



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Stromback Brothers Inc**

UPPAC Database Record ID: 3934

Investigator: Howard Friend

Report Date: 3/6/13

Damage Date: 8/24/2012

Damage Address: 4179 N Runkle Dr

City: Warsaw

County: Kosciusko

### The Parties

Excavator: **Stromback Brothers Inc**

Contact: Jeff Stromback, Co-owner

Address: P.o. Box 722, North Webster, In 46555-0822

Telephone: 574-834-2394

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: Stromback Brothers Inc**

UPPAC Database Record ID: 3934

**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: No    Indiana 811 ticket Number:

Type of Equipment: Probing Device

Type of work performed: Sewer

**Synopsis:** A natural gas service was damaged by the excavator while probing for the septic tank.

**Findings:** Reported by Tommy Buher (NIPSCo); excavator's response to initial notice was received on 1/7/2013. 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.**



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Sep 27, 2012

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### Who is submitting this information?

Name of person providing this information: Tommy Buher (NIPSCo)

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

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### Excavator Information, if known

Full name: Jeff Strombeck

Business address (*number and street*): P.O. Box 822

City, State, and ZIP code: North Webster, IN 46555-0822

Telephone number (*area code*): 574-834-2394

Fax number (*area code*): \_\_\_\_\_

E-mail address: \_\_\_\_\_

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### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Probing Device

Type of work performed: Sewer (Sanitary/Storm)

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**Date and Location of Damage**

Date of damage (*month, day, year*): Aug 24, 2012

County: Kosciusko

City: Warsaw

Street address (*number and street, city, state, and ZIP code*):  
4179 N Runkle Dr

Nearest intersection: \_\_\_\_\_

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*): 1

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ \_\_\_\_\_

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**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

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**Notification, Locating, Marking**

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known: \_\_\_\_\_

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? Unknown/Other

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

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: no locates requested \_\_\_\_\_

Was site marked by "White Lining"? No

Were special instructions part of the locate request? Unknown/Other

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? Unknown/Other

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### **Description of Cause**

Select from the list the most accurate cause for the damage: --No notification made to the one-call center

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### **Additional Comments**



150 West Market Street, Suite 600  
Indianapolis, IN 46204

January 30, 2012

*Via Electronic Transmission – PipelineDamageCase@urc.in.gov*

Pipeline Safety Division – Case No. 3934  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3934

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: 8/24/2012

Event Location: 4179 N Runkle Dr

Facility Owner: Northern Indiana Public Service Company

Excavator: Jeff Strombeck

Other Party: N/A

Pipeline Division Case No. 3934

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. 3934</b>	
Date of Event	8/24/2012
Event Location	4179 N Runkle Dr
Event City	Warsaw
Facility Owner	Northern Indiana Public Service Company
Excavator	Jeff Strombeck
Date of IURC Information Request	12/5/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Jeff Strombeck
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	P.O.Box 822
CITY/ STATE/ZIP	North Webster, IN 46555
PREFERRED TELEPHONE	574-834-2394
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	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	<a href="mailto:morganthompson@usicinc.com">morganthompson@usicinc.com</a>
<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	4179 N Runkle Dr
CITY/STATE/ZIP	Warsaw, IN 46582
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" 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
<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	X

Trancher	
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	
Landscaping	
Liquid Pipeline	
Milling	
Natural Gas	
Pole	
Public Transit Authority	
Railroad Maintenance	
Road Work	
Sewer (Sanitary/Storm)	X
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
<b>LOCATE INFORMATION:</b>	
EXCAVATOR REQUEST LOCATE (YES/NO)	No

INDIANA 811 LOCATE TICKET NUMBER	N/A
LOCATE MARKS VISIBLE (YES/NO)	No
LOCATE MARKS CORRECT (YES/NO)	No
EXCAVATOR "WHITE LINED" (YES/NO)	No
MAPS USED TO MARK FACILITIES (YES/NO)	No
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)	N/A
POLICE DEPARTMENT RESPONSE (YES/NO)	N/A
AMBULANCE RESPONSE (YES/NO)	N/A
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
No notification made to the one-call center.	



**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?** Yes

**WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS?** No

**EXTENT OF FACILITY DAMAGE** cut pl service

**REPLACEMENT FOOTAGE** ?

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

**WHAT CONTRACTOR EQUIPMENT WAS USED?**

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

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



# DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Sep 27, 2012

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## Who is submitting this information?

Name of person providing this information: Tommy Buher

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

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## Excavator Information, if known

Full name: Jeff Strombeck

Business address (*number and street*): P.O. Box 822

City, State, and ZIP code: North Webster, IN 46555-0822

Telephone number (*area code*): 574-834-2394

Fax number (*area code*): \_\_\_\_\_

E-mail address: \_\_\_\_\_

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## Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Probing Device

Type of work performed: Sewer (Sanitary/Storm)

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**Date and Location of Damage**Date of damage (*month, day, year*): 8-24-12County: KosciuskoCity: WarsawStreet address (*number and street, city, state, and ZIP code*):  
4179 N Runkle Dr Warsaw 46582

Nearest intersection: \_\_\_\_\_

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? 1Time to restore service (*in hours*): 1Enter number of injuries, if applicable and known: 0Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ \_\_\_\_\_

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**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

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**Notification, Locating, Marking**

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known: \_\_\_\_\_

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? Unknown/Other

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

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: no locates requested \_\_\_\_\_

Was site marked by "White Lining"? No

Were special instructions part of the locate request? Unknown/Other

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? Unknown/Other

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### **Description of Cause**

Select from the list the most accurate cause for the damage: --No notification made to the one-call center

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### **Additional Comments**

# NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Goshon MAXIMO WO # M 541262  
 OPERATING AREA CONTACT Goshon JOB ORDER # 547286  
 TRACKING NUMBER \_\_\_\_\_ LOCATE REF # \_\_\_\_\_  
 Locate Performed By: \_\_\_\_\_

DATE AND TIME OF ACCIDENT 8-24 2012 16:00 P DATE OF REPORT 8-24-12  
 PLACE OF DAMAGE (INCLUDE CITY) 1179 N Runkle Rd Warsaw

**DAMAGE WAS TO:**

**ELECTRIC** - POLE / TRANSFORMER: # \_\_\_\_\_ SIZE \_\_\_\_\_ YEAR INSTALLED \_\_\_\_\_ BROKEN YES ( ) NO ( )

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

**GAS:** SERVICE  MAIN ( ) SIZE \_\_\_\_\_ 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 14:29 TIME RESTORED 15:30

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/8"

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

PARTY THAT CAUSED DAMAGES (NAME) JEFF STROMBECK

ADDRESS OF PARTY (INCLUDE CITY) P.O. Box 822 North Webster IN. 46555-0822  
Ph. 574-884-2394

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE JEFF STROMBECK

WITNESS NAME AND ADDRESS NONE

WITNESS REMARKS NONE

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY N/A REPORT # N/A  
 FIRE ( ) AGENCY N/A REPORT # N/A  
 OTHER ( ) N/A 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 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED               | <input type="checkbox"/> STUB ( ) OTHER _____      |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS: Put hole in 5 1/2" service probing for sewer  
tile

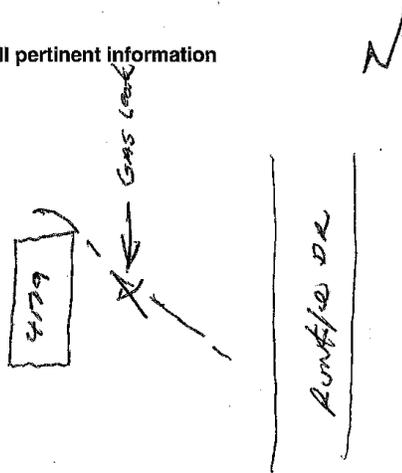
PERSON PREPARING REPORT William & Sample

FIELD SUPERVISOR Joe Cole

FIELD MANAGER Rick Gray

- 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

RECEIVED

JAN 07 2019

INDIANA UTILITY  
REGULATORY COMMISSION

Case Number: 3934

*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: Strombeck Brothers Inc.

Responsible Party Personal Name: Jeff Strombeck

Title (if any): co-owner

Address (number and street): P.O. Box 722

City, State and ZIP Code: North Webster, In. 46555

Preferred Telephone Number (area code): 574-834-2394

Cellular Telephone Number (area code): 574-528-1238

Email Address: jstrombeck@embarqmail.com

**Facility Information:**

Business Name: Northern Indiana Public Service Co.

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

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

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

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

Preferred Telephone Number (area code): 1-800-464-7726

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

Email Address: www.nipsc.com

**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):** Hand Tools

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

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

Personal Contact: Kathy Dawson

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

Title (if any): home owner

Address (number and street): 4179 N. Runkle Dr.

City, State and ZIP Code: Warsaw, In. 46582

Preferred Telephone Number (area code): 574-551-7001

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

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

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**Utility Line Impact**

**Location of Damage:**

Address (*number and street*): 4179 N. Runkle Dr.

City, State and ZIP Code: Warsaw, In. 46582

Nearest Intersection: N. Runkle Dr. and E. Burkhart Dr.

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

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

**Size (Diameter/etc.):** 1/2 inch

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

**Interruption in Service:**      Yes      No     **Number of Customers Affected:** <sup>1</sup> \_\_\_\_\_

**Evacuation:**      Yes      No     **If yes, How Many Evacuated?** <sup>1</sup> \_\_\_\_\_

**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:** \_\_\_\_\_

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

While servicing the septic system at 4179 N. Runkle Dr. I punctured the gas line with a 1/4 inch tile probe. The home owner called Northern Indiana Public Service Co.  
I exposed the punctured line with a shovel. The puncture was 20 feet east of house and 13 feet south of northeast corner, the gas meter was on north side of house, the street was due east.

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 3934

Your Full Name: Jeffery B. Strombeck

Full Name of Business / Entity (if applicable): Strombeck Brothers Inc.

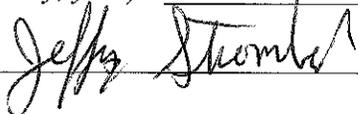
Your Business Title (if applicable): co-owner

Address (number and street): P.O. Box 722

City: North Webster, In. 46555 State: In. ZIP Code: 46555

Your E-mail Address: jstrombeck@embarqmail.com

Today's Date (month, day, year): 1-4-2013

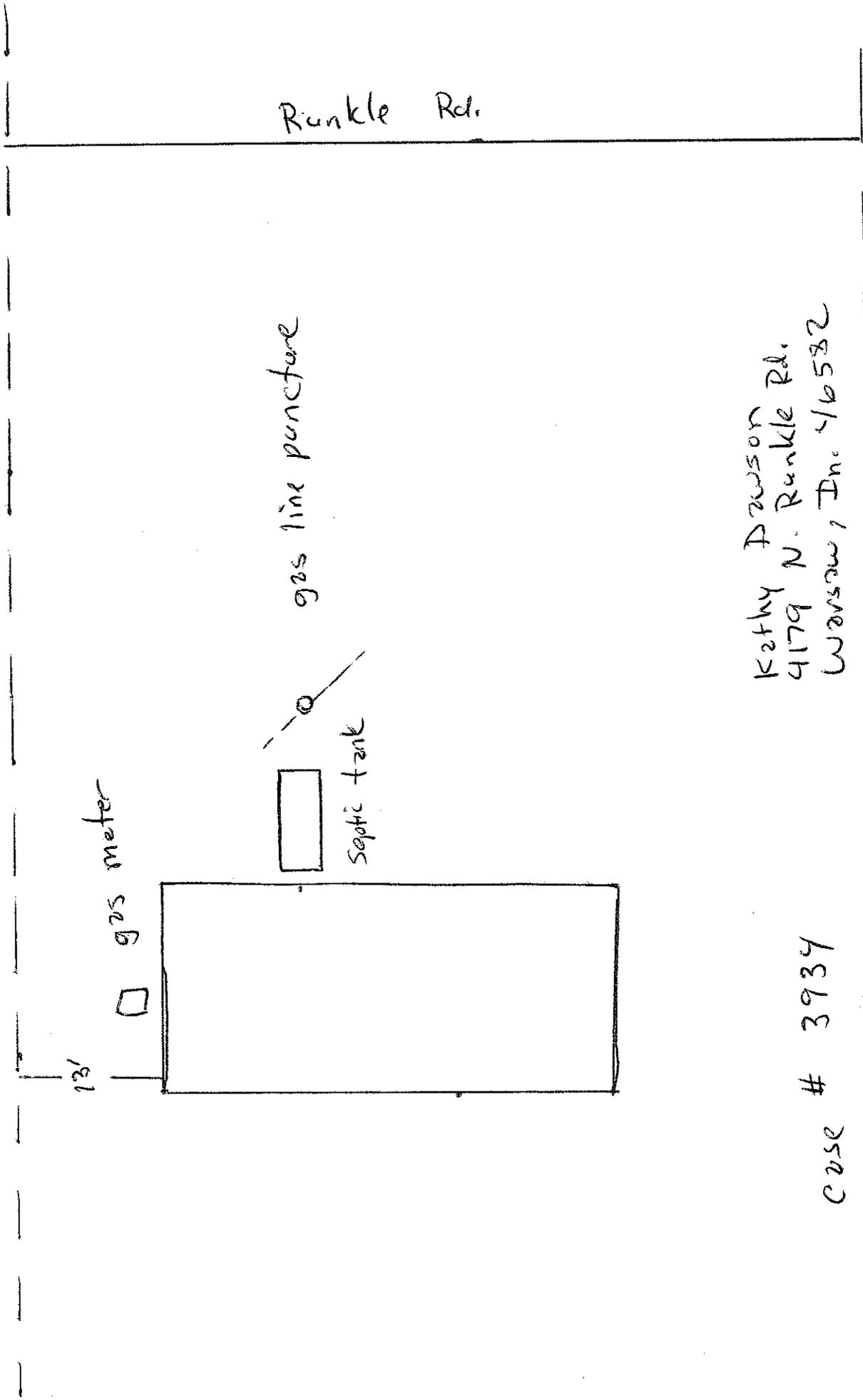
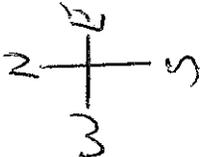
Your Signature:  Title (if any) co-owner

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 3934**  
**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)



Runkle Rd.

13'

gas meter



septic tank



gas line puncture

case # 3934

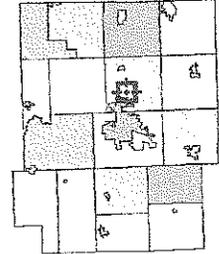
Kathy Dawson  
4179 N. Runkle Rd.  
Warsaw, In. 46582

574-551-7001

Date Created: 1/4/2013



Overview



Legend

- Lot Lines
- Parcels
- Cities and Towns (Local)
- Cities and Towns
- Townships
- Lakes
- House Numbers
- State Roads and US Highways
- Road Centerlines
- Railroads

<b>Parcel ID</b>	029-083-008.O	<b>Alternate ID</b>	2970201551
<b>Sec/Twp/Rng</b>	n/a	<b>Class</b>	RESIDENTIAL MOBILE/MANUFACTURED HOME FAMILY DWELLING ON UNPLATTED LAND OF 0-9.99
<b>Property Address</b>	4179 N RUNKLE DR Warsaw	<b>Acreage</b>	0.34

**Owner Address**  
Dawson James & Kathy TBE  
4179 N Runkle Dr  
Warsaw, IN 46582

**District** Plain  
**Brief Tax Description** 029-083-008.O  
PT S 1/2 SW 21-33-6 .34A  
(Note: Not to be used on legal documents)

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case # 3934