



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Damen Tsouklis**

UPPAC Database Record ID: 4377

Report Date: 3/25/2013

Investigator: Howard Friend

Damage Date: 11/16/2012

Damage Address: 691 Hemlock Dr, Crown Point, Lake

### The Parties

Excavator: **Damen Tsouklis**

Address: 691 Hemlock Dr, Crown Point, In 46307

Facility Owner: **NIPSCO**

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Hand Tools

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): \$227

### Excavator Activities/Cause of Damage Information:

Excavator Request Locates: No

Indiana 811 Ticket Number:

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

**Synopsis:** A natural gas service was damaged during excavation for deck post.

**Findings:** Reported by Steve Noffsinger (NIPSCO); excavator's response to initial notice was received on 2/25/2013. The homeowner failed to provide notice of excavation prior to using a post hole digger thirty four (34) inches deep.

**Conclusion:** There was a failure to provide notice of excavation.

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



150 West Market Street, Suite 600  
Indianapolis, IN 46204

March 8, 2013

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

Pipeline Safety Division – Case No. 4377  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4377

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: 11/16/2012

Event Location: 691 Hemlock Dr

City: Crown Point

Facility Owner: Northern Indiana Public Service Company

Excavator: Damen Tsouklis

Other Party: N/A

Pipeline Division Case No. 4377

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. 4377</b>	
Date of Event	11/16/2012
Event Location	691 Hemlock Dr
Event City	Crown Point
Facility Owner	Northern Indiana Public Service Company
Excavator	Damen Tsouklis
Date of IURC Information Request	2/13/2013
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Damen Tsouklis
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	Homeowner
ADDRESS	691 Hemlock Dr
CITY/ STATE/ZIP	Crown Point, IN 46307
PREFERRED TELEPHONE	219-663-0659
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	691 Hemlock Dr
CITY/STATE/ZIP	Crown Point, IN 46307
NEAREST INTERSECTION	Hayes St
<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	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	X
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)	N/A
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  NIPSCO Emergency Repair Ticket# 1211161445</p>	

Facility: Distribution Lines; Folder: N/A; Assigned To: USIC - Company Request

NIPSCO 00466 IUPPSa 11/16/2012 12:01:30 1211161445-00A EMER NEW STRT

EMERGENCY SEE REMARKS

Ticket : 1211161445 Date: 11/16/2012 Time: 11:58 Oper: AHINES Chan:075

State: IN Cnty: LAKE Twp: CENTER  
Cityname: CROWN POINT Inside: Y Near: N  
Subdivision:

Address : 691  
Street : HEMLOCK DR  
Cross 1 : HEMLOCK LN Within 1/4 mile: Y  
Location: LOCATE THE ENTIRE PROPERTY  
:  
Grids : 4123C8721C 4123B8721C 4123C8721B 4123B8721B  
Boundary: n 41.393147 s 41.391586 w -87.360588 e -87.355461

Work type : REPAIR GAS LINE  
Done for : NIPSCO  
Start date: 11/16/2012 Time: 12:00 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 EAST 86TH AVENUE  
City : MERRILLVILLE State: IN Zip: 46410  
Caller : AMBER FERGUSON Phone: (800)322-2806  
Contact : MARK SCHLESSLE - CELL Phone:  
BestTime:  
Mobile : (219)776-8237  
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: 11/16/2012 Time: 11:58  
Members: COMCN IB ID2287 ID8240 NIPSCO SM



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jan 21, 2013

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### Who is submitting this information?

Name of person providing this information: Steve Noffsinger

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: Damen Tsouklis

Business address (*number and street*): 691 Hemlock Dr

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

Telephone number (*area code*): 219-663-0659

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

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

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### Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Hand Tools

Type of work performed: Bldg. Construction

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**Date and Location of Damage**

Date of damage (*month, day, year*): Nov 16, 2012

County: Lake

City: Crown Point

Street address (*number and street, city, state, and ZIP code*):  
691 Hemlock Dr, Crown Point, IN 46307

Nearest intersection: Hayes St

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

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? 34

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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? Yes

Were facilities marked correctly? Unknown/Other

Type of markings used: Other

If other, please specify: Old marks--can't determine --covered with dirt \_\_\_\_\_

Was site marked by "White Lining"? No

Were special instructions part of the locate request? No

Were maps used to complete the locate request? No

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**

See old ticket 1208200711 for tree and stump removal  
Nipsco emergency repair ticket 1211161445

**Fact Based Investigation Report**

NOTIFICATION ID: 01820121116007

DISTRICT: Northern IN

DAMAGE DATE: 11/16/2012 11:30:00 AM

NOTIFICATION DATE: 11/16/2012 12:05:29 PM

NOTIFIED BY: AMBER FERGUSON Facility Owner

DAMAGE ADDRESS: 691 HEMLOCK DR X HEMLOCK LN

CITY: CROWN POINT

ST: IN ZIP:

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DAMAGED CUSTOMER: NIPSCO

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INVESTIGATION DATE: 11/16/2012

FROM: 12:30:00

TO: 13:05:00

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EXCAVATOR INVOLVED: Homeowner

TYPE OF EXCAVATION: Install post

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ORIG. LOCATE REQ:

START DATE/TIME:

TYPE OF TICKET:

LOCATE REQ. INFO N/A: Yes

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DIG UP/DAMAGE REQ: 1211151445

START DATE/TIME: 11/16/2012 12:30:00 PM

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PICTURES TAKEN BY: Reginald  
Flemings

DATE/TIME: 11/16/2012 12:30:00  
PM

PHOTOGRAPHY  
TYPE: Digital

FRAME #:

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INVESTIGATOR EMP#: 134728

INVESTIGATOR NAME: Reginald Flemings

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

**Fact Based Investigation Customer Information**

NOTIFICATION ID: 01820121116007

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: (optional)

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FACILITY DESCRIPTION: LOWPROF FACILITY ID: Gas Service

LOCATOR NAME & EMP #:

LOCATOR NOT KNOWN: Yes

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CHECK ALL THAT APPLY TO INVESTIGATION:

No Locate Req. By Contractor

Other:

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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:

There was no current ticket for this job. Homeowner hit line while installing post. USIC not at fault.

**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

**LIST ANY 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 line

**REPLACEMENT FOOTAGE** 2'

**WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?**

**WHAT CONTRACTOR EQUIPMENT WAS USED?**

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

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

NORTHERN INDIANA PUBLIC SERVICE COMPANY  
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Q30 MAXIMO WO # \_\_\_\_\_

OPERATING AREA CONTACT Mr. Schress JOB ORDER # 583911

TRACKING NUMBER 01820121116007 LOCATE REF # \_\_\_\_\_

Locate Performed By: \_\_\_\_\_

DATE AND TIME OF ACCIDENT 11-16 9:19 2012, A M DATE OF REPORT 11-16-12

PLACE OF DAMAGE (INCLUDE CITY) 691 Hemlock Dr Lot 4B

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) 34 INCHES PRESSURE (PSI) 40 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 09:19 TIME SHUT OFF \_\_\_\_\_ TIME RESTORED \_\_\_\_\_

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: SMALL CUT FROM POSTHOLE DIGGER

LOCATE MARKS ON SITE: YES  DISTANCE BETWEEN FACILITY AND LOCATE MARKS OLD (1 month per contractor) NO ( )

HOW LOCATED: PAINT ( ) FLAGS ( ) BOTH ( ) WHITE LINED ( ) CAN'T DETERMINE - COVERED W/DIRT

PARTY THAT CAUSED DAMAGES (NAME) DAMON S TSOUKLIS - Homeowner

ADDRESS OF PARTY (INCLUDE CITY) 691 Hemlock Dr Crown Point

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE DAMON S. TSOUKLIS

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

WITNESS REMARKS OLD LOCATE - NOT DETECTABLE

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY \_\_\_\_\_ REPORT # \_\_\_\_\_

FIRE ( ) AGENCY \_\_\_\_\_ REPORT # \_\_\_\_\_

OTHER ( ) \_\_\_\_\_ Any Injuries? ( ) YES # \_\_\_\_\_ ( ) NO

PHOTOS TAKEN: YES ( ) NO  TAKEN BY: \_\_\_\_\_ (ATTACH PHOTOS TO REPORT)

WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW

- |   |                                     |  |   |
|---|-------------------------------------|--|---|
| <input checked="" type="checkbox"/> AGRICULTURE/FARMING | <input type="checkbox"/> CABLE TV   | <input type="checkbox"/> CURB/SIDEWALK | <input type="checkbox"/> TELECOMMUNICATIONS |
| <input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> OTHER <u>POST HOLE DIGGER - MANUAL TYPE</u> |

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 type="checkbox"/> MARKS DISTURBED               | <input type="checkbox"/> STUB   |
|  |  | <input checked="" type="checkbox"/> OTHER <u>FAILURE TO MARK EXPOSE</u> |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS:

FRIENDS OF HOMEOWNER HIT SERVICE WITH  
POSTHOLE DIGGER WHILE SETTING POST FOR  
NEW DECK ON REAR OF HOUSE

PERSON PREPARING REPORT

JAMES A ADAMS

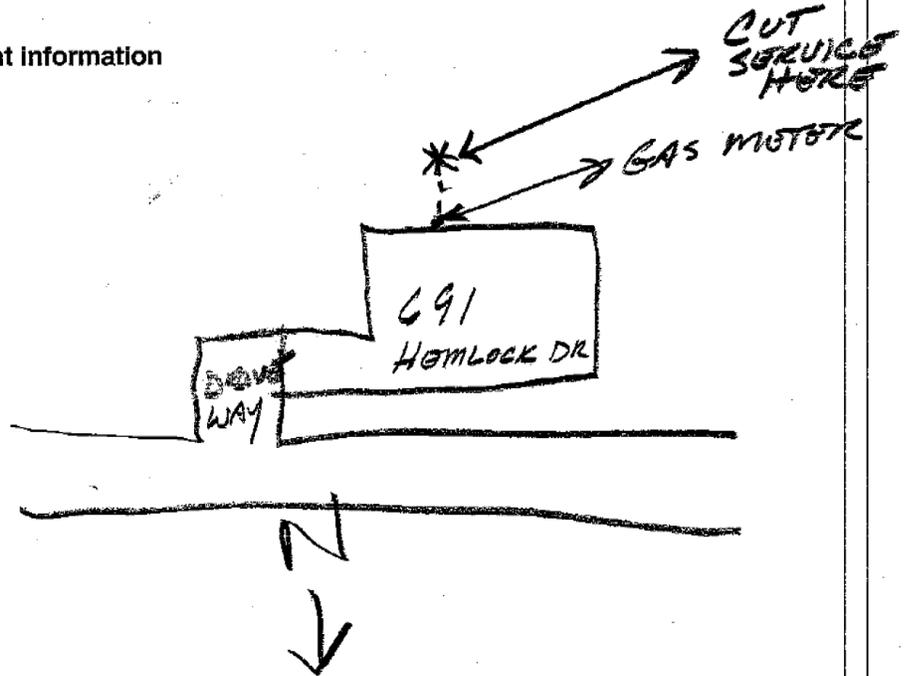
FIELD SUPERVISOR

Mark A. Schiessle

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: 4377

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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: N/A

Responsible Party Personal Name: Damon Tsouklis

Title (if any): Homeowner

Address (number and street): 691 Hemlock Drive

City, State and ZIP Code: Crown Point, IN 46307

Preferred Telephone Number (area code): (219) 796-5380

Cellular Telephone Number (area code): (219) 796-5380

Email Address: dtsouklis@sbcglobal.net

#### Facility Information:

Business Name: N/A

Responsible Party Personal Name: Damon Tsouklis

Title (if any): Homeowner

Address (number and street): 691 Hemlock Drive

City, State and ZIP Code: Crown Point, IN 46307

Preferred Telephone Number (area code): (219) 796-5380

Cellular Telephone Number (area code): (219) 796-5380

Email Address: dtsouklis@sbcglobal.net

**Locator Service Information:**

Business Name: N/A

Responsible Party Personal Name: Damon Tsouklis

Title (if any): Homeowner

Address (number and street): 691 Hemlock Drive

City, State and ZIP Code: Crown Point, IN 46307

Preferred Telephone Number (area code): (219) 796-5380

Cellular Telephone Number (area code): (219) 796-5380

Email Address: dtsouklis@sbcglobal.net

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**Cause of Damage Information**

Type of Equipment (select one): Hand Tools

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

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

Personal Contact: Damon Tsouklis

Business/Organization Name: N/A

Title (if any): Homeowner

Address (number and street): 691 Hemlock Drive

City, State and ZIP Code: Crown Point, IN 46307

Preferred Telephone Number (area code): (219) 796-5380

Cellular Telephone Number (area code): (219) 796-5380

Email Address: dtsouklis@sbcglobal.net

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### Utility Line Impact

#### Location of Damage:

Address (*number and street*): 691 Hemlock Drive

City, State and ZIP Code: Crown Point, IN 46307

Nearest Intersection: Hemlock Lane and Magnolia Drive

Product Type (*select one*): Natural Gas

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

Size (Diameter/etc.): \_\_\_\_\_

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

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

Evacuation:                     Yes         No    If yes, How Many Evacuated? 0

Repair Cost (if known): \$ 227

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: Unknown

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: 0

Number of Inpatient Treated: 0

Number of Fatalities: 0

Fire Department Response:  Yes  No

Police Department Response:  Yes  No

Ambulance Response:  Yes  No

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**Additional Information / Comments**

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 4377

Your Full Name: Damon Tsouklis

Full Name of Business / Entity (if applicable): \_\_\_\_\_

Your Business Title (if applicable): \_\_\_\_\_

Address (number and street): 691 Hemlock Drive

City: Crown Point State: IN ZIP Code: 46307

Your E-mail Address: dtsouklis@sbcglobal.net

Today's Date (month, day, year): 2/24/2013

Your Signature: Damon Tsouklis Title (if any) \_\_\_\_\_

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 4377**  
**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)