



Pipeline Safety Division Investigation Report

Investigation regarding: Guthrie Development Group

UPPAC Database Record ID: 1532

Investigator: William Boyd

Report Date: 04/04/2012

Damage Date: 09/03/2009

Damage Address: 1420 Edgewater Ct. Lot #3

City: Scottsburg

County: Scott

The Parties

Excavator: **Guthrie Development Group**

Contact: Mike Guthrie

Address: 138 Westavia Blvd, Scottsburg, In 47170

Telephone: (812) 752-4949

Facility Owner: Midwest Natural Gas Corporation

Contact: Arthur Campbell

Address: 107 SE Third Street, Washington, IN 47501-0520

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Investigation regarding: Guthrie Development Group

UPPAC Database Record ID: 1532

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$130

Excavator Activities/Cause of damage information:

Excavator request locates: No Indiana 811 ticket Number:

Type of Equipment: Hand Tools

Type of work performed: Bldg. Construction

Synopsis: Damage to a natural gas service with a shovel occurred during work for a room addition.

Findings: Reported by Midwest Natural Gas. Two attempts were made to send initial notice; excavator signed for second notice on 11/29/2011 but has not submitted a response. Excavation occurred without requesting that underground utilities be located and marked.

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

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

Guthrie Development Group currently has no other reports of damages in the record.

NO

LOCATE

TICKET

PROVIDED

LAW OFFICES

HAYES & DANT, LLP
19 Northeast Third Street
Washington, Indiana 47501

JEFFREY E. HAYES
TIM J. DANT

Telephone: 812-254-1419
FAX: 812-254-1459

JACK E. HAYES
1913 - 1997

September 15, 2011

RECEIVED

SEP 23 2011

INDIANA UTILITY
REGULATORY COMMISSION

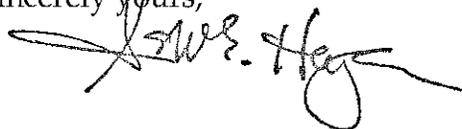
Mr. David L. Welch
Assistant General Counsel
Indiana Utility Regulatory Commission
101 W. Washington Street, Suite 1500E
Indianapolis, Indiana 46204-3407

Re: Subject: Investigation Request for Information
Date of Event: 09/03/2009
Event Location: 1420 Edgewater Ct. Lot #3, Scottsburg
Facility Owner: Midwest Natural Gas Corporation
Excavator: Guthrie Development
Pipeline Division Case No.: 1532

Dear Mr. Welch:

Thank you for conversing with me regarding your letter under date of August 15, 2011. Please find enclosed damage information report submitted at the time the damage was incurred for this particular incident. There is no additional information in our records that is different from that which we reported initially on the enclosed form. We were requested by the Department of Pipeline Safety to provide information to assist in the preparation of the current online damage report. I believe that the enclosed report will be satisfactory. If not, please call and advise.

Sincerely yours,



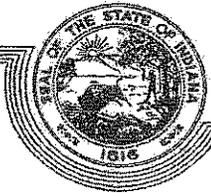
Jeffrey E. Hayes

JEH:vp

Enclosure

cc: Mr. David Osmon

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

August 15, 2011

Mr. Arthur Campbell
Director of Operations
Midwest Natural Gas Corporation
107 SE Third Street
Washington, IN 47501-0520

Subject: Investigation Request for Information

Date of Event: 09/03/2009

Event Location: 1420 Edgewater Ct. Lot #3, Scottsburg

Facility Owner: Midwest Natural Gas Corporation

Excavator: Guthrie Development

Other Party: N/A

Pipeline Division Case No. 1532

Dear Mr. Campbell:

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. 1532, 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 questions regarding this letter, please contact me at (317) 234-4715.

Sincerely,



DAVID L. WELCH
Assistant General Counsel

Enclosure: Information Request

INFORMATION REQUEST

Event Location

Address: 1420
Street: Edgewater Ct. Lot # 3
City/Town/IN Zip Code: Scottsburg, IN 47170
County: Scott
Township: Vienna
Who owns this property? Dave Church
Is it used for residential or commercial purposes? Residential
If residential, is there a tenant or is it owner occupied? Owner
What is tenants' full name?
If commercial use, tenant or owner occupied?
What is tenants' full name?

The Parties:

Non-Business Full Personal Name: Mike Guthrie
Business Name: Guthrie Development
Responsible Business Full Personal Name and Title: Mike Guthrie
Address: 1515 N. Gardner St.
City, State, Zip: Scottsburg, IN 47170
Preferred Telephone: 812-752-4949
Secondary Telephone: 812-525-6746
Email Address:

Facility Information (Operator of the Utility line):

Business Name: Midwest Natural Gas Corp.
Responsible Business Full Personal Name: Terry W. Shafer
Title: Scottsburg Regional Manager
Address: 1652 W. McClain Ave.
City, State, Zip: Scottsburg, IN 47170
Preferred Telephone: 812-3752-2230
Secondary Telephone: 812-595-0633
Email Address: tshafer@midnatgas.com

Locator Service:

Midwest Natural Gas Corp.

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

Personal Contact:
Business/Organization Name:
Title (if any)
Address:
City, State, Zip:
Preferred Telephone:
Secondary Telephone:
Email Address:

Utility Line Impact:
 Facility Type: *Natural Gas Utility*
 Material Type: *Natural Gas*
 Size: *5/8" CTS Plastic*
 Pressure: *50#*
 Utility Line Function: *To service gas to customer*
 Interruption in Service: *Yes*
 Number of Customers Affected: *1*
 Evacuation: *No*
 Repair Cost: *\$130.00*
Cause of Damage Information:
 Type of Equipment: *Shovel*
 Type of work performed: *Room Addition*
 Release of Product: *Yes*
 Ignition and/or Fire: *No*
 Excavator Notify 811: *No*
Locate Information:
 Excavator Request Locate: *No*
 Ticket Number:
 Locate Marks Visible:
 Excavator "White Lined": *No*
 Maps Used to Mark Facilities:
 Operator Provide Positive Response: *Yes*
 Operator Employees ON-site at time of incident? *No*
Incident Impact Information: *None*

Narrative Statement: *In your own words, please describe what happened and why?*

Contractor was hand digging to expose gas service without proper locates

Case No. *1522*
Full Name: *Terry W. Shafer*
Business Name: *Midwest Natural Gas Corp.*
Business Title: *Scottsburg Regional Manager*
Address: *1652 W. McClain Ave.*
City, State, Zip: *Scottsburg, IN 47170*
Preferred Telephone: *812-752-2230*
Secondary Telephone: *812-595-0633*
Email Address: *tshafer@midnatgas.com*
Today's Date: *8/19/2011*

Signature & Title: *Terry Shafer* *Scottsburg Regional Manager*

Acct# 2830 944 003 01

Truck # 40

Order # 94778

Service X Meter Leak Order X Misc Work

Name CHURCH, DAVE Date 9/3/2009
Addr 1420 EDGEWATER CT LOT 3 Time Called 10:20
Town LOUISVILLE St IN Zip 40222 Needed 9/3/2009

Mtr Location: Front Left Right Back Taken By MH
Remarks KNICKED LINE BY MIKE GUTHRIE Cycle# 558

Owner MapPg# 2830S24 G/L# 892

Meter Regst: Remove Meter Set Meter Set Regulator Turn On Turn Off

Meter # 1125964 Type Xpondr# 2000040346 Read Only Chng Meter
Size 250 Orf SetDate 1/1/2099 Check Meter Other

Index 2741 0 Press New Xponder#
5 Min. Leak Test OK Set Date 10/18/2006 New Xponder SetDate

Installation Ft.of PE ST New Existing X Retire

Remove 20 Ft.of 5/8 PE X ST Retirmnt # 10/06

Remarks Relocated service

Leak Found : Yes X No Leak Report # B2009-0409 CO Report #
Ordorant Test : OK X Strong Weak N/A Locate
Red Tag # Equip Shut Off
Equip @ Site: Furnc W/H S/H Rng Dry Grill Logs Other
Desc of Work Prfrmd : relocated ser

MATERIALS

Table with 6 columns: Used, Return, Item#, \$Each, \$Total, Description. Row 1: -1, 56.0505, \$12.72, \$-12.72, PERMASERT COUPLING 1/2 x 1/2. Total Inventory Cost - \$12.72

Date Started 9/3/2009 Date Completed 9/3/2009 Date Inputed 9/4/2009

PERFORMED BY kds Approved By TWS

iml

MIDWEST NATURAL GAS CORPORATION

Work Order # 94778

LEAK REPORT

LEAK # 2009-0409

Form # 135

THIS PORTION OF THE REPORT TO BE FILLED OUT BY THE LOCAL OFFICE

Order Taken By Michael Hall Date 9-3-09 Time 10:00 (A.M.)
 Account Number 2830 944 003 01 Meter # 1125964
 Address / Location 1420 Edgewater Ct.
 Reported By Mike Duffie How Discovered Knelt Valve

Customer advised to leave residence and can be contacted at: _____

Was the odor inside or outside Out _____ In _____
 If the odor was inside what was its extent or spread? No _____ Yes _____
 (One room or localizes area)
 If the odor was outside were was it the strongest? No _____ Yes _____
 At the meter Yes _____
 Other Location Yes _____

Instructions given to customer _____

Comments: _____

THIS PORTION OF THE REPORT TO BE FILLED OUT BY THE INVESTIGATING EMPLOYEE
RESULTS OF INSPECTION AND REMEDY

Date of repair 9/3/09 Time of arrival 10:15 (A.M.)

Was a leak found No _____ Yes

Type of Leak A _____ B C _____

Method used to locate the leak odor, noise

Where was the leak cut 5/8" pl. service

Repairs made if any removed pl. service

Comments: Line crew to move service

NOTE: All leaks found involving Gas Company pipe & equipment located at or below ground level and class C leaks regardless of where located must also be reported on the Form 131 Leak Repair Report.

Was a Form 131 filled out? No _____ Yes Odor Level LO OK HI

C.G.I. Reading Neg. _____ Pos.

Line Test Pressure: _____ Duration Time: _____

Signature [Signature]

Resp. Area 5944	County []	Map # 2830529
Leak # 2009-0409	Ident Line # []	

Employee # 3175	Mo. Day Yr. 9 13 09
Time Reported 10:20 AM	

LEAK REPAIR REPORT

NEAREST STREET ADDRESS

1420 EDGEMONT CT

FURTHER DESCRIPTION OR COMMENTS

2830-944-1013-1011

SOURCE OF REPORT	EST. LEAK LOCATION	LEAK STATUS	PIPE LOCATION	PIPE COVER
<input type="checkbox"/> A Vegetation Survey	<input type="checkbox"/> A Main	<input type="checkbox"/> A "A"	<input type="checkbox"/> A Roadway	<input type="checkbox"/> A Concrete
<input type="checkbox"/> B Commercial Survey	<input checked="" type="checkbox"/> B Service	<input checked="" type="checkbox"/> B "B"	<input type="checkbox"/> B Bet. Road & Sidewalk	<input type="checkbox"/> B Brick
<input type="checkbox"/> C Gas Detector Survey	<input type="checkbox"/> C Service Tap	<input type="checkbox"/> C "C"	<input type="checkbox"/> C Under Sidewalk	<input type="checkbox"/> C Asphalt
<input type="checkbox"/> D Bar Test Survey	<input type="checkbox"/> D Main At Tie-in		<input checked="" type="checkbox"/> D Private Easement	<input type="checkbox"/> D Gravel
<input type="checkbox"/> E Mobile F.I.	<input type="checkbox"/> E Drip		<input type="checkbox"/> E Inside Building	<input checked="" type="checkbox"/> E Soil
<input type="checkbox"/> F Back Pack F.I.	<input type="checkbox"/> F At Meter Set		<input type="checkbox"/> Z Other	<input type="checkbox"/> Z Other
<input type="checkbox"/> G Soap Test Survey	<input type="checkbox"/> G Intercity Line			
<input type="checkbox"/> H Intercity Patrol	<input type="checkbox"/> H Curb Valve			
<input type="checkbox"/> I Intracity Patrol	<input type="checkbox"/> I Distribution Valve			
<input checked="" type="checkbox"/> J Customer Report	<input type="checkbox"/> J Intercity Valve			
<input type="checkbox"/> K Employee Report	<input type="checkbox"/> Z Other			
<input type="checkbox"/> Z Other				

GAS DETECTED IN	
Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

SKETCH

Cut 5/8 service line



Kelly
Company Representative

Leak Consultant

Resp. Area County Map #
Leak # Ident Line #

Employee #
3175

Mo. Day Yr.
9 3 09

LEAK REPAIR REPORT

NEAREST STREET ADDRESS

FURTHER DESCRIPTION OR COMMENTS

LEAK CAUSE

Table with 2 columns: Cause Code (A-Z), Cause Description (Corrosion, Broken Main, Broken Service, Broken Valve, Defective Joint, Defective Valve, Other)

LEAKING JOINT TYPE

Table with 2 columns: Joint Type Code (A-Z), Joint Type Description (Bell, Clamped Bell, Saddle, Screwed, Compression, Flange, Weld, Other, Not a Joint)

REPAIR MADE

Table with 2 columns: Repair Code (A-Z), Repair Description (Bell Joint Clamp, Leak Clamp, Replace Pipe Section, Replace Pipe Sect. (w.o.), Replace Fittings, Tighten Fittings, Replace Service (s.o.), Grease Valve, Other)

PROPERTY DAMAGE

Table with 2 columns: Damage Code (A-Z), Damage Description (Private Lawn, Private Shrubs, Private Trees, Public Lawn, Public Shrubs, Public Trees, Other, None)

DAMAGE BY OTHERS

Table with 2 columns: Damage Code (A-Z), Damage Description (Telephone Co., Water Co., Electric Co., Sewer, Company Contractor, Other, None)

LEAK LOCATION

Table with 2 columns: Location Code (A-Z), Location Description (Main, Service, Service Tap, Main at Tie-in, Drip, At Meter Set, Intercity Line, Curb Valve, Distribution Valve, Intercity Valve, Other)

PIPE SIZE

Table with 2 columns: Pipe Size Code (A-Z), Pipe Size Description (5/8, 1 1/4, 2, 3, 4, 6, 8, 10, 12, 14, 16, 20)

PIPE MATERIAL

Table with 2 columns: Material Code (A-Z), Material Description (Black Steel, Galvanized Steel, Copper, Wrought Iron, Plastic, Other)

PIPE DEPTH

Table with 2 columns: Depth Code (A-E), Depth Description (Under 2', 2' to 3', 3' to 4', 4' or Over, Does Not Apply)

COATING TYPE

Table with 2 columns: Coating Code (A-Z), Coating Description (Coal Tar or Asphalt, Wax, Thin Film, Plastic, Other, None)

COATING CONDITION

Table with 2 columns: Coating Code (A-D), Coating Description (Good, Fair, Poor, None)

PIPE ENVIRONMENT

Table with 2 columns: Environment Code (A-Z), Environment Description (Loam, Sand, Gravel, Shale, Clay, Mixed Soil, Rock, Cinders, Other)

SOIL CONDITION

Table with 2 columns: Soil Code (A-E), Soil Description (Dry, Moist, Wet, Frozen, Does Not Apply)

PIPE TO SOIL POTENTIAL

Table with 2 columns: Potential Code (A-H), Potential Description (Under .55, .55 to .70, .70 to .85, .85 to 1.00, 1.00 to 1.15, 1.15 to 1.30, 1.30 or Over, Not Available)

INSTALLED ANODE

Table with 2 columns: Anode Code (A-D), Anode Description (On Main, On Service, On Main and Service, No)

INSTALLED INSULATOR

Table with 2 columns: Insulator Code (A-F), Insulator Description (On Main, On Service, At Meter Set, At Curb Valve, At Tap & At Curb Valve, At Tap & At Meter, No)

FITTING DEPTH

Table with 2 columns: Fitting Code (A-D), Fitting Description (None, Shallow, Medium, Deep)

EXTENT OF CORROSION

Table with 2 columns: Corrosion Code (A-D), Corrosion Description (None, Localized, Medium, Extensive)

INTERNAL CORROSION

Table with 2 columns: Internal Corrosion Code (A-E), Internal Corrosion Description (None, Light, Medium, Heavy, Not Seen)

INTERNAL SEDIMENT

Table with 2 columns: Sediment Code (A-E), Sediment Description (None, Light, Medium, Heavy, Not Seen)

CONSTRUCTION TYPE

Table with 2 columns: Construction Code (A-E), Construction Description (Type A (.72), Type B (.60), Type C (.50), Type D (.40), Not Known)

CLASS LOCATION

Table with 2 columns: Class Code (A-D), Class Description (Class 1, Class 2, Class 3, Class 4)

MAXIMUM OPERATING PRESSURE

Inches or Pounds
1 4.5

Year of Installation

2009

Signature

Kelly Stuber

MIDWEST NATURAL GAS CORPORATION

PIPELINE DAMAGE CONTRACT

PLEASE PRINT

CELL - 525-6746

NAME: Mike Guthrie PHONE # 752-4949

COMPANY NAME: Guthrie Development TAKEN BY: Kelly Alden

ADDRESS: 1515 N. Gardner st.

CITY: Scottsburg COUNTY: Scott ZIP: 47170

LOCATION OF WORK TO COMPLETE: 1420 Edgewater CRT

DESCRIPTION OF WORK TO COMPLETE: Relocate service line

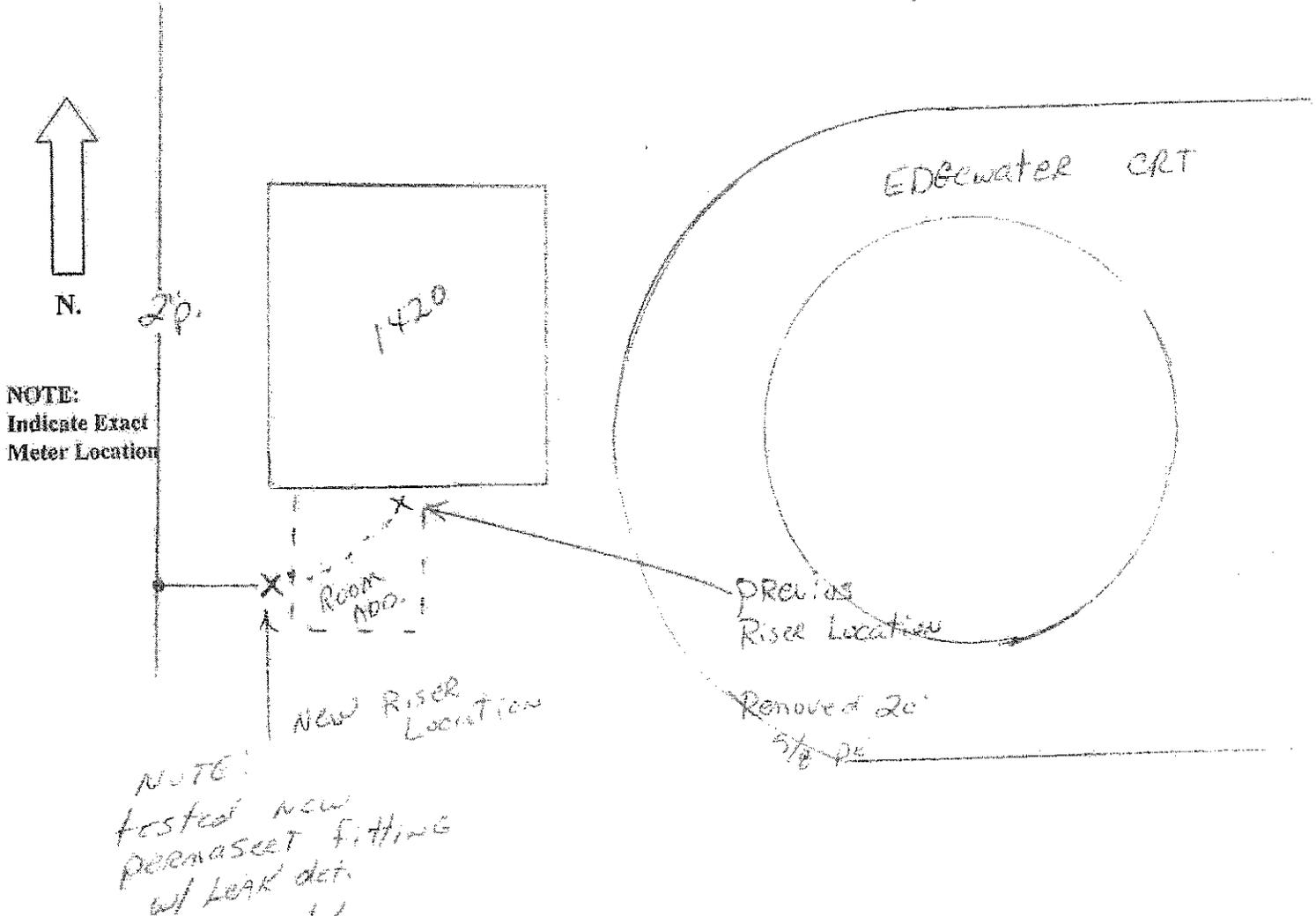
If determined to be at fault, I / We the undersigned hereby request Midwest Natural Gas Corporation to perform the work described above and agree to pay for same, including all labor, third party charges, material and lost gas, if any.

Date: 9/3/09 Signed: [Signature]

Midwest Natural Gas Corporation

1652 W. McClain Ave.
Scottsburg, IN 47170

Work Order No. 94778 Name: Mike Guthrie
 Account No. 2830-944-003-00 Address: 1420 Edgewater CRT
 Date: 9/3/09 Installed By: Kelly - BLP/H



NOTE:
Indicate Exact
Meter Location

NOTE:
tested new
perma-seal fitting
w/ LEAK det.

Drawing By: Kelly

<p>Line Test <i>Original test</i></p> <p>Pressure On: <u>100#</u> Pressure Off: <u>100#</u></p> <p>Time On: _____ Time Off: _____</p> <p>Juration Time: <u>10 min</u></p> <p>Test Conducted By: <u>Kelly S.</u></p>	<p>All excavation 5 feet or deeper must be protected before entry. Any depth excavation must be protected if there is a potential for cave-in.</p> <p>Excavation Depth <u>2'</u> Feet</p> <p>Soil Classification: A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/></p> <p>Excavation Protection System N/A <input checked="" type="checkbox"/> Sloping <input type="checkbox"/></p> <p>Benching <input type="checkbox"/> Shoring <input type="checkbox"/> Shielding <input type="checkbox"/></p>
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NO
EXCAVATOR
RESPONSE
PROVIDED