



## Pipeline Safety Division Investigation Report

### Investigation regarding: Jeff Schultz

UPPAC Database Record ID: 4045

Report Date: 3/13/2013

Investigator: Howard Friend

Damage Date: 10/19/2012 4:12:33 PM

Damage Address: 8811 W 1225 N, De Motte, Jasper

### The Parties

Excavator: **Jeff Schultz**

Address: 6618 Ridgeview Drive, Demotte, In 46310

Facility Owner: **NIPSCO**

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Water

### Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$188

### Excavator Activities/Cause of Damage Information:

Excavator Request Locates: No

Indiana 811 Ticket Number:

Original Start Date:

Locate Instructions: Locate west side of house

Follow-Up Locate Instructions (if applicable):

**Synopsis:** A natural gas service was damaged during excavation to repair a water leak.

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 12/28/2012. The excavator failed to provide notice of excavation.

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

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



150 West Market Street, Suite 600  
Indianapolis, IN 46204

January 31, 2013

*Via Electronic Transmission – [PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)*

Pipeline Safety Division – Case No. 4045  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4045

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: 10/19/2012

Event Location: 8811 W 1225 N

Facility Owner: Northern Indiana Public Service Company

Excavator: Jeff Schultz

Other Party: N/A

Pipeline Division Case No. 4045

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](mailto:cearle@nisource.com)

<b>IURC INFORMATION REQUEST</b>	
<b>Pipeline Safety Division Case No. 4045</b>	
Date of Event	10/19/2012
Event Location	8811 W 1225 N
Event City	De Motte
Facility Owner	Northern Indiana Public Service Company
Excavator	Jeff Schultz
Date of IURC Information Request	12/5/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Jeff Schultz
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	318 S Halleck
CITY/ STATE/ZIP	DeMotte, IN 46310
PREFERRED TELEPHONE	219-741-8194
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<b>FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:</b>	
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
<b>LOCATOR SERVICE INFORMATION</b>	
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	<a href="mailto:morganthompson@usicinc.com">morganthompson@usicinc.com</a>
<b>OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION</b>	
PERSONAL CONTACT	
BUSINESS/ORGANIZATION NAME	
TITLE (IF ANY)	

ADDRESS	
CITY/ STATE/ZIP	
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<b>UTILITY LINE IMPACT</b>	
<b>LOCATION OF DAMAGE</b>	
ADDRESS	8811 W 1225 N
CITY/STATE/ZIP	DeMotte, IN 46310
NEAREST INTERSECTION	Hickory St SW
<b>PRODUCT TYPE (Select One)</b>	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
<b>FACILITY TYPE (Select One)</b>	
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	0
REPAIR COST (IF KNOWN) (\$)	
<b>CAUSE OF DAMAGE INFORMATION:</b>	
<b>TYPE OF EQUIPMENT (Select One)</b>	
Auger	
Backhoe/Trackhoe	X
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	
Probing Device	

Trancher	
Vacuum Equipment	
Unknown/Other	
<b>TYPE OF WORK PERFORMED (Select One)</b>	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	
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	X
Waterway Improvement	
Unknown/Other	
RELEASE OF PRODUCT (YES/NO)	Y
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	Y- 1210192452
<b>LOCATE INFORMATION:</b>	
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
<b>INCIDENT IMPACT INFORMATION</b>	
NUMBER OF OUTPATIENT TREATED	
NUMBER OF INPATIENT TREATED	
NUMBER OF FATALITIES	
FIRE DEPARTMENT RESPONSE (YES/NO)	
POLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
No notification made to the one-call center.	

**Fact Based Investigation Report**

NOTIFICATION ID: 01820121019002

DISTRICT: Northern IN

DAMAGE DATE: 10/19/2012 4:12:40 PM

NOTIFICATION DATE: 10/19/2012 4:30:20 PM

NOTIFIED BY: JEFF SCHULTZ

DAMAGE ADDRESS: 8811 W 1225 N

CITY: DE MOTTE

ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 10/19/2012

FROM: 17:00:00

TO: 17:15:00

EXCAVATOR INVOLVED: Homeowner

TYPE OF EXCAVATION: DRILLING WELL

ORIG. LOCATE REQ.:

START DATE/TIME:

TYPE OF TICKET:

LOCATE REQ. INFO N/A: Yes

DIG UP/DAMAGE REQ.: 1210192452

START DATE/TIME:

PICTURES TAKEN BY: ROB PUENT DATE/TIME: 10/19/2012 5:10:00 PM

PHOTOGRAPHY TYPE: Digital

FRAME #: NA

INVESTIGATOR EMP#: 125925

INVESTIGATOR NAME: ROB PUENT

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

**Fact Based Investigation Customer Information**

NOTIFICATION ID: 01820121019002

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:

THE HOMEOWNER WAS DIGGING WITHOUT LOCATES AND CUT A PL. GAS SERVICE.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

NA

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

**LIST ANY OTHER INDIVIDUALS ON SITE:**  
NA

**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 PL SERVICE

**REPLACEMENT FOOTAGE** 2 FT

**WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?** No

**WHAT CONTRACTOR EQUIPMENT WAS USED?** NA

**IS THE FACILITY SHOWN ON THE UTILITY RECORDS?** No

**IF YES, PLEASE LIST RECORD #(S)**

CASE #  
4045

NIPSCO 00848 IUPPSa 10/19/2012 16:12:40 1210192452-00A EMER DAMG GRID

DAMAGE

Ticket : 1210192452 Date: 10/19/2012 Time: 16:07 Oper: JCARTER Chan:009

State: IN Cnty: JASPER Twp: KEENER  
Cityname: DE MOTTE Inside: Y Near: N  
Subdivision:

Address : 8811  
Street : W 1225 N  
Cross 1 : HICKORY ST SW Within 1/4 mile: Y  
Location: LOCATE WEST SIDE OF HOUSE

:  
Grids : 4111C8712B 4111B8712B 4111C8712A 4111B8712A 4111C8713D  
Grids : 4111B8713D  
Boundary: n 41.192245 s 41.191093 w -87.217728 e -87.208351

Work type : REPLACE WATER WELL  
Done for : JEFF SCHULTZ  
Start date: 10/19/2012 Time: 16:08 Hours notice: 0/0 Priority: EMER  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
Duration : 1 DAY Depth: 4 FEET

Company : JEFF SCHULTZ Type: HOME  
Co addr : 6618 RIDGEVIEW DRIVE  
City : DEMOTTE State: IN Zip: 46310  
Caller : JEFF SCHULTZ Phone: (219)741-8194  
Contact : JEFF SCHULTZ - CELL Phone:  
BestTime:  
Mobile : (219)741-8194

Remarks : All tickets are taken and processed on Eastern Daylight Time  
PER JEFF SCHULTZ - CUT GAS LINE - CRIMPED LINE RIGHT AWAY - HAS CALLED NIPSCO -  
DIGGING ON WEST SIDE OF HOME - WILL BE ON SITE FOR A WHILE - NO PRIOR TICKET  
Will you be white-lining the dig site area? NO

:  
Submitted date: 10/19/2012 Time: 16:07  
Members: COMCN ID2009 ID3831 ID4601 NIPSCO SM



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Oct 26, 2012

### Who is submitting this information?

Name of person providing this information: Carrie Ludwig

Business address (*number and street*): 3511 East 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: Jeff Schultz - Landlord

Business address (*number and street*): 318 S Halleck

City, State, and ZIP code: Demotte, IN

Telephone number (*area code*): 219 741 8194

Fax number (*area code*): \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Water

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**Date and Location of Damage**Date of damage (*month, day, year*): Oct 19, 2012County: JasperCity: DeMotteStreet address (*number and street, city, state, and ZIP code*):  
8811 W 1225 N DeMotte, INNearest intersection: Hickory St SWRight 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? NoIf yes, how many evacuated? 0Was 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 \$ 

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**Affected Facility Information**What type of pipeline was damaged? Natural GasWhat was the affected facility? Service/DropWhat was the depth of the facility, in inches? 18

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**Notification, Locating, Marking**Did 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"?

Were special instructions part of the locate request?

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

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### **Description of Cause**

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

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### **Additional Comments**

Damage ticket #: 1210192452

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Crown Point MAXIMO WO #
OPERATING AREA CONTACT M. Schiessle JOB ORDER # 583905
TRACKING NUMBER 01820201019023 LOCATE REF # None
Locate Performed By: 01820201019023

DATE AND TIME OF ACCIDENT 10-19 2012 1024 M DATE OF REPORT 10-19-12
PLACE OF DAMAGE (INCLUDE CITY) 8811 W 1255 N Demotte 46310

DAMAGE WAS TO:

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

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

DEPTH OF FACILITY (inches) 18" PRESSURE (PSI) 40 Lbs.

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

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

DURATION OF INTERRUPTION: TIME REPORTED 1504 TIME SHUT OFF 1530 TIME RESTORED 1700

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 5/8"

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

PARTY THAT CAUSED DAMAGES (NAME) Jeff Shultz

ADDRESS OF PARTY (INCLUDE CITY) 318 S Halleck

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Jeff Shultz

WITNESS NAME AND ADDRESS

WITNESS REMARKS

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY REPORT #
FIRE ( ) AGENCY REPORT #
OTHER ( ) Any Injuries? ( ) YES # (X) NO

PHOTOS TAKEN: YES ( ) NO (X) TAKEN BY: (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
( ) BLDG CONSTRUCTION ( ) DEMOLITION ( ) DRAINAGE (X) 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 (X) 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 (X) CARELESS MACHINE OPERATOR
(X) NO NOTIFICATION ( ) MARKS DISTURBED ( ) STUB ( ) OTHER

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

SIN #110601 Rev. 6-12

COMMENTS: used Landlord was installing a new well point for  
tenant. Did not have locates hit 5/8" plastic service.  
Repaired with 2 couplings & 8" of 5/8" plastic pipe

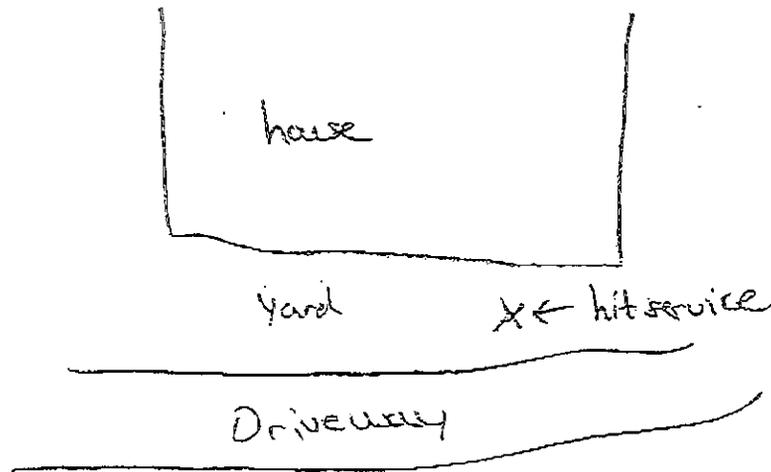
PERSON PREPARING REPORT \_\_\_\_\_

FIELD SUPERVISOR Mark A. Schil

FIELD MANAGER \_\_\_\_\_

- 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 26, 2012

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### Who is submitting this information?

Name of person providing this information: Carrie Ludwig (NIPSCo)

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

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E-mail address: cludwig@nisource.com

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### Excavator Information, if known

Full name: Jeff Schultz

Business address (*number and street*): 6618 RIDGEVIEW DRIVE

City, State, and ZIP code: Demotte, IN 46310

Telephone number (*area code*): 219 741 8194

Fax number (*area code*): \_\_\_\_\_

E-mail address: \_\_\_\_\_

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### Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Water

---

**Date and Location of Damage**

Date of damage (*month, day, year*): Oct 19, 2012

County: Jasper

City: DeMotte

Street address (*number and street, city, state, and ZIP code*):  
8811 W 1225 N DeMotte, IN

Nearest intersection: Hickory St SW

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*): 2

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$

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**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

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**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"?

Were special instructions part of the locate request?

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

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### **Description of Cause**

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

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### **Additional Comments**

Damage ticket #: 1210192452

Landlord/Occupant did notify IN811 after damage occurred. MAO 10/29/2012.



**INFORMATION REQUEST**

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION - PIPELINE SAFETY DIVISION

**RECEIVED**

DEC 28 2012

Case Number: 4045

INDIANA UTILITY  
REGULATORY COMMISSION

*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: Schulte Rentals

Responsible Party Personal Name: Jeffrey D. Schulte

Title (if any): owner

Address (number and street): 6618 Ridgeway Dr.

City, State and ZIP Code: DeMotte IN, 46310

Preferred Telephone Number (area code): 219-937-3702 or 219-937-4936

Cellular Telephone Number (area code): 219-741-8194

Email Address: \_\_\_\_\_

**Facility Information:**

Business Name: ~~XXXXXXXXXXXXXXXXXXXX~~ NIPSCO

Responsible Party Personal Name: \_\_\_\_\_

Title (if any): \_\_\_\_\_

Address (number and street): Po Box 13007 Merrillville IN, 46411-3007

City, State and ZIP Code: \_\_\_\_\_

Preferred Telephone Number (area code): 800-312-264-7726

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Locator Service Information:**

Business Name: USIC

Responsible Party Personal Name: NA

Title (if any): NA

Address (number and street): NA

City, State and ZIP Code: NA

Preferred Telephone Number (area code): NA

Cellular Telephone Number (area code): NA

Email Address: NA

**Cause of Damage Information**

Type of Equipment (select one): SMALL BACKHOE

Type of Work Performed (select one): Dig for shallow well repair

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

Personal Contact: \_\_\_\_\_

Business/Organization Name: NIPSCO + USIC

Title (if any): \_\_\_\_\_

Address (number and street): \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

Preferred Telephone Number (area code): 800-312-264-7726

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Utility Line Impact**

**Location of Damage:**

Address (number and street): 8811 W 1225 N

City, State and ZIP Code: DeMotte IN 46310

Nearest Intersection: Hickory St.

Product Type (select one): NATURAL Gas - Residential Home

Facility Type (select one):

Size (Diameter/etc.): 1/2 - 3/4 ?

Pressure (PSIG/Inches): ?

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

Evacuation:  Yes  No If yes, How Many Evacuated: \_\_\_\_\_

Repair Cost (if known): \$ 187.59 PAID TO NIPSCO ON 11-30-12  
check # 2422

Release of Product:  Yes  No very little - crimped line after hit

Ignition and/or Fire:  Yes  No

Excavator Notify 811:  Yes  No

**Locate Information**

Excavator Request Locate:  Yes  No Thought we know where line was AT

Indiana 811 Locate Ticket Number: Damage Ticket # IN-019-2452

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

*Did not call*

**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**

Rental Home Had no water for second Day. Connection at well Had Leak, 36" Below Ground, Dug up with small Backhoe 12" Bucket, Figured GAS Line WAS ON EAST Side of House, Because Meter WAS ON SOUTH EAST Side of House, and IF I called for locate Template would Be without water for 3 more days, Because this WAS ON Friday 10-19-12. WAS wrong, Line WAS ON WEST side of House 10" From Well, Line WAS STRUCK + CUT, WAS Immediately crimped shut. and called NIPSCO then called 811. IF you check you will see I do call 811 For Locates, This Time

I did not, Because I thought I knew where line was. And the no water situation. I WAS wrong. I paid NIPSCO For Repair same day I received their Bill. I will Always call 811 In the Future for Locates, no matter the situation. *Jeff Schally*

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4045

Your Full Name: Jeffrey D. Schultz

Full Name of Business / Entity (if applicable): Schultz Rentals

Your Business Title (if applicable): owner

Address (number and street): 6618 Ridgeview Dr.

City: De Motte State: IN ZIP Code: 46310

Your E-mail Address: \_\_\_\_\_

Today's Date (month, day, year): 12-22-12

Your Signature: Jeffrey D. Schultz Title (if any) owner

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 4045  
Indiana Utility Regulatory Commission  
101 West Washington Street, 1500E  
Indianapolis, IN 46204

Or scan the statement and Email to:

[PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)