



Pipeline Safety Division Investigation Report

Investigation regarding: **Bryan Powers**

UPPAC Database Record ID: 3672

Investigator: Howard Friend

Report Date: 1/15/2013

Damage Date: 8/26/2012 7:50:46 PM

Damage Address: 2394 N 400 W

City: Kokomo

County: Howard

The Parties

Excavator: **Bryan Powers**

Contact: Jennifer Powers

Address: 2394 N 400 W, Kokomo, In 46901

Telephone:

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: Bryan Powers

UPPAC Database Record ID: 3672

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$113

Excavator Activities/Cause of damage information:

Excavator request locates: No Indiana 811 ticket Number:

Type of Equipment: Hand Tools

Type of work performed: Curb/Sidewalk

Synopsis: Damage to a natural gas service occurred during excavation for a curb/sidewalk.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 9/27/2012. The homeowner failed to provide notice of excavation prior to starting 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 22, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3672
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3672

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: 8/26/2012

Event Location: 2394 N 400 W, Kokomo

Facility Owner: Northern Indiana Public Service Company

Excavator: Bryan Powers

Other Party: N/A

Pipeline Division Case No. 3672

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. 3672	
Date of Event	8/26/2012
Event Location	2394 N 400 W, Kokomo
Facility Owner	Northern Indiana Public Service Company
Excavator	Bryan Powers
Date of IURC Information Request	9/18/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Bryan Powers
RESPONSIBLE PARTY PERSONAL NAME	Same
TITLE (IF ANY)	
ADDRESS	2394 N. 400 W.
CITY/ STATE/ZIP	Kokomo, IN 46901
PREFERRED TELEPHONE	765-457-8428
CELL PHONE TELEPHONE	
EMAIL ADDRESS	22JENP@GMAIL.COM
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	Nipsco
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	
CITY/ STATE/ZIP	2000 S Home Ave
PREFERRED TELEPHONE	Kokomo, IN 46902
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	2394 N. 400 W.
CITY/STATE/ZIP	Kokomo, IN 4901
NEAREST INTERSECTION	W 200 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)	40
INTERRUPTION IN SERVICE (YES/NO)	No
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	0
REPAIR COST (IF KNOWN) (\$)	113.47
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	X - Shovel
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	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)	No
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	Y- 1208260308
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
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	
No notification made to the one-call center	

ID8011 00001 IUPPSa 08/26/2012 19:50:54 1208260308-00A EMER DAMG STRT

DAMAGE SEE REMARKS

Ticket : 1208260308 Date: 08/26/2012 Time: 19:46 Oper: KSWANK Chan:021

3672

State: IN Cnty: HOWARD Twp: CLAY
Cityname: KOKOMO Inside: N Near: Y
Subdivision:

Address : 2394
Street : N 400 W
Cross 1 : W CO RT 200 N Within 1/4 mile: Y
Location: LOCATE THE REAR OF THE PROPERTY
:
Grids : 4030D8612D 4030C8612D 4030B8612D 4030A8612D
Boundary: n 40.514557 s 40.504032 w -86.203835 e -86.202354

Work type : DIG UP A POST AND SIDEWALK
Done for : BRYAN AND JENNIFER POWERS
Start date: 08/26/2012 Time: 19:48 Hours notice: 0/0 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 2 DAYS Depth: UNKNOWN

Company : BRYAN POWERS Type: HOME
Co addr : 2394 N 400 W
City : KOKOMO State: IN Zip: 46901
Caller : JENNIFER POWERS Phone: (765)457-8428
Contact : BRYAN POWERS - HOME Phone:
BestTime:
Mobile : (765)457-8428
Email : 22JENP@GMAIL.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
A NIPSCO GAS LINE WAS HIT IN THE REAR OF THE PROPERTY - GAS IS BLOWING BUT
METERS HAVE BEEN SHUT OFF - HOMEOWNER IS ON SITE - THIS IS A BLACK PLASTIC
PIPING - CALLER HAS CALLED NIPSCO TO REPORT THE DAMAGED LINE AND HAS BEEN
ADVISED TO CALL 911 - NO PREVIOUS TICKET NUMBER - THANKS!
Will you be white-lining the dig site area? NO
:

Submitted date: 08/26/2012 Time: 19:46
Members: ID0002 ID8011 SBCIN

NO PREVIOUS TICKET



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

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

Who is submitting this information?

Name of person providing this information: Robert Hayward

Business address (*number and street*): 3511 E. 15th Ave

City, State, and ZIP code: Gary, IN 46304

Telephone number (*area code*): 219-962-0421

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

E-mail address: cludwig@NiSource.com

Excavator Information, if known

Full name: Bryan Powers

Business address (*number and street*): 2394 N 400 W

City, State, and ZIP code: Kokomo, IN 46901

Telephone number (*area code*): 765-457-8428

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*): Aug 26, 2012

County: Howard

City: Kokomo

Street address (*number and street, city, state, and ZIP code*):
2394 N 400 W Kokomo, IN 46901

Nearest intersection: W CO Rt 200 N

Right of way where damage occurred: Private - Land Owner

Was there a release of product? No

If yes, was there an ignition of product? No

Were evacuations necessary as a result of release? No

If yes, how many evacuated? _____

Was there a customer service interruption? No

If yes, how many affected? _____

Time to restore service (*in hours*): 0

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? No

Enter Indiana 811 ticket number, if known: _____

Was the locate request completed within two working days?

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 Locate Request

Was site marked by "White Lining"?

Were special instructions part of the locate request?

Were maps used to complete the locate request?

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? Yes

Did the excavator notify 911 in the event of a release of product? No

Description of Cause

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

Additional Comments

No Locate Request

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Kokomo MAXIMO WO# M543099
OPERATING AREA CONTACT Susan Sparks JOB ORDER # 567484
TRACKING NUMBER 01820120826004 LOCATE REF # None
Locate Performed By: _____

DATE AND TIME OF ACCIDENT 8-26-12 8:00 PM 20 M DATE OF REPORT 8-26-12
PLACE OF DAMAGE (INCLUDE CITY) 2394 N. 400 W. Kokomo IN 46901

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) 18" PRESSURE (PSI) _____ Lbs.

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

INTERRUPTION OF SERVICE: YES () NO NUMBER OF CUSTOMERS LOST: 0

DURATION OF INTERRUPTION: TIME REPORTED 0 TIME SHUT OFF 0 TIME RESTORED None

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: _____

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

PARTY THAT CAUSED DAMAGES (NAME) Bryan Powers

ADDRESS OF PARTY (INCLUDE CITY) 2394 N. 400 W.

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Bryan Powers

WITNESS NAME AND ADDRESS None

WITNESS REMARKS None

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY None REPORT # _____

FIRE () AGENCY None 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 checked="" 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 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 checked="" 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 _____ |

COMMENTS : Service cut on line to garage. Cust. wants line re-tined
I put dead lead permanent on service 12' w of w/c of garage
and 3' N. of N/L of garage

PERSON PREPARING REPORT John Daily

FIELD SUPERVISOR Susan Sparks

FIELD MANAGER Dave Salmons

- 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.

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: 120201 DATE: 8-26-12



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

RECEIVED

SEP 27 2012

INDIANA UTILITY
REGULATORY COMMISSION

Case Number: 3672

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: no business, homeowner

Responsible Party Personal Name: Bryan Powers

Title (if any): _____

Address (number and street): 2394 N. 400 W.

City, State and ZIP Code: Kokomo, In. 46901

Preferred Telephone Number (area code): 765-457-8428

Cellular Telephone Number (area code): _____

Email Address: 22jenp@gmail.com

Facility Information:

Business Name: no business, homeowner

Responsible Party Personal Name: Bryan Powers

Title (if any): _____

Address (number and street): 2394 N. 400 W.

City, State and ZIP Code: Kokomo, In. 46901

Preferred Telephone Number (area code): 765-457-8428

Cellular Telephone Number (area code): _____

Email Address: 22jenp@gmail.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): Hand Tools

Type of Work Performed (select one): Curb/Sidewalk

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

Personal Contact: NIPSCO gas company

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*): 2394 N 400W

City, State and ZIP Code: Kokomo, In. 46901

Nearest Intersection: 200 N.

Product Type (*select one*): Natural Gas

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

Size (Diameter/etc.): 1/2 inch

Pressure (PSIG/Inches): black plastic pipe

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

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

Repair Cost (if known): \$ 10

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

The line was approx. 18-20 inches below ground.

I was digging a post out from the wood sidewalk that we're removing with a hand shovel and hit the line. Called NIPSCO gas company, they capped the pipe and marked the line. The gas line was used in the workshop. We will not be using that gas line because we do not want two meters, we only want the meter that is with the house. The house line was not damaged.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3672

Your Full Name: Bryan Powers

Full Name of Business / Entity (if applicable): No business, homeowner

Your Business Title (if applicable): homeowner

Address (number and street): 2394 N. 400 W.

City: Kokomo State: In ZIP Code: 46901

Your E-mail Address: 22jenp@gmail.com

Today's Date (month, day, year): 09/20/2012

Your Signature: Bryan Powers Title (if any) _____

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3672
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov