



Pipeline Safety Division Investigation Report

Investigation regarding: George Mcgookin

UPPAC Database Record ID: 3870

Report Date: 6/3/2013

Investigator: Mike Orr

Damage Date: 9/25/2012 3:29:45 PM

Damage Address: 304 W 9th St, Mishawaka, St Joseph

The Parties

Excavator: **George Mcgookin**

Address: 304 W 9th St, Mishawaka, In 46544

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Hand Tools

Type of Work Performed: Fencing

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:

Original Start Date:

Locate Instructions: LOCATE THE BACK YARD

Follow-Up Locate Instructions (if applicable):

Synopsis: A natural gas service facility was damaged by hand tools at a depth exceeding twelve (12) inches while installing fence.

Findings: Reported by Indiana 811; occupant did not respond to initial notice mailed 11/30/2012. The occupant cut a natural gas service while digging fence posts without benefit of calling for locates.

Conclusion: There was a failure to provide notice of excavation.

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



150 West Market Street, Suite 600
Indianapolis, IN 46204

January 29, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3870
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3870

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: 9/25/2012

Event Location: 304 W 9th St

Facility Owner: Northern Indiana Public Service Company

Excavator: George Mcgookin

Other Party: N/A

Pipeline Division Case No. 3870

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. 3870	
Date of Event	9/25/2012
Event Location	304 W 9th St
Event City	Mishawaka
Facility Owner	Northern Indiana Public Service Company
Excavator	George Mcgookin
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	
RESPONSIBLE PARTY PERSONAL NAME	Troy McGookin
TITLE (IF ANY)	
ADDRESS	304 W 9 th Street
CITY/ STATE/ZIP	Mishawaka, IN 46544
PREFERRED TELEPHONE	574-904-6998
CELL PHONE TELEPHONE	574-339-8185
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	Same
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	304 W 9 th Street
CITY/STATE/ZIP	Mishawaka, IN 46544
NEAREST INTERSECTION	S Sping St.
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"
PRESSURE (PSIG/INCHES)	
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	N
IF YES, HOW MANY EVACUATED	
REPAIR COST (IF KNOWN) (\$)	
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)	Y
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	Y 1209252726
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	N

INDIANA 811 LOCATE TICKET NUMBER	N/A
LOCATE MARKS VISIBLE (YES/NO)	N
LOCATE MARKS CORRECT (YES/NO)	N
EXCAVATOR "WHITE LINED" (YES/NO)	N
MAPS USED TO MARK FACILITIES (YES/NO)	N
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	N
INCIDENT IMPACT INFORMATION	
NUMBER OF OUTPATIENT TREATED	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FATALITIES	0
FIRE DEPARTMENT RESPONSE (YES/NO)	N
POLICE DEPARTMENT RESPONSE (YES/NO)	N
AMBULANCE RESPONSE (YES/NO)	N
ADDITIONAL INFORMATION/COMMENTS	
<p>No notification made to the one-call center Nipsco emergency repair ticket #: 1209252919</p>	

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

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 CUT IN HALF

REPLACEMENT FOOTAGE N/A

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? POSTHOLE DIGGER

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)

NIPSCO 00867 IUPPSa 09/25/2012 15:30:01 1209252726--00A EMER DAMG GRID

DAMAGE SEE REMARKS

Ticket : 1209252726 Date: 09/25/2012 Time: 15:18 Oper: CSCOTT Chan:052

State: IN Cnty: ST JOSEPH Twp: PENN
Cityname: MISHAWAKA Inside: Y Near: N
Subdivision:

CASE: 3870

Address : 304
Street : W 9TH ST
Cross 1 : S SPRING ST Within 1/4 mile: Y
Location: LOCATE THE BACK YARD
:
Grids : 4139D8610A 4139C8610A 4139D8611D 4139C8611D
Boundary: n 41.655266 s 41.653419 w -86.186600 e -86.182739

Work type : BUILDING SHED
Done for : TROY MCGOOKIN
Start date: 09/25/2012 Time: 15:27 Hours notice: 0/0 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 1 DAY Depth: 2 FEET

Company : GEORGE MCGOOKIN Type: HOME
Co addr : 304 W 9TH ST
City : MISHAWAKA State: IN Zip: 46544
Caller : TROY MCGOOKIN Phone: (574)904-6998
Contact : TROY MCGOOKIN - CELL Phone:
BestTime:
Mobile : (574)339-8185
Email : MCRISHGOO@YAHOO.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
A NIPSCO GAS LINE WAS CUT IN THE REAR OF THE PROPERTY - GAS LINE IS BLOWING -
CALLER CAN HEAR AND SMELL GAS - CALLER DESCRIBES THE LINE AS A PINK PLACTIC LINE
APPROX 1/2 INCH IN DIAMETER - CALLER HAS BEEN ADVISED TO NOTIFY 911 - CALLER HAS
NOTIFIED NIPSCO - CREW IS ON SITE - NO PREVIOUS TICKET NUMBER - THANK YOU
Will you be white-lining the dig site area? NO
:

Submitted date: 09/25/2012 Time: 15:18
Members: COMCN ID1639 ID1640 NIPSCO SBCIN SM ID0106

NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA SO. BEND MAXIMO WO # C097306620C

OPERATING AREA CONTACT J. M. ARMSTRONG JOB ORDER # S-589679

TRACKING NUMBER _____ LOCATE REF # _____

Locate Performed By: _____

DATE AND TIME OF ACCIDENT 9/25 2012, P M DATE OF REPORT SAMS

PLACE OF DAMAGE (INCLUDE CITY) 304 W. 9TH ST MISHAWA IN

DAMAGE WAS TO:

ELECTRIC - POLE / TRANSFORMER: # _____ SIZE _____ YEAR INSTALLED _____ BROKEN YES () NO ()

OTHER (DESCRIBE) _____

GAS: SERVICE MAIN () SIZE 9/8 MATERIAL: PLASTIC STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE) _____

DEPTH OF FACILITY (inches) 16" PRESSURE (PSI) 26 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 1515 TIME SHUT OFF 1700 TIME RESTORED 18:15 A

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 2 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) TROY F. MCGOOKIN

ADDRESS OF PARTY (INCLUDE CITY) 304 W. 9TH ST MISH. IN.

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE MR. MCGOOKIN

WITNESS NAME AND ADDRESS None

WITNESS REMARKS None

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 checked="" 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 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

COMMENTS :

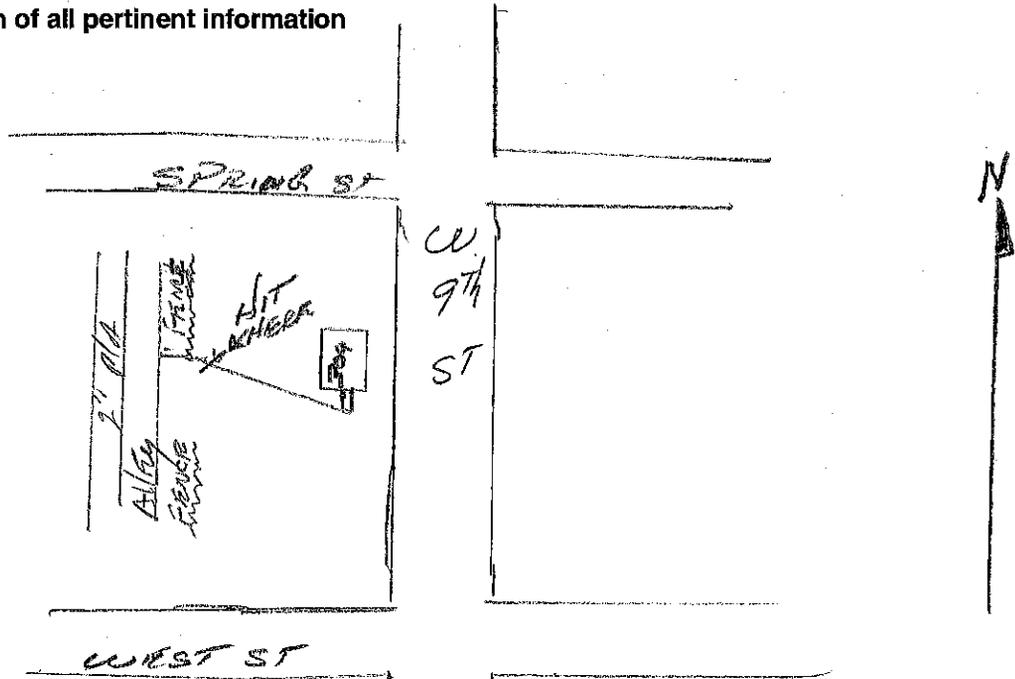
PERSON PREPARING REPORT 01/01/25

FIELD SUPERVISOR Gary Vojta

FIELD MANAGER R. Hany

- 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: _____ DATE: _____



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Oct 9, 2012

Who is submitting this information?

Name of person providing this information: Oscar Rios (NIPSCO)

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

City, State, and ZIP code: Gary, IN 46403

Telephone number (*area code*): 219-962-0420

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

E-mail address: cludwig@nisource.com

Excavator Information, if known

Full name: Troy McGookin

Business address (*number and street*): 304 W. 9th Street

City, State, and ZIP code: Mishawaka, IN, 46544

Telephone number (*area code*): 574-904-6998

Fax number (*area code*): _____

E-mail address: mcirishgoo@yahoo.com

Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Hand Tools

Type of work performed: Bldg. Construction

Date and Location of Damage

Date of damage (*month, day, year*): Sep 25, 2012

County: St. Joseph

City: Mishawaka

Street address (*number and street, city, state, and ZIP code*):
304 W. 9th Street, Mishawaka, IN, 46544

Nearest intersection: S. Spring Street

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*): 3

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? No

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? Yes

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

damage ticket 1209252726

NIPSCO emergency repair ticket 1209252919

Excavator did report damage to IN811. MAO 10/10/2012.