



## Pipeline Safety Division Investigation Report

### Investigation regarding: **James Eaton**

UPPAC Database Record ID: 3494

Investigator: Howard Friend

Report Date: 10/25/2012

Damage Date: 7/31/2012

Damage Address: 7370 N 1160 W

City: Middlebury

County: Lagrange

### The Parties

Excavator: **James Eaton**

Contact:

Address: 11840 W 750 N, Middlebury, In 46540

Telephone:

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: James Eaton**

UPPAC Database Record ID: 3494

**Damage Impact**

Product release: Yes

Ignition: No

Service Interruption: No

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:

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Unknown/Other

**Synopsis:** A natural gas service was damaged during excavation.

**Findings:** Reported by NIPSCO; excavator did not respond to initial notice mailed 9/14/2012. The excavator failed to provide notice of excavation.

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

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



101 West Ohio Street, Suite 1707  
Indianapolis, IN 46204

October 18, 2012

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

Pipeline Safety Division – Case No. 3494  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3494

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: 7/31/2012

Event Location: 7370 N 1160 W, Middlebury

Facility Owner: Northern Indiana Public Service Company

Excavator: James Eaton

Other Party: N/A

Pipeline Division Case No. 3494

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,

A handwritten signature in black ink, appearing to read "Christopher Earle".

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. 3494</b>	
Date of Event	7/31/2012
Event Location	7370 N 1160 W, Middlebury
Facility Owner	Northern Indiana Public Service Company
Excavator	James Eaton
Date of IURC Information Request	9/18/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	James Eaton
RESPONSIBLE PARTY PERSONAL NAME	Same
TITLE (IF ANY)	
ADDRESS	11840 W. 750 N.
CITY/ STATE/ZIP	Middlebury, IN 46540
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	LSELKING@NISOURCE.COM
<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	7370 N. 1160 W.
CITY/STATE/ZIP	Middlebury, IN
NEAREST INTERSECTION	W 750 N
<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.)	½ plastic
PRESSURE (PSIG/INCHES)	50
INTERRUPTION IN SERVICE (YES/NO)	No
NUMBER OF CUSTOMERS AFFECTED	
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	
REPAIR COST (IF KNOWN) (\$)	670.75
<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	

Trencher	
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	X Tree Removal
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
<b>LOCATE INFORMATION:</b>	
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)	N/A
MAPS USED TO MARK FACILITIES (YES/NO)	N/A
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	No
<b>INCIDENT IMPACT INFORMATION</b>	
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)	
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
<p>No notification made to one-call center  Nipsco emergency repair ticket #: 1207313860</p>	

**Fact Based Investigation Report**

**NOTIFICATION ID:** 01820120731013                      **DISTRICT:** Northern IN  
**DAMAGE DATE:** 7/31/2012 8:30:00 PM    **NOTIFICATION DATE:** 7/31/2012 8:32:14 PM  
**NOTIFIED BY:** BRIAN 800-322-2006 Other  
**DAMAGE ADDRESS:** 7370 N 160 W. X W CR 750 N  
**CITY:** MIDDLEBERRY    **ST:** IN    **ZIP:**

---

**DAMAGED CUSTOMER:** NIPSCO

---

**INVESTIGATION DATE:** 07/31/2012  
**FROM:** 22:00:00    **TO:** 23:00:00

---

**EXCAVATOR INVOLVED:** Homeowner  
**TYPE OF EXCAVATION:** STUMP REMOVAL

---

**ORIG. LOCATE REQ.:**    **START DATE/TIME:**  
**TYPE OF TICKET:**    **LOCATE REQ. INFO N/A:**

---

**DIG UP/DAMAGE REQ.:**    **START DATE/TIME:**

---

**PICTURES TAKEN BY:** GEORGE MILLER                      **DATE/TIME:** 7/31/2012 10:15:00 PM  
**PHOTOGRAPHY TYPE:** Digital                                      **FRAME #:**

---

**INVESTIGATOR EMP#:** 117460                      **INVESTIGATOR NAME:** GEORGE MILLER  
**BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?** No

**Fact Based Investigation Customer Information**

**NOTIFICATION ID:** 01820120731013  
**SELECT A CUSTOMER:** NIPSCO  
**CUSTOMER #:** (optional)

---

**FACILITY DESCRIPTION:** LOWPROF                      **FACILITY ID:** service  
**LOCATOR NAME & EMP #:** Miller George - 117460  
**LOCATOR NOT KNOWN:**

---

**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:**

NO LOCATE REQUEST

**NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:**

U/N

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

U/N

**LIST ANY OTHER INDIVIDUALS ON SITE:**

U/N

---

**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

**REPLACEMENT FOOTAGE** RETIRED AT MAIN

**WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?** No N/A

**WHAT CONTRACTOR EQUIPMENT WAS USED?** N/A

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

**IF YES, PLEASE LIST RECORD #(S)** N/A

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Goshen MAXIMO WO# M521462

OPERATING AREA CONTACT Joe Cole JOB ORDER # 546450

TRACKING NUMBER 018 2012 0731 013 LOCATE REF # 120 731 3860

DATE AND TIME OF ACCIDENT 07/31/2012 20 1720PM DATE OF REPORT 07/31/2012
PLACE OF DAMAGE (INCLUDE CITY) 7370N 1160W Middlebury

DAMAGE WAS TO: ELECTRIC - POLE / TRANSFORMER: # NA SIZE NA YEAR INSTALLED NA BROKEN YES ( ) NO ( )

OTHER (DESCRIBE) NA

GAS: SERVICE X MAIN ( ) SIZE 1/2" MATERIAL: PLASTIC X STEEL ( ) METER ( ) REG STATION ( ) STUB ( )

DEPTH OF FACILITY (inches) 14 PRESSURE (PSI) 50 Lbs.

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

INTERRUPTION OF SERVICE: YES ( ) NO X NUMBER OF CUSTOMERS LOST: 0

DURATION OF INTERRUPTION: TIME REPORTED 19:20 TIME RESTORED 22:00

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: completely severed

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) James Eaton

ADDRESS OF PARTY (INCLUDE CITY) 11840W 750N Middlebury

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE James Eaton

WITNESS NAME AND ADDRESS NA

WITNESS REMARKS NA

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY NA REPORT # NA

FIRE ( ) AGENCY NA REPORT # NA

OTHER ( ) NA Any Injuries? ( ) YES # NO X

PHOTOS TAKEN: YES X NO ( ) TAKEN BY: Kyle Conroy (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 ( ) WATER
( ) DRIVEWAY ( ) ELECTRIC ( ) SURVEYING ( ) DRAINS/CULVERTS
( ) FENCING ( ) GRADING ( ) IRRIGATION ( ) MOWING
( ) LANDSCAPING ( ) PIPELINE ( ) MILLING ( ) OTHER Tree Removal
( ) 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

- ( ) AUTOMOTIVE ACCIDENT ( ) EXCAVATING BEFORE LOCATES DUE ( ) CARELESS MACHINE OPERATOR
X NO NOTIFICATION ( ) MARKS DISTURBED ( ) STUB ( ) OTHER NA

COMMENTS:

No Locates Called in. Customer was using a TRACK Hoe to remove A stump & severed A 1/2" plastic service line

PERSON PREPARING REPORT

*[Signature]*

FIELD SUPERVISOR

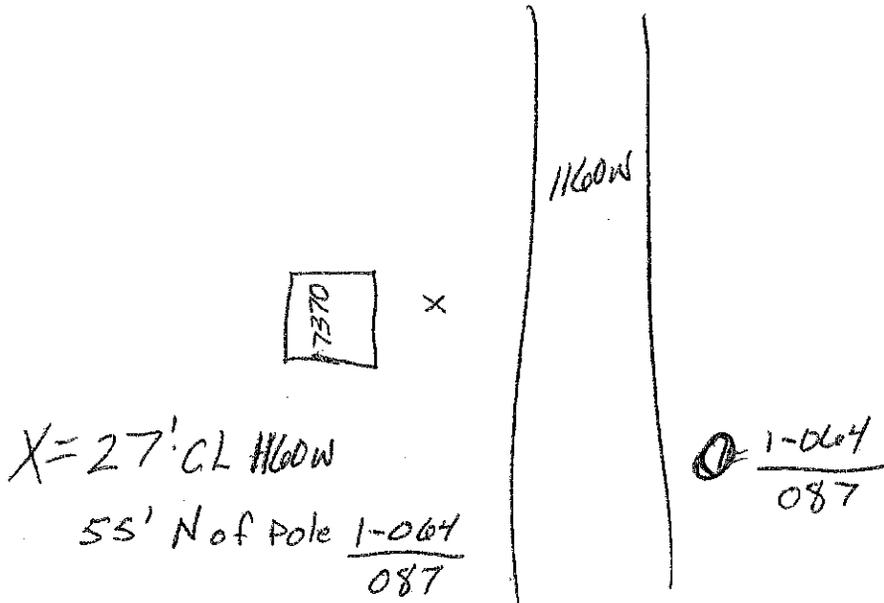
*[Signature]*

FIELD MANAGER

*[Signature]*

- 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:

*[Signature]*

DATE:

*7/31/12*



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Aug 24, 2012

---

### Who is submitting this information?

Name of person providing this information: Robert A. Hayward

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: James Eaton

Business address (*number and street*): 11840 W 750 N

City, State, and ZIP code: Middlebury, IN 46540

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

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

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

---

### Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Unknown/Other

---

**Date and Location of Damage**

Date of damage (month, day, year): Jul 31, 2012

County: Lagrange

City: Middlebury

Street address (number and street, city, state, and ZIP code):  
7370 N 1160 W Middlebury, IN 46540

Nearest intersection: W CR 750 W

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? \_\_\_\_\_

Was there a customer service interruption? No

If yes, how many affected? 0

Time to restore service (in hours): 2.25

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? 14

---

**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 Request

Was site marked by "White Lining"?

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? 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**