



Pipeline Safety Division Investigation Report

Investigation regarding: **Monroe Corporation**

UPPAC Database Record ID: 3001

Investigator: Mike Orr

Report Date: 1/3/2013

Damage Date: 5/24/2012 1:45:20 PM

Damage Address: E 8th St

City: Rushville

County: Rush

The Parties

Excavator: **Monroe Corporation**

Contact: Roger Monroe, Owner

Address: 3891 Smithland Road, Shelbyville, In 46176

Telephone:

Facility Owner: Vectren

Contact: Darlene Kulhanek

Address: 1 N Main Street, Evansville, IN 47702

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Investigation regarding: Monroe Corporation

UPPAC Database Record ID: 3001

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 10

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$6040.8000000000002

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1205150502

Type of Equipment: Boring

Type of work performed: Telecommunications

Synopsis: Damage to a natural gas main occurred during a boring procedure to install a telecommunications line.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 7/3/2012. Excavator had a valid locate prior to beginning the boring procedure; however, the gas operator failed to locate or provided incorrect locate markings having been noticed by the IURC in a mailing 8/13/2012 of an initial finding of an OPERATOR VIOLATION and with the allotted time elapsed; the resulting determination is OPERATOR VIOLATION.

Conclusion: The gas operator, after IURC notice, failed to locate or provided incorrect locate markings.

Violation: IC 8-1-26-18(f): Operator failed to locate or provided incorrect locate markings.



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

July 5, 2012

Ms. Darlene Kulhanek
Vectren
1 N Main Street
Evansville, IN 47702

Subject: Investigation Request for Information

Date of Event: 5/24/2012

Event Location: E 8th St, Rushville

Facility Owner: Vectren

Excavator: Monroe Corporation

Other Party: N/A

Pipeline Division Case No. 3001

Dear Ms. Kulhanek:

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.**



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)
INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: 7-13-2012

Who is submitting this information?

Name of person providing this information: Darlene Kulhanek

Business address (*number and street*): 1 Main Street

City, State, and ZIP code: Evansville, IN 47711

Telephone number (*area code*): 812-491-4227

Fax number (*area code*): 812-491-4504

E-mail address: dkulhanek@vectren.com

Excavator Information, if known

Full name: Monroe Corporation

Business address (*number and street*): 3891 Smithland Rd.

City, State, and ZIP code: Shelbyville, IN 46176

Telephone number (*area code*): 317-736-8550

Fax number (*area code*): Unknown

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Boring

Type of work performed: Telecommunications

Date and Location of Damage

Date of damage (month, day, year): 5-24-2012

County: Rush

City: Rushville

Street address (number and street, city, state, and ZIP code):
801 N Harrison, Rushville, IN

Nearest intersection: Unknown

Right of way where damage occurred: Dedicated Public Utility Easement

Was there a release of product? Yes

If yes, was there an ignition of product? No

Were evacuations necessary as a result of release? No

If yes, how many evacuated? 0

Was there a customer service interruption? Yes

If yes, how many affected? 10

Time to restore service (in hours): 5.5

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 6,040.8

Affected Facility Information

What type of pipeline was damaged? Natural Gas

What was the affected facility? Distribution

What was the depth of the facility, in inches? _____

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1205150480

Was the locate request completed within two working days? Yes

If locates were performed, were they done so by a contractor or pipeline employee? Contract Locator

If a contractor locator, enter the company name, if known: USIC

Were facility marks visible in the area of excavation? Yes

Were facilities marked correctly? No

Type of markings used: Flags

If other, please specify: None

Was site marked by "White Lining"? No

Were special instructions part of the locate request? Unknown/Other

Were maps used to complete the locate request? Unknown/Other

Were pipeline company representatives on site during excavation? No

Did the excavator notify the operator in the event of this damage? Yes

Did the excavator notify Indiana 811 in the event of this damage? Yes

Did the excavator notify 911 in the event of a release of product? Unknown/Other

Description of Cause

Select from the list the most accurate cause for the damage: --Facility marking or location not sufficient

Additional Comments

4" plastic main damaged by bore. >24"

FACILITIES DAMAGE REPORT GAS

Task No.: 103.0509

Capital / O&M (circle one)

FDS 0016282...

FACILITY TYPE

- DISTRIBUTION
- PROPANE
- SERVICE
- STORAGE
- TRANSMISSION (include supplemental report)

TIME OCCURRED: 11:56 AM/PM

TIME FOUND: 2:15 AM/PM

DATE OF DAMAGE: 5/24/12

LATITUDE 39.614980
LONGITUDE -85.447690

Cost Center No.: 5753

DAMAGE SITE ADDRESS: 801 W. Harrison LOT # _____

COUNTY Rush CITY: Rushville STATE: In TOWNSHIP Anderson

FACILITIES DAMAGED	ORIFICE SIZE(S)	(1)	(2)	(3)
<input type="checkbox"/> FARM TAP	0.50 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> HEATER	5/8 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> MAIN	0.75 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> METER RESIDENTIAL	1.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> METER INDUSTRIAL/COMMERCIAL	1.25 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ODORIZER	10.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> REGULATOR STATION	12.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> RELIEF VALVE	16.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> RISER	2.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SERVICE LINE	20.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> VALVE	3.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.00 INCH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF OTHER _____	5.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OTHER _____			

2.764

- VISUAL OBSERVATION AT DAMAGE SITE
- VISUAL OBSERVATION ABOVE GROUND BELOW GROUND
 - LOCATE APPLICABLE? YES NO N/S
 - FACILITIES PROPERLY MARKED YES NO N/S
- MARKING METHODS: CONVENTIONAL FLAGS
- NONE OFFSET PAINT STAKES WHISKERS
 - LOCATE MARKINGS FADED: YES NO N/S
 - WRONG ADDRESS REQUESTED YES NO N/S
 - FACILITIES IMPROPERLY LOCATED
 - QUALIFIED LOCATOR COULD NOT HAVE ACCURATELY LOCATED
 - INACCURATE MAPS/CARDS
 - BROKEN OR NO TRACER WIRE (PLASTIC)
 - INSULATION PREVENTING ACCURATE LOCATE
 - LOCATOR ERROR
 - FAILURE TO FOLLOW POLICY
 - INAPPROPRIATE SITE MARKING
 - INCOMPLETE LOCATES
 - NO LOCATES PERFORMED
 - QUALIFIED LOCATOR COULD HAVE ACCURATELY LOCATED
 - WRONG ADDRESS LOCATED
 - MARKINGS OFF BY 3 (FEET/INCHES)

5/25

TYPE OF MATERIAL	DAMAGE TYPE	PRESSURE
<input type="checkbox"/> CAST IRON	<input type="checkbox"/> SEVERED	<input type="checkbox"/> 25 PSIG
<input type="checkbox"/> PLASTIC (HDPE)	<input type="checkbox"/> NOT CUT	<input type="checkbox"/> 40 PSIG
<input checked="" type="checkbox"/> PLASTIC (MDPE)	<input checked="" type="checkbox"/> PUNCTURE	<input type="checkbox"/> 50 PSIG
<input type="checkbox"/> STEEL	SIZE <u>2</u> X <u>3</u>	<input checked="" type="checkbox"/> 55 PSIG
IF OTHER _____		<input type="checkbox"/> 60 PSIG
		<input type="checkbox"/> 6 WC (.2163)
		<input type="checkbox"/> 7 WC (.252)
		<input type="checkbox"/> OTHER _____

163.014

- WERE FACILITY MARKS VISIBLE YES NO
- WAS AREA WHITE LINED? YES NO DESTROYED
- POSITIVE RESPONSE YES NO DESTROYED
- TOLERANCE ZONE VIOLATED YES NO
- PART OF PROJECT YES NO

JUN 1 2012

- PROTECTION IN PLACE
- BUILDING FENCE NONE
 - POST RAIL VAULT N/A

DURATION OF ESCAPING GAS MINUTES 2.50 HRS

LEAK REPORT NUMBER #

03761

EFV ACTIVATED YES NO N/S

COMPANY REPRESENTATIVE ON SITE YES NO

OBSERVATION BY: Jeremy Hucks

NAME OF LOCATOR: Rob Newhouse

LOCATING ORGANIZATION: USIC

- CONTRACT LOCATOR
- UNKNOWN/ OTHER
- UTILITY OWNER

FEED TYPE

- ONE-WAY FEED
- TWO-WAY FEED

NUMBER OF CUSTOMERS AFFECTED: 10

TOTAL HOURS SERVICE WAS OFF 5.50 HRS

- COPY OF MARKOUT REQUEST PROVIDED WITHIN 2 WORKING DAYS YES NO N/S

DAMAGED BY

- COMPANY CREW
- CONTRACTOR
- COUNTY
- DEVELOPER
- FARMER
- MUNICIPALITY
- PROPERTY OWNER/TENANT
- RAILROAD
- STATE
- UNKNOWN
- UTILITY
- VEHICULAR ACCIDENT
- IF OTHER _____

TYPE OF CONSTRUCTION

- AGRICULTURE
- BLDG. CONSTRUCTION
- BLDG. DEMOLITION
- CABLE TV
- CURBS/SIDEWALKS
- DRAINAGE
- DRIVEWAY
- ELECTRIC
- ENGINEERING/SURVEYING
- FENCING
- GRADING
- IRRIGATION
- LANDSCAPE
- LIQUID PIPELINE
- MILLING
- NATURAL GAS
- POLE
- PUBLIC TRANSIT AUTHORITY
- RAILROAD MAINTENANCE
- IF OTHER PHONE

WORKING FOR

- CITY COUNTY DEVELOPER
- PROPERTY/OWNER STATE
- UTILITY
- IF OTHER _____

NOTIFICATION AND OTHER DETAILS OF LOCATE

LOCATE TICKET #: 1205150480

DATE: 5/15/12 TIME: 08:19 AM/PM

- REGULAR REQUEST EMERGENCY REQUEST

CONTACT NAME: Roger Monroe

TIME CALLED: _____ AM/PM

TIME LOCATOR ARRIVED AT SITE _____ AM/PM

- LOCATE COMPANY NOTIFIED YES NO N/S
- COMPANY NOTIFIED OF LOCATE NEAR CRITICAL FACILITIES YES NO N/S

ONE CALL CENTER

- IUPPS
- OUPS
- UNKNOWN

TYPE OF EQUIPMENT	DAMAGING CAUSE
<input type="checkbox"/> AUGER	<input type="checkbox"/> ABANDON FACILITY
<input type="checkbox"/> BACKHOE/TRACKHOE	<input type="checkbox"/> DETERIORATED FACILITY
<input checked="" type="checkbox"/> BORING	<input type="checkbox"/> FACILITY COULD NOT BE FOUND/LOCATED
<input type="checkbox"/> DRILLING	<input type="checkbox"/> FACILITY WAS NOT LOCATED/MARKED
<input type="checkbox"/> EXPLOSIVES	<input type="checkbox"/> FAILURE TO MAINTAIN CLEARANCE
<input type="checkbox"/> FARM EQUIPMENT	<input type="checkbox"/> FAILURE TO MAINTAIN MARKS
<input type="checkbox"/> GRADER/SCRAPER	<input type="checkbox"/> FAILURE TO SUPPORT EXPOSED FACILITY
<input type="checkbox"/> HAND TOOLS	<input type="checkbox"/> FAILURE TO USE HAND TOOLS WHERE REQ
<input type="checkbox"/> MILLING EQUIPMENT	<input type="checkbox"/> IMPROPER BACKFILLING
<input type="checkbox"/> PLOW	<input type="checkbox"/> INCORRECT RECORDS/MAPS
<input type="checkbox"/> PROBING DEVICE	<input checked="" type="checkbox"/> MARKING OR LOCATIONS NOT SUFFICIENT
<input type="checkbox"/> TRENCHER	<input type="checkbox"/> NO NOTIFICATION MADE TO ONE-CALL CENT
<input type="checkbox"/> VACUUM EQUIPMENT	<input type="checkbox"/> ONE-CALL NOTIFICATION ERROR
<input type="checkbox"/> VEHICLE	<input type="checkbox"/> PREVIOUS DAMAGE
<input type="checkbox"/> IF OTHER _____	<input type="checkbox"/> WRONG INFORMATION PROVIDED
	<input type="checkbox"/> IF OTHER _____

CONTRACTOR REPAIRS

CONTRACTOR WORKING FOR VECTREN MADE REPAIRS AT OWNERS EXPENSE
 YES NO N/S

CONTRACTOR REPAIRED DAMAGE
 YES NO N/S

NAME OF CONTRACTOR: N/A

OF REGULAR HOURS _____

OF OVERTIME HOURS _____

OF REGULAR HOURS _____

CREW TYPE _____

MATERIALS OR ROAD WORK

METER WAS REPLACED N/A (STORES CODE)

REGULATOR WAS REPLACED N/A (STORES CODE)

TEMPORARY ASPHALT REPAIR N/A (SQ.FT.)

PERMANENT ASPHALT REPAIR N/A (SQ.FT.)

RIGHT OF WAY

DEDICATED UTILITY EASEMENT

FEDERAL UTILITY EASEMENT

PIPELINE

POWER/TRANSMISSION LINE

PRIVATE - BUSINESS

PRIVATE - EASEMENT

PRIVATE - LAND OWNER

PUBLIC - COUNTY ROAD

PUBLIC - INTERSTATE HIGHWAY

PUBLIC - OTHER

PUBLIC - STATE HIGHWAY

PUBLIC - CITY STREET

UNKNOWN

DID EXCAVATOR NOTIFY YOU? YES NO

EVACUATION REQUIRED? YES NO

MEDIA AT SITE? YES NO

WAS THERE IGNITION OF GAS? YES NO

INVOICE: YES NO N/S

PARTY TO INVOICE

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER _____

Chris Ford 5-24-12
 REVIEWED BY FIELD SUPERVISOR DATE

DAMAGING PARTY

NAME: Monroe Corporation

ADDRESS: 3891 Smithland Rd

CITY/STATE/ZIP: Shelbyville, In 46176

PHONE NUMBER: 317-339-6068

Chris Ford 5-24-12
 PREPARED BY DATE

Locator marked dead 2" main and did not locate the 4" main within 3' of it.

4" main w/pt locate out. Locator could not locate. We cut the wires on the retired 2" main and installed a read station on the 4" for future locating.

Chris Ford

NORMAL NOTICE

Ticket : 1205150480 Date: 05/15/2012 Time: 08:19 Oper: MMOELLER Chan:039

State: IN Cnty: RUSH Twp: ANDERSON
 Cityname: RUSHVILLE Inside: Y Near: N
 Subdivision:

Address :

Street : E 8TH ST

Cross 1 : HARRISON ST Within 1/4 mile: Y

Location: LOCATE FROM THE SE CORNER OF THE INTERSECTION - AT EXISTING HANDHOLE -
 BORING SW UNDER HARRISON ST TO THE NORTH SIDE OF 8TH ST - CONTINUE WES ON THE
 NORTH SIDE OF 8TH STREET TO THE WEST SIDE OF THE 1ST ALLEY

***Boring Where = UNDER HARRISON STREET

:

Grids : 3936A8526A 3936A8527D

Work type : PLACING FIBER OPTIC CABLE

Done for : RUSH SHELBY ENERGY

Start date: 05/17/2012 Time: 08:30 Hours notice: 48/048 Priority: NORM

Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: N

Duration : 2 WEEKS Depth: 8 FEET

Company : MONROE CORPORATION Type: CONT

Co addr : 3891 SMITHLAND ROAD

City : SHELBYVILLE State: IN Zip: 46176

Caller : DIANE SANDERS Phone: (317)736-8550

Contact : ROGER MONROE - CELL Phone:

BestTime:

Mobile : (317)339-6068

Email : MONCORP736@HOTMAIL.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
 Will you be white-lining the dig site area? NO

:

Submitted date: 05/15/2012 Time: 08:19

Members: ID0002 ID2575 ID4106 ID4124 ID8000 ID9313 ID9663 SM

Member Name**Facility Types**

BOYER TECHNOLOGIES/FRMLY BLUE RIVER TELECOM

COMCAST/ CONNERSVILLE

CABLE TV

DUKE ENERGY / FORMERLY CINERGY

ELECTRIC

FRONTIER

TELEPHONE

RUSHVILLE CITY UTILITIES

RUSHVILLE, CITY OF

VECTREN - RUSHVILLE

GAS

[View Map](#)[Close Map](#)

DAMAGE

Ticket : 1205242654 Date: 05/24/2012 Time: 13:41 Oper: SWOODFORD Chan:058

State: IN Cnty: RUSH Twp: ANDERSON
 Cityname: RUSHVILLE Inside: Y Near: N
 Subdivision:

Address :
 Street : E 8TH ST
 Cross 1 : HARRISON ST Within 1/4 mile: Y
 Location: FROM THE INTERSECTION - GO WEST TO THE 1ST ALLEY ON THE NORTH SIDE OF
 8TH ST - THEN LOCATE THE WEST SIDE OF THE ALLEY GOING NORTH TO THE EAST SIDE OF
 THE RUSH SHELBY ADMIN BUILDING AT 3030 8TH STREET
 ***Boring Where = UNDER THE WEST SIDE OF THE ALLEY

Grids : 3936A8526A

Work type : PLACING FIBER OPTIC CABLE
 Done for : RUSH SHELBY ENERGY
 Start date: 05/24/2012 Time: 13:42 Hours notice: 0/000 Priority: EMER
 Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: Y
 Duration : 2 WEEKS Depth: 8 FEET

Company : MONROE CORPORATION Type: CONT
 Co addr : 3891 SMITHLAND ROAD
 City : SHELBYVILLE State: IN Zip: 46176
 Caller : ROGER MONROE Phone: (317)736-8550
 Contact : ROGER MONROE - CELL Phone:
 BestTime:
 Mobile : (317)439-5765
 Email : MONCORP736@HOTMAIL.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
 PER ROGER MONROE A VECTREN GAS LINE HAS BEEN HIT--GAS IS SPEWING--DOES NOT KNOW
 WHERE THE DIGGING WAS BEING DONE--BUT GO TO THE LISTED INTERSECTION--HAS NO
 INFORMATION OF THE SIZE OR COLOR OF LINE--CREW IS ON SITE--ADVISED TO CALL 911
 AND VECTREN--PREVIOUS TICKET NUMBER 1205150502.
 Will you be white-lining the dig site area? NO

Submitted date: 05/24/2012 Time: 13:41
 Members: ID0002 ID2575 ID4106 ID4124 ID8000 ID9313 ID9663 SM

Member Name	Facility Types
BOYER TECHNOLOGIES/FRMLY BLUE RIVER TELECOM	
COMCAST/ CONNERSVILLE	CABLE TV
DUKE ENERGY / FORMERLY CINERGY	ELECTRIC
FRONTIER	TELEPHONE
RUSHVILLE CITY UTILITIES	
RUSHVILLE, CITY OF	
VECTREN - RUSHVILLE	GAS

[View Map](#)

[Close Map](#)

Service Order Status

Friday, June 8, 2012

Enter Service Order Number:

5256579

Banner Instance: CS03PROD CS01PROD CS02PROD
Order Number: N5256579
Order Type: LEAK
Order Status: Completed

Customer: 008888888 - INACTIVE CUSTOMER
Prem: 5712549 - 8TH & HARRISON

Technician: 6839 - Hicks, Jeremy

Order Dates and Times

Need Date: 5/24/2012 2:47:00 PM
Time Created: 5/24/2012 1:53:30 PM
Time Dispatched: 5/24/2012 2:07:57 PM
Time In Route: 5/24/2012 6:07:41 PM
Time On-Site: 5/24/2012 6:07:46 PM
Tech Complete: 5/24/2012 7:23:48 PM
Time Closed: 5/24/2012 7:23:48 PM

Events Performed/Completion Code

LKNS - CMP

Meter Information

Current ReadStatus

Old Meter:
New Meter:

Completion Notes

got there 2:25pm....left at 7:22pm...fixed 4 in. main

Request Notes

BLOWING LINE PER BRITTANY WITH 811. HIT BY ROGER MONROE WITH MONROE CORP. 317-439-5765. PREVIOUS LOCATE# 1205150502. DAMAGE# 1205242654.

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	5/24/2012 1:54:28 PM	Linville, Jamie
AsnAssignmentEnRoute_evt	5/24/2012 2:00:38 PM	Linville, Jamie
AsnAssignmentEnRoute_evt	5/24/2012 6:07:41 PM	Hicks, Jeremy
AsnAssignmentManualAck_evt	5/24/2012 6:07:42 PM	Hicks, Jeremy
AsnAssignmentOnSite_evt	5/24/2012 6:07:46 PM	Hicks, Jeremy
OrdOrderComplete_evt	5/24/2012 7:23:48 PM	Hicks, Jeremy

NOTE:The Reporting database replicates in near real-time; it has been approximately 2 minute(s) since the last transaction replicated.



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: #3001 _____

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

Upon completion of answers select email button for submission.

The Parties

Excavator Information:

Business Name: The Monroe Corporation

Responsible Party Personal Name: Roger Monroe

Title (if any): Owner

Address (number and street): 3891 Smithland Rd

City, State and ZIP Code: Shelbyville, IN 46176

Preferred Telephone Number (area code): 317-736-8550

Cellular Telephone Number (area code): 317-339-6068

Email Address: moncorp736@hotmail.com

Facility Information:

Business Name: Vectren Energy Delivery

Responsible Party Personal Name: Chris Steed

Title (if any): _____

Address (number and street): 211 N.W. Riverside Dr

City, State and ZIP Code: Evansville, IN 47708

Preferred Telephone Number (area code): 877-464-4665

Cellular Telephone Number (area code): _____

Email Address: csteed@vectren.com

Locator Service Information:

Business Name: Indiana 811

Responsible Party Personal Name: Mary

Title (if any): Damage Prevention Specialist

Address (number and street): 1433 Holey Moley Way

City, State and ZIP Code: Greenwood, IN 46143

Preferred Telephone Number (area code): 800-382-5544

Cellular Telephone Number (area code): _____

Email Address: www.indiana811.org

Cause of Damage Information

Type of Equipment (select one): Boring/Drilling

Type of Work Performed (select one): Telecommunications

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

Personal Contact: See attached page for witnesses

Business/Organization Name: _____

Title (if any): _____

Address (number and street): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): 8th St

City, State and ZIP Code: Rushville, IN 46173

Nearest Intersection: Harrison

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Distribution

Size (Diameter/etc.): 4"

Pressure (PSIG/Inches): high pressure plastic

Interruption in Service: Yes No **Number of Customers Affected:** unknown

Evacuation: Yes No **If yes, How Many Evacuated?** unknown

Repair Cost (if known): \$ _____

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: #1205150480, 120510502 α 1205242654

- Locate Marks Visible:** Yes No
Locate Marks Correct: Yes No
Excavator "White Lined": Yes No
Maps Used to Mark Facilities: Yes No *unknown*
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

The Monroe Corporation complied with all items listed under statutory violations that may have occurred. In no way was The Monroe Corporation at fault.

Proper notice of excavation was provided. White lining of the dig site was not necessary and not required.

Vectren admitted responsibility for failure to locate properly. Because of an error on their part the area was mismarked.

See attached page for witnesses.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: #3001

Your Full Name: Roger Monroe

Full Name of Business / Entity (if applicable): The Monroe Corporation

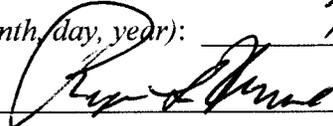
Your Business Title (if applicable): Owner

Address (number and street): 3891 Smithland Rd

City: Shelbyville State: IN ZIP Code: 46176

Your E-mail Address: moncorp736@hotmail.com

Today's Date (month, day, year): 7-3-12

Your Signature:  Title (if any) Pres

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3001
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov

Information Request
Attached to State Form 54909 (2-12)
Indiana Utility Regulatory Commission – Pipeline Safety Division

Case #3001

Attachment included for witness information:

Jordan Monroe – Job site supervisor
The Monroe Corporation
3891 Smithland Rd
Shelbyville, IN 46176
Office - 317-736-8550
Cell – 317-439-5765
Email address: moncorp736@hotmail.com

Brandon Jackson – workman on job site
The Monroe Corporation
3891 Smithland Rd
Shelbyville, IN 46176
Office – 317-736-8550
Cell – 317-604-0168

USIC – United Infrastructure Corporation
Locater's name Rob (last name unknown)

Vectren Energy Delivery
Chris Steed
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