



Pipeline Safety Division Investigation Report

Investigation regarding: Oles Engineering Corporation

UPPAC Database Record ID: 17

Investigator: William Boyd

Report Date: 04/04/2012

Damage Date: 09/02/2009

Damage Address: 1035 Broad Ripple Avenue

City: Indianapolis

County: Marion

The Parties

Excavator: **Oles Engineering Corporation**

Contact: Mike Trowbridge, Jr.

Address: 6145 S Indianapolis Rd, Whitestown, In 46075

Telephone: 317-769-5950

Facility Owner: Citizens Gas

Contact: Tony Chan

Address: 2150 Dr. Martin Luther King Jr. Street, Indianapolis, IN 46202

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Investigation regarding: Oles Engineering Corporation

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Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$51

Excavator Activities/Cause of damage information:

Excavator request locates: No Indiana 811 ticket Number:

Type of Equipment: Hand Tools

Type of work performed: Sewer (Sanitary/Storm)

Synopsis: Damage to a 1" plastic natural gas service occurred during sewer work.

Findings: Reported by Citizens Gas. Two attempts were made to send initial notice; excavator signed for second notice on 11/17/2011 but has not submitted a response.

Conclusion: Damage occurred without a request to locate and mark underground facilities.

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

Oles Engineering Corporation currently has no other reports of damages in the record.

NO

LOCATE

TICKET

PROVIDED

YOUR PIPELINE SAFETY DIVISION CASE NO. 17

YOUR FULL NAME: TONY CHAN

FULL NAME OF BUSINESS/ENTITY (if applicable): CITIZENS ENERGY GROUP

YOUR BUSINESS TITLE (if applicable): FIELD ADMINISTRATOR OF MAINTENANCE

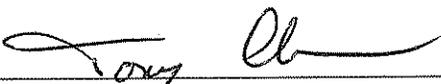
ADDRESS: 2150 DR MARTIN LUTHER KING

CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46202

YOUR TELEPHONE NUMBER: (317) 927-4619 SECOND NO. (317) 407-8278

YOUR EMAIL ADDRESS: achan@citizensenergygroup.com

TODAY'S DATE: 9-14-11

YOUR SIGNATURE:  TITLE (if any) _____

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

**Pipeline Safety Division – Case No. 17
Indiana Utility Regulatory Commission
101 West Washington Street, # 1500E
Indianapolis, IN 46204**

Or scan document(s) and Email to:

PipelineDamageCase@urc.in.gov

INFORMATION REQUEST

**Pipeline Safety Division Investigation
Indiana Utility Regulatory Commission
Indiana Damage to Underground Facilities Act
Indiana Code 8-1-26**

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

Event location (i.e. *where* this occurrence took place):

Address: 1093 BROAD RIPPLE AVE
Street:
City/Town/IN Zip Code: INDIANAPOLIS, INDIANA 46062
County: MARION CNTY
Township: WASHINGTON TWP
Who owns this property? N/A
Is it used for residential or commercial purposes? COMMERCIAL
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? IU MEDICAL GROUP
What is tenant's full name? DR. JANICE BILBY

The Parties:

Person responsible for excavation/demolition: (i.e. Excavator/Person that was digging):

Non-Business Full Personal Name:
Business Name (Name of Business): OLES ENGINEERING CORP
Responsible Business Full Personal Name and Title: MIKE TROWBRIDGE JR
Address: 9500 N COUNTY RD 800 EAST
City, State, Zip: BROWNSBURG, INDIANA 46112
Preferred Telephone: (317) 769-5950
Secondary Telephone:
Email Address: N/A

Facility Information (i.e. the Owner/Operator of the utility line):

Business Name: CITIZENS GAS
Responsible Business Person Full Name and Title: TONY CHAN - FIELD ADMINISTRATOR
Address: 2150 DR. MARTIN LUTHER KING
City, State, Zip: INDIANAPOLIS, INDIANA 46062
Preferred Telephone: 317-927-4619
Secondary Telephone:
Email Address: achan@CITIZENSENERGYGROUP.COM

Locator Service Information (i.e. company assigned to mark the utility lines, if any): N/A

Business Name:

Responsible Business Person Full Personal Name and Title:

Address:

LOCATES ~~WERE~~ WERE
NOT CALLED

City, State, Zip

N/A

Preferred Telephone:

Secondary Telephone:

Email Address:

Other (Witness, Police, Fire, Other) Information: NONE

Personal Contact:

Business/Organization Name:

Title (if any)

Address:

City, State, Zip

N/A

Preferred Telephone:

Secondary Telephone:

Email Address:

Utility Line Impact:

Facility Type: What type of Utility facility was involved?

GAS SERVICE

Material Type: What type of facility material was involved?

PLASTIC - POLYETHYLENE

Size (Diameter/etc.): What was the size (diameter/etc.) of the facility material involved?

1"

Pressure (PSIG/Inches): What was the pressure (PSIG/Inches) in the facility?

30 PSIG

Utility Line Function: What was the function of the utility line?

GAS SERVICE

Interruption in Service: Was service interrupted?

1

Number of Customers Affected: How many customers were affected?

1

Evacuation: Was there an evacuation?

NO

Repair Cost (if known): What are the costs/damages?

\$ 51.24

Cause of Damage Information:

Type of Equipment: What type of equipment was involved?

HAND TOOLS

Type of Work Performed: What was the purpose of the work involved at the time of event?

Release of Product: Was there a release of product? Type? How much?

YES, GAS, N/A

Ignition and/or Fire: Was there any ignition? Fire?

NO

Excavator Notify 811: Did the excavator notify 811 Office? If not, who did?

NO. CITIZENS GAS
NOTIFIED 811

Locate Information:

Excavator Request Locate: Did excavator make a locate request? What is the Request Ticket

Number from Indiana 811? EXCAVATOR DID NOT REQUESTED LOCATES.

Locate Marks Visible: Were locate marks visible? N/A
Excavator "White Lined": Did the excavator "white line"? NO
Maps Used to Mark Facilities: Were maps used to help mark facilities? N/A
Operator Provide Positive Response: Did the operator respond? How? TWO FIRST RESPONDER SENT
Operator Employees On-site: Were operator's employees on site at the time of incident? NO TO JOB SITE

Incident Impact Information:

Number of Outpatient Treated: How many patients were treated through out-patient treatment? N/A/NONE
Number of Inpatient Treated: How many patients were treated through in-patient treatment? NONE
Fatalities: Were there fatalities? If so, how many? NONE
Fire Department Response: Was local Fire Department[s] called? Which department? Describe NO their response.
Police Department Response: Was local Police Department[s] called? Which ones? Describe NO their response.
Ambulance Response: Was local Ambulance Service[s] called? Which ones? Describe their NO response.
Other Response: Was anyone else involved? If so, please describe. NO

Narrative Statement:

In your own words, please describe what happened (regarding all parties involved) and why? Use additional sheets of paper as needed.

CONTRACTOR CUT INTO A 1" PLASTIC GAS SERVICE AND CALLED OUR GAS DISPATCH CENTER TO REPORT THE INCIDENT, WHEN THE UTILITIES FIELD TECHNICIANS ARRIVED, THE NOTICE THAT THE CONTRACTORS TURNED OFF THE UNDERGROUND VALVE OF THE GAS SERVICE, SO THE GAS WAS NOT BLOWING UPON THE ARRIVAL OF OUR FIELD EMPLOYEES. NO LOCATES WERE CALLED IN BY THE CONTRACTORS AND THE DAMAGE TO THE GAS LINE WAS PERFORMED WITH HAND TOOLS. AFTER THE INCIDENT, THE CONTRACTORS DID CALL FOR LOCATES, THE REPAIR TO THE GAS SERVICE WAS MADE BY INSTALLING A 1" INCO COUPLING TO CONNECT THE SEVERED LINE. THE LOCATION OF THE DAMAGE WAS 21' FROM THE BUILDING.

NO
EXCAVATOR
RESPONSE
PROVIDED