS    **DATE/TIME:** 8/8/2012 1:00:00 PM  
**PHOTOGRAPHY TYPE:** Digital                      **FRAME #:** n/a

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**INVESTIGATOR EMP#:** 123132                      **INVESTIGATOR NAME:** RON STEPHENS  
**BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?** No

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**Fact Based Investigation Customer Information**

**NOTIFICATION ID:** 01820120808007  
**SELECT A CUSTOMER:** NIPSCO  
**CUSTOMER #:** (optional)

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

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

**Other:**

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**CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):**  
Investigation Results Verified By Utility Representative

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**INVESTIGATOR STATEMENT/CAUSAL FACTORS:**

THERE WERE NO DAMAGE OR DIGGING AT THIS TIME NIPSCO HAD WATER IN LINE AND DIGGING UP TO BLOW WATER OUT WATER /

**NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:**

N/A

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

N/A

**LIST ANY OTHER INDIVIDUALS ON SITE:**

N/A

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**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** NO DAMAGE

**REPLACEMENT FOOTAGE** N/A

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

**WHAT CONTRACTOR EQUIPMENT WAS USED?** N/A

**IS THE FACILITY SHOWN ON THE UTILITY RECORDS?** No

**IF YES, PLEASE LIST RECORD #(S)** N/A



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Aug 28, 2012

### Who is submitting this information?

Name of person providing this information: Steve Noffsinger

Business address (*number and street*): 3511 E 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: Michael Hendricks -- Homeowner

Business address (*number and street*): 7202 Royal Ct Lot 19

City, State, and ZIP code: Fort Wayne, IN, 46814

Telephone number (*area code*): (260)672-3837

Fax number (*area code*): \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Hand Tools

Type of work performed: Landscaping

**Date and Location of Damage**

Date of damage (month, day, year): Aug 8, 2012

County: Allen

City: Fort Wayne

Street address (number and street, city, state, and ZIP code):  
7202 Royal Ct Lot 19, Fort Wayne, IN, 46814

Nearest intersection: Ivanhoe Ln

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): 2.25

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? 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"? 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

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### **Description of Cause**

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

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### **Additional Comments**

Nipsco emergency repair ticket 1208081910

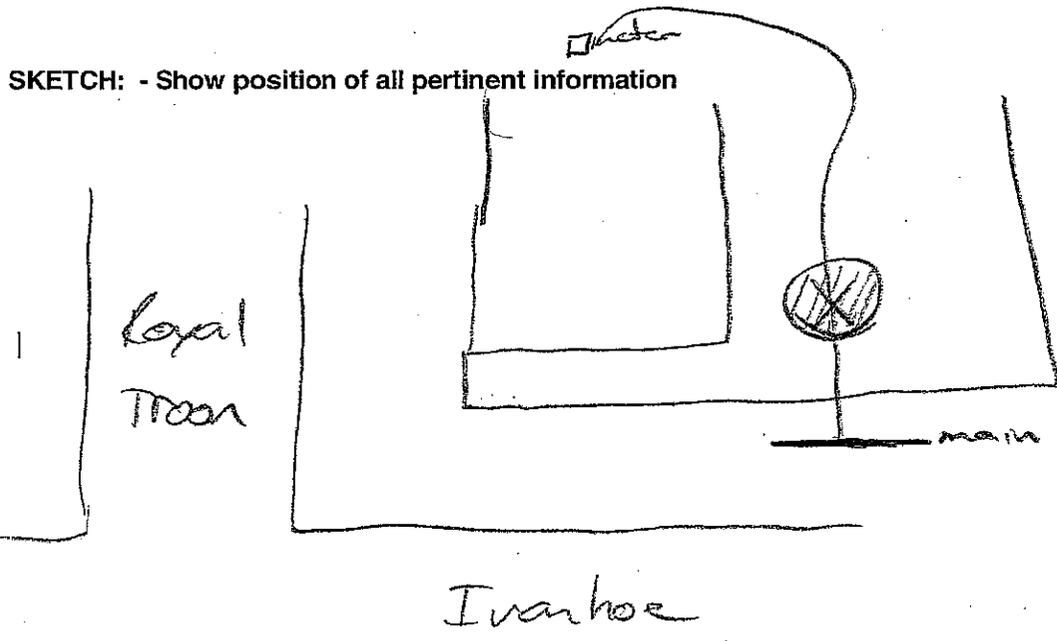
COMMENTS: Customer hit Service while driving in stakes for  
landscaping

PERSON PREPARING REPORT Brian Forest

FIELD SUPERVISOR Tason Otis

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



**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: \_\_\_\_\_

# NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA 220 MAXIMO WO # M 527280  
OPERATING AREA CONTACT 220 JOB ORDER # 564418  
TRACKING NUMBER 01830120308001 LOCATE REF # \_\_\_\_\_  
Locate Performed By: \_\_\_\_\_

DATE AND TIME OF ACCIDENT 8-8 10:54 2012 A M DATE OF REPORT 8-8-12  
PLACE OF DAMAGE (INCLUDE CITY) 7202 Royal Tram Ct lot 19

### DAMAGE WAS TO:

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

OTHER (DESCRIBE) \_\_\_\_\_

**GAS:** SERVICE  MAIN ( ) SIZE 3/4" MATERIAL: PLASTIC  STEEL ( ) METER ( ) REG STATION ( ) STUB ( )  
OTHER (DESCRIBE) \_\_\_\_\_

DEPTH OF FACILITY (inches) 16 PRESSURE (PSI) 50 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 10:54 TIME SHUT OFF 12:00 TIME RESTORED 2:15

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/4 X 1/2

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

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

PARTY THAT CAUSED DAMAGES (NAME) Michael A Hendricks (Homeowner)

ADDRESS OF PARTY (INCLUDE CITY) 7202 Royal Tram Ct lot 19

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Homeowner

WITNESS NAME AND ADDRESS \_\_\_\_\_

WITNESS REMARKS \_\_\_\_\_

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

- |   |                                     |  |   |
|---|-------------------------------------|--|---|
| <input type="checkbox"/> AGRICULTURE/FARMING    | <input type="checkbox"/> CABLE TV   | <input type="checkbox"/> CURB/SIDEWALK | <input type="checkbox"/> TELECOMMUNICATIONS |
| <input type="checkbox"/> BLDG CONSTRUCTION      | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> DRAINAGE      | <input type="checkbox"/> WATER              |
| <input type="checkbox"/> DRIVEWAY               | <input type="checkbox"/> ELECTRIC   | <input type="checkbox"/> SURVEYING     | <input type="checkbox"/> DRAINS/CULVERTS    |
| <input type="checkbox"/> FENCING                | <input type="checkbox"/> GRADING    | <input type="checkbox"/> IRRIGATION    | <input type="checkbox"/> MOWING             |
| <input checked="" type="checkbox"/> LANDSCAPING | <input type="checkbox"/> PIPELINE   | <input type="checkbox"/> MILLING       | <input type="checkbox"/> OTHER _____        |
| <input type="checkbox"/> POLE/SIGN POST         | <input type="checkbox"/> ROAD WORK  | <input type="checkbox"/> SEWER         |   |

### TYPE OF EQUIPMENT USED — CHECK APPROPRIATE CHOICE BELOW

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> AUGER             | <input checked="" type="checkbox"/> HAND TOOLS | <input type="checkbox"/> BACKHOE/TRACKHOE  |
| <input type="checkbox"/> MILLING EQUIPMENT | <input type="checkbox"/> PROBING DEVICE        | <input type="checkbox"/> BORING / DRILLING |
| <input type="checkbox"/> EXPLOSIVES        | <input type="checkbox"/> TRENCHER              | <input type="checkbox"/> FARM EQUIPMENT    |
| <input type="checkbox"/> VACCUUM EQUIPMENT | <input type="checkbox"/> GRADER                | <input type="checkbox"/> OTHER _____       |

### REASON DAMAGE OCCURRED — CHECK APPROPRIATE CHOICE BELOW

- |   |  |  |                                      |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> AUTOMOTIVE ACCIDENT        | <input type="checkbox"/> EXCAVATING BEFORE LOCATES DUE | <input type="checkbox"/> CARELESS MACHINE OPERATOR |                                      |
| <input checked="" type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED               | <input type="checkbox"/> STUB                      | <input type="checkbox"/> OTHER _____ |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM