



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Kelly Robbins**

UPPAC Database Record ID: 2248

Investigator: John McLaughlin

Report Date: 02/13/2012

Damage Date: 09/01/2011

Damage Address: Corner Hwy 31 & Holland Dr.

City: Austin

County: Scott

### The Parties

Excavator: **Kelly Robbins**

Contact: Kelly Robbins, Owner

Address: 3278 W. Lake Rd., Scottsburg, In 47170

Telephone: (812) 752-3430

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: Kelly Robbins**

UPPAC Database Record ID: 2248

**Damage Impact**

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 4

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$904

**Excavator Activities/Cause of damage information:**

Excavator request locates: No    Indiana 811 ticket Number:

Type of Equipment: Unknown/Other

Type of work performed: Landscaping

**Synopsis:** Damage to a natural gas main occurred during excavation performed to replace a dead tree.

**Findings:** Reported by Midwest Natural Gas; excavator responded to initial notice on 12/19/2011. Damage to gas main done with a tree spade; there was not a call to Indiana 811 to request that underground utilities be located and marked.

**Conclusion:** There was a failure to request that underground utilities be located and marked.

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

**Kelly Robbins** 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 18, 2011

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

Subject: Investigation Request for Information

Date of Event: 9/1/2011

Event Location: Corner Hwy 31 & Holland Dr., Austin

Facility Owner: Midwest Natural Gas Corporation

Excavator: Kelly Robbins

Other Party: N/A

Pipeline Division Case No. 2248

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,

YOUR PIPELINE SAFETY DIVISION CASE NO. 2248

YOUR FULL NAME: Terry Shafer

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

YOUR BUSINESS TITLE (if applicable) Regional Area Manager (Scottsburg Dist)

ADDRESS: 1652 W. McClain Ave. P.O. Box 707

CITY: Scottsburg STATE: IN ZIP CODE: 47170

YOUR TELEPHONE NUMBER: (812) 752-2230 SECOND NO. (812) 595-0633

YOUR EMAIL ADDRESS: tshafer@midnatgas.com

TOSAYS DATE: 12/5/2011

YOUR SIGNATURE:  TITLE: Regional Area Mgr.

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

**Pipeline Safety Division-Case No. 2248  
Indiana Utility Regulatory Commission  
101 West Washington Street, # 1500E  
Indianapolis, IN 46204**

Or scan document(s) and Email to:

[PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)

# INFORMATION REQUEST

## Pipeline Safety Division Indiana Utility Regulatory Commission

Case No. 2248

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: Robbins Nursery  
Responsible Party Personal Name: Kelly Robbins  
Title (if any): Owner  
Address: 3278 W. Lake Rd.  
City, State, Zip: Scottsburg, IN 47170  
Preferred Telephone: (812) 752-3430  
Cell Phone Number: N/A  
Email Address: N/A

#### **Facility Information:**

Business Name: Midwest Natural Gas Corp.  
Responsible Party Personal Name: Terry Shafer  
Title (if any): Regional Area Manager Scottsburg District  
Address: 1652 W. McClain Ave. P.O. Box 707  
City, State, Zip: Scottsburg, IN 47170  
Preferred Telephone: (812) 752-2230  
Cell Phone Number: (812) 595-0633  
Email Address: [tshafer@midnatgas.com](mailto:tshafer@midnatgas.com)

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

Business Name: Midwest Natural Gas Corp.  
Responsible Party Personal Name: Donnie Douglas  
Title (if any): Service Technician  
Address: 1652 W. McClain Ave. P.O. Box 707  
City, State, Zip: Scottsburg, IN 47170  
Preferred Telephone: (812) 752-2230

Cell Phone Number: (812) 595-0633

Email Address: N/A

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

Personal Contact: N/A

Business/Organization Name: N/A

Title (if any) N/A

Address: N/A

City, State, Zip: N/A

Preferred Telephone: N/A

Secondary Telephone: N/A

Email Address: N/A

**Utility Line Impact:**

**Location of Damage:**

Address: Holland Dr.

City, State, Zip: Austin, IN 47102

Nearest Intersection: Church St.

**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 1/4" PE

**Pressure (PSIG/Inches):**

50

**Interruption in Service:**

Yes     No

**Number of Customers Affected:** 4

**Evacuation:**

Yes     No

**If yes, How Many Evacuated?** \_\_\_\_\_

**Repair Cost (if know):**

\$ 623.85

**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

Tree Spade

**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:**  
**Ignition and/or Fire:**

Yes No  
 Yes No



FILED

DEC 19 2011

INDIANA UTILITY  
REGULATORY COMMISSION

**Information Request**

**Pipeline Safety Division  
Indiana Utility Regulatory Commission**

Case No. 2248

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: *Kelley Robbins*

Title (if any):

Address: *3278 W Lake Rd W*

City, State Zip: *Scottsburg IN 47170*

Preferred Telephone: *812-752-3430*

Cell Phone Number: *N/A*

Email Address: *N/A*

**Facility Information:**

Business Name:

Responsible Party Personal Name:

Title (if any):

Address:

City, State, Zip:

Preferred Telephone:

Cell Phone Number:

Email Address:

*same as above*

**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: Jennings Twp. F.D.

Title (if any)

Address:

City, State, Zip: Austin TX 78702

Preferred Telephone:

Cell Phone Number:

Email Address:

**Utility Line Impact:**

**Location of Damage:**

Address: Corner Hwy 31 + Holland Dr.

City, State Zip: Hwy Austin TX 78702

Nearest Intersection: Hwy 31

**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 1/4 PE

Pressure (PSIG/Inches): 50 #

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 *Iron Spade*

**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: NONE

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: 0

Number of Inpatient Treated: 0

Number of Fatalities: 0

Fire Department Response:  Yes /  No

Police Department Response: Yes /  No

Ambulance Response: Yes /  No

Additional Information/Comments:

Replaced Dead Tree for  
Austin Managh Park

Paid Midway Natural Gas #903<sup>53</sup> for Repairs

YOUR PIPELINE SAFETY DIVISION CASE NO. 2248

YOUR FULL NAME: Kelly Robbins

FULL NAME OF BUSINESS/ENTITY (if applicable): Some

YOUR BUSINESS TITLE (if applicable): Owner

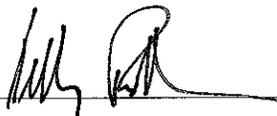
ADDRESS: 3278 W Lake Rd. W.

CITY: Scottsburg STATE: IN ZIP CODE: 47170

YOUR TELEPHONE NUMBER: (812) 752-3930 SECOND NO. ( ) - N/A

YOUR EMAIL ADDRESS: N/A

TODAY'S DATE: Dec 14 2011

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

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

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