



Pipeline Safety Division Investigation Report

Investigation regarding: **Shipshewana Campgrounds**

UPPAC Database Record ID: 3742

Investigator: Howard Friend

Report Date: 12/21/2012

Damage Date: 8/9/2012

Damage Address: 5970 N St Rd 5

City: Shipshewana

County: Lagrange

The Parties

Excavator: **Shipshewana Campgrounds**

Contact: Rosemarie A. Scott, President

Address: 5970 N St Rd 5, Po Box 247, Shipshewana, In 46565

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: Shipshewana Campgrounds

UPPAC Database Record ID: 3742

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: Pole

Synopsis: A natural gas service was damaged during excavation to install a sign post.

Findings: Reported by NIPSCO; excavator's response to initial notice was received on 12/14/2012. The campground employee was replacing a sign post in the same hole as the original post was in; however, he must have dug a little deeper than the original hole and damaged the gas service line.

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: 3742

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: Shipshewana Campground Inc.

Responsible Party Personal Name: Rosemarie A. Scott

Title (if any): President

Address (number and street): 5970 N. SR 5, PO Box 247

City, State and ZIP Code: Shipshewana, In. 46565-0247

Preferred Telephone Number (area code): 260-768-7770

Cellular Telephone Number (area code): 260-350-4589

Email Address: rascott@amish.org

Facility Information:

Business Name: Shipshewana Campground- North Park

Responsible Party Personal Name: Rosemarie A. Scott

Title (if any): President

Address (number and street): 5970 N. SR 5, PO Box 247

City, State and ZIP Code: Shipshwana Indiana 46565-0247

Preferred Telephone Number (area code): Same as above

Cellular Telephone Number (area code): same as above

Email Address: same as above

Locator Service Information:

Business Name: N/A

Responsible Party Personal Name: N/A

Title (if any): N/a

Address (number and street): n/a

City, State and ZIP Code: n/a

Preferred Telephone Number (area code): n/a

Cellular Telephone Number (area code): n/a

Email Address: n/a

Cause of Damage Information

Type of Equipment (select one): Hand Tools

Type of Work Performed (select one): Unknown/Other

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

Personal Contact: _____

Business/Organization Name: 911/ Shipshewana Fire Department

Title (if any): unknow

Address (number and street): unknow

City, State and ZIP Code: unknow

Preferred Telephone Number (area code): 911

Cellular Telephone Number (area code): unknow

Email Address: unknow

Utility Line Impact

Location of Damage:

Address (*number and street*): 5970 N. SR 5

City, State and ZIP Code: Shipshewana Indiana 46565-0247

Nearest Intersection: State Rd 5 and State Road 120

Product Type (*select one*): Natural Gas

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

Size (Diameter/etc.): 3/4 inch ?

Pressure (PSIG/Inches): unkown

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

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: 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

While cutting the grass with our power mower, we hit a 4x4" post that held small plastic signs that directed people to our office, in the process cleaning out the hole to to put the sign back in the hole we hit the gas line.

We had no idea it was there, in retrospect we should have called for a locate but since the sign was all ready there we assumed it was OK to put it back in. Never assume anything.

We learned a very important lesson that day and are grateful no one was hurt. Be assured we will no longer dig, even with hand tools with out a locate.

Your kind consideration in this case would be appreciated

Sincerely

Rosemarie A. Scott
260-350-4589

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3742

Your Full Name: Rosemarie A. Scott

Full Name of Business / Entity (if applicable): Shipshewana Campground Inc.

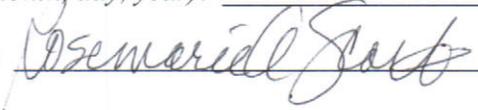
Your Business Title (if applicable): President

Address (number and street): 5970 N. SR 5, PO Box 247

City: Shipshewana State: In ZIP Code: 46565-0247

Your E-mail Address: rascott@amish.org

Today's Date (month, day, year): 12/14/12

Your Signature:  Title (if any) President

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3742
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov



INDIANA UTILITY REGULATORY COMMISSION
101 W. WASHINGTON STREET, SUITE 1500E
INDIANAPOLIS, INDIANA 46204-3407

<http://www.in.gov/iurc>
Office: (317) 232-2701
Facsimile: (317) 232-6758

November 30, 2012

Shipshewana Campgrounds
5970 N St Rd 5
Shipshewana, In 46565

**Re: Notice of Preliminary Determination of Violation
Pipeline Safety Division Case No. 3742**

Date of Event: 8/9/2012
Event Location: 5970 N St Rd 5, Shipshewana, Lagrange County
Excavator: Shipshewana Campgrounds
Facility Owner: Northern Indiana Public Service Company

Dear Shipshewana Campgrounds,

On behalf of the Indiana Utility Regulatory Commission ("Commission"), I am writing to inform you that information has been filed with the Commission's Pipeline Safety Division regarding an alleged violation of Indiana Code chapter 8-1-26, the Indiana Damage to Underground Facilities Act ("the Act"). You are receiving this letter because you have been identified as the Respondent Excavator.

To ensure safety, the Indiana Underground Plant Protection Service (Indiana 811) and gas operators routinely provide reports to the Pipeline Safety Division when an operator's facility is damaged. The Division has received a report from one of these entities that on **8/9/2012**, you or your business damaged a pipeline facility owned by **Northern Indiana Public Service Company** and located at **5970 N St Rd 5, Shipshewana, Lagrange County**.

Based upon the information received, the Pipeline Safety Division is commencing an investigation into the event concerning you or your business to determine whether any statutory violations were committed regarding public safety, specifically the following:

- IC 8-1-26-16(g): Failure to provide notice of excavation.
- IC 8-1-26-16(h): Failure to perform required white lining.
- IC 8-1-26-20(b): Failure to maintain two (2) feet clearance with mechanized equipment.
- IC 8-1-26-18(f): Failure to properly locate facilities (operator violation)

The Division provides both you and Northern Indiana Public Service Company with an opportunity to send in documentation explaining what occurred. This may include maps, photographs, narrative statements, and any other evidence you wish to provide. You have thirty (30) days from the date this letter is received to send in information, but an extension may be given for good cause shown. Please note that the Division's investigation will be completed after this time period, even if you do



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: Tommy Buher (NIPSCo)

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: Shipshewana Campgrounds

Business address (*number and street*): 5970 N St Rd 5

City, State, and ZIP code: Shipshewana, IN 46565

Telephone number (*area code*): _____

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Hand Tools

Type of work performed: Pole

Date and Location of Damage

Date of damage (*month, day, year*): Aug 9, 2012

County: Lagrange

City: Shipshewana

Street address (*number and street, city, state, and ZIP code*):
5970 N St Rd 5

Nearest intersection: St Rd 120

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? _____

Was there a customer service interruption? Yes

If yes, how many affected? 1

Time to restore service (*in hours*): 2

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? 30

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? 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

Emergency repair ticket 1208092053