



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Gregory Fries**

UPPAC Database Record ID: 3226

Investigator: Mike Enlow

Report Date: 8/24/2012

Damage Date: 5/14/2012

Damage Address: 1436 Rose Ave

City: New Haven

County: Allen

### The Parties

Excavator: **Gregory Fries**

Contact:

Address: 1436 Rose Ave, New Haven, In

Telephone: 260 414 6153

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: Gregory Fries**

UPPAC Database Record ID: 3226

**Damage Impact**

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$157

**Excavator Activities/Cause of damage information:**

Excavator request locates: No    Indiana 811 ticket Number: No locate requested

Type of Equipment: Unknown/Other

Type of work performed: Landscaping

**Synopsis:** Occupant cut gas service drop during excavation for landscaping installation.

**Findings:** Reported by Carrie Ludwig (NIPSCO); occupant did not respond to initial notice mailed July 13, 2012. Occupant failed to provide a notice to Indiana 811 resulting in a cut service drop during landscaping installation.

**Conclusion:** Occupant failed to provide a notice to Indiana 811 prior to excavating.

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



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jun 29, 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

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

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### Excavator Information, if known

Full name: Gregory Fries

Business address (*number and street*): 1436 Rose Ave

City, State, and ZIP code: New Haven, IN

Telephone number (*area code*): 260 414 6153

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

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

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### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Unknown/Other

Type of work performed: Landscaping

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## Date and Location of Damage

Date of damage (*month, day, year*): May 14, 2012

County: Allen

City: New Haven

Street address (*number and street, city, state, and ZIP code*):  
1436 Rose Ave

Nearest intersection: \_\_\_\_\_

Right of way where damage occurred: Private - Land Owner

Was there a release of product? Yes

If yes, was there an ignition of product?

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 \$ \_\_\_\_\_

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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? 16

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## Notification, Locating, Marking

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known: No locate requested

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? Contract Locator

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: \_\_\_\_\_

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? Unknown/Other

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**



101 West Ohio Street, Suite 1707  
Indianapolis, IN 46204

August 13, 2012

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

Pipeline Safety Division – Case No. 3226  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3226

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: 5/14/2012

Event Location: 1436 Rose Ave, New Haven

Facility Owner: Northern Indiana Public Service Company

Excavator: Gregory Fries

Other Party: N/A

Pipeline Division Case No. 3226

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)

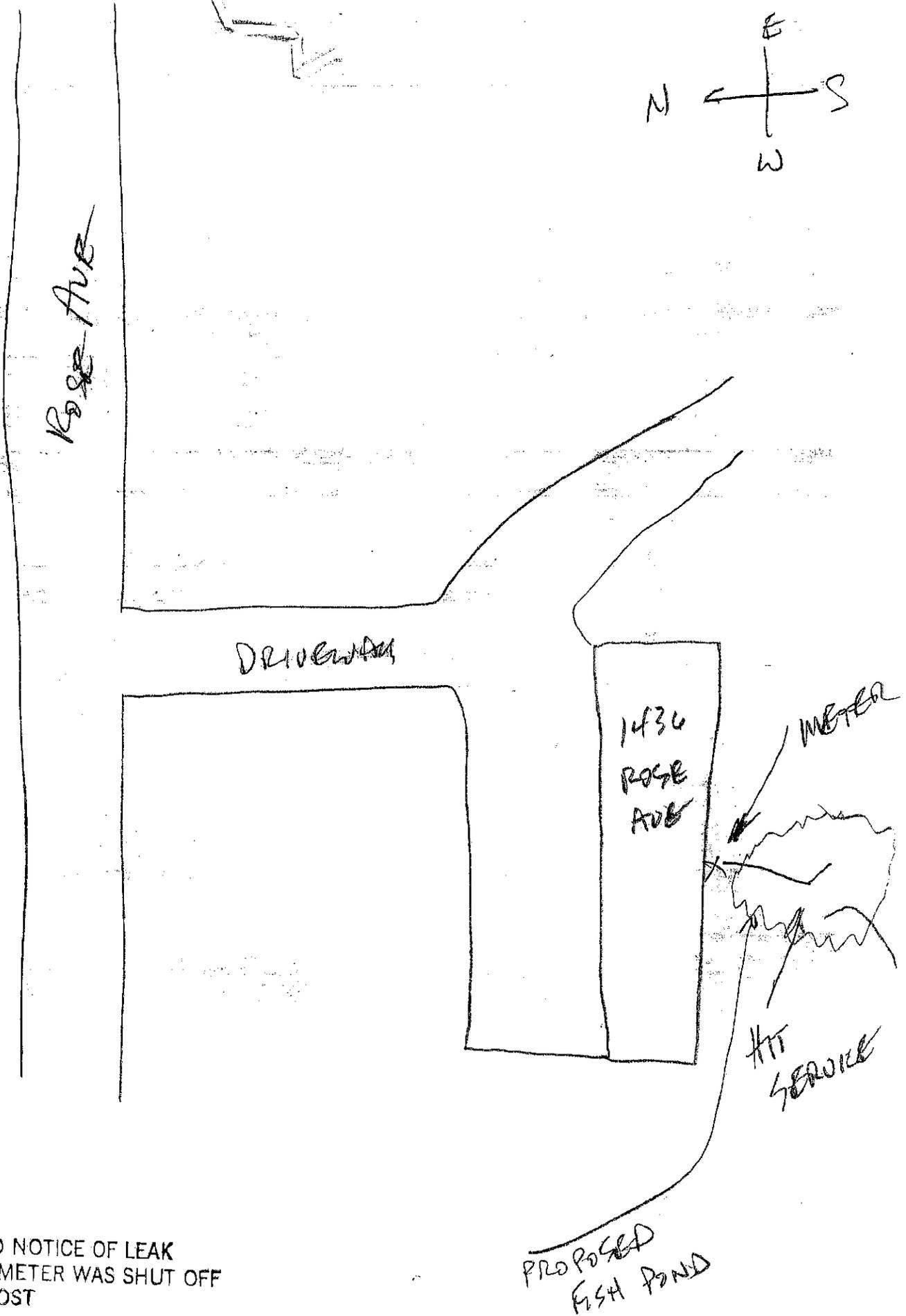
<b>IURC INFORMATION REQUEST</b>	
<b>Pipeline Safety Division Case No. 3226</b>	
Date of Event	5/14/2012
Event Location	1436 Rose Ave, New Haven
Facility Owner	Northern Indiana Public Service Company
Excavator	Gregory Fries
Date of IURC Information Request	7/13/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Gregory Fries
RESPONSIBLE PARTY PERSONAL NAME	Gregory Fries
TITLE (IF ANY)	Property Owner
ADDRESS	1436 Rose Avenue
CITY/ STATE/ZIP	New Haven, IN 46774
PREFERRED TELEPHONE	
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	<a href="mailto:LSELKING@NISOURCE.COM">LSELKING@NISOURCE.COM</a>
<b>LOCATOR SERVICE INFORMATION</b>	
BUSINESS NAME	USIC Locating Service
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	9045 North River Road, Suite 300
CITY/ STATE/ZIP	Indianapolis, IN 46240
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<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	1436 Rose Avenue
CITY/STATE/ZIP	New Haven, IN 46774
NEAREST INTERSECTION	
<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)	
NUMBER OF CUSTOMERS AFFECTED	
EVACUATION (YES/NO)	
IF YES, HOW MANY EVACUATED	
REPAIR COST (IF KNOWN) (\$)	156.50
<b>CAUSE OF DAMAGE INFORMATION:</b>	
<b>TYPE OF EQUIPMENT (Select One)</b>	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	
Probing Device	

Trancher	
Vacuum Equipment	
Unknown/Other	X
<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	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)	
IGNITION AND/OR FIRE (YES/NO)	
EXCAVATOR NOTIFY 811 (YES/NO)	
<b>LOCATE INFORMATION:</b>	
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)	
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	No
<b>INCIDENT IMPACT INFORMATION</b>	
NUMBER OF OUTPATIENT TREATED	
NUMBER OF INPATIENT TREATED	
NUMBER OF FACILITIES	
FIRE DEPARTMENT RESPONSE (YES/NO)	
FPOLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
No locate requested at this location.	

[SKETCH - Show position of all pertinent information.]



- SIZE OF PIPE
- PRESSURE
- SIZE OF HOLE
- TIME RECEIVED NOTICE OF LEAK
- TIME SERVICE/METER WAS SHUT OFF
- CUSTOMER'S LOST

# Fact Based Investigation Report

01820120514018

Northern IN

5/14/2012 4:00:00 PM

5/14/2012 4:47:42 PM

DAWN Facility Owner

1436 ROSE AVE. X TINGLEWOOD DR.

NEW HAVEN

ST: IN ZIP:

NOTIFICATION ID:

DISTRICT:

DAMAGE DATE:

NOTIFICATION DATE:

NOTIFIED BY:

DAMAGE ADDRESS:

CITY:

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NIPSCO

DAMAGED CUSTOMER:

05/14/2012

INVESTIGATION DATE:

17:30:00

FROM:

17:45:00

TO:

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HOME OWNER

EXCAVATOR INVOLVED:

tile work, drainage

TYPE OF EXCAVATION:

5/14/2012 12:00:00 AM

ORIG. LOCATE REQ.:

START DATE/TIME:

Yes

TYPE OF TICKET:

LOCATE REQ. INFO N/A:

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M49776472

DIG UP/DAMAGE REQ.:

START DATE/TIME:

tony stephenson

PICTURES TAKEN BY:

5/14/2012 5:45:00 PM

DATE/TIME:

Digital

PHOTOGRAPHY TYPE:

n/a

FRAME #:

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130541

INVESTIGATOR EMP#:

tony stephenson

INVESTIGATOR NAME:

**BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?**

No

## Fact Based Investigation Customer Information

01820120514018

NIPSCO

*(optional)*

NOTIFICATION ID:

SELECT A CUSTOMER:

CUSTOMER #:

LOWPROF

Gas Service

Stephenson Anthony - 130541

FACILITY DESCRIPTION:

FACILITY ID:

LOCATOR NAME & EMP #:

LOCATOR NOT KNOWN:

**CHECK ALL THAT APPLY TO INVESTIGATION:**

No Locate Req. By Contractor

**Other:** no previous ticket

**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:**

there was no original locate request for this address.

**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 two

**REPLACEMENT FOOTAGE**

1'

**WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?**

No n/a

**WHAT CONTRACTOR EQUIPMENT WAS USED?**

skid loader

**IS THE FACILITY SHOWN ON THE UTILITY RECORDS?**

No

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

n/a



# DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Jun 29, 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: Gregory Fries

Business address (*number and street*): 1436 Rose Ave

City, State, and ZIP code: New Haven, IN

Telephone number (*area code*): 260 414 6153

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

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

## Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Unknown/Other

Type of work performed: Landscaping

**Date and Location of Damage**

Date of damage (*month, day, year*): May 14, 2012

County: Allen

City: New Haven

Street address (*number and street, city, state, and ZIP code*):  
1436 Rose Ave New Haven IN

Nearest intersection: \_\_\_\_\_

Right of way where damage occurred: Private - Land Owner

Was there a release of product? Yes

If yes, was there an ignition of product?

Were evacuations necessary as a result of release? No

If yes, how many evacuated? 0

Was there a customer service interruption?

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

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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? Contract Locator

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: \_\_\_\_\_

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? Unknown/Other

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**

IURC Damage Information Request

Complete at damage site. Please scan and email completed form to [cludwig@nisource.com](mailto:cludwig@nisource.com) within 10 days of damage.

Date 5/04/12  
City NEW HAVEN  
Address 1436 ROSE AVE  
Contractor GREGORY FRIES WHO IS ALSO HOMEOWNER  
Type of Equipment JOHN DEERE TRACTOR  
Work Type DIGGING FOR FISH POND  
Locate # NONE  
Locates (yes/no) NO  
Accurate Locates (yes/no)  
Paint, flags or both NO  
Release of Gas (yes/no) YES  
Detailed description of Event including equipment used  
Depth of line 20 INCHES  
Were locates performed in 2 working days (yes/no) NO  
Service or main and size of line 5/8 PLASTIC  
Pressure (PSI) 45 PSI  
Outage (yes/no) YES - JUST TO 1436 ROSE AVE  
How many customers lost 1  
Time to restore service 2 HOURS + TIME TO DO PAPERWORK  
Evacuation (yes/no) NO  
How many evacuated 0  
Ignition of product (yes/no) NO  
Damage or leak DAMAGE