



## Pipeline Safety Division Investigation Report

### Investigation regarding: Mitchell & Stark Construction

UPPAC Database Record ID: 1549

Investigator: William Boyd

Telephone: 317-232-2718

Report Date: 03/03/2012

Damage Date: 10/12/2009

Damage Address: 187 S. Perry Street

City: Medora

County: Jackson

### The Parties

Excavator: **Mitchell & Stark Construction**

Contact: Brad Phillips

Address: 170 W 1st Street, Medora, In 47260

Telephone: (812) 966-2151

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: Distribution

## **Investigation regarding: Mitchell & Stark Construction**

UPPAC Database Record ID: 1549

### **Damage Impact**

Product release: Yes

Ignition: No

Service Interruption: False

Number of Customers Affected: 0

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: Backhoe/Trackhoe

Type of work performed: Sewer (Sanitary/Storm)

**Synopsis:** Damage to a natural gas service occurred during sewer installation.

**Findings:** Reported by Midwest Natural Gas Co.; excavator signed for initial notice on 08/18/2011 but has not submitted a response. Excavator failed to call Indiana 811 to request that underground facilities 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.**

**Mitchell & Stark Construction** currently has 7 reports of damages in the record, between 10/12/2009 and 11/16/2011.

NO

LOCATE

TICKET

PROVIDED

YOUR PIPELINE SAFETY DIVISION CASE NO. 1549

YOUR FULL NAME: Arthur Campbell

FULL NAME OF BUSINESS/ENTITY (if applicable): Midwest Natural Gas Corp.

YOUR BUSINESS TITLE (if applicable): Director of Operations

ADDRESS: P.O. Box 520

CITY: Washington STATE: IN ZIP CODE: 47501

YOUR TELEPHONE NUMBER: (812) 254-5087 SECOND NO. (812) 617-0850

YOUR EMAIL ADDRESS: acampbell@midnatgas.com

TODAY'S DATE: 9-7-2011

YOUR SIGNATURE: Arthur Campbell TITLE (if any) \_\_\_\_\_

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

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

Or scan document(s) and Email to:

**PipelineDamageCase@urc.in.gov**



August 17, 2011

Mr. Arthur Campbell  
Midwest Natural Gas Corporation  
107 Southeast Third Street  
Washington, IN 47501-0520

Subject: Investigation Request for Information

Date of Event: 10/12/2009

Event Location: Perry Street, Medora

Facility Owner: Midwest Natural Gas Corporation

Excavator: Mitchell & Stark Construction

Other Party: N/A

Pipeline Division Case No. 1549

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.**

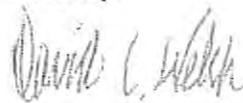
Please promptly provide your information to: Pipeline Safety Division – Case No. 1549, Indiana Utility Regulatory Commission, 101 West Washington Street, # 1500E, Indianapolis, IN 46204. Also, please include the Investigation Number referenced above on your materials. In the alternative, if you would 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: 187  
Street: S. Perry St.  
City/Town/IN Zip Code: Medora, IN 47260  
County: Jackson  
Township: Carr  
Who owns this property? Town of Medora (alley way)  
Is it used for residential or commercial purposes? Residential  
If residential, is there a tenant or is it owner occupied? N/A  
What is tenants' full name? N/A  
If commercial use, tenant or owner occupied?  
What is tenants' full name?

### The Parties:

Non-Business Full Personal Name: Brad Phillips  
Business Name: Mithcell & Stark  
Responsible Business Full Personal Name and Title:  
Address: 170 West First St. P.O. Box 219  
City, State, Zip: Medora, IN 47260  
Preferred Telephone: 812-966-2151  
Secondary Telephone:  
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: 812-752-2230  
Secondary Telephone: 812-595-0633  
Email Address: [tshafer@midnatgas.com](mailto: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: *1 1/4" polyethylene plastic*  
Pressure: *50#*  
Utility Line Function: *Distribution main*  
Interruption in Service: *No*  
Number of Customers Affected:  
Evacuation: *No*  
Repair Cost: *\$130.00*

**Cause of Damage Information:**

Type of Equipment: *Backhoe*  
Type of work performed: *Installing sewer line*  
Release of Product: *Yes*  
Ignition and/or Fire: *No*  
Excavator Notify 811: *No*

**Locate Information:**

Excavator Request Locate: *No*  
Ticket Number: *N/A*  
Locate Marks Visible:  
Excavator "White Lined": *No*  
Maps Used to Mark Facilities:  
Operator Provide Positive Response:  
Operator Employees ON-site at time of incident? *No*

**Incident Impact Information:**

*None*

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

*Mitchell & Stark was installing sewer line, digging without 811 dig ticket.*

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Case No. *1549*  
Full Name: *Terry W. Shafer*  
Business Name: *Midwest Natural Gas Corp.*  
Business Title: *Scottsburg Regional Manager*  
Address: *1652 W. McClain Ave. P.O. Box 707*  
City, State, Zip: *Scottsburg, IN 47170*  
Preferred Telephone: *812-752-2230*  
Secondary Telephone: *812-595-0633*  
Email Address: [\*tshafer@midnatgas.com\*](mailto:tshafer@midnatgas.com)  
Today's Date: *8/31/2011*

Signature & Title:

*Terry W. Shafer*

*Scottsburg Regional Manager*

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Acct# 2016 000 000 00

Truck # 50

Order # 95763

Service \_\_\_\_\_ Meter \_\_\_\_\_ Leak Order X Misc \_\_\_\_\_ Work X  
\*\*\*\*\*

Name 2016 JACKSON COUNTY , WORK ORDERS Date 10/12/2009  
Addr CARR TOWNSHIP Time Called 16:59  
Town \_\_\_\_\_ St IN Zip \_\_\_\_\_ Needed 10/12/2009

Mtr Location: Front \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_ Back \_\_\_\_\_ Taken By RH  
Remarks CUT MAIN BY MITCHELL & STARK EAST OF PERRY ST Cycle# 443  
MapPg# \_\_\_\_\_

Owner IN MEDORA G/L# 887  
\*\*\*\*\*

Meter Reqst: Remove Meter \_\_\_\_\_ Set Meter \_\_\_\_\_ Set Regulator \_\_\_\_\_ Turn On \_\_\_\_\_  
Turn Off \_\_\_\_\_

Meter # \_\_\_\_\_ Type \_\_\_\_\_ Xpondr# \_\_\_\_\_ Read Only \_\_\_\_\_  
Size \_\_\_\_\_ Orf \_\_\_\_\_ SetDate 1/1/2009 Chng Meter \_\_\_\_\_  
Check Meter \_\_\_\_\_  
Other \_\_\_\_\_

Index 0 0 Press \_\_\_\_\_ New Xponder# \_\_\_\_\_  
5 Min. Leak Test OK \_\_\_\_\_ Set Date \_\_\_\_\_ New Xponder SetDate \_\_\_\_\_  
\*\*\*\*\*

Installation \_\_\_\_\_ Ft.of \_\_\_\_\_ PE \_\_\_\_\_ ST \_\_\_\_\_ New \_\_\_\_\_ Existing X Retire \_\_\_\_\_

Remove \_\_\_\_\_ Ft.of \_\_\_\_\_ PE \_\_\_\_\_ ST \_\_\_\_\_ Retirmnt # \_\_\_\_\_

Remarks Repaired main CUT 1 1/4 PE MAIN  
\*\*\*\*\*

Leak Found : Yes X No \_\_\_\_\_ Leak Report # C2009-0488 CO Report # \_\_\_\_\_  
Ordorant Test : OK \_\_\_\_\_ Strong X Weak \_\_\_\_\_ N/A \_\_\_\_\_ Locate \_\_\_\_\_  
Red Tag # \_\_\_\_\_ Equip Shut Off \_\_\_\_\_  
Equip @ Site: Furnc X W/H \_\_\_\_\_ S/H \_\_\_\_\_ Rng \_\_\_\_\_ Dry \_\_\_\_\_ Grill \_\_\_\_\_ Logs \_\_\_\_\_ Other \_\_\_\_\_  
Desc of Work Prfrmd : Fired Appliances  
\*\*\*\*\*

MATERIALS

Used	Return	Item#	\$Each	\$Total	Description
-2		52.125	\$0.00	\$0.00	BUTT FUSION COUPLING 1 1/4PE
-2		131.125	\$1.16	\$-2.32	PIPE 1 1/4 w/wire PE SDR-11
Total Inventory Cost - \$2.32					

\*\*\*\*\*  
Date Started 10/13/2009 Date Completed 10/13/2009 Date Inputed 10/14/2009

PERFORMED BY GWD Approved By TWS

Donnie

# MIDWEST NATURAL GAS CORPORATION

Work Order # 95763 LEAK REPORT

LEAK # 2009-0488

Form # 135

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

Order Taken By Rhonda Hobson Date 10-12-09 Time 3:00 P.M.

Account Number 2016 000 000 Meter # \_\_\_\_\_

Address / Location East of Perry St. Medora, IN

Reported By Brad W. Mitchell + Stark How Discovered Cut line

Customer advised to leave residence and can be contacted at: \_\_\_\_\_

Was the odor inside or outside	Out <input checked="" type="checkbox"/>	In _____
If the odor was inside what was its extent or spread ? (One room or localizes area)	No <input checked="" type="checkbox"/>	Yes _____
If the odor was outside were was it the strongest ?	No <input checked="" type="checkbox"/>	Yes _____
At the meter	No <input checked="" type="checkbox"/>	Yes _____
Other Location	No _____	Yes <input checked="" type="checkbox"/>

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 10-12-09 Time of arrival 3:20 (P.M.)

Was a leak found No \_\_\_\_\_ Yes

Type of Leak A \_\_\_\_\_ B \_\_\_\_\_ C

Method used to locate the leak Blowing Gas cut 1 1/4 PE main

Where was the leak 1 1/4 P.E main in Alley

Repairs made if any use Squeeze off stop leak, crew that cut had Best over to stop leak.

Comments: Construction called to Repair

**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  HI

C.G.I. Reading Neg. \_\_\_\_\_ Pos.  Note soap tested ALL welds

Line Test Pressure: \_\_\_\_\_ Duration Time: \_\_\_\_\_ Following Repair

Signature Donnie [Signature]

Resp. Area  _ _ _	County  _ _	Map #  _ _
Leak #  _ _ _	Ident Line #  _ _ _	

Employee # 0440 Mo. Day Yr. 10 12 09  
 Time Reported 03:00 P.M.

**LEAK REPAIR REPORT**

NEAREST STREET ADDRESS  
187 S PERRY ALLEY

FURTHER DESCRIPTION OR COMMENTS  
ACC # 2P16 POP POP PO

**SOURCE OF REPORT**

<input type="checkbox"/> A	Vegetation Survey
<input type="checkbox"/> B	Commercial Survey
<input type="checkbox"/> C	Gas Detector Survey
<input type="checkbox"/> D	Bar Test Survey
<input type="checkbox"/> E	Mobile F.I.
<input type="checkbox"/> F	Back Pack F.I.
<input type="checkbox"/> G	Soap Test Survey
<input type="checkbox"/> H	Intercity Patrol
<input type="checkbox"/> I	Intracity Patrol
<input type="checkbox"/> J	Customer Report
<input type="checkbox"/> K	Employee Report
<input checked="" type="checkbox"/> Z	Other <u>contractor</u>

**EST. LEAK LOCATION**

<input checked="" type="checkbox"/> A	Main
<input type="checkbox"/> B	Service
<input type="checkbox"/> C	Service Tap
<input type="checkbox"/> D	Main At Tie-in
<input type="checkbox"/> E	Drip
<input type="checkbox"/> F	At Meter Set
<input type="checkbox"/> G	Intercity Line
<input type="checkbox"/> H	Curb Valve
<input type="checkbox"/> I	Distribution Valve
<input type="checkbox"/> J	Intercity Valve
<input type="checkbox"/> Z	Other

**LEAK STATUS**

<input type="checkbox"/> A	"A"
<input type="checkbox"/> B	"B"
<input checked="" type="checkbox"/> C	"C"

**GAS DETECTED IN**

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Atmosphere
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Building
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bar Test Hole
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Manhole
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pit (Reg. or Meter)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Valve Box
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Catch Basin
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other

**PIPE LOCATION**

<input checked="" type="checkbox"/> A	Roadway <u>Alley</u>
<input type="checkbox"/> B	Bet. Road & Sidewalk
<input type="checkbox"/> C	Under Sidewalk
<input type="checkbox"/> D	Private Easement
<input type="checkbox"/> E	Inside Building
<input type="checkbox"/> Z	Other

**PIPE COVER**

<input type="checkbox"/> A	Concrete
<input type="checkbox"/> B	Brick
<input type="checkbox"/> C	Asphalt
<input checked="" type="checkbox"/> D	Gravel
<input type="checkbox"/> E	Soil
<input type="checkbox"/> Z	Other

**SKETCH**

Cut 1 1/4" RE. main

Company Representative: Don J. [Signature]  
 Leak Consultant: \_\_\_\_\_

**LEAK REPAIR REPORT**

Resp. Area [ ] [ ] [ ]	County [ ] [ ]	Map # [ ] [ ] [ ]
Leak # [ ] [ ] [ ] [ ]	Ident Line # [ ] [ ] [ ] [ ]	

Employee #  
**0705**

Mo. Day Yr.  
**10/2/09**

NEAREST STREET ADDRESS

**187 S New...**

FURTHER DESCRIPTION OR COMMENTS

**Acc # 2016-000-000-000-000**

**LEAK CAUSE**

<input type="checkbox"/> A Corrosion
<input checked="" type="checkbox"/> B Broken Main
<input type="checkbox"/> C Broken Service
<input type="checkbox"/> D Broken Valve
<input type="checkbox"/> E Defective Joint
<input type="checkbox"/> F Defective Valve
<input type="checkbox"/> Z Other

**LEAK LOCATION**

<input checked="" type="checkbox"/> A Main
<input type="checkbox"/> B Service
<input type="checkbox"/> C Service Tap
<input type="checkbox"/> D Main at Tie-in
<input type="checkbox"/> E Drip
<input type="checkbox"/> F At Meter Set
<input type="checkbox"/> G Intercity Line
<input type="checkbox"/> H Curb Valve
<input type="checkbox"/> I Distribution Valve
<input type="checkbox"/> J Intercity Valve
<input type="checkbox"/> Z Other

**COATING CONDITION**

<input type="checkbox"/> A Good
<input type="checkbox"/> B Fair
<input type="checkbox"/> C Poor
<input checked="" type="checkbox"/> D None

**PITTING DEPTH**

<input checked="" type="checkbox"/> A None
<input type="checkbox"/> B Shallow
<input type="checkbox"/> C Medium
<input type="checkbox"/> D Deep

**LEAKING JOINT TYPE**

<input type="checkbox"/> A Bell
<input type="checkbox"/> B Clamped Bell
<input type="checkbox"/> C Saddle
<input type="checkbox"/> D Screwed
<input type="checkbox"/> E Compression
<input type="checkbox"/> F Flange
<input type="checkbox"/> G Weld
<input type="checkbox"/> Y Other
<input checked="" type="checkbox"/> Z Not a Joint

**PIPE SIZE**

<input type="checkbox"/> A 3/4
<input checked="" type="checkbox"/> B 1 1/4
<input type="checkbox"/> C 2
<input type="checkbox"/> D 3
<input type="checkbox"/> E 4
<input type="checkbox"/> F 6
<input type="checkbox"/> G 8
<input type="checkbox"/> H 10
<input type="checkbox"/> I 12
<input type="checkbox"/> J 14
<input type="checkbox"/> K 16
<input type="checkbox"/> L 20

**PIPE ENVIRONMENT**

<input type="checkbox"/> A Loam
<input checked="" type="checkbox"/> B Sand
<input type="checkbox"/> C Gravel
<input type="checkbox"/> D Shale
<input type="checkbox"/> E Clay
<input type="checkbox"/> F Mixed Soil
<input type="checkbox"/> G Rock
<input type="checkbox"/> H Cinders
<input type="checkbox"/> Z Other

**EXTENT OF CORROSION**

<input checked="" type="checkbox"/> A None
<input type="checkbox"/> B Localized
<input type="checkbox"/> C Medium
<input type="checkbox"/> D Extensive

**REPAIR MADE**

<input type="checkbox"/> A Bell Joint Clamp
<input type="checkbox"/> B Leak Clamp
<input checked="" type="checkbox"/> C Replace Pipe Section
<input type="checkbox"/> D Replace Pipe Sect.(w.o.)
<input type="checkbox"/> E Replace Fittings
<input type="checkbox"/> F Tighten Fittings
<input type="checkbox"/> G Replace Service (s.o.)
<input type="checkbox"/> H Grease Valve
<input type="checkbox"/> Z Other

**PIPE MATERIAL**

<input type="checkbox"/> A Black Steel
<input type="checkbox"/> B Galvanized Steel
<input type="checkbox"/> C Copper
<input type="checkbox"/> D Wrought Iron
<input checked="" type="checkbox"/> E Plastic
<input type="checkbox"/> Z Other

**SOIL CONDITION**

<input type="checkbox"/> A Dry
<input type="checkbox"/> B Moist
<input checked="" type="checkbox"/> C Wet
<input type="checkbox"/> D Frozen
<input type="checkbox"/> E Does Not Apply

**INTERNAL CORROSION**

<input checked="" type="checkbox"/> A None
<input type="checkbox"/> B Light
<input type="checkbox"/> C Medium
<input type="checkbox"/> D Heavy
<input type="checkbox"/> E Not Seen

**PROPERTY DAMAGE**

<input type="checkbox"/> A Private Lawn
<input type="checkbox"/> B Private Shrubs
<input type="checkbox"/> C Private Trees
<input type="checkbox"/> D Public Lawn
<input type="checkbox"/> E Public Shrubs
<input type="checkbox"/> F Public Trees
<input type="checkbox"/> Y Other
<input checked="" type="checkbox"/> Z None

**PIPE DEPTH**

<input type="checkbox"/> A Under 2'
<input checked="" type="checkbox"/> B 2' to 3'
<input type="checkbox"/> C 3' to 4'
<input type="checkbox"/> D 4' or Over
<input type="checkbox"/> E Does Not Apply

**PIPE TO SOIL POTENTIAL**

<input type="checkbox"/> A Under .55
<input type="checkbox"/> B .55 to .70
<input checked="" type="checkbox"/> C .70 to .85
<input type="checkbox"/> D .85 to 1.00
<input type="checkbox"/> E 1.00 to 1.15
<input type="checkbox"/> F 1.15 to 1.30
<input type="checkbox"/> G 1.30 or Over
<input type="checkbox"/> H Not Available

**INTERNAL SEDIMENT**

<input checked="" type="checkbox"/> A None
<input type="checkbox"/> B Light
<input type="checkbox"/> C Medium
<input type="checkbox"/> D Heavy
<input type="checkbox"/> E Not Seen

**DAMAGE BY OTHERS**

<input type="checkbox"/> A Telephone Co.
<input type="checkbox"/> B Water Co.
<input type="checkbox"/> C Electric Co.
<input checked="" type="checkbox"/> D Sewer
<input type="checkbox"/> E Company Contractor
<input type="checkbox"/> Y Other
<input checked="" type="checkbox"/> Z None

**COATING TYPE**

<input type="checkbox"/> A Coal Tar or Asphalt
<input type="checkbox"/> B Wax
<input type="checkbox"/> C Thin Film
<input type="checkbox"/> D Plastic
<input type="checkbox"/> Y Other
<input checked="" type="checkbox"/> Z None

**INSTALLED ANODE**

<input type="checkbox"/> A On Main
<input type="checkbox"/> B On Service
<input type="checkbox"/> C On Main and Service
<input checked="" type="checkbox"/> D No

**CONSTRUCTION TYPE**

<input type="checkbox"/> A Type A (.72)
<input type="checkbox"/> B Type B (.60)
<input type="checkbox"/> C Type C (.50)
<input type="checkbox"/> D Type D (.40)
<input checked="" type="checkbox"/> E Not Known

**INSTALLED INSULATOR**

<input type="checkbox"/> A On Main
<input type="checkbox"/> B On Service
<input type="checkbox"/> C At Meter Set
<input type="checkbox"/> D At Curb Valve
<input type="checkbox"/> E At Tap & At Curb Valve
<input type="checkbox"/> F At Tap & At Meter
<input checked="" type="checkbox"/> G No

**CLASS LOCATION**

<input type="checkbox"/> A Class 1
<input type="checkbox"/> B Class 2
<input checked="" type="checkbox"/> C Class 3
<input type="checkbox"/> D Class 4

MAXIMUM OPERATING PRESSURE

Inches or Pounds  
[ ] [ ] or [ ] [ ] **40**

Year of Installation

**1990**

Signature

*Ray Campbell*

MIDWEST NATURAL GAS CORPORATION

**PLEASE PRINT**

PIPELINE DAMAGE CONTRACT

NAME: Brad Phillips PHONE # 525-8014

COMPANY NAME: Mitchell + Stark PHONE # 815966-2151

ADDRESS: 170 West First St. P.O. Box 219

CITY: Medora COUNTY: Jackson ZIP: 47260

LOCATION OF WORK TO COMPLETE: Alley Beside 187 S Perry

DESCRIPTION OF WORK TO COMPLETE: Repair 1 1/4" P.E. MAIN

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: 10/12/09 Signed: Brad Phillips



# MIDWEST NATURAL GAS CORPORATION

## PIPELINE DAMAGE BILLING FORM

Date October 12, 2009 Work/Serv. Order # 95763

Billing Information: Total Bill \$ 130.00

Name: Michell & Stark Contact: Brad Phillips

Address: 170 West 1st St. P.O. Box 219 Telephone # (812) 966-2151

City, State, Zip: Medora, IN 47260

Midwest Labor:	Time	Cost	Equipment & Operator	Time	Cost
<u>Emergency Response Fee</u>	<u>1</u>	<u>\$100.00</u>	_____		
<u>Donnie Douglas</u>	<u>1 Hr.</u>	<u>\$30.00</u>	_____		
_____			_____		
_____			_____		
_____			_____		

Gwaltney Drilling Labor: Totals: \$0.00

Materials:	Used	Cost	10%
<u>See GWD Time</u>			
<u>4 men 2.5 Hrs. ea.</u>			<u>\$0.00</u>
<u>Bil-Rex-Chris-James</u>			<u>\$0.00</u>
_____			<u>\$0.00</u>
_____			<u>\$0.00</u>

Welder Time: \_\_\_\_\_

**Totals:** 2 Hrs. \$130.00

**Totals:** \$0.00 \$0.00

**Lost Gas Information:**

Start Time: N/A Stop Time: N/A Orifice Size: \_\_\_\_\_ Gauge Pressure: \_\_\_\_\_

**Other Information:**

Cut 1 1/4" main during sewer installation.

Note: No Gas Loss

**Emergency Plan Implement:**

Yes \_\_\_\_\_ No x

Signed: \_\_\_\_\_ *Brad Phillips*



NO  
EXCAVATOR  
RESPONSE  
PROVIDED