



Pipeline Safety Division Investigation Report

Investigation regarding: **Reynolds, Inc.**

UPPAC Database Record ID: 3073

Investigator: Mike Orr

Report Date: 1/3/2013

Damage Date: 5/24/2012

Damage Address: 2823 E Banta Rd

City: Indianapolis

County: Marion

The Parties

Excavator: **Reynolds, Inc.**

Contact: Tony Stalker

Address: 4520 N In Rt 37, Po Box 186, Orleans, In 47452

Telephone: 812-865-3232

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: Reynolds, Inc.

UPPAC Database Record ID: 3073

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: 1205243556

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Telecommunications

Synopsis: Damage to a natural gas service occurred during a procedure to install a sewer line.

Findings: Reported by Citizens Gas; excavator's response to initial notice was received on 7/27/2012. Excavator had a valid locate prior to beginning; however, the gas operator failed to locate or provided incorrect locate marking and after having been put on notice by the IURC in a mailing 8/13/2012 of the initial finding with the allotted time expired; the resulting determination is an OPERATOR VIOLATION

Conclusion: The gas operator failed to locate or provided incorrect locate markings.

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



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Jun 21, 2012

Who is submitting this information?

Name of person providing this information: Tony Chan (Citizens Gas)

Business address (*number and street*): 2150 Dr. M.L. King Jr. St.

City, State, and ZIP code: Indianapolis, IN 46202

Telephone number (*area code*): (317) 927-4619

Fax number (*area code*): (317) 927-4619

E-mail address: AChan@CitizensEnergyGroup.com

Excavator Information, if known

Full name: REYNOLDS INC c/o (TONY STALKER)

Business address (*number and street*): 4520 N STATE RD 37

City, State, and ZIP code: ORLEANS, IN 47452

Telephone number (*area code*): 812-865-3232

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Sewer (Sanitary/Storm)

Date and Location of Damage

Date of damage (*month, day, year*): May 24, 2012

County: Marion

City: Indianapolis

Street address (*number and street, city, state, and ZIP code*):
2823 E BANTA RD

Nearest intersection: OXFORD ST

Right of way where damage occurred: Public - City Street

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? 1

Time to restore service (*in hours*): 2

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 0

Affected Facility Information

What type of pipeline was damaged? Natural Gas

What was the affected facility? Service/Drop

What was the depth of the facility, in inches? 24

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1205243556

Was the locate request completed within two working days? Yes

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

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: Paint and Flags

If other, please specify: _____

Was site marked by "White Lining"? No

Were special instructions part of the locate request? No

Were maps used to complete the locate request? Yes

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? No

Did the excavator notify 911 in the event of a release of product? No

Description of Cause

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

Additional Comments

Excavator is not at fault. Gas operator admits to violation IC 8-1-26-18(f): Operator failed to locate or provided incorrect locate markings.



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3073

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: LAYNE HEARY CIVIL

Responsible Party Personal Name: MICHAEL LOUIS

Title (if any): FOREMAN

Address (number and street): 4520 N. SR 37

City, State and ZIP Code: ORLEANS, IN 47452

Preferred Telephone Number (area code): 812-865-3232

Cellular Telephone Number (area code): _____

Email Address: _____

Facility Information:

Business Name: CITIZEN'S GAS

Responsible Party Personal Name: _____

Title (if any): _____

Address (number and street): _____

City, State and ZIP Code: INDIANAPOLIS, IN

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Locator Service Information:

Business Name: USIC

Responsible Party Personal 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: _____

Cause of Damage Information

Type of Equipment (select one): 336 CAT EXCAVATOR

Type of Work Performed (select one): INSTALLING SEWER MAIN

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

Personal Contact: _____

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): 2823 E. BANTA

City, State and ZIP Code: INDIANAPOLIS, IN

Nearest Intersection: BANTA & OXFORD

Product Type (select one): GAS

Facility Type (select one): SOILVILE

Size (Diameter/etc.): 1/2"

Pressure (PSIG/Inches): _____

Interruption in Service: Yes No Number of Customers Affected: 1

Evacuation: Yes No If yes, How Many Evacuated? _____

Repair Cost (if known): \$ 0

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: 1205171352

- 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

USIC MARKS WERE A'OFF

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3073

Your Full Name: JASON AARON DAVIS

Full Name of Business / Entity (if applicable): LAGNE HEAVY CIVIL, INC.

Your Business Title (if applicable): PROJECT MANAGER

Address (number and street): 4520 N. 5237

City: ORLEANS State: IN ZIP Code: 47452

Your E-mail Address: jason.davis@lagne.com

Today's Date (month, day, year): 7/27/12

Your Signature: Jason A. Davis Title (if any) PROJECT MANAGER

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3073
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov

* COMPANY PROPERTY DAMAGE FORM ATTACHED

REYNOLDS, INC. PROPERTY DAMAGE FORM

For Record Only

Property/Facility Owner: CITIZENS GAS

Site Location/Address: 2823 BANTA

City/State: Hamlet IN. Date of damage: 5 24 12

Was damaged utility Live? Yes Abandoned

Was damaged utility/property owner notified of damage? Yes No

Type utility: Gas Water Telephone cable Telephone fiberoptic Telephone drop
 Cable TV Electrical primary Electrical secondary Sewer
 Other _____

Private property damaged: Sidewalk Curb Driveway Street Tree Shrubs
 Lawn Drainage tile Sprinkler Electrical
 Water Home interior Home exterior
 Other _____

What damaged property? Backhoe Truck Trackhoe Trencher Bulldozer
 Directional bore Jackhammer Concrete saw
 Jackhammer Other _____

What happened to cause damage?
MARK WAS 4 FT off.

Person who caused damage (print): MIKE HOVE

Foreman (print): TIM WINCHELL

Were locates requested? Yes No Were locates done? Yes No

Name of locate company (if known): _____

Date located: 1 1 Locate reference # 1205171352

Did digging begin prior to locates? Yes No

Was facility hand exposed prior to locates? Yes No

Type Utility markings: Flags Paint None Other _____

Were marks legible? Yes No

Were all locates accurate and all cables marked? Yes No

If not, how much were locates off? 4 ft. 1 inches

If locate marks were off, were photographs taken? Yes No

Were locates expired? Yes No