



Pipeline Safety Division Investigation Report

Investigation regarding: Lee Home Renovations

UPPAC Database Record ID: 4005

Report Date: 3/11/2013

Investigator: Howard Friend

Damage Date: 10/8/2012 11:14:15 AM

Damage Address: 2916 S 600 W, Russiaville, Howard

The Parties

Excavator: **Lee Home Renovations**

Address: 3010 South 600 West, Russiaville, In 46979

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function:

Type of Equipment: Hand Tools

Type of Work Performed: Construction

Service/Drop

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$390

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: No

Indiana 811 Ticket Number:

Original Start Date:

Locate Instructions: Locate the south side of the property

Follow-Up Locate Instructions (if applicable):

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

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 1/2/2013. The excavator failed to provide notice of excavation.

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

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



150 West Market Street, Suite 600
Indianapolis, IN 46204

January 30, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4005
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4005

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: 10/8/2012

Event Location: 2916 S 600 W

Facility Owner: Northern Indiana Public Service Company

Excavator: Lee Home Renovations

Other Party: N/A

Pipeline Division Case No. 4005

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. 4005	
Date of Event	10/8/2012
Event Location	2916 S 600 W
Event City	Russiaville
Facility Owner	Northern Indiana Public Service Company
Excavator	Lee Home Renovations
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	David Lee
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	3010 S 600 W
CITY/ STATE/ZIP	Russiaville, IN 46979
PREFERRED TELEPHONE	765-432-0238
CELL PHONE TELEPHONE	
EMAIL ADDRESS	DRLEE1095@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	2000 South Home Ave
CITY/ STATE/ZIP	Kokomo, IN 46902
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	2916 S 600 W
CITY/STATE/ZIP	Russiaville, IN 46979
NEAREST INTERSECTION	W 250 S
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)	40
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	N
IF YES, HOW MANY EVACUATED	0
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	
Grading	
Irrigation	
Landscaping	
Liquid Pipeline	
Milling	
Natural Gas	
Pole	X
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- 1210081324
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	N

INDIANA 811 LOCATE TICKET NUMBER	
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)	Y
POLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
ADDITIONAL INFORMATION/COMMENTS	
No notification made to the one-call center	

ID8011 00025 IUPPSa 10/08/2012 11:14:39 1210081324-00A EMER DAMG GRID

CASE #

DAMAGE DAMAGE

4005

Ticket : 1210081324 Date: 10/08/2012 Time: 11:06 Oper: MMOELLER Chan:039

State: IN Cnty: HOWARD Twp: HARRISON
Cityname: RUSSIAVILLE Inside: N Near: Y
Subdivision:

Address : 2916
Street : S 600 W
Cross 1 : W 250 S Within 1/4 mile: Y
Location: LOCATE THE SOUTH SIDE OF THE PROPERTY
:
Grids : 4026C8614C 4026C8614B 4025A8614C 4026D8614C 4025A8614B
Grids : 4026D8614B
Boundary: n 40.439995 s 40.431400 w -86.243683 e -86.241035

Work type : BUILD A DECK
Done for : THOMAS BLACK
Start date: 10/08/2012 Time: 11:08 Hours notice: 0/0 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 1 WEEK Depth: 3 FEET

Company : LEE HOME RENOVATIONS Type: CONT
Co addr : 3010 SOUTH 600 WEST
City : RUSSIAVILLE State: IN Zip: 46979
Caller : DAVID LEE Phone: (765)432-0238
Contact : DAVID LEE - CELL Phone:
BestTime:
Mobile : (765)432-0238
Email : DRLEE1095@GMAIL.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
PER DAVID LEE - CUT NIPSCO GAS LINE ON THE SOUTH SIDE OF THE HOUSE - APPEARS TO
BE A BLACK PLASTIC LINE - CAN HEAR AND SMELL THE GAS - HAVE CALLED NIPSCO - WILL
CALL 911 - CREW IS ON SITE - NO PREVIOUS TICKET - THANK YOU
Will you be white-lining the dig site area? YES
:

Submitted date: 10/08/2012 Time: 11:06
Members: ID0002 ID8011 SBCIN

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Kokomo MAXIMO WO # M577958
OPERATING AREA CONTACT S Sparks JOB ORDER # JO 567609
TRACKING NUMBER none LOCATE REF # none
Locate Performed By:

DATE AND TIME OF ACCIDENT Oct. 8 2012, 11:03 AM DATE OF REPORT 10.8.2012
PLACE OF DAMAGE (INCLUDE CITY) 2916 S. 600W. Russiaville

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) 2' PRESSURE (PSI) 40 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 11:03 TIME SHUT OFF 12:30 TIME RESTORED 13:00
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) David Lee
ADDRESS OF PARTY (INCLUDE CITY) 3010 S. 600W.
WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE David Lee
WITNESS NAME AND ADDRESS none
WITNESS REMARKS

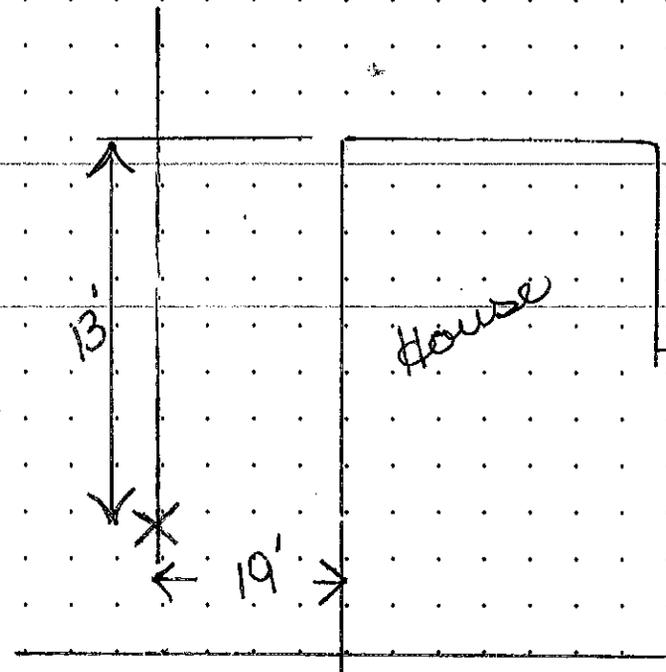
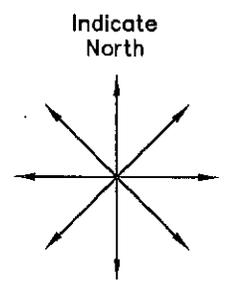
AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY REPORT #
FIRE () AGENCY Russiaville Harrison REPORT #
OTHER () Twp. Any Injuries? () YES # () NO

PHOTOS TAKEN: YES () NO () TAKEN BY:
MEDIA ON SITE YES () NO () (ATTACH PHOTOS TO REPORT)

- WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW
() AGRICULTURE/FARMING () CABLE TV () CURB/SIDEWALK () TELECOMMUNICATIONS
() BLDG CONSTRUCTION () DEMOLITION () DRAINAGE () WATER
() DRIVEWAY () ELECTRIC () SURVEYING () DRAINS/CULVERTS
() FENCING () GRADING () IRRIGATION () MOWING
() LANDSCAPING () PIPELINE () MILLING () OTHER
() POLE/SIGN POST () ROAD WORK () SEWER

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



3 men 2 hrs
 120202
 120208
 120227

- 1 - Fitting truck - 3056
- 1 - Trencher - 7003
- 1 - 5/8 Pl.
- 2 - 5/8 pos. m. cts

Instructions:

1. Locate leak point and mark with X
2. Provide dimensions from centerlines, utility poles, curb lines etc.
3. Outline leak migration perimeter, provide dimensions and indicate % gas from leak point to 0%.

- LEGEND
- X Centered Leak
 - O Valve or Curb Box
 - △ Manhole
 - △ Conduit Manhole
 - Catch Basin
 - ⊕ Utility Pole
 - ▨ Leak Area

SIZE OF PIPE 5/8
 PRESSURE m-40lb
 SIZE OF HOLE small slice
 TIME RECEIVED NOTICE OF LEAK 11:30
 TIME SERVICE/METER WAS SHUT OFF 12:30
 CUSTOMER'S LOST 1

Comments: Small slice from post hole diggers repaired and tested service



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

RECEIVED

JAN 02 2019

INDIANA UTILITY
REGULATORY COMMISSION

Case Number: 4005 _____

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: Lee Home Renovations Inc. _____

Responsible Party Personal Name: David Lee _____

Title (if any): v.pres. _____

Address (number and street): 3010 s. 600 w. _____

City, State and ZIP Code: Russiaville ,In 46979 _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): 765 432-0238 _____

Email Address: drlee1095@gmail _____

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: _____

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*): 2916s 600w

City, State and ZIP Code: Russiaville ,In 46979

Nearest Intersection: 300s 600w

Product Type (*select one*): Natural Gas

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

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

Pressure (PSIG/Inches): _____

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

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

Repair Cost (if known): \$ 390

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

I made a mistake not calling for locate. home owner assured me gas line was 25 ft away. i was building a small deck with about 10 posts. I assure you I will always get locate in the future.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4005

Your Full Name: david r. lee

Full Name of Business / Entity (if applicable): Lee Home Renovations ,Inc.

Your Business Title (if applicable): v.p.

Address (number and street): 3010 s 600 w

City: Russiaville State: IN ZIP Code: 46979

Your E-mail Address: drlee1095@gmail

Today's Date (month, day, year): 12/26/2012

Your Signature:  Title (if any) V. PRES

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 4005
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@ure.in.gov