



## Pipeline Safety Division Investigation Report

### Investigation regarding: **T T Maintenance & Contracting**

UPPAC Database Record ID: 2229

Investigator: Chuck Weindorf

Report Date: 5/22/2012

Damage Date: 9/20/2011

Damage Address: 501 Arch St, Lawrenceburg, In 47025

City: Lawrenceburg

County: Dearborn

### The Parties

Excavator: **T T Maintenance & Contracting**

Contact: T. Slone

Address: 16947 Manchester St., Moores Hill, In 47032

Telephone: 812-744-2723

Facility Owner: Sycamore Gas Company

Contact: John Stenger, PE

Address: 1155 E Eads Parkway, Greendale, IN 47025

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

## **Investigation regarding: T T Maintenance & Contracting**

UPPAC Database Record ID: 2229

### **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: 1108010268

Type of Equipment: Hand Tools

Type of work performed: Sewer (Sanitary/Storm)

**Synopsis:** An underground natural gas service line was struck and damaged while spotting a sewer lateral.

**Findings:** Reported by Aaron Lambert (Consultant for Sycamore Gas); excavator did not respond to initial notice signed for on 11/21/2011. Excavator requested locates on 08/01/2011 and damaged the natural gas line 50 days later.

**Conclusion:** There was a failure to provide notice of excavation prior to construction due to the fact the original locate had expired.

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

**T T Maintenance & Contracting** currently has no other report of damage in the record.

NO

LOCATE

TICKET

PROVIDED

# Information Request

## Pipeline Safety Division Indiana Utility Regulatory Commission

Case No. 2229

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: TI MAINT & CONTRACTING

Responsible Party Personal Name: T SLOVE

Title (if any):

Address: 16947 MANCHESTER

City, State Zip: MOORE HILL IN 47032

Preferred Telephone:

Cell Phone Number: 812 744 2723

Email Address:

#### **Facility Information:**

Business Name: SYCAMORE GAS

Responsible Party Personal Name: D GLENN

Title (if any): CONSULTANT

Address: 1155 E EADS

City, State, Zip: GASSENDALE IN 47025

Preferred Telephone: 812 537 1921

Cell Phone Number:

Email Address:

#### **Locator Service Information:**

Business Name: SYCAMORE GAS

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: 501 ARCH

City, State Zip: LAWRENCEBURG IN 47025

Nearest Intersection: MARGARET

**Product Type (circle one):**

Natural Gas

Liquid Pipeline

Unknown/Other

**Facility Type (circle one):**

Distribution

Gathering

Service/Drop

Transmission

Unknown/Other

Size (Diameter/etc.): 1

Pressure (PSIG/Inches): 17 PSI

Interruption in Service:  Yes  No

Number of Customers Affected: 1

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: 1108016268

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:

LOCATE TICKET WAS FOR WATER MAIN REPLACEMENT IN ROAD. CONTRACTOR WAS HAND DIGGING SEWER LATERAL IN PRIVATE PROPERTY.

CONTRACTOR SHOULD HAVE HAD TICKET FOR SEWER WORK AS GAS SERVICE WAS PROPERLY LOCATED IN ROAD FOR WATER MAIN WORK.

YOUR PIPELINE SAFETY DIVISION CASE NO. 2229

YOUR FULL NAME: DENNIS P. GLENN

FULL NAME OF BUSINESS/ENTITY (if applicable): SYCAMORE GAS CO

YOUR BUSINESS TITLE (if applicable): CONSULTANT

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

YOUR TELEPHONE NUMBER: ( ) \_\_\_\_\_ - \_\_\_\_\_ SECOND NO. ( ) \_\_\_\_\_ - \_\_\_\_\_

YOUR EMAIL ADDRESS: \_\_\_\_\_

TODAY'S DATE: 12/5/11

YOUR SIGNATURE: Dennis P. Glenn TITLE (if any) \_\_\_\_\_

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

**Pipeline Safety Division – Case No. 2229  
Indiana Utility Regulatory Commission  
101 West Washington Street, # 1500E  
Indianapolis, IN 46204**

Or scan document(s) and Email to:

**PipelineDamageCase@urc.in.gov**

NO  
EXCAVATOR  
RESPONSE  
PROVIDED