



Pipeline Safety Division Investigation Report

Investigation regarding: **Larry Hoffman**

UPPAC Database Record ID: 1258

Investigator: John McLaughlin

Report Date: 02/13/2012

Damage Date: 09/20/2010 1:34:10 PM

Damage Address: 57 W 650 N

City: West Lafayette

County: Tippecanoe

The Parties

Excavator: **Larry Hoffman**

Contact: Larry Hoffman, Homeowner

Address: 57 W 650 N, West Lafayette, In 47906

Telephone: (765) 463-0091

Facility Owner: Vectren

Contact: Darlene Kulhanek

Address: 1 N Main Street, Evansville, IN 47702

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Investigation regarding: Larry Hoffman

UPPAC Database Record ID: 1258

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$462

Excavator Activities/Cause of damage information:

Excavator request locates: No Indiana 811 ticket Number:

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Drainage

Synopsis: Damage to a natural gas service occurred during drainage work.

Findings: Reported by Indiana 811; excavator's response to initial notice received on 11/07/2011. Homeowner failed to call to request that the gas service be located and marked.

Conclusion: There was failure to provide notice of excavation.

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

Larry Hoffman currently has no other reports of damages in the record.

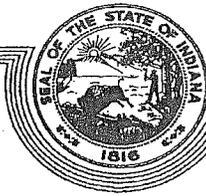
NO

LOCATE

TICKET

PROVIDED

STATE OF INDIANA



INDIANA UTILITY REGULATORY COMMISSION
101 W. WASHINGTON STREET, SUITE 1500E
INDIANAPOLIS, INDIANA 46204-3407

<http://www.in.gov/iurc>
Office: (317) 232-2701
Facsimile: (317) 232-6758

November 2, 2011

Ms. Darlene Kulhanek
Vectren
1 N Main Street
Evansville, IN 47702

RECEIVED

NOV 14 2011

INDIANA UTILITY
REGULATORY COMMISSION

Subject: Investigation Request for Information

Date of Event: 9/20/2010

Event Location: 57 W 650 N, West Lafayette

Facility Owner: Vectren

Excavator: Larry Hoffman

Other Party: N/A

Pipeline Division Case No. 1258

Dear Ms. Kulhanek:

Pursuant to Indiana Code 8-1-26, the *Indiana Damage to Underground Facilities Act*, the Pipeline Safety Division of the Indiana Utility Regulatory Commission ("Pipeline Division") is required to investigate reported incidents of alleged statutory violations involving underground pipeline safety. The purpose of this statute is to promote excavation and pipeline safety and to reduce the imminent danger to life, health, property, or loss of service associated with unsafe digging practices. Please note that the investigation does not entail determining criminal liability or a civil determination of fault or damages; however, it does determine whether any statutory violations were committed regarding public safety.

The Pipeline Division received information regarding potential statutory violations regarding the date and location referenced above. You were identified as a person or entity that might have information that would assist the Pipeline Division in its investigation. Therefore, we have contacted you in order to receive the full account of information in order to make a fair determination related to the circumstances of this incident.

We have asked all involved parties, entities and witnesses to provide *written* information within *30 days* in order to meet legal deadlines to conclude our investigation. **Please consider this letter as a formal request to receive any and all information and evidence (including a narrative, documentation,**

maps, photographs or any other written information) you can access regarding anything you may know about the incident referenced above.

Please promptly provide your information to: Pipeline Safety Division – Case No. 1258, Indiana Utility Regulatory Commission, 101 West Washington Street, # 1500E, Indianapolis, IN 46204. Also, please include the Investigation Number referenced above on your materials. In the alternative, if you would prefer to scan the materials and send them electronically, please send the documents to: PipelineDamageCase@urc.in.gov.

Although you are not a formal party in this investigation, please treat this request for information seriously, because the potential civil penalties for violations include: a potential civil fine up to \$10,000.00; mandatory education and training for employees regarding pipeline safety; a required development plan to avoid future violations; or a warning letter for certain homeowner/tenants who are first time offenders. Consequently, your input will assist the Pipeline Division with its determination and may have a substantial impact on the case.

After the investigation is completed, the Pipeline Division will prepare an Investigation Report with findings and forward it to the Underground Plant Protection Advisory Committee (“Advisory Committee”). This is a statutory committee, comprised of excavators, facility operators, investor and municipal utilities, the 811 Association and facility locate marking companies, whose role is to evaluate the Pipeline Division’s findings and make a recommendation for a civil penalty. In the event there is disagreement regarding the Advisory Committee’s recommendation to the Commission, parties are entitled to request a hearing before the full Commission. If there is a violation, the Indiana Utility Regulatory Commission (“Commission”) will impose the penalty. Any fines imposed are statutorily required to be spent funding the Commission’s training and educational programming to promote excavation and pipeline safety.

Thank you for your *prompt* assistance in providing written information to the Pipeline Division regarding the previously referenced incident. Any information received after the deadlines will not be considered in the investigation, will be unavailable to the Advisory Committee and will result in a lack of full information being made available; hence, your participation is vital to serving the interests of justice and enhancing the public’s safety. In an effort to assist you, please find an enclosure entitled “Information Request.” Should you have procedural or legal questions regarding the Underground Plant Protection Advisory Committee or the Indiana Utility Regulatory Commission, please contact David L. Welch, Assistant General Counsel, at (317) 234-4715. Should you have questions regarding the pipeline damage identified above, or our investigation, please contact me at (317) 232-2718. Thank you for your assistance.

Sincerely,



William Boyd
Director, Pipeline Safety Division

Enclosure: Information Request



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: 11-9-2011

Who is submitting this information?

Name of person providing this information: Darlene Kulhanek

Business address (*number and street*): 1 Main Street

City, State, and ZIP code: Evansville, IN 47711

Telephone number (*area code*): 812-491-4227

Fax number (*area code*): 812-491-4504

E-mail address: dkulhanek@vectren.com

Excavator Information, if known

Full name: Larry Hoffman

Business address (*number and street*): Residential 57 W. County Rd. 650 N.

City, State, and ZIP code: W. Lafayette, IN 47906

Telephone number (*area code*): 765-491-4726

Fax number (*area code*): Unknown

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Drainage

Date and Location of Damage

Date of damage (month, day, year): 9-20-2010

County: Tippecanoe

City: W. Lafayette

Street address (number and street, city, state, and ZIP code):
57 W. County Rd. 650 N., W. Lafayette, IN 47906

Nearest intersection: Unknown

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 \$ 461.96

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? 10

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: Unknown _____

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? No

Did the excavator notify Indiana 811 in the event of this damage? Yes

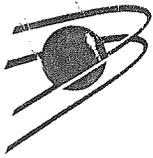
Did the excavator notify 911 in the event of a release of product? Unknown/Other

Description of Cause

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

Additional Comments

1" plastic service damaged by backhoe. Did Not Request Locates. See installation records showing install at 24" in 2009.



2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH

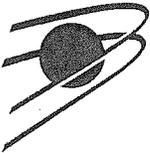
PAID

NOW DUE
\$461.96

HOFFMAN, LARRY
57 W COUNTY ROAD 650 N
W LAFAYETTE, IN 47906

Type: GAS
Invoice: FDS0013256
BILLToID: 29328
Billing Date: 10/27/2010
Date of Loss: 9/20/2010
5955 103.0510

Please return this portion with your remittance.



Mail Payment To:
Vectren Utilities Holding Company
1239 Reliable Parkway
Chicago, IL 60686-0012
Inquiries: 1-877-902-2934, Mon.-Fri., 8-5
Risk Management/Claims Department

HOFFMAN, LARRY
57 W COUNTY ROAD 650 N
W LAFAYETTE, IN 47906

Type: GAS
Invoice: FDS0013256
BILLToID: 29328
Billing Date: 10/27/2010
Date of Loss: 9/20/2010

NOW DUE
\$461.96

Invoice For Costs to Repair and Reconstruct Damaged Property

Address: 57 W COUNTY ROAD 650 N, WEST LAFAYETTE
1"PLASTIC SERVICE DAMAGED BY BACKHOE. DID NOT REQUEST LOCATES.

Material:	\$24.69
Company Labor:	\$377.44
Contract Labor:	\$0.00
Transportation/Equipment:	\$59.63
Misc:	\$0.00
Gas Loss:	\$0.20
Adjustments:	\$0.00
Payments:	\$0.00
Total:	\$461.96

5955 103.0510

Remember, call two (2) working days before digging. Contact I.U.P.P.S. at 1-800-382-5544.

FACILITIES DAMAGE REPORT GAS

Vectren Corporation
Form 3112 (Rev. 10/04)

- Indiana Gas
- Sigeco
- Vectren Energy Delivery of Ohio

Task No.: 103.0510

Capital / O&M (circle one)

FDS0013256

TIME: 2:18 AM PM

DATE OF DAMAGE: 9/20/10

Cost Center No.: 6255 ← 5955

DAMAGE SITE ADDRESS: 57 W. CR. 650 N.

LOT #: _____ CITY: W. Lafayette

FACILITIES DAMAGED	SIZE(S)
<input type="checkbox"/> MAIN	<input type="checkbox"/> 0.50 INCH
<input checked="" type="checkbox"/> SERVICE	<input type="checkbox"/> 0.75 INCH
<input type="checkbox"/> REGULATOR STATION	<input checked="" type="checkbox"/> 1.00 INCH
<input type="checkbox"/> FARM TAP	<input type="checkbox"/> 2.00 INCH
<input type="checkbox"/> RESIDENTIAL METER	<input type="checkbox"/> 4.00 INCH
<input type="checkbox"/> METER INDUSTRIAL/COMMERCIAL	<input type="checkbox"/> 6.00 INCH
<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER

TYPE OF MATERIAL	DAMAGE TYPE	PRESSURE
<input checked="" type="checkbox"/> PLASTIC	<input type="checkbox"/> SEVERED	<input type="checkbox"/> 25 PSIG
<input checked="" type="checkbox"/> STEEL	<input type="checkbox"/> NOT CUT	<input type="checkbox"/> 40 PSIG
<input type="checkbox"/> CAST IRON	<input checked="" type="checkbox"/> PUNCTURE <u>1/16"</u>	<input type="checkbox"/> 50 PSIG
<input type="checkbox"/> OTHER	SIZE <u>1/2</u> X _____	<input checked="" type="checkbox"/> 60 PSIG
		<input type="checkbox"/> 8 WC
		<input type="checkbox"/> OTHER

PROTECTION IN PLACE
 RAIL POST NONE N/A 0.293

LEAK REPORT # 643240
 ONE-WAY FEED
 TWO-WAY FEED
DURATION OF ESCAPING GAS: 2-5 mins.
MINUTES
EFV ACTIVATED YES NO

DAMAGED BY	TYPE OF CONSTRUCTION
<input type="checkbox"/> CONTRACTOR	<input checked="" type="checkbox"/> SEWER/DRAIN
<input type="checkbox"/> MUNICIPALITY/UTILITY	<input type="checkbox"/> WATER
<input type="checkbox"/> VEHICULAR ACCIDENT	<input type="checkbox"/> ELECTRIC
<input type="checkbox"/> COMPANY CREW	<input type="checkbox"/> TELEPHONE
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> CEMENT/PAVING
<input checked="" type="checkbox"/> PROPERTY OWNER/TENANT	<input type="checkbox"/> TV CABLE
<input type="checkbox"/> OTHER	<input type="checkbox"/> FENCING

WORKING FOR
 CITY STATE PROPERTY OWNER OTHER
NAME _____

TYPE OF EQUIPMENT	DAMAGING PARTY
<input checked="" type="checkbox"/> BACKHOE	<input checked="" type="checkbox"/> DID NOT REQUEST LOCATES
<input type="checkbox"/> TRACKHOE	<input type="checkbox"/> DID NOT HAND DIG
<input type="checkbox"/> PLOW	<input type="checkbox"/> USED EXPIRED LOCATES
<input type="checkbox"/> TRENCHER	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> BULLDOZER	
<input type="checkbox"/> POSTHOLE DIGGERS	NUMBER OF CUSTOMERS AFFECTED: <u>1</u>
<input type="checkbox"/> BORE	
<input type="checkbox"/> AUGER	TOTAL HOURS SERVICE WAS OFF: <u>1</u>
<input type="checkbox"/> STAKE/SHOVEL	
<input type="checkbox"/> OTHER	

INVOICE: YES NO

DAMAGING PARTY
NAME: Larry Hoffman
ADDRESS: 57 W. CR. 650 N.
CITY/STATE/ZIP: W. Lafayette, In.

PREPARED BY: McKinney DATE: 9-20-10

VISUAL OBSERVATION AT DAMAGE SITE 9/21

LOCATE NOT APPLICABLE (Above Ground Damage Only)

FACILITIES PROPERLY MARKED

MARKING METHODS: CONVENTIONAL OFFSET

FLAGS PAINT STAKES WHISKERS

LOCATE MARKINGS FADED: YES NO

WRONG ADDRESS REQUESTED

FACILITIES IMPROPERLY LOCATED

QUALIFIED LOCATOR COULD NOT HAVE ACCURATELY LOCATED

INACCURATE MAPS/CARDS

BROKEN OR NO TRACER WIRE (PLASTIC)

INSULATION PREVENTING ACCURATE LOCATE

LOCATOR ERROR

QUALIFIED LOCATOR COULD HAVE ACCURATELY LOCATED

INCOMPLETE LOCATE

MARKINGS OFF BY _____ (FEET/INCHES)

INAPPROPRIATE SITE MARKINGS

NO LOCATE PERFORMED

FAILURE TO FOLLOW POLICY

WRONG ADDRESS LOCATED

OBSERVATION BY: _____

NAME OF LOCATOR: _____

COPY OF MARKOUT REQUEST PROVIDED WITHIN 2 WORKING DAYS

NOTIFICATION AND OTHER DETAILS OF LOCATE

LOCATE TICKET #: _____

DATE: _____ TIME: _____ AM/PM

REGULAR REQUEST EMERGENCY REQUEST

LOCATE COMPANY NOTIFIED

CONTACT NAME: _____

TIME CALLED: _____ AM/PM

TIME LOCATOR ARRIVED AT SITE: _____ AM/PM

COMPANY NOTIFIED OF LOCATE NEAR CRITICAL FACILITIES:
 YES NO

CONTRACTOR REPAIRS

CONTRACTOR WORKING FOR VECTREN MADE REPAIRS AT OWN EXPENSE

CONTRACTOR REPAIRED DAMAGE

NAME OF CONTRACTOR: _____

OF REGULAR HOURS: _____

OF OVERTIME HOURS: _____

CREW TYPE: _____

MATERIALS OR ROAD WORK

METER WAS REPLACED _____ (STORES CODE)

REGULATOR WAS REPLACED _____ (STORES CODE)

TEMPORARY ASPHALT REPAIR _____ (SQ. FT.)

PERMANENT ASPHALT REPAIR _____ (SQ. FT.)

PARTY TO INVOICE

NAME: Larry Hoffman

ADDRESS: 57 W. CR. 650 N.

CITY/STATE/ZIP: W. Lafayette 47906

REVIEWED BY FIELD SUPERVISOR: [Signature] DATE: 9/22/10

SEP 27 2010

510 6554263

Tuesday, October 5, 2010

Service Order Status

Enter Service Order Number:

4554263



Banner Instance: CS03PROD CS01PROD CS02PROD
Order Number: N4554263
Order Type: LEAK
Order Status: Completed

Customer: 600115327 - HOFFMAN LARRY D
Prem: 5950787 - 57 W COUNTY ROAD 650 N

Technician: 2713 - McKinney, Jim

Order Dates and Times

Need Date: 9/20/2010 2:27:00 PM
Time Created: 9/20/2010 1:48:55 PM
Time Dispatched: 9/20/2010 1:48:55 PM
Time In Route: 9/20/2010 2:01:05 PM
Time On-Site: 9/20/2010 2:19:05 PM
Tech Complete: 9/20/2010 3:53:20 PM
Time Closed: 9/20/2010 3:53:20 PM

Events Performed/Completion Code

LKOT - CMP

Meter Information

Current ReadStatus
Old Meter: 1174 Active
New Meter:

Completion Notes

HOMEOWNER HIT SERVICE WITH BACKHOE WHILE DIGGING DRAINAGE DITCH. SERVICE NOT LOCATED. SERVICE 10" DEEP. PUNCTURE HOLE 1/16". SQUEEZED OFF, PRESSURE TESTED & MADE REPAIRS. LEAK #643240. MCKINNEY.

Request Notes

9-20-10 LARRY HIT GAS LINE IN YARD CONT# 765-491-4726 GAS MET LOC OUTSIDE ACCESSIBLE LARRY IS ONSITE FOR ACCESS NO PETS XST COUNTY LINE RD PER 811 DAMAGE TICKET# 1009202272...

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	9/20/2010 1:55:35 PM	McKinney, Jim
AsnAssignmentEnRoute_evt	9/20/2010 2:01:05 PM	McKinney, Jim
AsnAssignmentOnSite_evt	9/20/2010 2:19:05 PM	McKinney, Jim
OrdOrderComplete_evt	9/20/2010 3:53:20 PM	McKinney, Jim

NOTE: The Reporting database replicates in near real-time; it has been approximately 0 minute(s) since the last transaction replicated.

Installed date 3-24-09 Town W LAFAYETTE Address 57 W. 650 N

Map No. _____ Tax Code 29017 Subdivision _____ Lot No. _____ To G.O. date _____ By # 5950787

SERVICE CONSTRUCTION Pressure: Lo HI Job # 096

Size 01000 Kind PL Ft 230
 Size _____ Kind _____ Ft _____
 Cased _____ Ft Uncased _____ Ft

Retired service pipe used for casing Size _____ Ft _____

Retired service pipe used for casing Size _____ Ft _____

Scrap Pipe Size _____ Kind _____ Ft _____

Located 30 Ft E of E
HOUSE LINE Depth 24" @ 0.2"

METER SET Code D090 Qty 1 Code _____ Qty _____

DELIVERY PRESSURE NO Regulator _____ Orifice _____

CURB VALVE Type _____ Relief Valve _____

Box located _____ Ft _____ of _____

SERVICE TEE Size / Style 4X1 Tap 3/8 In dia

CATH PROT Insulated at: Main Meter Curb

Other: _____ Anode #3 17# Structure # _____

Test Site # _____ TP _____ P/S _____ Vt _____

MAIN Size 04400 Kind PL Depth 51 P/S _____ Vt _____

Located 7 Ft N of N
ROAD EDGE

SERVICE RETIREMENT Job # _____

Carrier Pipe Size _____ Kind _____ Ft _____

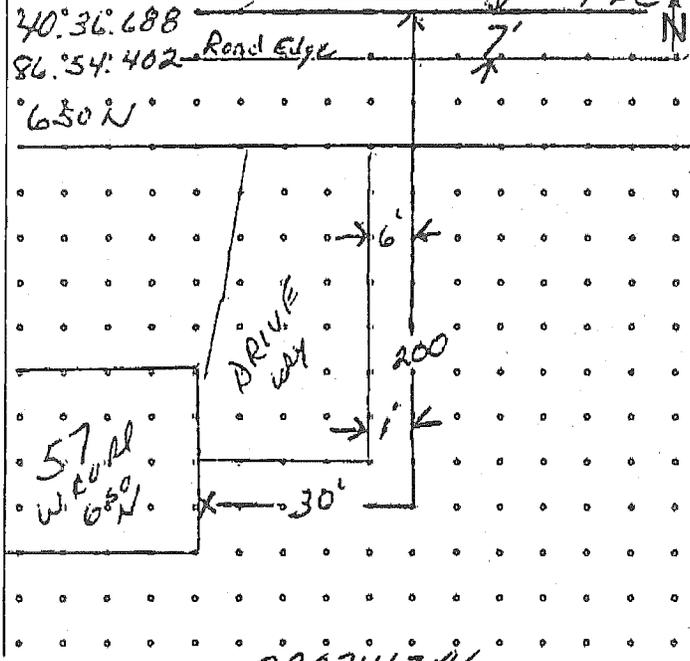
Carrier Pipe Size _____ Kind _____ Ft _____

Casing Pipe Size _____ Kind _____ Ft _____ Original Year Installed _____

Meter Set Code _____ Qty _____ Original Year Installed _____

Enclosure Code _____ Qty _____ Original Year Installed _____

SERVICE SKETCH "AS BUILT"



Comments: 0903111784

No abnormalities noted on plastic main Kunda (Initial)
rechecked up

• **PRESSURE TEST** Medium AIR Pressure 95 PSIG
 Duration 10 Test Device Digital
 Tested by Hamilton
 Test Results ✓

Purged By Shocemaker Duration 1 min

• **INSTALLED BY:** Company Contractor _____

• **WELDER** _____ # _____

• **FUSER** Hamilton # 2152

• **FUSER** _____ # _____

• **SERVICE BORE** Date 3-24-09

Bore Required: Yes No Length 30 Ft

Prot Sleeve Required: Yes No Length _____ Ft Size _____ in

Inspected By: Hamilton ID #: 2150

• **PRECONSTRUCTION SITE CONDITIONS:**

Rough Established Service Route Cleared Fuel Line Stubbed Out

Within 4" of Final Grade Foundation Backfilled Building Status Code #: 5

SEWER LOCATE COMPLETED BY:

Name: PLANTENGA Date: 2/5/09

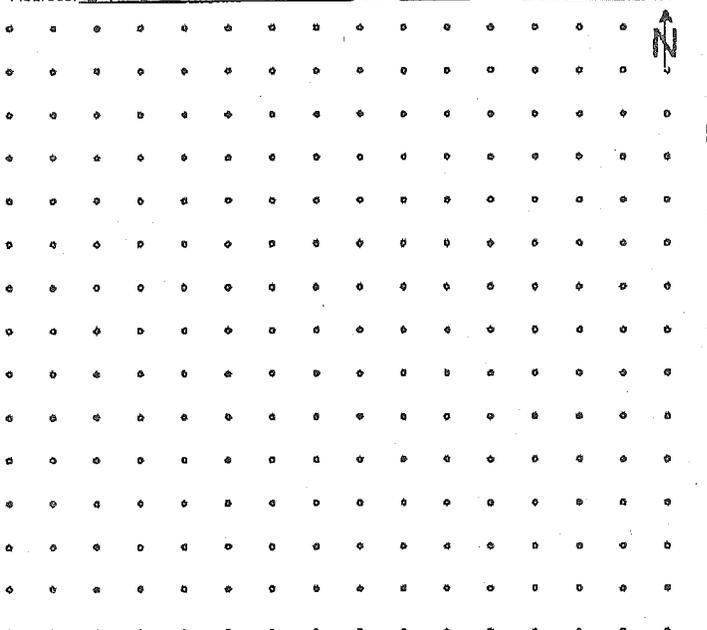
Company: PATTON ID #: _____

Excess flow valve MFR UMAC # P41MC2202H

			Size	Capacity	Initial
Proposed	N	(V)	> 1"		JP
Actual	N	(V)	> 1"		JP

SERVICE SKETCH "PROPOSED"

Date: 2/5/09 (with gas main and all sewer / septic systems)
 Address: 57 W CE 650 N Lot # _____ Town: W. LAFAYETTE



Proposed Trench 215 FT Proposed Bore 30 FT Service Length 245 FT
 Gas Main: PL T STL C.I. Size: 4 In Spotted By: JP

MISCELLANEOUS CASH RECEIPT

(PLEASE ATTACH A COPY OF ALL CHECKS TO THIS FORM AND
USE PAPER CLIPS/DO NOT STAPLE CHECKS TO FORM)

PROCESS ROUTING FOR ALL VECTREN COMPANIES INCLUDING UTILITIES
AND NON REGULATED SUBSIDIARIES: SEND COMPLETED FORM,
ORIGINAL CHECK AND COPY OF CHECK TO REBECCA MINEAR IN
FINANCIAL ACCOUNTING, BRAUN BUILDING, EVANSVILLE. RETAIN COPY
OF CHECK AND FORM FOR YOUR RECORDS. PLEASE INCLUDE PROPER
ACCOUNTING SO RECEIPT MAY BE CREDITED ACCURATELY. PLEASE
INCLUDE YOUR PHONE NUMBER SO THE RECEIPT MAY BE EASILY
RESEARCHED BY THE FINANCIAL ACCOUNTING GROUP.

Activity Date: 11/4/2010
12:00:00 AM

Your Name, not your initials (employee): Pam Barber

Your Phone Number (employee): 812-491-4734

Party Check Received From (Check Payor):

Address of Check Writer (Check Payor):

BATCH1-LARRY D HOFFMAN

Check Number 3299

Amount of Check \$461.96

Utility/Company Name VECTREN ENERGY DELIVERY OF INDIANA - NORTH

Task Number 103.0510

Job Number FDS0013256

Date Printed: 11/8/2010

Transaction Information G-5681691 CHI-861239 2010/11/04

[Back to Table of Contents](#)

Transaction Level Details

Env Num	2	Envelope	G-5681691
Transaction	G-5681691	Lockbox	CHI-861239
Date	2010/11/04	Time	04:00
Batch	1	Batch Item	2
Check	2	Check Amount	\$461.96
ABA/RT	274976067	Account Num	40046030003904
Check Num	3299		

Envelope and Check Image

BELL TOWER	
LARRY D HOFFMAN JULIE HOFFMAN 57 WEST 850 NORTH WEST LAFAYETTE, IN 47906-9734	3299 71-7608/2769
	11-1-10 DATE
PAY TO THE ORDER OF	<i>Vectren</i> \$ 461.96
	<i>Four hundred sixty-one and 96/100</i> DOLLARS
 PURDUE EMPLOYEES FEDERAL CREDIT UNION WEST LAFAYETTE, IN 47906	
FOR <i>INVOICE #</i> <i>3256</i>	<i>Julie Hoffman</i>
⑆ 274976067⑆ 40046030003904⑆ 3299	

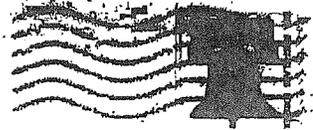
YOUR ADDRESS



Jelke Hoffman
57 W 630 N
West Lafayette, IN 47906

LAFAYETTE IN 47906

01 NOV 2010 PM 1 T



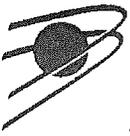
|||||
Vectren Utilities Holding Group, Inc.
1239 Reliable Parkway
Chicago, IL 60686-0012

Transaction Level Keyed Data

Remitter Name : LARRY D HOFFMAN Check Date : 2010/11/01

Invoice Level Keyed Data

Invoice Number	Reference Number
FDS0013256	29328

		NOW DUE
2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH		\$461.98
HOFFMAN, LARRY 57 W COUNTY ROAD 650 N WLAFAYETTE, IN 47906	Type: GAS Invoice: FDS0013256 BillToID: 29328 Billing Date: 10/27/2010 Date of Loss: 9/20/2010 5855 103.0510	
Please return this portion with your remittance.		

November 2, 2011

RECEIVED

Pipeline Safety Division Case No. 1258

NOV 07 2011

Narrative about the natural gas pipeline that was nicked.

INDIANA UTILITY
REGULATORY COMMISSION

This incident occurred about 12 or 14 months ago. We had changed from bottle gas to natural gas. The new gas line came from north to south to our house. As best I recall, we were at home when the company (Vectren) actually put the gas line to the house and installed the meter for natural gas.

The tank for bottle gas was south of our house. We assumed that the natural gas pipeline would cross our driveway in the same place that the bottle gas pipeline crossed our driveway. As it turned out, the natural gas pipeline was in a different location.

We had a contractor, Terry Grogan, doing some earthwork to install a new drainage pipe. In the process of his digging with the back-hoe, he accidentally nicked the natural gas pipeline. I called Vectren and reported what had happened.

Vectren repair men came out right away and were successful in repairing the nicked pipe. Later the company, Vectren, sent us a bill for \$461.96 which we paid with check number 3299. According to our records, the date on the check is November 1, 2010. A copy of the bill that Vectren sent us is enclosed as attachment 1.

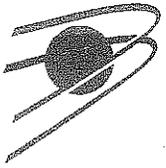
This incident happened 12 or 14 months ago as I said in the opening paragraph. As I recall the incident, this narrative describes what actually happened.

I hope this satisfies your needs.


Larry Hoffman & Julie Hoffman

57 W 650 N; West Lafayette, IN 47906

P.S. Please let us know if you need more information.



Mail Payment To:
Vectren Utilities Holding Corporation
1239 Reliable Parkway
Chicago, IL 60686-0012
Inquiries: 1-877-902-2934, Mon.-Fri., 8-5
Risk Management/Claims Department

NOW DUE

\$461.96

HOFFMAN, LARRY
57 W COUNTY ROAD 650 N
W LAFAYETTE, IN 47906

Type: GAS
Invoice: FDS0013256
BillToID: 29328
Billing Date: 10/27/2010
Date of Loss: 9/20/2010

Invoice For Costs to Repair and Reconstruct Damaged Property

Address: 57 W COUNTY ROAD 650 N, WEST LAFAYETTE
1"PLASTIC SERVICE DAMAGED BY BACKHOE. DID NOT REQUEST LOCATES.

Material:	\$24.69
Company Labor:	\$377.44
Contract Labor:	\$0.00
Transportation/Equipment:	\$59.63
Misc:	\$0.00
Gas Loss:	\$0.20
Adjustments:	\$0.00
Payments:	\$0.00
Total:	\$461.96

MD
11/1/10
3299

5955 103.0510

Remember, call two (2) working days before digging. Contact I.U.P.P.S. at 1-800-382-5544.

Information Request

Pipeline Safety Division Indiana Utility Regulatory Commission

Case No. 1258

The Pipeline Safety Division of the Indiana Utility Regulatory Commission requests any and all information you can provide regarding the following criteria:

The Parties:

Excavator Information:

Business Name:

Responsible Party Personal Name:

Title (if any):

Address:

City, State Zip:

Preferred Telephone:

Cell Phone Number:

Email Address:

Facility Information:

Business Name:

Responsible Party Personal Name:

Title (if any):

Address:

City, State, Zip:

Preferred Telephone:

Cell Phone Number:

Email Address:

Locator Service Information:

Business Name:

Responsible Party Personal Name:

Title (if any):

Address:

City, State Zip:

Preferred Telephone:

Cell Phone Number:

Email Address:

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

Personal Contact:

Business/Organization Name:

Title (if any)

Address:

City, State, Zip:

Preferred Telephone:

Cell Phone Number:

Email Address:

Utility Line Impact:

Location of Damage:

Address:

City, State Zip:

Nearest Intersection:

Product Type (circle one):

Natural Gas

Liquid Pipeline

Unknown/Other

Facility Type (circle one):

Distribution

Gathering

Service/Drop

Transmission

Unknown/Other

Size (Diameter/etc.): _____

Pressure (PSIG/Inches): _____

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

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

Repair Cost (if known): \$ _____

Cause of Damage Information:

Type of Equipment (circle one):

Auger
Backhoe/Trackhoe
Boring /Drilling
Directional Drilling
Explosives
Farm Equipment
Grader/Scraper
Hand Tools
Milling Equipment
Probing Device
Trencher
Vacuum Equipment
Unknown/Other

Type of Work Performed (circle 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
Waterway Improvement
Unknown/Other

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: _____

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:

YOUR PIPELINE SAFETY DIVISION CASE NO. 1258
YOUR FULL NAME: Larry Hoffman
FULL NAME OF BUSINESS/ENTITY (if applicable): NA
YOUR BUSINESS TITLE (if applicable): NA
ADDRESS: 57 W 650 N
CITY: West Lafayette STATE: IN ZIP CODE: 47906
YOUR TELEPHONE NUMBER: (765) 463-0091 SECOND NO. () -
YOUR EMAIL ADDRESS: _____

TODAY'S DATE: 10/31/11

YOUR SIGNATURE: Larry Hoffman TITLE (if any) NA

Please return your Narrative Statement and Answers to the above questions to:

**Pipeline Safety Division – Case No. 1258
Indiana Utility Regulatory Commission
101 West Washington Street, # 1500E
Indianapolis, IN 46204**

Or scan document(s) and Email to:

PipelineDamageCase@urc.in.gov