



Pipeline Safety Division Investigation Report

Investigation regarding: Dean Stump

UPPAC Database Record ID: 4393

Report Date: 3/22/2013

Investigator: Howard Friend

Damage Date: 11/28/2012

Damage Address: 11718 9th Rd, Plymouth, Marshall

The Parties

Excavator: **Dean Stump**

Address: 11718 9th Rd, Plymouth, In, 46563

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Hand Tools

Type of Work Performed: Landscaping

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$150

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: No

Indiana 811 Ticket Number:

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

Synopsis: A natural gas service was damaged by the homeowner while excavating to plant a tree.

Findings: Reported by Steve Noffsinger (NIPSCO); excavator's response to initial notice was received on 2/24/2013. The homeowner was using hand tools to excavate, damaged a gas line that was eighteen (18) inches deep. The homeowner 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

March 13, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4393
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4393

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: 11/28/2012

Event Location: 11718 9th Rd

City: Plymouth

Facility Owner: Northern Indiana Public Service Company

Excavator: Dean Stump

Other Party: N/A

Pipeline Division Case No. 4393

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. 4393	
Date of Event	11/28/2012
Event Location	11718 9th Rd
Event City	Plymouth
Facility Owner	Northern Indiana Public Service Company
Excavator	Dean Stump
Date of IURC Information Request	2/13/2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Dean Stump
RESPONSIBLE PARTY PERSONAL NAME	Dean Stump
TITLE (IF ANY)	Homeowner
ADDRESS	11718 9 th Rd
CITY/ STATE/ZIP	Plymouth, IN 46563
PREFERRED TELEPHONE	574-936-6365
CELL PHONE TELEPHONE	
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	1-317-538-7301
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	11718 9 th Rd
CITY/STATE/ZIP	Plymouth, IN 46563
NEAREST INTERSECTION	Suter Rd
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	0
REPAIR COST (IF KNOWN) (\$)	
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	X
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	

Probing Device	
Trencher	
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	X
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)	YES
IGNITION AND/OR FIRE (YES/NO)	NO
EXCAVATOR NOTIFY 811 (YES/NO)	NO
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)	NO
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	

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Plymouth MAXIMO WO #
OPERATING AREA CONTACT Bob Somers JOB ORDER # 566524
TRACKING NUMBER 01820121128014 LOCATE REF # N/A
Locate Performed By:

DATE AND TIME OF ACCIDENT November 28 2012 3:00PM DATE OF REPORT 11-28-12
PLACE OF DAMAGE (INCLUDE CITY) 11718 9th Rd Plymouth

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) 24" PRESSURE (PSI) 45 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 3:00 pm TIME SHUT OFF 3:20 PM TIME RESTORED 4:30 pm

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

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

PARTY THAT CAUSED DAMAGES (NAME) Deane Stump

ADDRESS OF PARTY (INCLUDE CITY) 11718 9th Rd Plymouth 46563

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Deane Stump (Homeowner)

WITNESS NAME AND ADDRESS

WITNESS REMARKS

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
() 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

COMMENTS: Home owner was digging a hole for tree & hit
Service line.

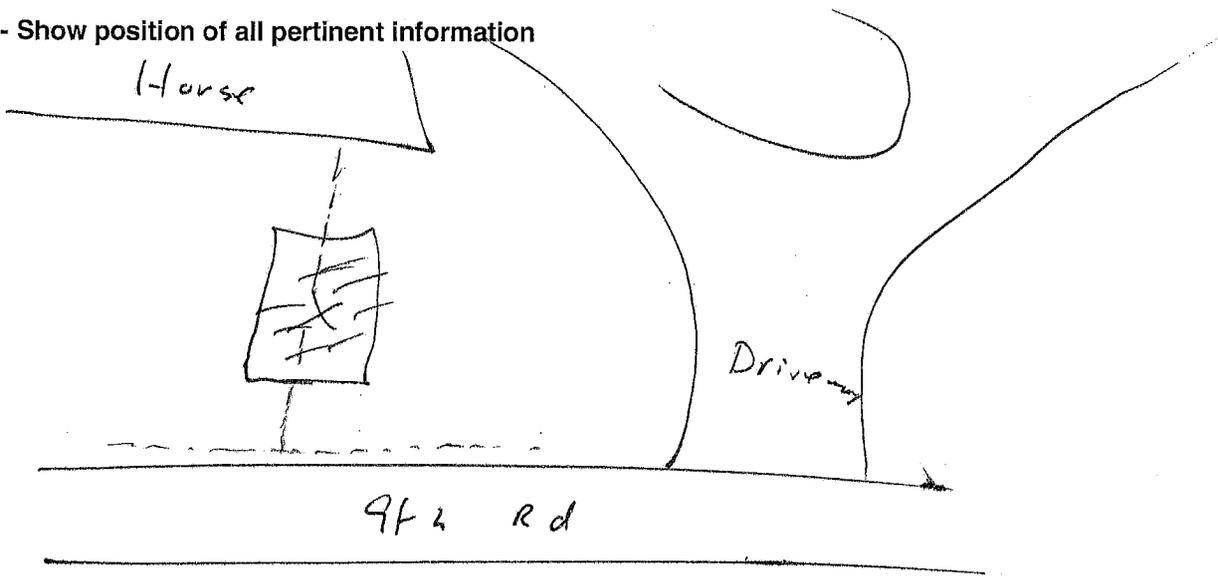
PERSON PREPARING REPORT Larry Dornay (23001)

FIELD SUPERVISOR Bob Somers

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: Larry Dornay DATE: 11-28-12



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jan 21, 2013

Who is submitting this information?

Name of person providing this information: Steve Noffsinger

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: Dean Stump

Business address (*number and street*): 11718 9th Rd

City, State, and ZIP code: Plymouth, IN, 46563

Telephone number (*area code*): 574-936-6365

Fax number (*area code*): N/A

E-mail address: N/A

Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Landscaping

Date and Location of Damage

Date of damage (*month, day, year*): Nov 28, 2012

County: Marshall

City: Plymouth

Street address (*number and street, city, state, and ZIP code*):
11718 9th Rd, Plymouth, IN 46563

Nearest intersection: Suter Rd

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*): 1.5

Enter number of injuries, if applicable and known: _____

Enter number of fatalities, if applicable and known: _____

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? 24

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 locate requested _____

Was site marked by "White Lining"? No

Were special instructions part of the locate request? No

Were maps used to complete the locate request? No

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? 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

Fact Based Investigation Report

NOTIFICATION ID: 01920121128014

DISTRICT: Northern IN

DAMAGE DATE: 11/28/2012 4:55:00 PM

NOTIFICATION DATE: 11/28/2012 4:48:37 PM

NOTIFIED BY: ANGELA SHUPERT Facility Owner

DAMAGE ADDRESS: 11718 9th Rd

CITY: Plymouth

ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 11/28/2012

FROM: 18:15:00

TO: 18:35:00

EXCAVATOR INVOLVED: Homeowner

TYPE OF EXCAVATION: planting-tree

ORIG. LOCATE REQ:

START DATE/TIME:

TYPE OF TICKET:

LOCATE REQ. INFO N/A: Yes

DIG UP/DAMAGE REQ: M72138529

START DATE/TIME: 11/28/2012 4:50:00 PM

PICTURES TAKEN BY: TimBednarz

DATE/TIME: 11/28/2012 6:25:00 PM

PHOTOGRAPHY TYPE: Digital

FRAME #:

INVESTIGATOR EMP#: 116288

INVESTIGATOR NAME: TimBednarz

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01920121128014

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):

Investigator Verified Existing Marks By Hooking Up

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

Homeowner planting a tree hit gas with shovel. 2 gas flags by the road the rest of yard excavated over. Searched back to 8-1-12 and found no tickets for this address. line repaired and buried prior to arrival.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

Not-on-site

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

Homeowner-said-I-had-located-but-that-was-about-2-months-ago.

LIST ANY OTHER INDIVIDUALS ON SITE:

None

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? Yes

EXTENT OF FACILITY DAMAGE cut-off

REPLACEMENT FOOTAGE 1-2-ft-splice

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED?

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4393
Your Full Name: Deane Stump
Full Name of Business / Entity (if applicable): _____
Your Business Title (if applicable): _____
Address (number and street): 11718 9th Rd.
City: Plymouth State: In. ZIP Code: 46563
Your E-mail Address: mrdls@embarqmail.com
Today's Date (month/day/year): 2/19/13
Your Signature: *Deane Stump* Title (if any) _____

RECEIVED

FEB 24 2013

INDIANA UTILITY
REGULATORY COMMISSION

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 4393
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4393

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: NONE

Responsible Party Personal Name: Deane Stump

Title (if any): _____

Address (number and street): 11718 9th Rd.

City, State and ZIP Code: Plymouth, In. 46563

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): 5742860894

Email Address: mrdls@embarqmail.com

Facility Information:

Business Name: _____

Responsible Party Personal Name: Deane Stump

Title (if any): _____

Address (number and street): same as above

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): Landscaping

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

Personal Contact: none _____

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*): same as above

City, State and ZIP Code: _____

Nearest Intersection: _____

Product Type (*select one*):

Facility Type (*select one*):

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

Pressure (PSIG/Inches): _____

Interruption in Service: Yes No **Number of Customers Affected:** 0

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

Repair Cost (if known): \$ 150.00

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: _____

Number of Inpatient Treated: _____

Number of Fatalities: _____

Fire Department Response: Yes No

Police Department Response: Yes No

Ambulance Response: Yes No

Additional Information / Comments

Area had been marked for locate approximately 2 months prior for service line installation, flags had been in over gas line, but a few had been inadvertently moved approximately 5 feet off line. A hole was cut out for placement of a tree. A pick was used to widen hole and damaged line at approximately 18" depth.