



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Vernon Miller**

UPPAC Database Record ID: 4078

Report Date: 6/12/2013

Investigator: Mike Orr

Damage Date: 10/30/2012 3:07:18 PM

Damage Address: 909 N Indiana Ave, Goshen, Elkhart

### The Parties

Excavator: **Vernon Miller**

Address: 909 N Indiana Avenue, Goshen, In 46528

Facility Owner: **NIPSCO**

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Hand Tools

Type of Work Performed: Sewer

### Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

### Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1210292830

Original Start Date:

Locate Instructions: THIS CREEKSIDE MOBILE HOME PARK - LOCATE THE MIDDLE OF LOT NUMBER 40 - AREA IS MARKED BY A BIG HOLE IN GROUND

Follow-Up Locate Instructions (if applicable):

**Synopsis:** Excavator/homeowner struck and damaged an underground natural gas service while performing sewer work.

**Findings:** Reported by Indiana 811; excavator/homeowner did not respond to initial notice mailed 11/30/2012. Excavator/homeowner called for a locate; however, did failed to wait two (2) full working days which UPPAC has determined as a failure to provide notice of excavation.

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

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



150 West Market Street, Suite 600  
Indianapolis, IN 46204

February 1, 2013

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

Pipeline Safety Division – Case No. 4078  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4078

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: 10/30/2012

Event Location: 909 N Indiana Ave

Facility Owner: Northern Indiana Public Service Company

Excavator: Vernon Miller

Other Party: N/A

Pipeline Division Case No. 4078

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. 4078</b>	
Date of Event	10/30/2012
Event Location	909 N Indiana Ave
Event City	Goshen
Facility Owner	Northern Indiana Public Service Company
Excavator	Vernon Miller
Date of IURC Information Request	12/5/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Vern Miller
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	909 N Indiana Ave
CITY/ STATE/ZIP	Goshen, IN 46528
PREFERRED TELEPHONE	574-536-4633
CELL PHONE TELEPHONE	
EMAIL ADDRESS	VERNBARB@FRONTIER.COM
<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	909 N Indiana Ave
CITY/STATE/ZIP	Goshen, IN 46528
NEAREST INTERSECTION	W Wilden Ave
<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)	N
NUMBER OF CUSTOMERS AFFECTED	0
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	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	X
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)	X
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- 1210302571
<b>LOCATE INFORMATION:</b>	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1210292830
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	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 the one-call center.  Nipsco emergency repair ticket 1210302571</p>	

**Fact Based Investigation Report**

NOTIFICATION ID: 01820121030011

DISTRICT: Northern IN

DAMAGE DATE: 10/30/2012 1:55:00 PM

NOTIFICATION DATE: 10/30/2012 3:56:39 PM

NOTIFIED BY: TENNILLE FORD Facility Owner

DAMAGE ADDRESS: 909 N INDIANA AVE X W WILDEN AVE

CITY: GOSHEN

ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 10/30/2012

FROM: 16:15:00

TO: 16:50:00

EXCAVATOR INVOLVED: Vernon miller

TYPE OF EXCAVATION: repair sewer

ORIG. LOCATE REQ.: 1210292830

START DATE/TIME: 10/31/2012 3:15:00 PM

TYPE OF TICKET: Routine

LOCATE REQ. INFO N/A:

DIG UP/DAMAGE REQ.: 1210302409

START DATE/TIME: 10/30/2012 3:55:00 PM

PICTURES TAKEN BY: Chris Rumbagh DATE/TIME: 10/30/2012 4:00:00 PM

PHOTOGRAPHY TYPE: Digital

FRAME #: n/a

INVESTIGATOR EMP#: 112319

INVESTIGATOR NAME: Rich Ferguson

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

**Fact Based Investigation Customer Information**

NOTIFICATION ID: 01820121030011

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF

FACILITY ID: Gas Service

LOCATOR NAME & EMP #: Rumbaugh Christophe - 132171

LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:

Contractor Dug Before Ticket Due

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:

Post locate ticket has the damage photo. The damage occurred on the 30th, locate request done on the 30th at the time of the damage investigation. locate called in on the 29th, not due until the 31st.

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

n/a-none

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

n/a-none

**LIST ANY OTHER INDIVIDUALS ON SITE:**

n/a-none

**WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL?** No

**WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA?** No

**WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS?** No

**EXTENT OF FACILITY DAMAGE** 5/8 pl service stretched and damaged

**REPLACEMENT FOOTAGE** 25'

**WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?** No n/a

**WHAT CONTRACTOR EQUIPMENT WAS USED?** none

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

**IF YES, PLEASE LIST RECORD #(S)** n/a

NIPSCO 00689 IUPPSa 10/30/2012 15:07:20 1210302409-00A EMER DAMG STRT

DAMAGE DAMAGE

Ticket : 1210302409 Date: 10/30/2012 Time: 15:01 Oper: SPEOPLES Chan:036

State: IN Cnty: ELKHART Twp: ELKHART  
Cityname: GOSHEN Inside: Y Near: N  
Subdivision: CREESIDE MOBILE HOME PARK Lot: 40

Address : 909  
Street : N INDIANA AVE  
Cross 1 : W WILDEN AVE Within 1/4 mile: Y  
Location: THIS CREEKSIDE MOBILE HOME PARK - LOCATE THE MIDDLE OF LOT NUMBER 40 -  
AREA IS MARKED BY A BIG HOLE IN GROUND

:  
Grids : 4135A8550A  
Boundary: n 41.598598 s 41.596664 w -85.849113 e -85.847626

Work type : REPLACING SEWER LINE  
Done for : CREEKSIDE MHP  
Start date: 10/30/2012 Time: 15:02 Hours notice: 0/0 Priority: EMER  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
Duration : 1 DAY Depth: 18 INCHES

Company : VERNON MILLER Type: CONT  
Co addr : 909 N INDIANA AVENUE  
City : GOSHEN State: IN Zip: 46528  
Caller : VERN MILLER Phone: (574)536-4633  
Contact : VERN MILLER CELL Phone:  
BestTime:  
Mobile : (574)536-4633  
Fax : (574)533-1787  
Email : VERNBARB@FRONTIER.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time  
PER VERNON - GAS LINE WAS DAMAGED - NIPSCO IS THE UTILITY - NO IT IS NOT BLOWING  
AND CAN NOT BE HEARD OR SMELT AT THIS TIME - LINE WAS DAMAGED AT LOT NUMBER 40  
AT 909 N INDIANA AVENUE APPROX IN THE MIDDLE OF THE LOT - DESCRIPTION OF LINE IS  
APPROX 1/2 INCH THICK AND ORANGE IN COLOR AND PLASTIC - HAVE ADVISED TO CALL 911  
- CREW IS ON SITE - UTILITY HAS BEEN NOTIFIED - NO PREVIOUS TICKET NUMBER  
Will you be white-lining the dig site area? NO

:

Submitted date: 10/30/2012 Time: 15:01  
Members: COMCN ID2178 ID4866 ID5306 ID8000 NIPSCO SM

CASE #  
407B

# NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Goshen MAXIMO WO # \_\_\_\_\_  
OPERATING AREA CONTACT J. Cole JOB ORDER # 547394  
TRACKING NUMBER 018 2012 1030 011 LOCATE REF # NO LOCATES  
Locate Performed By: NIA

DATE AND TIME OF ACCIDENT 10-30 2012 2:58p M DATE OF REPORT \_\_\_\_\_  
PLACE OF DAMAGE (INCLUDE CITY) 909 N Indiana Ave lot 40 Goshen IN

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

OTHER (DESCRIBE) NIA

**GAS:** SERVICE  MAIN ( ) SIZE 5/8 MATERIAL: PLASTIC  STEEL ( ) METER ( ) REG STATION ( ) STUB ( )  
OTHER (DESCRIBE) \_\_\_\_\_

DEPTH OF FACILITY (inches) 15" PRESSURE (PSI) 45 Lbs.

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

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

DURATION OF INTERRUPTION: TIME REPORTED 14:58 TIME SHUT OFF 15:10 TIME RESTORED 18:00

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

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

PARTY THAT CAUSED DAMAGES (NAME) Vern Miller

ADDRESS OF PARTY (INCLUDE CITY) 909 N Indiana Ave Goshen

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Vern Miller

WITNESS NAME AND ADDRESS NIA

WITNESS REMARKS NIA

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

FIRE ( ) AGENCY NIA REPORT # NIA

OTHER ( ) NIA Any Injuries? ( ) YES # NIA  NO

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

- WORK IN PROGRESS WHEN FACILITY DAMAGED** — CHECK APPROPRIATE CHOICE BELOW
- |  |                                     |   |   |
|--|-------------------------------------|---|---|
| <input type="checkbox"/> AGRICULTURE/FARMING | <input type="checkbox"/> CABLE TV   | <input type="checkbox"/> CURB/SIDEWALK    | <input type="checkbox"/> TELECOMMUNICATIONS |
| <input type="checkbox"/> BLDG CONSTRUCTION   | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> DRAINAGE         | <input type="checkbox"/> WATER              |
| <input type="checkbox"/> DRIVEWAY            | <input type="checkbox"/> ELECTRIC   | <input type="checkbox"/> SURVEYING        | <input type="checkbox"/> DRAINS/CULVERTS    |
| <input type="checkbox"/> FENCING             | <input type="checkbox"/> GRADING    | <input type="checkbox"/> IRRIGATION       | <input type="checkbox"/> MOWING             |
| <input type="checkbox"/> LANDSCAPING         | <input type="checkbox"/> PIPELINE   | <input type="checkbox"/> MILLING          | <input type="checkbox"/> OTHER _____        |
| <input type="checkbox"/> POLE/SIGN POST      | <input type="checkbox"/> ROAD WORK  | <input checked="" type="checkbox"/> SEWER |   |

- TYPE OF EQUIPMENT USED** — CHECK APPROPRIATE CHOICE BELOW
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> AUGER             | <input checked="" type="checkbox"/> HAND TOOLS | <input type="checkbox"/> BACKHOE/TRACKHOE  |
| <input type="checkbox"/> MILLING EQUIPMENT | <input type="checkbox"/> PROBING DEVICE        | <input type="checkbox"/> BORING / DRILLING |
| <input type="checkbox"/> EXPLOSIVES        | <input type="checkbox"/> TRENCHER              | <input type="checkbox"/> FARM EQUIPMENT    |
| <input type="checkbox"/> VACCUUM EQUIPMENT | <input type="checkbox"/> GRADER                | <input type="checkbox"/> OTHER _____       |

- REASON DAMAGE OCCURRED** — CHECK APPROPRIATE CHOICE BELOW
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> AUTOMOTIVE ACCIDENT        | <input type="checkbox"/> EXCAVATING BEFORE LOCATES DUE | <input type="checkbox"/> CARELESS MACHINE OPERATOR |
| <input checked="" type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED               | <input type="checkbox"/> STUB                      |
|   |  | <input type="checkbox"/> OTHER _____               |

COMMENTS: Working w/ NO locates  
\_\_\_\_\_  
\_\_\_\_\_

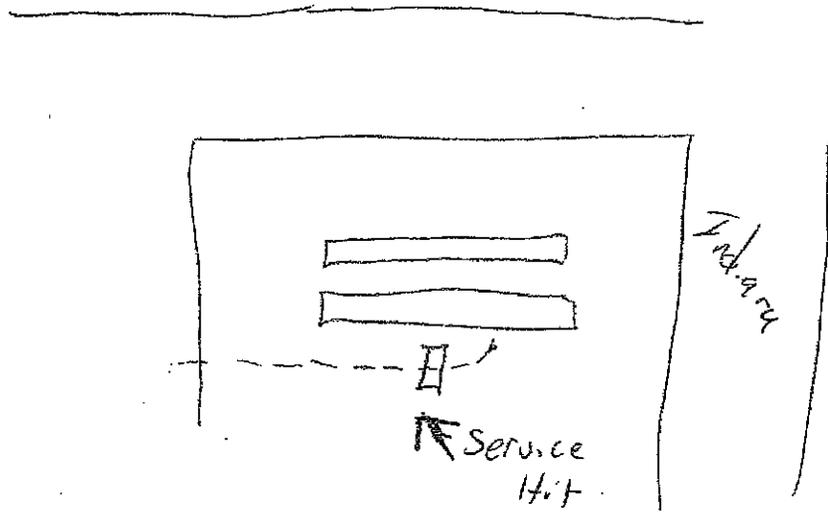
PERSON PREPARING REPORT A. Jackson

FIELD SUPERVISOR J. Cole

FIELD MANAGER Rick Gray

- 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: A. Jackson DATE: 10/30/12  
M. Synbran