



Pipeline Safety Division Investigation Report

Investigation regarding: **Town & Country Builders**

UPPAC Database Record ID: 3671

Investigator: Howard Friend

Report Date: 12/13/2012

Damage Date: 8/7/2012

Damage Address: 7185 N 1150 W

City: Middlebury

County: Lagrange

The Parties

Excavator: **Town & Country Builders**

Contact: Vern Heacock, President

Address: 541 Roske Dr, Elkhart, In 46516

Telephone: 574-293-5274

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: Town & Country Builders

UPPAC Database Record ID: 3671

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: Construction

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

Findings: Reported by NIPSCO; excavator's response to initial notice was received on 9/24/2012. The excavator was digging with hand tools without the benefit of locate markings.

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: 3671

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: Town & Country Builders

Responsible Party Personal Name: Vern Heacock

Title (if any): president

Address (number and street): 541 Roske Dr. Ste.B

City, State and ZIP Code: Elkhart, IN, 46516

Preferred Telephone Number (area code): 574-293-5274

Cellular Telephone Number (area code): 574-536-0775

Email Address: vheacock@tcbldrs.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*): Bldg. Construction

Other Information (Witness, Police, Fire, Other):

Personal Contact: Jake Simpson

Business/Organization Name: Town & Country Bldrs.

Title (*if any*): employee worker

Address (*number and street*): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Utility Line Impact

Location of Damage:

Address (*number and street*): 7185 N 1150 W,

City, State and ZIP Code: Middlebury, Lagrange County, IndianaS

Nearest Intersection: SR 120

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Service/Drop

Size (Diameter/etc.): _____

Pressure (PSIG/Inches): _____

Interruption in Service: Yes No **Number of Customers Affected:** 1

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

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: none

Number of Inpatient Treated: none

Number of Fatalities: none

- Fire Department Response:** Yes No
- Police Department Response:** Yes No
- Ambulance Response:** Yes No

Additional Information / Comments

We were doing a minor addition of a porch roof over a side entry door to a single family residence and were using carefully a hand post hole digger in order to put a post in the ground to support a new porch roof. Our employee slightly hit the supply line going to the residence and a small leak occurred. We, i guess incorrectly assumed we would have no problem with a small post hole.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3671

Your Full Name: Vern Heacock

Full Name of Business / Entity (if applicable): Town & Country Bldrs.

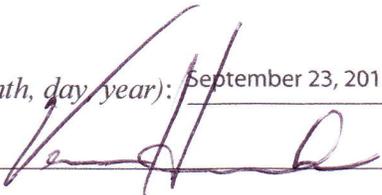
Your Business Title (if applicable): president

Address (number and street): 541 Roske Dr. Ste.B

City: Elkhart State: IN ZIP Code: 46516

Your E-mail Address: vheacock@tcbldrs.com

Today's Date (month, day, year): September 23, 2012

Your Signature:  Title (if any) pres.

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3671
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov

Cellular Telephone Number (area code): 574-612-0733

Email Address: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): 7185 N 1150 W,

City, State and ZIP Code: Middlebury, Lagrange County, IndianaS

Nearest Intersection: SR 120

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Service/Drop

Size (Diameter/etc.): _____

Pressure (PSIG/Inches): _____

Interruption in Service: Yes No **Number of Customers Affected:** 1

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

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: _____



101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

October 22, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3671
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3671

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: 8/7/2012

Event Location: 7185 N 1150 W, Middlebury

Facility Owner: Northern Indiana Public Service Company

Excavator: Town & Country Builders

Other Party: N/A

Pipeline Division Case No. 3671

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. 3671	
Date of Event	8/7/2012
Event Location	7185 N 1150 W, Middlebury
Facility Owner	Northern Indiana Public Service Company
Excavator	Town & Country Builders
Date of IURC Information Request	9/18/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Town & Country Builders
RESPONSIBLE PARTY PERSONAL NAME	Brad Miller
TITLE (IF ANY)	
ADDRESS	541 Roske Drive
CITY/ STATE/ZIP	Elkhart, IN 46516
PREFERRED TELEPHONE	574 293-5274
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 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	
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	7185 N. 1150
CITY/STATE/ZIP	Middlebury, IN 46540
NEAREST INTERSECTION	W 750 N
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)	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) (\$)	136.71
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	
Trencher	
Vacuum Equipment	
Unknown/Other	
TYPE OF WORK PERFORMED (Select One)	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	X
Bldg. Demolition	
Drainage	
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)	Yes
INDIANA 811 LOCATE TICKET NUMBER	
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)	
POLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
ADDITIONAL INFORMATION/COMMENTS	
<p>No notification made to the one-call center Compensation has been received from the excavator.</p>	

Fact Based Investigation Report

NOTIFICATION ID: 01820120807003

DISTRICT: Northern IN

DAMAGE DATE: 8/7/2012 11:50:00 AM

NOTIFICATION DATE: 8/7/2012 11:57:11 AM

NOTIFIED BY: PATTY MENDEZ Other

DAMAGE ADDRESS: 7187 N 1150 WEST SHIPSHEWANA

CITY: SHIPSHEWANA **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 08/07/2012

FROM: 12:30:00

TO: 13:00:00

EXCAVATOR INVOLVED: Homeowner

TYPE OF EXCAVATION: POST HOLE

ORIG. LOCATE REQ.:

START DATE/TIME:

TYPE OF TICKET:

LOCATE REQ. INFO N/A: Yes

DIG UP/DAMAGE REQ.: M59476243

START DATE/TIME:

PICTURES TAKEN BY: ANDREW CUNNINGHAM

DATE/TIME: 8/7/2012 12:30:00 PM

PHOTOGRAPHY TYPE: Digital

FRAME #:

INVESTIGATOR EMP#: 113397

INVESTIGATOR NAME: MIKEOBERLIN

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120807003

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:

NO LOCATE TICKET WAS CALLED IN

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

U/K

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

U/K

LIST ANY OTHER INDIVIDUALS ON SITE:

U/K

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? No

EXTENT OF FACILITY DAMAGE SERVICE

REPLACEMENT FOOTAGE U/K

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED?

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA ANGO/A/Goshen MAXIMO WO# 17526495 + M526512
OPERATING AREA CONTACT Joe Cole JOB ORDER # 10546447
TRACKING NUMBER 018 2012 0807 003 LOCATE REF # 120-716-3076
Locate Performed By: USIC

DATE AND TIME OF ACCIDENT 08/07 2012, 11:45 AM DATE OF REPORT 08/07/2012
PLACE OF DAMAGE (INCLUDE CITY) 7185N 1150W Middlebury

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

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

DEPTH OF FACILITY (inches) 16 PRESSURE (PSI) 50 Lbs.

RELEASE OF GAS: YES X NO () IGNITION OF GAS: YES () NO X EVACUATION REQUIRED: YES X # 2 NO ()

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

DURATION OF INTERRUPTION: TIME REPORTED 11:46 TIME RESTORED 13:45

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/8" Dia

LOCATE MARKS ON SITE: YES () DISTANCE BETWEEN FACILITY AND LOCATE MARKS NA NO X
HOW LOCATED: PAINT () FLAGS () BOTH () WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) Town of Country Builders 574-283-5274

ADDRESS OF PARTY (INCLUDE CITY) 541 ROSKIE DR ELKHART

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE BRAD MILLER

WITNESS NAME AND ADDRESS NA

WITNESS REMARKS NA

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY NA REPORT # NA

FIRE (X) AGENCY Shipshewena VFD REPORT # NA

OTHER () NA Any Injuries? () YES # NA X NO

PHOTOS TAKEN: YES X NO () TAKEN BY: 122635 (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
(X) BLDG CONSTRUCTION () DEMOLITION () DRAINAGE () WATER
() DRIVEWAY () ELECTRIC () SURVEYING () DRAINS/CULVERTS
() FENCING () GRADING () IRRIGATION () MOWING
() LANDSCAPING () PIPELINE () MILLING () OTHER NA
() POLE/SIGN POST () ROAD WORK () SEWER

- TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW
() AUGER (X) 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
(X) AUTOMOTIVE ACCIDENT () EXCAVATING BEFORE LOCATES DUE () CARELESS MACHINE OPERATOR
() NO NOTIFICATION () MARKS DISTURBED () STUB () OTHER NA

COMMENTS:

No Locates Called IN By Contractor.
Hit 5/8" plastic service

PERSON PREPARING REPORT

[Signature]

FIELD SUPERVISOR

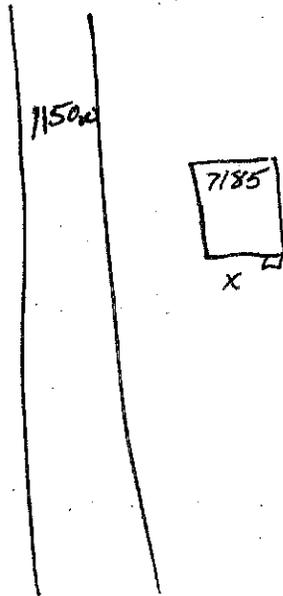
[Signature]

FIELD MANAGER

Rich Gray

- 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



X = 6' FROM South wall of House
14' W of Riser

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: _____



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Aug 27, 2012

Who is submitting this information?

Name of person providing this information: Tommy Buher

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: Town & Country Builders

Business address (*number and street*): 541 Roske Dr

City, State, and ZIP code: Elkhart, IN 46516

Telephone number (*area code*): 574-293-5274

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Hand Tools

Type of work performed: Bldg. Construction

Date and Location of DamageDate of damage (*month, day, year*): Aug 7, 2012County: LagrangeCity: MiddleburyStreet address (*number and street, city, state, and ZIP code*):
7185 N 1150 W, Middlebury, INNearest intersection: W 750 NRight 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? YesIf yes, how many evacuated? 2Was 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? Service/DropWhat was the depth of the facility, in inches? 16

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"? 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? Yes

Description of Cause

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

Additional Comments