



Pipeline Safety Division Investigation Report

Investigation regarding: **Gene Balensiefer Builders**

UPPAC Database Record ID: 3421

Investigator: Howard Friend

Report Date: 10/25/2012

Damage Date: 7/26/2012 1:54:26 PM

Damage Address: 1001 Deer Run Dr

City: Kokomo

County: Howard

The Parties

Excavator: **Gene Balensiefer Builders**

Contact: Deb Conrad

Address: 1204 E 12th St, Fowler, In 47944

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: Gene Balensiefer Builders

UPPAC Database Record ID: 3421

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$129

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1207171579

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Construction

Synopsis: A natural gas service was damaged during excavation for building construction.

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 6826 68. The delivery record shows that this item was delivered on 08/18/2012 at 10:42 AM in FOWLER, IN 47944. The scanned image of the recipient information is provided below.

Signature of Recipient:

Myrtle C Balensiefer

Address of Recipient:

1204 E. 12th St

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.

3421
DEB CONRAD
GENE BALENSIEFER BUILDERS
1204 E 12TH ST
FOWLER IN 47944-1705



101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

September 14, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3421
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3421

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: 7/26/2012

Event Location: 1001 Deer Run Dr, Kokomo

Facility Owner: Northern Indiana Public Service Company

Excavator: Gene Balensiefer Builders

Other Party: N/A

Pipeline Division Case No. 3421

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. 3421	
Date of Event	7/26/2012
Event Location	1001 Deer Run Dr, Kokomo
Facility Owner	Northern Indiana Public Service Company
Excavator	Gene Balensiefer Builders
Date of IURC Information Request	8/16/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Gene Balensiefer Builders
RESPONSIBLE PARTY PERSONAL NAME	Gene Balensiefer
TITLE (IF ANY)	
ADDRESS	1204 E. 12 th St
CITY/ STATE/ZIP	Fowler, IN 47944
PREFERRED TELEPHONE	
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	Nipsco
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	2000 South Home Ave
CITY/ STATE/ZIP	Kokomo, IN
PREFERRED TELEPHONE	219-753-3074
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION	
PERSONAL CONTACT	Deb Conrad
BUSINESS/ORGANIZATION NAME	
TITLE (IF ANY)	Property Owner

ADDRESS	1001 Deer Run Drive
CITY/ STATE/ZIP	Kokomo, IN
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
UTILITY LINE IMPACT	
LOCATION OF DAMAGE	
ADDRESS	1001 Deer Run Drive
CITY/STATE/ZIP	Kokomo, IN
NEAREST INTERSECTION	
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)	40
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) (\$)	128.98
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	X
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)	
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 1207262363
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Yes

ID8011 00072 IUPPSa 07/26/2012 13:54:34 1207262363-00A EMER DAMG STRT

DAMAGE SEE REMARKS

Case 3421

Ticket : 1207262363 Date: 07/26/2012 Time: 13:51 Oper: ABOND Chan:007

State: IN Cnty: HOWARD Twp: CLAY
Cityname: KOKOMO Inside: N Near: Y
Subdivision:

Address : 1001
Street : DEER RUN DR
Cross 1 : W CO RT 00 NS Within 1/4 mile: Y
Location: LOCATE THE ENTIRE PROPERTY
:
Grids : 4028C8614B 4028B8614B 4028C8614A 4028B8614A
Boundary: n 40.475666 s 40.472408 w -86.246262 e -86.244423

Work type : INSTALL CRAWL SPACE ADDITION
Done for : DEB CONRAD
Start date: 07/26/2012 Time: 13:51 Hours notice: 0/0 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 3 MONTHS Depth: 5 FEET

Company : GENE BALENSIEFER BUILDERS Type: HOME
Co addr : 1204 E 12TH ST
City : FOWLER State: IN Zip: 47944
Caller : DEB CONRAD Phone: (765)884-0988
Contact : DEB CONRAD-HOME Phone:
BestTime:
Mobile : (765)457-8819
Email : WANNABEANARTIST@COMCAST.NET

Remarks : All tickets are taken and processed on Eastern Daylight Time
NIPSCO GAS LINE WAS CUT IN THE REAR OF PROPERTY - 1/2 INCH YELLOW PLASTIC - GAS
LINE WAS BLOWING - DID CLAMP IT OFF - CREW IS ON SITE - WILL CALL 911 - HAS
CALLED NIPSCO - PREVIOUS TICKET 1207171579 - THANKS
* COMCAST OF KOKOMO WAS MANUALLY ADDED TO THIS TICKET, PLEASE CHECK YOUR
DATABASE
Will you be white-lining the dig site area? NO
:

Submitted date: 07/26/2012 Time: 13:51
Members: ID0002 ID8011 ID9379 SBCIN SM

ID8011 00021 IUPPSa 07/17/2012 11:20:33 1207171579-00A NORM NEW STRT

NORMAL NOTICE

Case 3421

Ticket : 1207171579 Date: 07/17/2012 Time: 11:18 Oper: LSTEVENSON Chan:018

State: IN Cnty: HOWARD Twp: CLAY
Cityname: KOKOMO Inside: N Near: Y
Subdivision:

Address : 1001
Street : DEER RUN DR
Cross 1 : W CO RT 00 NS Within 1/4 mile: Y
Location: LOCATE THE ENTIRE PROPERTY
:
Grids : 4028C8614B 4028B8614B 4028C8614A 4028B8614A
Boundary: n 40.475666 s 40.472408 w -86.246262 e -86.244423

Work type : INSTALL CRAWL SPACE ADDITION
Done for : DEB CONRAD
Start date: 07/19/2012 Time: 11:30 Hours notice: 48/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 3 MONTHS Depth: 5 FEET

Company : GENE BALENSIEFER BUILDERS Type: HOME
Co addr : 1204 E 12TH ST
City : FOWLER State: IN Zip: 47944
Caller : DEB CONRAD Phone: (765)884-0988
Contact : DEB CONRAD-HOME Phone:
BestTime:
Mobile : (765)457-8819
Email : WANNABEANARTIST@COMCAST.NET

Remarks : All tickets are taken and processed on Eastern Daylight Time
* COMCAST OF KOKOMO WAS MANUALLY ADDED TO THIS TICKET, PLEASE CHECK YOUR
DATABASE

Will you be white-lining the dig site area? NO
:

Submitted date: 07/17/2012 Time: 11:18
Members: ID0002 ID8011 ID9379 SBCIN SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Kokomo MAXIMO WO # M518008
OPERATING AREA CONTACT _____ JOB ORDER # 567611
TRACKING NUMBER nk NIPSCO LOCATE REF # unknown
Locate Performed By: _____

DATE AND TIME OF ACCIDENT 2:45 PM 7-26 2012 M DATE OF REPORT 7-26-12
PLACE OF DAMAGE (INCLUDE CITY) 1001 Deer Run Kokomo

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) 18" PRESSURE (PSI) 40 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 2:45 PM TIME SHUT OFF 2:45 PM TIME RESTORED 3:20 PM

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

LOCATE MARKS ON SITE: YES DISTANCE BETWEEN FACILITY AND LOCATE MARKS within 1' NO ()
HOW LOCATED: PAINT FLAGS () BOTH WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) Gene Balensiefer
ADDRESS OF PARTY (INCLUDE CITY) 1204 E. 12th Street, Fowler, IN 47944

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Gene Balensiefer
WITNESS NAME AND ADDRESS Deb Conrad (owner) 1001 Deer Run
WITNESS REMARKS Accidental - was marked Kokomo, IN Dr

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY _____ REPORT # _____
FIRE AGENCY Galveston Fire REPORT # _____
OTHER () _____ Any Injuries? () YES # _____ NO

PHOTOS TAKEN: YES NO () TAKEN BY: Susan Sparks (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 checked="" 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 type="checkbox"/> SEWER | |

- TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW
- | | | |
|--|---|--|
| <input type="checkbox"/> AUGER | <input type="checkbox"/> HAND TOOLS | <input checked="" 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 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 :

Construction for room addition (advised customer to call NIPSCO + request service line be moved before continuing)
Party had service pinched off
Contractor was using mini excavator (moved before pictures taken)

PERSON PREPARING REPORT

John Daily

FIELD SUPERVISOR

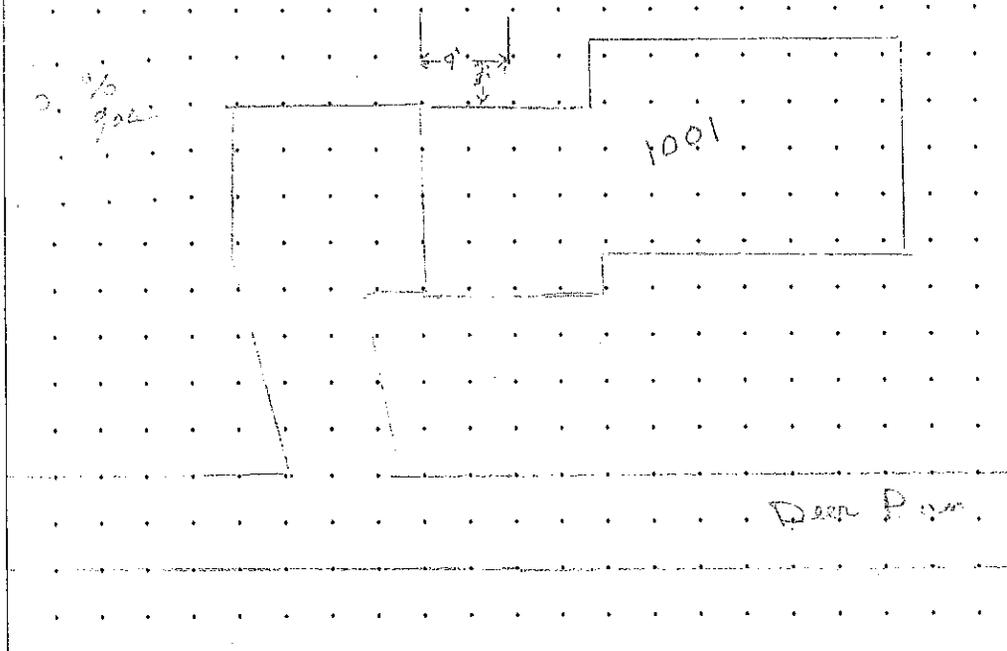
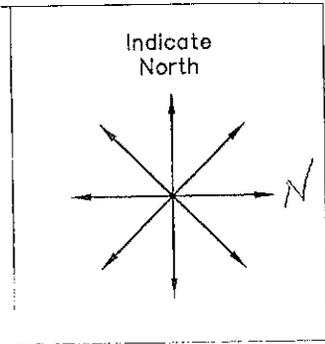
Susan Sparks

FIELD MANAGER

Dave Salmons

- 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:

John Daily

DATE:

7-26-12



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Aug 23, 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: Gene Balensiefer Builders

Business address (*number and street*): 1204 E. 12th St

City, State, and ZIP code: Fowler, IN 47944

Telephone number (*area code*): 765-869-5385

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Bldg. Construction

Date and Location of DamageDate of damage (*month, day, year*): Jul 26, 2012County: HowardCity: KokomoStreet address (*number and street, city, state, and ZIP code*):
1001 Deer Run DrNearest intersection: W CR 00 NSRight of way where damage occurred: Private - Land OwnerWas there a release of product? YesIf yes, was there an ignition of product? NoWere evacuations necessary as a result of release? No

If yes, how many evacuated? _____

Was there a customer service interruption? YesIf yes, how many affected? 1Time to restore service (*in hours*): 0.5Enter number of injuries, if applicable and known: 0Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ _____

Affected Facility InformationWhat type of pipeline was damaged? Natural GasWhat was the affected facility? Service/DropWhat was the depth of the facility, in inches? 18

Notification, Locating, MarkingDid excavator request locates prior to commencing work? YesEnter Indiana 811 ticket number, if known: 1207171579

Was the locate request completed within two working days? Yes

If locates were performed, were they done so by a contractor or pipeline employee? Utility Owner

If a contractor locator, enter the company name, if known: _____

Were facility marks visible in the area of excavation? Yes

Were facilities marked correctly? Yes

Type of markings used: Paint and Flags

If other, please specify: _____

Was site marked by "White Lining"?

Were special instructions part of the locate request? No

Were maps used to complete the locate request? Yes

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? Yes

Did the excavator notify 911 in the event of a release of product? Yes

Description of Cause

Select from the list the most accurate cause for the damage: --Failure to use hand tools where required

Additional Comments

Damage Ticket # 1207262363

INDIANA 811 LOCATE TICKET NUMBER	1207171579
LOCATE MARKS VISIBLE (YES/NO)	Yes
LOCATE MARKS CORRECT (YES/NO)	Yes
EXCAVATOR "WHITE LINED" (YES/NO)	
MAPS USED TO MARK FACILITIES (YES/NO)	Yes
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)	Yes Galveston Fire Department
POLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
ADDITIONAL INFORMATION/COMMENTS	
Excavator failed to use hand tools where required	