



Pipeline Safety Division Investigation Report

Investigation regarding: **Emcor Hyre Electric Company Of Indiana, Inc**

UPPAC Database Record ID: 3932

Investigator: Howard Friend

Report Date: 3/6/13

Damage Date: 8/22/2012

Damage Address: 8601 Calumet Ave

City: Munster

County: Lake

The Parties

Excavator: **Emcor Hyre Electric Company Of Indiana, Inc**

Contact: Thomas S. Gozdecki, Iii

Address: 2655 Garfield Ave, Highland, In 46322

Telephone: 219 923 6100

Facility Owner: NIPSCO

Contact: Kit Earle

Address: 150 W Market Street, Indianapolis, IN 46204

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Investigation regarding: Emcor Hyre Electric Company Of Indiana, Inc

UPPAC Database Record ID: 3932

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: 1208221509

Type of Equipment: Auger

Type of work performed: Electric

Synopsis: A natural gas line was damaged during excavation to install a street light.

Findings: Reported by Carrie Ludwig (NIPSCO); excavator's response to initial notice was received on 12/5/2012. The excavator damaged the line the same day as they provided notice of excavation. The facility was accurately marked due to an earlier request from a different excavator.

Conclusion: Failure to provide notice of excavation – damage occurred prior to the two full working days after notice.

Violation: IC 8-1-26-16(g)(prior): Failure to provide notice of excavation - damage occurred prior to two working days from request date.



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Sep 20, 2012

Who is submitting this information?

Name of person providing this information: Carrie Ludwig (NIPSCo)

Business address (*number and street*): 3511 East 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: Hyre Electric

Business address (*number and street*): 2655 Garfield Ave

City, State, and ZIP code: Highland, IN 46322

Telephone number (*area code*): 219 923 6100

Fax number (*area code*): 219 972 7522

E-mail address: cgloff@emcorhyre.com

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Auger

Type of work performed: Electric

Date and Location of Damage

Date of damage (*month, day, year*): Aug 22, 2012

County: Lake

City: Munster

Street address (*number and street, city, state, and ZIP code*):
8601 Calumet Ave

Nearest intersection: Lions Club Dr

Right of way where damage occurred: Private - Land Owner

Was there a release of product? Yes

If yes, was there an ignition of product? No

Were evacuations necessary as a result of release? No

If yes, how many evacuated? 0

Was there a customer service interruption? Yes

If yes, how many affected? 1

Time to restore service (*in hours*): 2.25

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$

Affected Facility Information

What type of pipeline was damaged? Natural Gas

What was the affected facility? Service/Drop

What was the depth of the facility, in inches? 24

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1208221509

Was the locate request completed within two working days? Unknown/Other

If locates were performed, were they done so by a contractor or pipeline employee? Contract Locator

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

Were facility marks visible in the area of excavation? No

Were facilities marked correctly? Unknown/Other

Type of markings used: Other

If other, please specify: excavator dug before locates were due

Was site marked by "White Lining"? No

Were special instructions part of the locate request? No

Were maps used to complete the locate request? Unknown/Other

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? No

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: --Notification to one-call center made but not sufficient

Additional Comments

Excavator dug before locate ticket was due
Nipsco emergency repair ticket #: 1208221375

Excavator did not allow two full working days for facility owner to provide valid locate markings. MAO 9/20/2012.

This locate ticket was verified by IN811 as a "Normal Notice" ticket with a "Start Date" of 8/24/2012 at 11:15 Hours. MAO 9/20/2012.



150 West Market Street, Suite 600
Indianapolis, IN 46204

January 30, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3932
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3932

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: 8/22/2012

Event Location: 8601 Calumet Ave

Facility Owner: Northern Indiana Public Service Company

Excavator: Hyre Electric

Other Party: N/A

Pipeline Division Case No. 3932

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. 3932	
Date of Event	8/22/2012
Event Location	8601 Calumet Ave
Event City	Munster
Facility Owner	Northern Indiana Public Service Company
Excavator	Hyre Electric
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Hyre Electric
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	2655 Garfield Ave
CITY/ STATE/ZIP	Highland, IN 46322
PREFERRED TELEPHONE	219-923-6100
CELL PHONE TELEPHONE	
EMAIL ADDRESS	cgloff@emcorhyre.com
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	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
OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION	
PERSONAL CONTACT	
BUSINESS/ORGANIZATION NAME	
TITLE (IF ANY)	

ADDRESS	
CITY/ STATE/ZIP	
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
UTILITY LINE IMPACT	
LOCATION OF DAMAGE	
ADDRESS	8601 Calumet Ave
CITY/STATE/ZIP	Munster, IN 46321
NEAREST INTERSECTION	Lions Club Dr
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.)	1 1/8" plastic
PRESSURE (PSIG/INCHES)	N/A
INTERRUPTION IN SERVICE (YES/NO)	Yes
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	0
REPAIR COST (IF KNOWN) (\$)	N/A
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	X
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	
Probing Device	

Trancher	
Vacuum Equipment	
Unknown/Other	
TYPE OF WORK PERFORMED (Select One)	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	
Bldg. Demolition	
Drainage	
Driveway	
Electric	X
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)	No
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Yes

INDIANA 811 LOCATE TICKET NUMBER	1208221509
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
INCIDENT IMPACT INFORMATION	
NUMBER OF OUTPATIENT TREATED	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FATALITIES	0
FIRE DEPARTMENT RESPONSE (YES/NO)	Yes
POLICE DEPARTMENT RESPONSE (YES/NO)	N/A
AMBULANCE RESPONSE (YES/NO)	N/A
ADDITIONAL INFORMATION/COMMENTS	
<p>Notification to one-call center made but not sufficient. Excavator dug before locate ticket was due. Existing marks on site from previous locates. Nipsco emergency repair ticket – 1208221375.</p>	

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

contractor dug before ticket was due. usic not at fault

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

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 unknown

REPLACEMENT FOOTAGE unknown

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? unknown

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)

NIPSCO 00425 IUPPSa 08/22/2012 11:11:42 1208221509-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1208221509 Date: 08/22/2012 Time: 11:06 Oper: CGRUBBS Chan:000

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

3932

Address : 8751
Street : LIONS CLUB DR
Cross 1 : FISHER PL Within 1/4 mile: Y
Location: SITE IS APPROX 1200 SOUTH AND APPROX 300 FEET NORTH OF
ADDRESS-----LOCATE BOTH SIDES OF ROAD FOR APPROX 1500 FEET
:
Grids : 4133D8730C 4133C8730C 4133B8730C 4133D8730B 4133C8730B
Grids : 4133B8730B 4133D8730A 4133C8730A 4133B8730A
Boundary: n 41.561104 s 41.551792 w -87.512764 e -87.506683

Work type : INSTALL POLE BASES/UNDER GROUND CONDUIT
Done for : TOWN OF MUNSTER
Start date: 08/24/2012 Time: 11:15 Hours notice: 48/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 2 WEEKS Depth: 5 FEET

Company : EMCOR HYRE ELECTRIC COMPANY OF INDIANA I Type: CONT
Co addr : 2655 GARFIELD AVENUE
City : HIGHLAND State: IN Zip: 46322
Caller : CHRISTIAN GLOFF Phone: (219)923-6100
Contact : MIKE DUBOWSKI CELL Phone:
BestTime:
Mobile : (219)313-8376
Fax : (219)972-7522
Email : CGLOFF@EMCORHYRE.COM

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

Submitted date: 08/22/2012 Time: 11:06
Members: COMCN IB ID5845 ID6978 NIPSCO SM



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 64122 (R2 / 7-11)
INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Sep 20, 2012

Who is submitting this information?

Name of person providing this information: Carrie Ludwig

Business address (*number and street*): 3511 East 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: Hyre Electric

Business address (*number and street*): 2655 Garfield Ave

City, State, and ZIP code: Highland, IN 46322

Telephone number (*area code*): 219 923 6100

Fax number (*area code*): 219 972 7522

E-mail address: cglloff@emcorhyre.com

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Auger

Type of work performed: Electric

Date and Location of DamageDate of damage (*month, day, year*): Aug 22, 2012County: LakeCity: MunsterStreet address (*number and street, city, state, and ZIP code*):
8601 Calumet Ave Munster INNearest intersection: Lions Club DrRight 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? NoIf yes, how many evacuated? 0Was there a customer service interruption? YesIf yes, how many affected? 1Time to restore service (*in hours*): 2.25Enter number of injuries, if applicable and known: 0Enter number of fatalities, if applicable and known: 0Property 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? 24

Notification, Locating, MarkingDid excavator request locates prior to commencing work? YesEnter Indiana 811 ticket number, if known: 1208221509

Was the locate request completed within two working days? Unknown/Other

If locates were performed, were they done so by a contractor or pipeline employee? Contract Locator

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

Were facility marks visible in the area of excavation? No

Were facilities marked correctly? Unknown/Other

Type of markings used: Other

If other, please specify: excavator dug before locates were due

Was site marked by "White Lining"? No

Were special instructions part of the locate request? No

Were maps used to complete the locate request? Unknown/Other

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? No

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: Other

Additional Comments

Excavator dug before locate ticket was due
Nipsco emergency repair ticket #: 1208221375

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA 010 - Ham^{id} MAXIMO WO # _____
OPERATING AREA CONTACT Tony Sanchez JOB ORDER # 583065
TRACKING NUMBER 018-2012-0822-008 LOCATE REF # 1208142256
Locate Performed By: _____ 1208142261

DATE AND TIME OF ACCIDENT 8-22 2012 1000A M DATE OF REPORT 8-22-12
PLACE OF DAMAGE (INCLUDE CITY) 8601 Calumet Ave Munster 8751 Lions Club Dr.

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

OTHER (DESCRIBE) _____
GAS: SERVICE MAIN () SIZE 1 1/8" MATERIAL: PLASTIC STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE) _____

DEPTH OF FACILITY (Inches) 24" PRESSURE (PSI) 45 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 0935A TIME RESTORED 11:45A

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

LOCATE MARKS ON SITE: YES DISTANCE BETWEEN FACILITY AND LOCATE MARKS 6" NO ()
HOW LOCATED: PAINT () FLAGS BOTH () WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) Mike Dubowski - Hure Electric

ADDRESS OF PARTY (INCLUDE CITY) Garfield St. Highland

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Mike Dubowski

WITNESS NAME AND ADDRESS _____
WITNESS REMARKS NA

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY _____ REPORT # _____
FIRE AGENCY Munster FD REPORT # _____

OTHER Munster Parks 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 checked="" 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 checked="" 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 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 type="checkbox"/> NO NOTIFICATION | <input checked="" type="checkbox"/> MARKS DISTURBED | <input type="checkbox"/> STUB |
| | | <input type="checkbox"/> OTHER _____ |

COMMENTS :

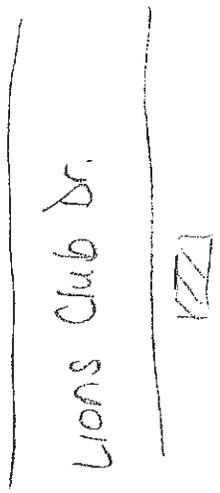
PERSON PREPARING REPORT Amanda Torres 12/16/16

FIELD SUPERVISOR Tony Sanchez

FIELD MANAGER _____

- 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: _____ DATE: _____



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3932 _____

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: EMCOR Hyre Electric Company of Indiana, Inc. _____

Responsible Party Personal Name: Tom Gozdecki III _____

Title (if any): Executive Vice President _____

Address (number and street): 2655 Garfield Avenue _____

City, State and ZIP Code: Highland, IN 46322 _____

Preferred Telephone Number (area code): (219) 923-6100 _____

Cellular Telephone Number (area code): (219) 746-9744 _____

Email Address: tgozdecki@emcorhyre.com _____

Facility Information:

Business Name: Northern Indiana Public Service Company _____

Responsible Party Personal Name: _____

Title (if any): _____

Address (number and street): 8601 Calumet Avenue _____

City, State and ZIP Code: Munster, Indiana 46321

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: _____

Cause of Damage Information

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

Type of Work Performed (*select one*): Street Light

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: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): 8601 Calumet Avenue

City, State and ZIP Code: Munster, Indiana 46321

Nearest Intersection: Lions Club Drive

Product Type (*select one*): Natural Gas

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

Size (Diameter/etc.): 2"

Pressure (PSIG/Inches): _____

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

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

Repair Cost (if known): \$ 800

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: 1205073450

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

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3932

Your Full Name: Tom Gozdecki III

Full Name of Business / Entity (if applicable): EMCOR Hyre Electric Company of Indiana, Inc.

Your Business Title (if applicable): Executive Vice President

Address (number and street): 2655 Garfield Avenue

City: Highland State: IN ZIP Code: 46322

Your E-mail Address: tgozdecki@emcorhyre.com

Today's Date (month, day, year): 12/4/12

Your Signature:  Title (if any) Executive Vice President

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3932
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov

From: [Tom Gozdecki](#)
To: [IURC PipelineDamageCase](#)
Subject: Case # 3932
Date: Wednesday, December 05, 2012 10:07:09 AM
Attachments: [IURC Case Number 3932.pdf](#)

Attached you will find our completed information request form. Please direct any correspondence related to this matter to my attention. Thank you.

Thomas S Gozdecki, III
Executive Vice President
EMCOR Hyre Electric Company of Indiana, Inc.
2655 Garfield Avenue
Highland, IN 46322
Phone: 219-923-6100, Ext. 1364
Cell: 219-746-9744
Fax: 219-838-3631
email: tgozdecki@emcorhyre.com

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