



Pipeline Safety Division Investigation Report

Investigation regarding: Fieldstone Enterprise LLC

UPPAC Database Record ID: 4426

Report Date:

Investigator: William Boyd

Damage Date: 12/18/2012

Damage Address: 529-1 Chicory Ln, Valparaiso, Porter County

The Parties

Excavator: **Fieldstone Enterprise LLC** (Contractor)

Address: 930 N 651 E, Westville, In, 46391

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Hand Tools

Type of Work Performed: Water

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: 1211271684

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

Synopsis: Excavator struck a natural gas service stub with a shovel during excavation to install a water line.

Findings: Reported by Steve Noffsinger (NIPSCO); excavator's response to initial notice was received on 3/12/2013. The excavator had a valid locate request in the form of a second notice that had been called in 12/03/2013 on original ticket number 1211271684. The damaged service stub had not been located and marked.

Conclusion: The operator failed to correctly locate and mark the service stub.

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



150 West Market Street, Suite 600
Indianapolis, IN 46204

March 13, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4426
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4426

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: 12/18/2012

Event Location: 529-1 Chicory Ln

City: Valparaiso

Facility Owner: Northern Indiana Public Service Company

Excavator: Fieldstone Enterprise Llc

Other Party: N/A

Pipeline Division Case No. 4426

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. 4426	
Date of Event	12/18/2012
Event Location	529-1 Chicory Ln
Event City	Valparaiso
Facility Owner	Northern Indiana Public Service Company
Excavator	Fieldstone Enterprise Llc
Date of IURC Information Request	2/13/2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Fieldstone Enterprise LLC
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	930 N 651 E
CITY/ STATE/ZIP	Westville / IN / 46391
PREFERRED TELEPHONE	(219) 299-1546
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
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	Same
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	529-1 Chicory Lane
CITY/STATE/ZIP	Valparaiso / IN / 46383
NEAREST INTERSECTION	Hillsbie Court
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.)	5/8"
PRESSURE (PSIG/INCHES)	
INTERRUPTION IN SERVICE (YES/NO)	N
NUMBER OF CUSTOMERS AFFECTED	0
EVACUATION (YES/NO)	N
IF YES, HOW MANY EVACUATED	
REPAIR COST (IF KNOWN) (\$)	
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	X
Milling Equipment	

Probing Device	
Trencher	
Vacuum Equipment	
Unknown/Other	
TYPE OF WORK PERFORMED (Select One)	
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)	
Site Development	
Steam	
Storm Drain/Culvert	
Street Light	
Telecommunications	
Traffic Signal	
Traffic Sign	
Water	X
Waterway Improvement	
Unknown/Other	
RELEASE OF PRODUCT (YES/NO)	Y
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	N
LOCATE INFORMATION:	

EXCAVATOR REQUEST LOCATE (YES/NO)	N
INDIANA 811 LOCATE TICKET NUMBER	
LOCATE MARKS VISIBLE (YES/NO)	N
LOCATE MARKS CORRECT (YES/NO)	
EXCAVATOR "WHITE LINED" (YES/NO)	N
MAPS USED TO MARK FACILITIES (YES/NO)	N
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	N
INCIDENT IMPACT INFORMATION	
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
ADDITIONAL INFORMATION/COMMENTS	
<p>Contractor hit inaccurately marked line stubbed out to accommodate new home construction.</p> <p>Emergency ticket# 1212181272.</p>	

NIPSCO 00046 IUPPSa 12/03/2012 08:15:30 1211271684-01A NORM 2NDR STRT

SECOND NOTICE 2ND NOTICE

Ticket : 1211271684 Date: 12/03/2012 Time: 08:13 Oper: SHARRIS Chan:089
Old Tkt: 1211271684 Date: 11/27/2012 Time: 12:14 Oper: JELEWITZ Rev: 00A

State: IN Cnty: PORTER Twp: CENTER
Cityname: SOUTH HAVEN Inside: N Near: Y
Subdivision: TOWER MEADOWS

Address :

Street : CHICORY LN

Cross 1 : W 550 N Within 1/4 mile: Y

Location: THIS IS FOR LOTS 93 AND 94 -- ADDRESSES 531 AND 529-1 CHICORY LANE

--

LOCATE THE FRONT OF BOTH PROPERTIES

:

Grids : 4130A8706B 4130B8706B

Boundary: n 41.514815 s 41.510539 w -87.112005 e -87.110344

Work type : SEWER AND WATER LINE INSTALLATION

Done for : ECOHOMES

Start date: 11/29/2012 Time: 12:30 Hours notice: 0/000 Priority: NORM

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

Duration : 1 DAY Depth: 6 FEET

Company : FIELDSTONE ENTERPRISES LLC Type: CONT

Co addr : 930 NORTH 651 EAST

City : WESTVILLE State: IN Zip: 46391

Caller : SPENCER WRIGHT Phone: (219)299-1546

Contact : SPENCER WRIGHT - CELL Phone:

BestTime:

Mobile : (219)299-1546

Fax : (219)983-1379

Email : DIRTWERKES@GMAIL.COM

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

NEED ALL UTILITIES TO RESPOND TO THE TICKET - THANK YOU

Will you be white-lining the dig site area? YES

:

Submitted date: 12/03/2012 Time: 08:13

Members: BE COMCN ID2227 ID2301 ID3215 ID8000 NIPSCO SM

1212181272



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jan 24, 2013

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

Excavator Information, if known

Full name: Fieldstone Enterprise LLC

Business address (*number and street*): 930 N 651 E

City, State, and ZIP code: Westville, IN, 46391

Telephone number (*area code*): 219-299-1546

Fax number (*area code*): 219-983-1379

E-mail address: DIRTWERKES@GMAIL.COM

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Hand Tools

Type of work performed: Water

Date and Location of Damage

Date of damage (*month, day, year*): Dec 18, 2012 _____

County: Porter _____

City: Valparaiso _____

Street address (*number and street, city, state, and ZIP code*):
529-1 Chicory Ln, Valparaiso, IN, 46383 _____

Nearest intersection: W 550 N _____

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? No

If yes, how many affected? 0 _____

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 \$ _____

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? 37 _____

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: Paint and Flags

If other, please specify: _____

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? Unknown/Other

Description of Cause

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

Additional Comments

See expired ticket 1211271684 the locates on site were from that ticket

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

Nipsco contacted for repairs

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

N/A

LIST ANY OTHER INDIVIDUALS ON SITE:

N/A

WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL? Yes

WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA? Yes

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS? Yes

EXTENT OF FACILITY DAMAGE cut plastic stub service

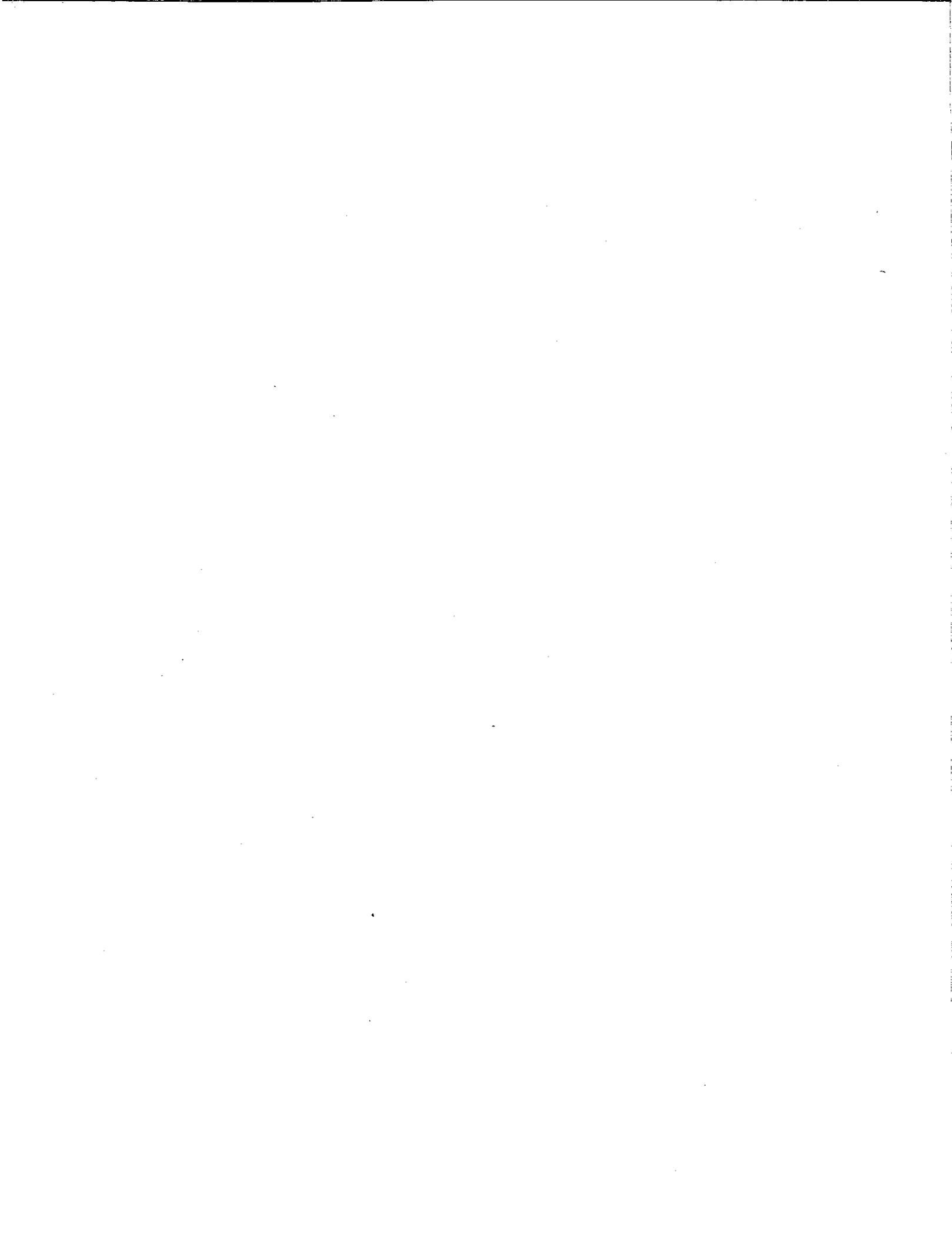
REPLACEMENT FOOTAGE N/A

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? Shovel

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 VALPO MAXIMO WO # _____
 OPERATING AREA CONTACT Rick Smith JOB ORDER # 592770
 TRACKING NUMBER 018-2012-1218-007 LOCATE REF # 1211271684
 Locate Performed By: _____

DATE AND TIME OF ACCIDENT 12-18-12 ^{10:00} 2012 AM M DATE OF REPORT 12-18-12
 PLACE OF DAMAGE (INCLUDE CITY) 529-1 ~~Chico~~ Ln Lot 94
CHICO

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) 37" PRESSURE (PSI) 50 Lbs.

RELEASE OF GAS: YES NO () IGNITION OF GAS: YES () NO EVACUATION REQUIRED: YES NO

INTERRUPTION OF SERVICE: YES NO NUMBER OF CUSTOMERS LOST: 0

DURATION OF INTERRUPTION: TIME REPORTED 10:00 TIME RESTORED 15:30

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/2

LOCATE MARKS ON SITE: YES DISTANCE BETWEEN FACILITY AND LOCATE MARKS 2 feet or more NO ()
 HOW LOCATED: PAINT () FLAGS () BOTH WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) Fieldstone Enterprise LLC.

ADDRESS OF PARTY (INCLUDE CITY) 630 N 931 N Westville IN 46391

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Spencer Wright

WITNESS NAME AND ADDRESS 667 E 1670 N Westville IN 46391

WITNESS REMARKS lines ^{markings} were shown to feed improperly

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

FIRE () AGENCY _____ REPORT # _____

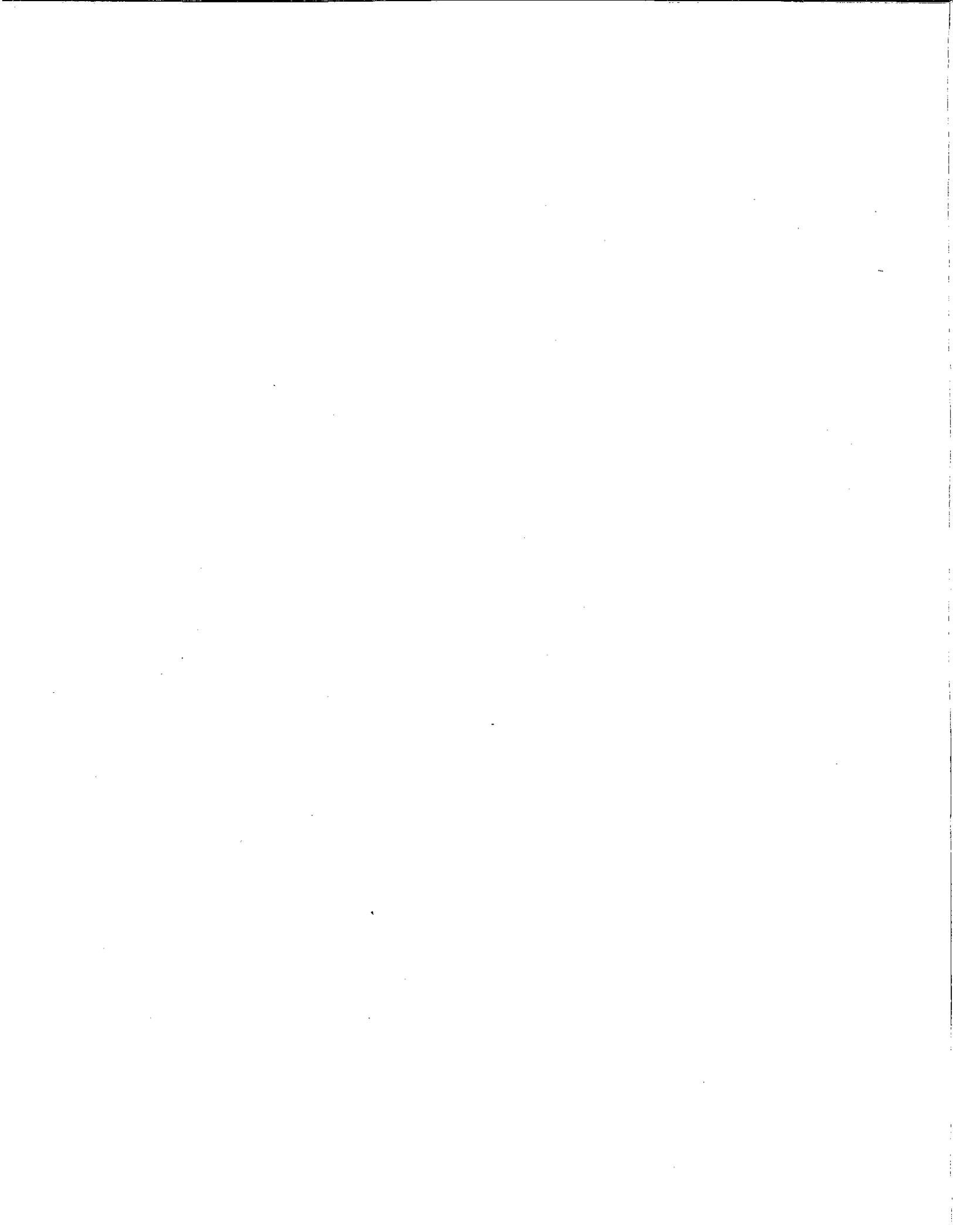
OTHER () _____ Any Injuries? () YES # _____ NO

PHOTOS TAKEN: YES () NO TAKEN BY: _____ (ATTACH PHOTOS TO REPORT)
 MEDIA ON SITE YES () NO

- WORK IN PROGRESS WHEN FACILITY DAMAGED** — CHECK APPROPRIATE CHOICE BELOW
- | | | | |
|--|-------------------------------------|--|---|
| <input type="checkbox"/> AGRICULTURE/FARMING | <input type="checkbox"/> CABLE TV | <input type="checkbox"/> CURB/SIDEWALK | <input type="checkbox"/> TELECOMMUNICATIONS |
| <input type="checkbox"/> BLDG CONSTRUCTION | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> DRAINAGE | <input checked="" type="checkbox"/> WATER |
| <input type="checkbox"/> DRIVEWAY | <input type="checkbox"/> ELECTRIC | <input type="checkbox"/> SURVEYING | <input type="checkbox"/> DRAINS/CULVERTS |
| <input type="checkbox"/> FENCING | <input type="checkbox"/> GRADING | <input type="checkbox"/> IRRIGATION | <input type="checkbox"/> MOWING |
| <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> PIPELINE | <input type="checkbox"/> MILLING | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> POLE/SIGN POST | <input type="checkbox"/> ROAD WORK | <input type="checkbox"/> SEWER | |

- TYPE OF EQUIPMENT USED** — CHECK APPROPRIATE CHOICE BELOW
- | | | |
|--|--|--|
| <input type="checkbox"/> AUGER | <input checked="" type="checkbox"/> HAND TOOLS | <input checked="" type="checkbox"/> BACKHOE/TRACKHOE |
| <input type="checkbox"/> MILLING EQUIPMENT | <input type="checkbox"/> PROBING DEVICE | <input type="checkbox"/> BORING / DRILLING |
| <input type="checkbox"/> EXPLOSIVES | <input type="checkbox"/> TRENCHER | <input type="checkbox"/> FARM EQUIPMENT |
| <input type="checkbox"/> VACCUUM EQUIPMENT | <input type="checkbox"/> GRADER | <input type="checkbox"/> OTHER _____ |

- REASON DAMAGE OCCURRED** — CHECK APPROPRIATE CHOICE BELOW
- | | | |
|--|--|--|
| <input type="checkbox"/> AUTOMOTIVE ACCIDENT | <input type="checkbox"/> EXCAVATING BEFORE LOCATES DUE | <input type="checkbox"/> CARELESS MACHINE OPERATOR |
| <input type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED | <input checked="" type="checkbox"/> STUB |
| | | <input type="checkbox"/> OTHER _____ |



COMMENTS:

Hit stub, bad locates.

PERSON PREPARING REPORT

Rick Galloway

FIELD SUPERVISOR

Tommy Parker

FIELD MANAGER

John Todd

- 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 24, 2013

Who is submitting this information?

Name of person providing this information: Steve Noffsinger (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

Excavator Information, if known

Full name: Fieldstone Enterprise LLC

Business address (*number and street*): 930 N 651 E

City, State, and ZIP code: Westville, IN, 46391

Telephone number (*area code*): 219-299-1546

Fax number (*area code*): 219-983-1379

E-mail address: DIRTWERKES@GMAIL.COM

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Hand Tools

Type of work performed: Water

Date and Location of Damage

Date of damage (*month, day, year*): Dec 18, 2012 _____

County: Porter _____

City: Valparaiso _____

Street address (*number and street, city, state, and ZIP code*):
529-1 Chicory Ln _____

Nearest intersection: W 550 N _____

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? No

If yes, how many affected? 0 _____

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 \$ _____

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? 37 _____

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: Paint and Flags

If other, please specify: _____

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? Unknown/Other

Description of Cause

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

Additional Comments

See expired ticket 1211271684 the locates on site were from that ticket



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION - PIPELINE SAFETY DIVISION

RECEIVED

MAR 12 2013

INDIANA UTILITY
REGULATORY COMMISSION

Case Number: 4426

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: Fieldstone Excavation LLC

Responsible Party Personal Name: Spencer E Wright

Title (if any): Member

Address (number and street): 667 E 1070 N

City, State and ZIP Code: Westville, IN 46391

Preferred Telephone Number (area code): 219 299 1546

Cellular Telephone Number (area code): 219 299 1546

Email Address: dirtwerkes@gmail.com

Facility Information:

Business Name: Fieldstone Enterprises LLC

Responsible Party Personal Name: Spencer E Wright

Title (if any): Member

Address (number and street): 930 N 651 E

City, State and ZIP Code: Westville, IN 46391

Preferred Telephone Number (area code): 219 299 1546

Cellular Telephone Number (area code): 219 299 1546

Email Address: dirtwerkes@gmail.com

Locator Service Information:

Business Name: Indiana 811

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): Water

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

Personal Contact: Ryan Genoviese

Business/Organization Name: Fieldstone Enterprises LLC

Title (if any): operator

Address (number and street): 950 N 651 E

City, State and ZIP Code: Westville, IN 46391

Preferred Telephone Number (area code): 219 983 1379

Cellular Telephone Number (area code): 219 241 4279

Email Address: dirtwerkes@gmail.com

Utility Line Impact

Location of Damage:

Address (number and street): 529-1 Chickory Lane

City, State and ZIP Code: Vaplaraiso, IN 46383

Nearest Intersection: Chickory Lane and 500 North

Product Type (select one): Natural Gas

Facility Type (select one): Service/Drop

Size (Diameter/etc.): 5/8 inch line

Pressure (PSIG/Inches): 5 psi

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

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: 1211271684

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

the request was made and the area was white lined for this locate. However, I postponed original dig, due to the locate service did not respond in the 2 days. Actually it was 5 days and a second call. I spoke with the individual and walked through dig, and he explained how utilities ran across property and after incident he was mistaken in his assumption. He thought main crossed 2 lots further south, and only located parallel to road, when actually after strike and relocate showed main in white lined area. When we were digging we were 2 feet from verizon mark and struck gas line that was not marked with paint of flag. The service line had a flow interrupt and we crimped line to stop any possible flow and called 811, and was directed to call the service company (NIPSCo) myself, and without there assistance had to find number and place call. 811 said they only document incident.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4426

Your Full Name: Spencer Ervin Wright

Full Name of Business / Entity (if applicable): Fieldstone Enterprises LLC

Your Business Title (if applicable): member

Address (number and street): 930 N 651 E

City: Westville State: IN ZIP Code: 46391

Your E-mail Address: dirtwerkes@gmail.com

Today's Date (month, day, year): 02/28/2013

Your Signature: _____ Title (if any) member

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 4426
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov