



Pipeline Safety Division Investigation Report

Investigation regarding: **John Mroczek**

UPPAC Database Record ID: 3338

Investigator: Howard Friend

Report Date: 11/21/2012

Damage Date: 7/14/2012

Damage Address: 818 N. Melville St.

City: Rensselaer

County: Jasper

The Parties

Excavator: **John Mroczek**

Contact:

Address: 817 N. Rachel St., Rensselaer, In. 47978

Telephone: 219-866-7338

Facility Owner: Rensselaer Municipal Gas System, City of

Contact: Carol Lockridge

Address: 706 N Cullen Street, Rensselaer, IN 47978

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Investigation regarding: John Mroczek

UPPAC Database Record ID: 3338

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 2

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

Excavator Activities/Cause of damage information:

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

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Fencing

Synopsis: A natural gas service was damaged during excavation for a fence post.

Findings: Reported by Rennselaer Municipal Gas System, City of; excavator's response to initial notice was received on 8/29/2012. The excavator failed 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.



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3338

The Pipeline Safety Division of the Indiana Utility Regulatory Commission requests any and all information you can provide regarding the following criteria.

Upon completion of answers select email button for submission.

The Parties

Excavator Information:

Business Name: John Mroczek

Responsible Party Personal Name: John Mroczek

Title (if any): home owner

Address (number and street): 817 N. Rachel Street

City, State and ZIP Code: Rensselaer, IN 47978

Preferred Telephone Number (area code): 219-866-7338

Cellular Telephone Number (area code): 219-866-2432

Email Address: jkmroczek@embarqmail.com

Facility Information:

Business Name: N/A

Responsible Party Personal Name: John Mroczek

Title (if any): N/A

Address (number and street): 817 N. Rachel Street

City, State and ZIP Code: Rensselaer, IN 47978

Preferred Telephone Number (area code): 219-866-7338

Cellular Telephone Number (area code): 219-866-2432

Email Address: jkmroczek@embarqmail.com

Locator Service Information:

Business Name: N/A

Responsible Party Personal Name: John Mroczek

Title (if any): N/A

Address (number and street): 817 N. Rachel Street

City, State and ZIP Code: Rensselaer, IN 47978

Preferred Telephone Number (area code): 219-866-7338

Cellular Telephone Number (area code): 219-866-2432

Email Address: jkmroczek@embarqmail.com

Cause of Damage Information

Type of Equipment (select one): Backhoe/Trackhoe

Type of Work Performed (select one): Fencing

Other Information (Witness, Police, Fire, Other):

Personal Contact: Jim Wisley, local gas company official

Business/Organization Name: City of Rensselaer Gas Department

Title (if any): _____

Address (number and street): 706 N. Cullen Street

City, State and ZIP Code: Rensselaer, IN 47978

Preferred Telephone Number (area code): 219-866-5206

Cellular Telephone Number (area code): _____

Email Address: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): 818 N. Melville Street _____

City, State and ZIP Code: Rensselaer, IN 47978 _____

Nearest Intersection: N. Melville and E. Maple _____

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Distribution

Size (Diameter/etc.): 1/2 inch ? _____

Pressure (PSIG/Inches): ? _____

Interruption in Service: Yes No **Number of Customers Affected:** ¹ _____

Evacuation: Yes No **If yes, How Many Evacuated?** ¹ _____

Repair Cost (if known): \$ _____

Release of Product: Yes No

Ignition and/or Fire: Yes No

Excavator Notify 811: Yes No

Locate Information

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

Was Locate Provided within Two (2) Working Days: Yes No

Operator Employees On-site during Excavation: Yes No

Incident Impact Information

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

Additional Information / Comments

The homeowner was digging out a pole and had not thought to go deep enough to need to call 811. This job was decided that day, not planned ahead as is our usual habit to plan well in advance.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3338

Your Full Name: John J. Mroczek

Full Name of Business / Entity (if applicable): N/A

Your Business Title (if applicable): N/A

Address (number and street): 817 N. Rachel Street

City: Rensselaer, State: IN ZIP Code: 47978

Your E-mail Address: jkmroczek@embarqmail.com

Today's Date (month, day, year): August 29, 2012

Your Signature: _____ Title (if any) N/A

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3338
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3338

The Pipeline Safety Division of the Indiana Utility Regulatory Commission requests any and all information you can provide regarding the following criteria.

Upon completion of answers select email button for submission.

The Parties

Excavator Information:

Business Name: _____

Responsible Party Personal Name: John Mroczek

Title (if any): _____

Address (number and street): 817 N. Rachel St.

City, State and ZIP Code: Rensselaer, Indiana 47978

Preferred Telephone Number (area code): 219-866-7338

Cellular Telephone Number (area code): _____

Email Address: _____

Facility Information:

Business Name: City of Rensselaer Gas Dept

Responsible Party Personal Name: Carol Lockridge

Title (if any): Superintendent

Address (number and street): 706 N. Cullen St.

City, State and ZIP Code: Rensselaer, Indiana 47978

Preferred Telephone Number (area code): 219-866-5206

Cellular Telephone Number (area code): 219-866-6960

Email Address: clockridge@cityofrensselaerin.com

Locator Service Information:

Business Name: City of Rensselaer Gas Dept

Responsible Party Personal Name: Carol Lockridge

Title (if any): Superintendent

Address (number and street): 706 N. Cullen St.

City, State and ZIP Code: Rensselaer Indiana 47978

Preferred Telephone Number (area code): 219-866-5206

Cellular Telephone Number (area code): 219-866-6960

Email Address: clockridge@cityofrensselaerin.com

Cause of Damage Information

Type of Equipment (select one): Farm Equipment

Type of Work Performed (select one): Landscaping

Other Information (Witness, Police, Fire, Other):

Personal Contact: Jim Wisley & Wm. McElroy

Business/Organization Name: City of Rensselaer Gas Dept

Title (if any): Dist. Tech/Foreman

Address (number and street): 706 N. Cullen St.

City, State and ZIP Code: Rensselaer, Indiana 47978

Preferred Telephone Number (area code): 219-866-5206

Cellular Telephone Number (area code): _____

Email Address: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): 818 N. Melville St. _____

City, State and ZIP Code: Rensselaer, Indiana 47978 _____

Nearest Intersection: Maple St. _____

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Service/Drop

Size (Diameter/etc.): ^{3/4} " _____

Pressure (PSIG/Inches): ³⁰ psi _____

Interruption in Service: Yes No **Number of Customers Affected:** ¹ _____

Evacuation: Yes No **If yes, How Many Evacuated?** _____

Repair Cost (if known): \$ _____

Release of Product: Yes No

Ignition and/or Fire: Yes No

Excavator Notify 811: Yes No

Locate Information

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

Was Locate Provided within Two (2) Working Days: Yes No

Operator Employees On-site during Excavation: Yes No

Incident Impact Information

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

Additional Information / Comments

Arrived at scene, Rensselaer police had melville st. blocked on northside of incident. Rensselaer Fire also responded with two units one blocked south of incident one unit by incident. The role of the Fire Dept. was standby. When the incident was first approached you could hear gas blowing, upon investigation there was a piece if equipment that had hit the service line. I had the operator remove the equipment so the line could be cut and plugged. Upon controlling the leak the fire and police cleared the scene. Help was then called in and the line was repaired with a dresser fitting and service restored.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3338

Your Full Name: Carol Lockridge

Full Name of Business / Entity (if applicable): City of Rensselaer Gas Dept.

Your Business Title (if applicable): Superintendent

Address (number and street): 706 N. Cullen St.

City: Rensselaer State: IN ZIP Code: 47978

Your E-mail Address: clockridge@cityofrensselaerin.com

Today's Date (month, day, year): 8/21/2012

Your Signature: _____ Title (if any) _____

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3338
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov