



## Pipeline Safety Division Investigation Report

### Investigation regarding: Hasse Construction Company

UPPAC Database Record ID: 3847

Report Date: 7/11/2013

Investigator: Mike Orr

Damage Date: 9/20/2012 9:23:17 AM

Damage Address: Northcote Ave, Munster, Lake

### The Parties

Excavator: **Hasse Construction Company**

Address: 10 Lincoln Ave, Calumet City, Il 60409

Facility Owner: **NIPSCO**

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Storm Drain

### 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: 1209120819

Original Start Date:

Locate Instructions: LOCATE CENTERLINE TO EAST RIGHT OF WAY OF NORTHCOTE AVE FROM FISHER STREET TO NORTH APPROX 1100 FEET

Follow-Up Locate Instructions (if applicable):

**Synopsis:** Excavator struck and damaged an underground natural gas service while performing storm drain work.

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 12/20/2012. The excavator had a valid locate ticket; however, the gas operator self reported a failure to locate the facility.

**Conclusion:** There was a failure to provide a locate of the facility.

**Violation: IC 8-1-26-18(f) Operator failed to locate or provided incorrect locate markings.**



150 West Market Street, Suite 600  
Indianapolis, IN 46204

January 29, 2012

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

Pipeline Safety Division – Case No. 3847  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3847

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: 9/20/2012

Event Location: Northcote Ave

Facility Owner: Northern Indiana Public Service Company

Excavator: Hasse Construction Company

Other Party: N/A

Pipeline Division Case No. 3847

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. 3847</b>                 |   |
| Date of Event   | 9/20/2012                               |
| Event Location  | Northcote Ave                           |
| Event City  | Munster                                 |
| Facility Owner  | Northern Indiana Public Service Company |
| Excavator   | Hasse Construction Company              |
| Date of IURC Information Request                              | 12/5/2012                               |
| <b>THE PARTIES</b>  |   |
| <b>EXCAVATOR:</b>   |   |
| BUSINESS NAME   | Hasse Construction                      |
| RESPONSIBLE PARTY PERSONAL NAME                               | Joe Patrick                             |
| TITLE (IF ANY)  |   |
| ADDRESS   | 10 Lincoln Ave                          |
| CITY/ STATE/ZIP   | Calumet City, IN 60409                  |
| PREFERRED TELEPHONE   | 219-932-1611                            |
| CELL PHONE TELEPHONE  | 219-746-0271                            |
| 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                                    |
| 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  |   |
| EMAIL ADDRESS   | morganthompson@usicinc.com              |
| <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                               | 8709 Northcote Ave |
| CITY/STATE/ZIP                        | Munster, IN 46321  |
| NEAREST INTERSECTION                  |                    |
| <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)      | Y                  |
| NUMBER OF CUSTOMERS AFFECTED          | 1                  |
| 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                      | X                  |
| Boring/Drilling                       |                    |
| Directional Drilling                  |                    |
| Explosives                            |                    |
| Farm Equipment                        |                    |
| Grader/Scraper                        |                    |
| Hand Tools                            |                    |
| 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                                   | X            |
| 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)                | Y            |
| IGNITION AND/OR FIRE (YES/NO)              | N            |
| EXCAVATOR NOTIFY 811 (YES/NO)              | Y 1209200838 |
| <b>LOCATE INFORMATION:</b>                 |              |
| EXCAVATOR REQUEST LOCATE (YES/NO)          | Y            |

|   |            |
|---|------------|
| INDIANA 811 LOCATE TICKET NUMBER  | 1209120819 |
| 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)   | N          |
| POLICE DEPARTMENT RESPONSE (YES/NO)   | N          |
| AMBULANCE RESPONSE (YES/NO)   | N          |
| <b>ADDITIONAL INFORMATION/COMMENTS</b>  |            |
| <p>Facility could not be found or located<br/> Nipsco emergency repair ticket #: 1209201191</p> |            |

**Fact Based Investigation Report**

**NOTIFICATION ID:** 01820120920001                      **DISTRICT:** Northern IN  
**DAMAGE DATE:** 9/20/2012 9:23:18 AM      **NOTIFICATION DATE:** 9/20/2012 9:30:13 AM  
**NOTIFIED BY:** BRIAN STARESINA  
**DAMAGE ADDRESS:** NORTHCOTE AVE  
**CITY:** MUNSTER                      **ST:** IN      **ZIP:**

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**DAMAGED CUSTOMER:** NIPSCO

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**INVESTIGATION DATE:** 09/20/2012  
**FROM:** 10:00:00    **TO:** 10:15:00

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**EXCAVATOR INVOLVED:** HASSE CONSTRUCTION  
**TYPE OF EXCAVATION:** STORM SEWER

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**ORIG. LOCATE REQ.:** 1209120819                      **START DATE/TIME:**  
**TYPE OF TICKET:**    **LOCATE REQ. INFO N/A:**

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**DIG UP/DAMAGE REQ.:** 1209200838                      **START DATE/TIME:**

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**PICTURES TAKEN BY:** TONY WESLEY      **DATE/TIME:** 9/20/2012 10:10:00 AM  
**PHOTOGRAPHY TYPE:** Digital                      **FRAME #:** NA

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**INVESTIGATOR EMP#:** 124875                      **INVESTIGATOR NAME:** TONY WESLEY  
**BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?** Possibly

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**Fact Based Investigation Customer Information**

**NOTIFICATION ID:** 01820120920001  
**SELECT A CUSTOMER:** NIPSCO  
**CUSTOMER #:** *(optional)*

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**FACILITY DESCRIPTION:** LOWPROF                      **FACILITY ID:** Gas Service  
**LOCATOR NAME & EMP #:** Wesley Tony - 124875  
**LOCATOR NOT KNOWN:**

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**CHECK ALL THAT APPLY TO INVESTIGATION:**  
Other

**Other:** UNTONABLE, NOT MARKED

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**CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):**  
Visual, Facility Exposed At Time Of Investigation

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**INVESTIGATOR STATEMENT/CAUSAL FACTORS:**

CONTRACTOR CUT A PL. GAS SERVICE THAT WAS NOT MARKED, IT IS UNTONABLE. LOCATOR STATES HE SENT UNTONABLE SHEET ON OLD TICKET TO JON LINN BUT HE DIDNT SEND IT TO NIPSCO. NOTHING WAS RESENT ON REMARK TICKET.

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

NA

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

NA

**LIST ANY OTHER INDIVIDUALS ON SITE:**

NA

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**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 PL. SERVICE

**REPLACEMENT FOOTAGE** 2 FT

**WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?** No

**WHAT CONTRACTOR EQUIPMENT WAS USED?** NA

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

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

NIPSCO 00241 IUPPSa 09/12/2012 09:18:29 1209120819-00A NORM NEW GRID

## NORMAL NOTICE REMARK

Ticket : 1209120819 Date: 09/12/2012 Time: 09:17 Oper: BRIAN.STARESINA Chan:000  
Old Tkt: 1208230808 Date: 08/23/2012 Time: 09:37 Oper: BRIAN.STARESINA Rev: 00A

State: IN Cnty: LAKE Twp: NORTH  
Cityname: MUNSTER Inside: N Near: Y  
Subdivision:

Case : 3847

## Address :

Street : NORTHCOTE AVE  
Cross 1 : FISHER ST Within 1/4 mile: Y  
Location: LOCATE CENTERLINE TO EAST RIGHT OF WAY OF NORTHCOTE AVE FROM FISHER  
STREET TO NORTH APPROX 1100 FEET

:  
Grids : 4133D8729D 4133C8729D  
Boundary: n 41.556290 s 41.551746 w -87.487076 e -87.485573

Work type : STORM SEWER  
Done for : TOWN OF MUNSTER  
Start date: 09/14/2012 Time: 09:30 Hours notice: 48/48 Priority: NORM  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N  
Duration : 3 MONTHS Depth: 9 FEET

Company : HASSE CONSTRUCTION COMPANY Type: CONT  
Co addr : 10 LINCOLN AVE  
City : CALUMET CITY State: IL Zip: 60409  
Caller : BRIAN STARESINA Phone: (219)932-1611  
Contact : JOE PATRICK Phone:  
BestTime:  
Mobile : (219)746-0271  
Fax : (708)862-2455

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

Submitted date: 09/12/2012 Time: 09:17  
Members: COMCN IB ID6978 ID9330 NIPSCO SM

NIPSCO 00253 IUPPSa 09/20/2012 09:23:23 1209200838-00A EMER DAMG GRID

## DAMAGE REMARK

Ticket : 1209200838 Date: 09/20/2012 Time: 09:19 Oper: JSMITH Chan:088

3847

State: IN Cnty: LAKE Twp: NORTH  
Cityname: MUNSTER Inside: N Near: Y  
Subdivision:

Case: ~~3847~~

## Address :

Street : NORTHCOTE AVE

Cross 1 : FISHER ST Within 1/4 mile: Y

Location: LOCATE CENTERLINE TO EAST RIGHT OF WAY OF NORTHCOTE AVE FROM FISHER  
STREET TO NORTH APPROX 1100 FEET

:

Grids : 4133D8729D 4133C8729D

Boundary: n 41.556290 s 41.551746 w -87.487076 e -87.485573

Work type : STORM SEWER

Done for : TOWN OF MUNSTER

Start date: 09/20/2012 Time: 09:22 Hours notice: 0/0 Priority: EMER

Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y

Duration : 3 MONTHS Depth: 9 FEET

Company : HASSE CONSTRUCTION COMPANY Type: CONT

Co addr : 10 LINCOLN AVE

City : CALUMET CITY State: IL Zip: 60409

Caller : BRIAN STARESINA Phone: (219)932-1611

Contact : JOE PATRICK Phone:

BestTime:

Mobile : (219)746-0271

Fax : (708)862-2455

Remarks : All tickets are taken and processed on Eastern Daylight Time  
PER JOE PATRICK--NIPSCO GAS LINE WAS CUT IN FRONT OF THE ADDRESS OF 8709  
NORTHCOTE AVENUE ON THE EAST SIDE OF THE ROAD--GAS LINE IS BLOWING--CALLER HAS  
BEEN ADVISED TO PLEASE NOTIFY BOTH NIPSCO AND 911 OF THE DAMAGED LINE--CREW IS  
ON SITE--CALLER IS UNSURE OF THE COLOR SIZE AND/OR MATERIAL OF THE DAMAGED  
LINE--PREVIOUS TICKET NUMBER IS 1209120819--THANK YOU!!

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

:

Submitted date: 09/20/2012 Time: 09:19

Members: COMCN IB ID6978 ID9330 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY  
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA HAMMOND MAXIMO WO # \_\_\_\_\_  
OPERATING AREA CONTACT \_\_\_\_\_ JOB ORDER # 583070  
TRACKING NUMBER 018-2012-0920-601 LOCATE REF # \_\_\_\_\_  
Locate Performed By: \_\_\_\_\_

DATE AND TIME OF ACCIDENT 9/20/12 08:29 M DATE OF REPORT 9/20/12  
PLACE OF DAMAGE (INCLUDE CITY) 8709 NORTHCOTE AVE.

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) 48" PRESSURE (PSI) \_\_\_\_\_ 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 8:29 TIME RESTORED 11:30

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 0.25"

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

PARTY THAT CAUSED DAMAGES (NAME) HASSE CONST.

ADDRESS OF PARTY (INCLUDE CITY) \_\_\_\_\_

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE JOE 746-0271

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

WITNESS REMARKS \_\_\_\_\_

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY \_\_\_\_\_ REPORT # \_\_\_\_\_  
FIRE ( ) AGENCY \_\_\_\_\_ 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 checked="" 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 LOCATED DUE | <input type="checkbox"/> CARELESS MACHINE OPERATOR              |
| <input type="checkbox"/> NO NOTIFICATION     | <input type="checkbox"/> MARKS DISTURBED               | <input type="checkbox"/> STUB                                   |
|  |  | <input checked="" type="checkbox"/> OTHER <u>DSIC FAILED TO</u> |

**From:** [Brian Staresina](#)  
**To:** [IURC PipelineDamageCase](#)  
**Cc:** [John Hasse](#)  
**Subject:** Pipeline Safety Division Case No 3847  
**Date:** Monday, December 10, 2012 12:05:41 PM

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William Boyd,

I recently received your letter "Notice of Preliminary Determination of Violation Pipeline Safety Division Case No. 3847". I am notifying you that I do not have the legal authority to represent the business in this matter. Please use John Hasse as the Respondent in the future.

Thank you,

Brian Staresina  
Hasse Construction Company, Inc.  
10 Lincoln Ave.(PO Box 300), Calumet City, IL 60409  
(708) 862-2450 x 320 / (708) 862-2455 Fax  
(219) 545-1082 Mobile  
[bstaresina@hasseconstruction.com](mailto:bstaresina@hasseconstruction.com)



## INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3847

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*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.*

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### The Parties

#### Excavator Information:

Business Name: Hasse Construction Co., Inc.

Responsible Party Personal Name: Brian Staresina

Title (if any): Project Manager

Address (number and street): 10 Lincoln Ave

City, State and ZIP Code: Calumet City, IL 60409

Preferred Telephone Number (area code): 219-932-1611

Cellular Telephone Number (area code): 219-545-1082

Email Address: bstaresina@hasseconstruction.com

#### Facility Information:

Business Name: \_\_\_\_\_

Responsible Party Personal Name: \_\_\_\_\_

Title (if any): \_\_\_\_\_

Address (number and street): \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

Preferred Telephone Number (area code): \_\_\_\_\_

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Locator Service Information:**

Business Name: \_\_\_\_\_

Responsible Party Personal Name: \_\_\_\_\_

Title (*if any*): \_\_\_\_\_

Address (*number and street*): \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

Preferred Telephone Number (area code): \_\_\_\_\_

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

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**Cause of Damage Information**

**Type of Equipment (*select one*):** Backhoe/Trackhoe

**Type of Work Performed (*select one*):** Sewer (Sanitary/Storm)

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

Personal Contact: \_\_\_\_\_

Business/Organization Name: \_\_\_\_\_

Title (*if any*): \_\_\_\_\_

Address (*number and street*): \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

Preferred Telephone Number (area code): \_\_\_\_\_

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

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**Utility Line Impact**

**Location of Damage:**

Address (*number and street*): 8709 Northcote Ave. \_\_\_\_\_

City, State and ZIP Code: Munster, IN 46321 \_\_\_\_\_

Nearest Intersection: Northcote Ave & Anne St \_\_\_\_\_

**Product Type (*select one*):** Natural Gas

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

**Size (Diameter/etc.):** 1/2" \_\_\_\_\_

**Pressure (PSIG/Inches):** \_\_\_\_\_

**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

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**Locate Information**

**Excavator Request Locate:**      Yes      No

**Indiana 811 Locate Ticket Number:** 1209120819 \_\_\_\_\_

- 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

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### Incident Impact Information

**Number of Outpatient Treated:** <sup>0</sup> \_\_\_\_\_

**Number of Inpatient Treated:** <sup>0</sup> \_\_\_\_\_

**Number of Fatalities:** <sup>0</sup> \_\_\_\_\_

**Fire Department Response:**  Yes  No

**Police Department Response:**  Yes  No

**Ambulance Response:**  Yes  No

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### Additional Information / Comments

This gas service was not marked by locator. There are several gas lines that are "untoneable" (see attached photos) along this project. Hasse Construction and NIPSCO have since opened a clear line of communication concerning unmarked services. NIPSCO has sent a field tech to the site with maps to assist in the location of services and mains to help prevent further incidents.

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 3847

Your Full Name: Brian Staresina

Full Name of Business / Entity (if applicable): Hasse Construction Co., Inc.

Your Business Title (if applicable): Project Manager

Address (number and street): 10 Lincoln Ave.

City: Calumet City State: IL ZIP Code: 60409

Your E-mail Address: bstaresina@hasseconstruction.com

Today's Date (month, day, year): 12/20/12

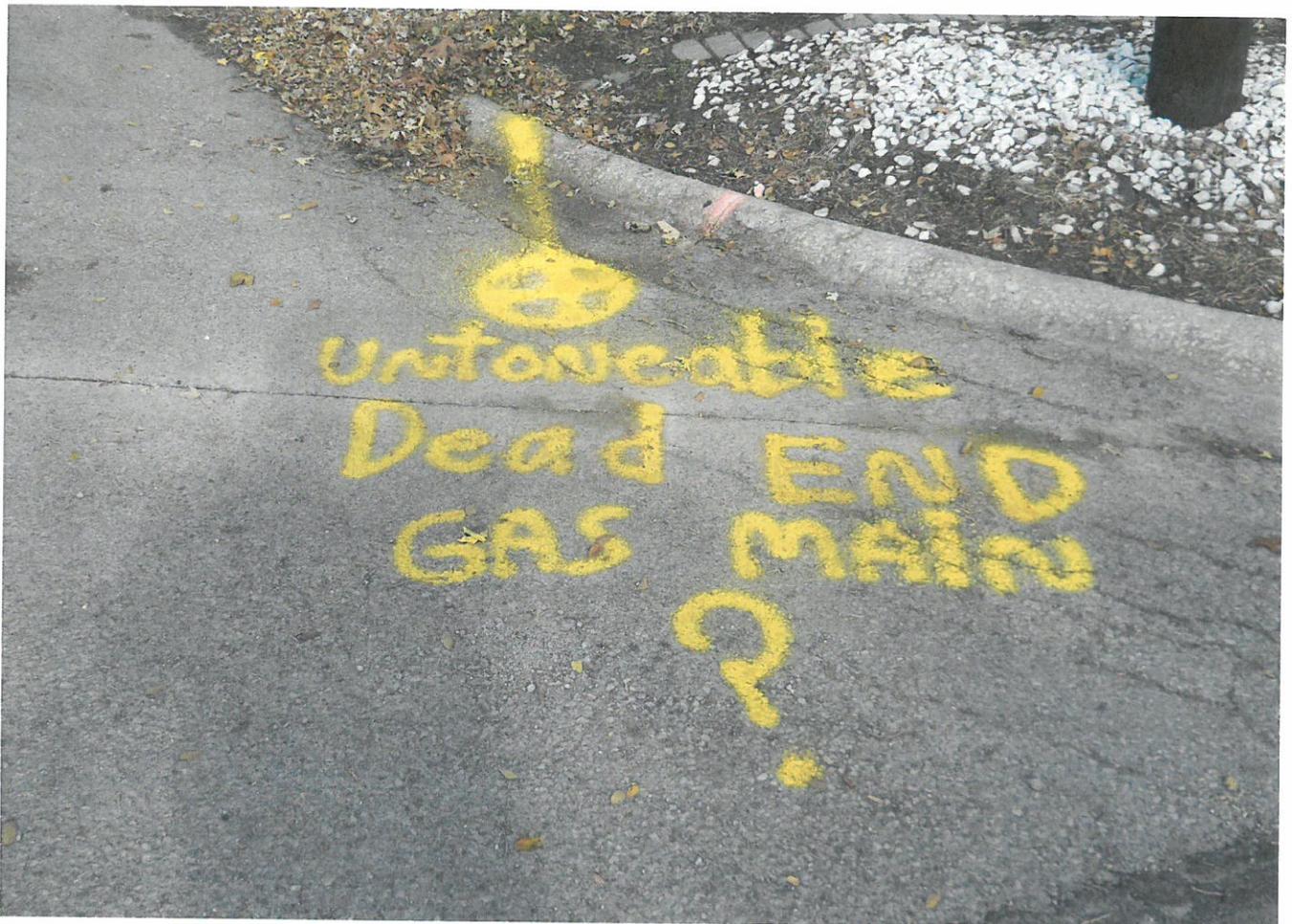
Your Signature: \_\_\_\_\_ Title (if any) Project Manager

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 3847**  
**Indiana Utility Regulatory Commission**  
**101 West Washington Street, 1500E**  
**Indianapolis, IN 46204**

Or scan the statement and Email to:

[PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)



NOTE: PICTURES NOT OF AREA WHERE HIT OCCURED. EXAMPLES OF QUESTIONABLE LOCATES ELSEWHERE ON PROJECT. SERVICE THAT WAS HIT WAS NOT MARKED.



NORMAL NOTICE REMARK

Ticket : 1209120819 Date: 09/12/2012 Time: 09:17 Oper: BRIAN.STARESINA Chan:000  
 Old Tkt: 1208230808 Date: 08/23/2012 Time: 09:37 Oper: BRIAN.STARESINA Rev: 00A

State: IN Cnty: LAKE Twp: NORTH  
 Cityname: MUNSTER Inside: N Near: Y  
 Subdivision:

Address :  
 Street : NORTHCOTE AVE  
 Cross 1 : FISHER ST Within 1/4 mile: Y  
 Location: LOCATE CENTERLINE TO EAST RIGHT OF WAY OF NORTHCOTE AVE FROM FISHER  
 STREET TO NORTH APPROX 1100 FEET  
 :  
 Grids : 4133D8729D 4133C8729D

Work type : STORM SEWER  
 Done for : TOWN OF MUNSTER  
 Start date: 09/14/2012 Time: 09:30 Hours notice: 48/48 Priority: NORM  
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N  
 Duration : 3 MONTHS Depth: 9 FEET

Company : HASSE CONSTRUCTION COMPANY Type: CONT  
 Co addr : 10 LINCOLN AVE  
 City : CALUMET CITY State: IL Zip: 60409  
 Caller : BRIAN STARESINA Phone: (219)932-1611  
 Contact : JOE PATRICK Phone:  
 BestTime:  
 Mobile : (219)746-0271  
 Fax : (708)862-2455

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

Submitted date: 09/12/2012 Time: 09:17  
 Members: COMCN IB ID6978 ID9330 NIPSCO SM

| Member Name                              | Facility Types |
|--|----------------|
| AT&T - DISTRIBUTION                      | TELEPHONE      |
| COMCAST NORTH                            | CABLE TV       |
| MUNSTER UTILITY DEPT., THE CIVIL TOWN OF |                |
| NIPSCO                                   | GAS & ELECTRIC |
| WOLVERINE PIPELINE                       | PIPELINE       |