



## Pipeline Safety Division Investigation Report

### Investigation regarding: Porch Construction

UPPAC Database Record ID: 4367

Report Date: 3/25/2013

Investigator: Howard Friend

Damage Date: 10/10/2012

Damage Address: 1926 Ridge Rd., Munster, Lake

### The Parties

Excavator: **Porch Construction**

Address: 2520 W. 135th Lane, Crown Point, In 46307

Facility Owner: **NIPSCO**

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Construction

### 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: 1209113371

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

**Synopsis:** A natural gas line was damaged during excavation for a room addition.

**Findings:** Reported by Carrie Ludwig (NIPSCO); excavator's response to initial notice was received on 3/12/2013. The excavator reports that the gas line was to be rerouted for the room addition and that the gas company did not relocate back far enough. The excavator provided notice of excavation on 9/11/12 and damaged the line 29 days later.

**Conclusion:** There was a failure to maintain an active locate request.

**Violation: 8-1-26-16(g)(expire) Failure to provide notice of excavation - expired ticket.**



150 West Market Street, Suite 600  
Indianapolis, IN 46204

March 7, 2013

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

Pipeline Safety Division – Case No. 4367  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4367

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: 10/10/2012

Event Location: 1926 Ridge Rd.

City: Munster

Facility Owner: Northern Indiana Public Service Company

Excavator: Joel Porch (porch Construction)

Other Party: N/A

Pipeline Division Case No. 4367

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. 4367</b>	
Date of Event	10/10/2012
Event Location	1926 Ridge Rd.
Event City	Munster
Facility Owner	Northern Indiana Public Service Company
Excavator	Joel Porch (Porch Construction)
Date of IURC Information Request	2/13/2013
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Porch Construction
RESPONSIBLE PARTY PERSONAL NAME	Joel Porch
TITLE (IF ANY)	
ADDRESS	2520 W 135 <sup>th</sup> Ln
CITY/ STATE/ZIP	Crown Point, IN 46307
PREFERRED TELEPHONE	219-218-4554
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	1-317-538-7301
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	1926 Ridge Rd
CITY/STATE/ZIP	Munster, IN 46321
NEAREST INTERSECTION	Indianapolis Blvd
<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)	YES
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	NO
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	

Trencher	
Vacuum Equipment	
Unknown/Other	
<b>TYPE OF WORK PERFORMED (Select One)</b>	
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)	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)	
POLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
<p>No notification made to the one-call center- Excavator working under expired ticket 1209113371  NIPSCO Emergency Repair Ticket# 1210101620</p>	

Facility: Transmission Lines; Folder: N/A; Assigned To: N/A

NIPSCO 01039 IUPPSa 09/11/2012 17:30:14 1209113371-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1209113371 Date: 09/11/2012 Time: 17:18 Oper: JCARTER Chan:009

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

Address : 1926  
Street : RIDGE RD  
Cross 1 : INDIANAPOLIS BLVD Within 1/4 mile: Y  
Location: LOCATE ENTIRE YARD - FRONT-BACK-SIDES  
:  
Grids : 4133C8728B 4133C8728A 4133C8729D  
Boundary: n 41.558292 s 41.556145 w -87.484428 e -87.475899

Work type : ROOM ADDITION  
Done for : SOPHIE TOYA  
Start date: 09/13/2012 Time: 17:30 Hours notice: 48/48 Priority: NORM  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N  
Duration : 2 MONTHS Depth: 5 FEET

Company : PORCH CONSTRUCTION Type: CONT  
Co addr : 2520 WEST 135TH LANE  
City : CROWN POINT State: IN Zip: 46307  
Caller : JOEL PORCH Phone: (219)218-4554  
Contact : JOEL PORCH - CELL Phone:  
BestTime:  
Mobile : (219)218-4554

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

Submitted date: 09/11/2012 Time: 17:18  
Members: COMCN IB ID5069 ID6978 ID7150 NIPSCO SM

Facility: Distribution Lines; Folder: On-Hold folder; Assigned To: N/A

NIPSCO 00545 IUPPSa 10/10/2012 11:57:06 1210101620-00A EMER NEW GRID

EMERGENCY SEE REMARKS

Ticket : 1210101620 Date: 10/10/2012 Time: 11:52 Oper: SHARRIS Chan:089

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

Address : 1926  
Street : RIDGE RD  
Cross 1 : HAWTHORNE DR Within 1/4 mile: Y  
Location: LOCATE THE ENTIRE PROPERTY  
:  
Grids : 4133C8728B 4133C8728A  
Boundary: n 41.557869 s 41.556454 w -87.482010 e -87.477852

Work type : REPAIR GAS LINE  
Done for : NIPSCO  
Start date: 10/10/2012 Time: 11:54 Hours notice: 0/0 Priority: EMER  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
Duration : 1 DAY Depth: 6 FEET

Company : NIPSCO Type: MEMB  
Co addr : 801 E 86TH AVE  
City : MERRILLVILLE State: IN Zip: 46410  
Caller : MARCIA KING Phone: (800)322-2806  
Contact : TONY SANCHEZ - CELL Phone:  
BestTime:  
Mobile : (219)742-5267  
Fax : (219)647-4764

Remarks : All tickets are taken and processed on Eastern Daylight Time  
CREW EN ROUTE

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

Submitted date: 10/10/2012 Time: 11:52  
Members: COMCN IB ID5069 ID6978 ID7150 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY  
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Hammond LOA MAXIMO WO # \_\_\_\_\_

OPERATING AREA CONTACT Tony Sanchez JOB ORDER # Unknown -> submitted to

TRACKING NUMBER 1210101620 Exp. 10-30-12 LOCATE REF # \_\_\_\_\_  
Locate Performed By: USIC claims already

DATE AND TIME OF ACCIDENT 10-10-2012, 11:03 AM DATE OF REPORT 11-21-12  
PLACE OF DAMAGE (INCLUDE CITY) 1926 Ridge Rd, Munster

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) 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 11:03 AM TIME RESTORED Next Day (10-11-12) @ 15:26

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/4 of pipe diameter \*Delayed due to customer interior line repairs needed.\*

LOCATE MARKS ON SITE: YES  DISTANCE BETWEEN FACILITY AND LOCATE MARKS 3ft \*See comments\* NO ( )  
HOW LOCATED: PAINT ( ) FLAGS ( ) BOTH  WHITE LINED ( )

PARTY THAT CAUSED DAMAGES (NAME) Joel Porch - Porch Construction

ADDRESS OF PARTY (INCLUDE CITY) Contractor for property owner

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Joel Porch

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

WITNESS REMARKS Contractor stated he was unaware of gas

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY N/A REPORT # reroute

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 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 checked="" type="checkbox"/> OTHER <u>house addition</u> |
| <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 checked="" 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                      |
|   |  | <input type="checkbox"/> OTHER                     |

COMMENTS: Gas reroute was performed a day prior to  
accomidate new addition. Home addition contractor did  
not call for locates for <sup>newly</sup> rerouted gas svc.

PERSON PREPARING REPORT Tony Sanchez

FIELD SUPERVISOR Tony Sanchez

FIELD MANAGER Karima Hasan Bey

- 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: \_\_\_\_\_



# DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Jan 17, 2013

## Who is submitting this information?

Name of person providing this information: Carrie Ludwig

Business address (*number and street*): 3511 East 15th Avenue

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: Joel Porch (Porch Construction)

Business address (*number and street*): 2520 W. 135th Lane

City, State, and ZIP code: Crown Point, In 46307

Telephone number (*area code*): (219) 218-4554

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

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**Date and Location of Damage**Date of damage (*month, day, year*): Oct 10, 2012County: LakeCity: MunsterStreet address (*number and street, city, state, and ZIP code*):  
1926 Ridge Rd., Munster, IN 46321

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? \_\_\_\_\_

Was there a customer service interruption? Yes

If yes, how many affected? 1Time to restore service (*in hours*): 15

Enter number of injuries, if applicable and known: \_\_\_\_\_

Enter number of fatalities, if applicable and known: \_\_\_\_\_

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? 18

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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? Yes

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? Yes

Were facilities marked correctly? Unknown/Other

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?

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? 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

Excavator working under our ticket #: 1210011020. Digging on expired locate ticket #1209113371.  
Emergency Ticket # 1301070883

Fact Based Investigation Report

**Notification ID** 01820121010011  
**Damage Date** 10/10/2012 11:55  
**Notified By** MARCIA KING (Other)  
**Damage Address** 1926 RIDGE RD HAWTHORNE DR (LAKE CTY)  
MUNSTER, IN  
**District** Northern Indiana  
**Notification Date** 10/10/2012 12:02

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**Damaged Customer** NIPSCO

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**Investigation Date From** 10/10/2012 14:30:00 **To** 10/10/2012 14:40:00

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**Excavator Involved** GOETZ HOSTA FARM  
**Type of Excavation** Irrigation Install

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**Orig. Locate Request** UNK **Start Date**  
**Type of Ticket** **Locate Req. Info** N/A Yes

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**Damage Request #** 1210051893 **Start Date** 10/10/2012 14:30

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**Pictures Taken By** Tony Wesley **Date** 10/10/2012 14:30  
**Photography Type** Digital **Frame #**

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**Investigator Emp. #** 134728 **Investigator Name** Tony Wesley  
**Based on your investigation, is further investigation needed?** No

Fact Based Investigation Customer Information

**Facility Description** Low Profile **Facility ID** Gas Service  
**Locator Name & EMP #** - **Locator Not Known** Yes

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**Investigation Findings**  
No Locate Req. By Contractor  
**Other Notes**

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**Investigation Methods**  
Visual, Facility Exposed At Time Of Investigation

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**Investigator Statement/Causal Factors**

The contractor did not have a ticket to do the digging at the site of the damage. USIC is not at fault. Photos of damage are on ticket 1210051893

**Names of Utility Representatives Contacted or on Site and Statement**  
N/A

**Names of Excavator's Representatives Contacted or on Site and Statement**  
N/A

**Other individuals on site**  
N/A

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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?** No  
**Was the excavation within the tolerance zone of marks?** No

**Extent of facility damage**

Cut in service

**Replacement Footage**

3'

**Was contractor assistance required? If yes, who?**

No

**What contractor equipment was used?**

**Is the facility shown on the utility records?**

No

**If yes, list record numbers**



Property of United States Infrastructure Corporation  
Photo taken on 10/10/2012 11:04:28 AM



**INFORMATION REQUEST**

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION - PIPELINE SAFETY DIVISION

RECEIVED

MAR 12 2013

INDIANA UTILITY  
REGULATORY COMMISSION

Case Number: 4367

*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: Porch Construction

Responsible Party Personal Name: Joel Porch

Title (if any): owner

Address (number and street): 2520 w. 135th Lane

City, State and ZIP Code: Crown Point IN 46307

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

Cellular Telephone Number (area code): 219-218-4554

Email Address: porch.joel@yahoo.com

**Facility Information:**

Business Name: Porch Construction

Responsible Party Personal Name: Joel Porch

Title (if any): owner

Address (number and street): 2520 w. 135th lane

City, State and ZIP Code: crown point IN 46307

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

Cellular Telephone Number (area code): 219-218-4554

Email Address: porch.joel@yahoo.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: \_\_\_\_\_

**Cause of Damage Information**

Type of Equipment (select one): Backhoe/Trackhoe

Type of Work Performed (select one): Bldg. Construction

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

Personal Contact: Scott Bieshizium

Business/Organization Name: Porch Construction

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

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

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

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

Cellular Telephone Number (area code): 219-406-1876

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

**Utility Line Impact**

**Location of Damage:**

Address (number and street): 1926 Ridge Rd.

City, State and ZIP Code: Munster IN 46321

Nearest Intersection: u.s. 41

Product Type (select one): Natural Gas

Facility Type (select one): Service/Drop

Size (Diameter/etc.): 1 in

Pressure (PSIG/Inches): not known

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: 1209113371

- 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: \_\_\_\_\_

Number of Inpatient Treated: \_\_\_\_\_

Number of Fatalities: \_\_\_\_\_

Fire Department Response:  Yes  No

Police Department Response:  Yes  No

Ambulance Response:  Yes  No

**Additional Information / Comments**

Site was being excavated for addition. Nipsco was to move existing meter from the south of home to the west side. They moved the meter, but instead of cutting metal supply from street, they instead moved meter and lopped existed plastic gas line around the corner and left gas line in dig area. They moved the meter to the correct location but FAILED to move the line out of the over dig site but also the dig site which was clearly stated to them where the addition was to be dug. I have a picture of the line and its location if needed. I can not stress more that they failed to correctly move the line as discussed. I feel they did an incompetent job of moving supply line per request.

Sincerely,

Joel Porch

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 4367

Your Full Name: Joel David Porch

Full Name of Business / Entity (if applicable): Porch Construction

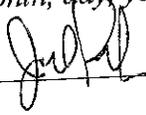
Your Business Title (if applicable): owner

Address (number and street): 2520 W. 135th Lane

City: Crown Point State: IN ZIP Code: 46307

Your E-mail Address: porch.joel@yahoo.com

Today's Date (month, day, year): 3/4/13

Your Signature:  Title (if any) owner

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 4367**  
**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)