



## Pipeline Safety Division Investigation Report

### Investigation regarding: **A Plus Irrigation**

UPPAC Database Record ID: 3356

Investigator: Howard Friend

Report Date: 10/18/2012

Damage Date: 7/12/2012 11:19:09 AM

Damage Address: 7726 Inverness Lakes Trl

City: Fort Wayne

County: Allen

### The Parties

Excavator: **A Plus Irrigation**

Contact: Julie Dafforn

Address: 8306 Dafforn Road, Churubusco, In 46723

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: A Plus Irrigation**

UPPAC Database Record ID: 3356

### **Damage Impact**

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$359

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

Excavator request locates: Yes    Indiana 811 ticket Number: 1207100536

Type of Equipment: Trencher

Type of work performed: Irrigation

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

**Findings:** Reported by Indiana 811; excavator did not respond to initial notice mailed 8/16/2012. The excavator had a valid locate request and the operator provided accurate locate markings.

**Conclusion:** Excavator failed to maintain the required clearance with mechanized equipment.

**Violation: IC 8-1-26-20(b): Failure to plan excavation to avoid damage or interference with underground facilities; Failure to maintain two (2) feet clearance with mechanized equipment.**



Date: 08/18/2012

MAIL MAIL:

The following is in response to your 08/18/2012 request for delivery information on your Certified Mail(TM)/RRE item number 9214 8901 0661 5400 0002 6822 86. The delivery record shows that this item was delivered on 08/18/2012 at 09:04 AM in CHURUBUSCO, IN 46723. The scanned image of the recipient information is provided below.

Signature of Recipient:

Delivery Section	
9	Kristie Hoopengardner
1	KRISTIE Hoopengardner

Address of Recipient:

NY 38	8306 Dafforn Rd
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Thank you for selecting the Postal Service for your mailing needs. If you require additional assistance, please contact your local Post Office or postal representative.

Sincerely,

United States Postal Service

The customer reference info shown below is not validated or endorsed by the United States Postal Service. It is solely for customer use.

3356  
JULIE DAFFORN  
A PLUS IRRIGATION  
8306 DAFFORN RD  
CHURUBUSCO IN 46723-9405



101 West Ohio Street, Suite 1707  
Indianapolis, IN 46204

September 14, 2012

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

Pipeline Safety Division – Case No. 3356  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3356

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: 7/12/2012

Event Location: 7726 Inverness Lakes Trl, Fort Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: A Plus Irrigation

Other Party: N/A

Pipeline Division Case No. 3356

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. 3356</b>	
Date of Event	7/12/2012
Event Location	7726 Inverness Lakes Trl, Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	A Plus Irrigation
Date of IURC Information Request	8/16/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	A Plus Irrigation
RESPONSIBLE PARTY PERSONAL NAME	Jay
TITLE (IF ANY)	
ADDRESS	8306 Dafforn Road
CITY/ STATE/ZIP	Churubusco, IN 46723
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	7726 Inverness Lakes Trail
CITY/STATE/ZIP	Fort Wayne, IN
NEAREST INTERSECTION	Inverness Lakes Xing
<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 plastic
PRESSURE (PSIG/INCHES)	50
INTERRUPTION IN SERVICE (YES/NO)	Yes
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	N/A
REPAIR COST (IF KNOWN) (\$)	359.25
<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	

Trencher	X
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	X
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	
Waterway Improvement	
Unknown/Other	
RELEASE OF PRODUCT (YES/NO)	Yes
IGNITION AND/OR FIRE (YES/NO)	No
EXCAVATOR NOTIFY 811 (YES/NO)	Yes 1207121643
<b>LOCATE INFORMATION:</b>	
EXCAVATOR REQUEST LOCATE (YES/NO)	Yes

INDIANA 811 LOCATE TICKET NUMBER	1207100536
LOCATE MARKS VISIBLE (YES/NO)	Yes
LOCATE MARKS CORRECT (YES/NO)	Yes
EXCAVATOR "WHITE LINED" (YES/NO)	No
MAPS USED TO MARK FACILITIES (YES/NO)	Yes
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>Failure to use hand tools where required  Nipsco emergency repair ticket #: 1207122040</p>	

# Fact Based Investigation Report

01820120712005  
Northern IN  
7/12/2012 11:16:00 AM  
7/12/2012 11:25:19 AM  
JULIE DAFFORN  
7726 INVERNESS LAKES TRL  
FORT WAYNE  
ST: IN ZIP:

---

NOTIFICATION ID:  
DISTRICT:  
DAMAGE DATE:  
NOTIFICATION DATE:  
NOTIFIED BY:  
DAMAGE ADDRESS:  
CITY:

NIPSCO

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DAMAGED CUSTOMER:

07/12/2012  
11:40:00  
12:10:00

---

INVESTIGATION DATE:  
FROM:  
TO:

A PLUS IRRIGATION  
TRENCHING

---

EXCAVATOR INVOLVED:  
TYPE OF EXCAVATION:

1207100536

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

1207121643

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

RON STEPHENS  
7/12/2012 11:55:00 AM  
Digital  
N/A

---

PICTURES TAKEN BY:  
DATE/TIME:  
PHOTOGRAPHY TYPE:  
FRAME #:

123132

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INVESTIGATOR EMP#:  
INVESTIGATOR NAME:

RON STEPHENS  
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?  
No

## Fact Based Investigation Customer Information

01820120712005

NIPSCO

(optional)

NOTIFICATION ID:

SELECT A CUSTOMER:

CUSTOMER #:

LOWPROF

Gas Service

Blanton Eric - 134735

FACILITY DESCRIPTION:

FACILITY ID:

LOCATOR NAME & EMP #:

LOCATOR NOT KNOWN:

**CHECK ALL THAT APPLY TO INVESTIGATION:**

Facility Marked Accurately

Other:

**CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):**

Visual, Facility Exposed At Time Of Investigation,  
Investigation Results Verified By Utility Representative

**INVESTIGATOR STATEMENT/CAUSAL FACTORS:**

CONTRACTOR FAILED TO HAND DIG TO SEE HOW DEEEP GAS SERVICE WAS

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

N/A

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

SHALLOW SERVICE ONLLY 8 INCHES DEEP

**LIST ANY OTHER INDIVIDUALS ON SITE:**

N/A

**WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL?**

Yes

**WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA?**

Yes

**WAS THE EXCAVATION WITHIN THE TOLERENCE ZONE OF MARKS?**

Yes

**EXTENT OF FACILITY DAMAGE**

CUT PLASTIC SERVICE

**REPLACEMENT FOOTAGE**

2

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

No

**WHAT CONTRACTOR EQUIPMENT WAS USED?**

N/A

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

No

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

N/A

NIPSCO 00592 IUPPSa 07/12/2012 11:19:14 1207121643-00A EMER DAMG GRID

DAMAGE SEE REMARKS

Case 3356

Ticket : 1207121643 Date: 07/12/2012 Time: 11:16 Oper: AHINES Chan:085

State: IN Cnty: ALLEN Twp: ABOITE  
Cityname: FORT WAYNE Inside: Y Near: N  
Subdivision:

Address : 7726  
Street : INVERNESS LAKES TRL  
Cross 1 : INVERNESS LAKES KING Within 1/4 mile: Y  
Location: LOCATE ENTIRE PROPERTY - PLEASE PAINT AND FLAG - PLEASE DO NOT MARK  
CEMENT OR DRIVE

:  
Grids : 4104D8514B  
Boundary: n 41.068901 s 41.067707 w -85.244431 e -85.241882

Work type : INSTALL IRRIGATION  
Done for : HOMEOWNER  
Start date: 07/12/2012 Time: 11:17 Hours notice: 0/0 Priority: EMER  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
Duration : 2-3 DAYS Depth: 2 FEET

Company : A PLUS IRRIGATION Type: CONT  
Co addr : 8306 DAFFORN ROAD  
City : CHURUBUSCO State: IN Zip: 46723  
Caller : JULIE DAFFORN Phone: (260)693-1193  
Contact : BRIAN HOOPENGARDNER---CELL Phone:  
BestTime:  
Mobile : (260)704-4566  
Fax : (260)693-0936  
Email : APLUSIRRIGATIONINC@GMAIL.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time  
A GAS LINE HAS BEEN HIT - THE LINE BELONGS TO NIPSCO - THE LINE IS BLOWING YOU  
CAN HEAR AND SMELL IT - CALLER NOT SURE WHERE THE LINE WAS DAMAGED - CALLER  
CANNOT DESCRIBE THE LINE - ADVISED CALLER TO CALL 911 - CREW IS ON SITE - CALLER  
HAS CONTACTED NIPSCO -- PREVIOUS TICKET 1207100536  
Will you be white-lining the dig site area? NO  
:

Submitted date: 07/12/2012 Time: 11:16  
Members: AEPIN AQUA CC FW ID8000 NIPSCO SM

NIPSCO 00154 IUPPSa 07/10/2012 08:51:38 1207100536-00A NORM NEW GRID

NORMAL NOTICE

Case 3356

Ticket : 1207100536 Date: 07/10/2012 Time: 08:46 Oper: JULIE.DAFFORN Chan:000

State: IN Cnty: ALLEN Twp: ABOITE  
Cityname: FORT WAYNE Inside: Y Near: N  
Subdivision:

Address : 7726  
Street : INVERNESS LAKES TRL  
Cross 1 : INVERNESS LAKES XING Within 1/4 mile: Y  
Location: LOCATE ENTIRE PROPERTY - PLEASE PAINT AND FLAG - PLEASE DO NOT MARK  
CEMENT OR DRIVE

:  
Grids : 4104D8514B  
Boundary: n 41.068901 s 41.067707 w -85.244431 e -85.241882

Work type : INSTALL IRRIGATION  
Done for : HOMEOWNER  
Start date: 07/12/2012 Time: 09:00 Hours notice: 48/48 Priority: NORM  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N  
Duration : 2-3 DAYS Depth: 2 FEET

Company : A PLUS IRRIGATION Type: CONT  
Co addr : 8306 DAFFORN ROAD  
City : CHURUBUSCO State: IN Zip: 46723  
Caller : JULIE DAFFORN Phone: (260)693-1193  
Contact : BRIAN HOOPENGARDNER---CELL Phone:  
BestTime:  
Mobile : (260)704-4566  
Fax : (260)693-0936  
Email : APLUSIRRIGATIONINC@GMAIL.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time  
Will you be white-lining the dig site area? NO  
:

Submitted date: 07/10/2012 Time: 08:46  
Members: AEPIN AQUA CC FW ID8000 NIPSCO SM

REPORTING OPERATING AREA 220 MAXIMO WO # M 506942  
OPERATING AREA CONTACT JASON OTIS JOB ORDER # 564398  
TRACKING NUMBER 018-2012-0712-005 LOCATE REF # \_\_\_\_\_  
Locate Performed By: \_\_\_\_\_

DATE AND TIME OF ACCIDENT 7-12-11:14 2012, A M DATE OF REPORT 7-12-12

PLACE OF DAMAGE (INCLUDE CITY) 7726 Inverness Lakes Trl lot 50  
Ft Wayne

DAMAGE WAS TO:  
ELECTRIC - POLE / TRANSFORMER: # \_\_\_\_\_ SIZE \_\_\_\_\_ YEAR INSTALLED \_\_\_\_\_ BROKEN YES ( ) NO ( ) 46809

OTHER (DESCRIBE) \_\_\_\_\_

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

DEPTH OF FACILITY (Inches) 10" PRESSURE (PSI) 50 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 11:14 TIME SHUT OFF 12:45 TIME RESTORED 2:00

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/2"

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

PARTY THAT CAUSED DAMAGES (NAME) A Plus Irrigation, Inc

ADDRESS OF PARTY (INCLUDE CITY) 5301e Jambon Rd Markinsco, OH  
45728

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Jay

WITNESS NAME AND ADDRESS \_\_\_\_\_

WITNESS REMARKS Did not expose line

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY \_\_\_\_\_ REPORT # \_\_\_\_\_

FIRE  AGENCY Ft Wayne Fire Dept 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

- |  |                                     |  |   |
|--|-------------------------------------|--|---|
| <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 checked="" 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 type="checkbox"/> SEWER                 |   |

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> AUGER             | <input 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 checked="" 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 checked="" type="checkbox"/> CARELESS MACHINE OPERATOR |
| <input type="checkbox"/> NO NOTIFICATION     | <input type="checkbox"/> MARKS DISTURBED               | <input type="checkbox"/> STUB                                 |
|  |  | <input type="checkbox"/> OTHER _____                          |

COMMENTS: Did not locate service

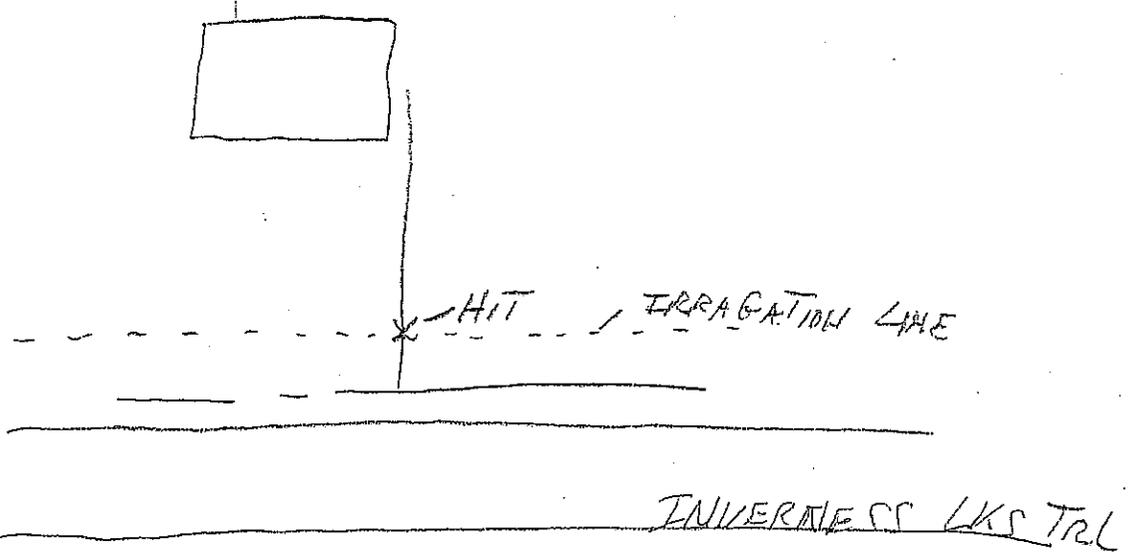
PERSON PREPARING REPORT Steve Woodcock

FIELD SUPERVISOR Jason Ols

FIELD MANAGER Rachel Deann

- 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 |
| • <del>DAMAGE CAUSED FROM EXCAVATION WITHIN 24" ZONE</del> | YES | NO |
| • EXPIRED LOCATE   | YES | NO |
| • WAS WHITE LINING INDICATED ON LOCATE REQUEST             | YES | NO |

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_