



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Lineal Contracting**

UPPAC Database Record ID: 3135

Investigator: Mike Orr

Report Date: 1/2/2013

Damage Date: 6/5/2012 1:34:45 PM

Damage Address: Greyhound Ct

City: Westfield

County: Hamilton

### The Parties

Excavator: **Lineal Contracting**

Contact: Jason Hess

Address: 2922 Mitchell Road, Bedford, In 47421

Telephone:

Facility Owner: Vectren

Contact: Darlene Kulhanek

Address: 1 N Main Street, Evansville, IN 47702

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

## **Investigation regarding: Lineal Contracting**

UPPAC Database Record ID: 3135

### **Damage Impact**

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$450

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

Excavator request locates: Yes    Indiana 811 ticket Number: 1205291684

Type of Equipment: Boring

Type of work performed: Telecommunications

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

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 9/12/2012. Excavator reports having a valid locate; however, the gas operator, after being put on notice in a mailing from the IURC on 8/1/2012, self reports failing to locate or providing incorrect locate markings.

**Conclusion:** The gas operator self reported failing to locate or provided incorrect locate markings resulting in a determination of an OPERATOR VIOLATION.

**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 13, 2012

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

Subject: Investigation Request for Information

Date of Event: 6/5/2012

Event Location: Greyhound Ct, Westfield

Facility Owner: Vectren

Excavator: Lineal Construction

Other Party: N/A

Pipeline Division Case No. 3135

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: 07-19-2012

### 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: Lineal Contracting

Business address (*number and street*): 2922 Mitchell Rd.

City, State, and ZIP code: Bedford, IN 47421

Telephone number (*area code*): 812-277-0477

Fax number (*area code*): 812-275-6706

E-mail address: Unknown

### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Boring

Type of work performed: Telecommunications

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### Date and Location of Damage

Date of damage (*month, day, year*): 6-5-2012

County: Hamilton

City: Westfield

Street address (*number and street, city, state, and ZIP code*):  
14904 Greyhound Court, Westfield, IN

Nearest intersection: Unknown

Right of way where damage occurred: Private - Land Owner

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*): 1

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 449.67

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### 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? \_\_\_\_\_

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### Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1205291684

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? No

Were facilities marked correctly? No

Type of markings used: Other

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

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### **Description of Cause**

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

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### **Additional Comments**

1" plastic service damaged by bore. Incomplete.



2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH



\$449.67

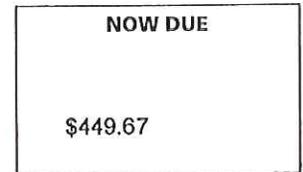
USIC INC  
9045 N RIVER ROAD, SUITE 300  
INDIANAPOLIS, IN 46240

Type: GAS  
Invoice: FDS0016332  
BillToID: 32032  
Billing Date: 7/10/2012  
Date of Loss: 6/5/2012  
5830 103.0509

Please return this portion with your remittance.



Mail Payment To:  
Vectren Utilities Holding Group, INC. ENERGY DELIVERY OF INDIANA - NORTH  
1239 Reliable Parkway  
Chicago, IL 60686-0012  
Inquiries: 1-877-902-2934, Mon.-Fri., 8-5  
Risk Management/Claims Department



USIC INC  
9045 N RIVER ROAD, SUITE 300  
INDIANAPOLIS, IN 46240

Type: GAS  
Invoice: FDS0016332  
BillToID: 32032  
Billing Date: 7/10/2012  
Date of Loss: 6/5/2012

**Invoice For Costs to Repair and Reconstruct Damaged Property**

Address: 14904 GREYHOUND CT, CARMEL  
1" PLASTIC SERVICE PUNCTURED BY BORE. INCOMPLETE.

Material:	\$56.58
Company Labor:	\$318.70
Contract Labor:	\$0.00
Transportation/Equipment:	\$56.25
Misc:	\$0.00
Gas Loss:	\$18.14
Adjustments:	\$0.00
Payments:	\$0.00
Total:	\$449.67

5830 103.0509

Remember, call two (2) working days before digging. Contact I.U.P.P.S. at 1-800-382-5544.

FACILITIES DAMAGE REPORT GAS

Task No.: 103.0510 Capital / O&M (circle one)

FDS.00.16.332.

FACILITY TYPE

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

TIME OCCURRED: 1:50 AM/PM

TIME FOUND: 1:53 AM/PM

DATE OF DAMAGE: 6/5/12

LATITUDE \_\_\_\_\_  
LONGITUDE \_\_\_\_\_

Cost Center No.: NOB.

DAMAGE SITE ADDRESS: 14904 Greyhound Ct. LOT # \_\_\_\_\_

COUNTY Hamilton CITY: Carmel STATE: IN. TOWNSHIP CLAY

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 type="checkbox"/> MAIN	0.75 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> METER RESIDENTIAL	1.00 INCH	<input checked="" 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 checked="" 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 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 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

399

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>1/2 X 1/4</u>	<input type="checkbox"/> 55 PSIG
		<input checked="" type="checkbox"/> 60 PSIG
IF OTHER _____		<input type="checkbox"/> 6 WC (.2163)
		<input type="checkbox"/> 7 WC (.252)
		<input type="checkbox"/> OTHER _____

8.790

PROTECTION IN PLACE

- BUILDING  FENCE  NONE
- POST  RAIL  VAULT  N/A

DURATION OF ESCAPING GAS  
MINUTES: 20

LEAK REPORT NUMBER #

EFV ACTIVATED  YES  NO  
 N/S

FEED TYPE

- ONE-WAY FEED
- TWO-WAY FEED

NUMBER OF CUSTOMERS  
AFFECTED: 1  
TOTAL HOURS SERVICE  
WAS OFF: 1

SERVICE ORDER # N5269458

DAMAGED BY TYPE OF CONSTRUCTION

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

WORKING FOR

- CITY  COUNTY  DEVELOPER
- PROPERTY/OWNER  STATE
- UTILITY AT&T
- IF OTHER \_\_\_\_\_
- IF OTHER CONDUIT

- VISUAL OBSERVATION AT DAMAGE SITE
- VISUAL OBSERVATION  ABOVE GROUND
  - VISUAL OBSERVATION  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 \_\_\_\_\_ (FEET/INCHES)

6/5

JUN 13 2012

- 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

COMPANY REPRESENTATIVE ON SITE  YES  NO  
OBSERVATION BY: D. ENDICOTT  
NAME OF LOCATOR: \_\_\_\_\_  
LOCATING ORGANIZATION \_\_\_\_\_  
 CONTRACT LOCATOR  
 UNKNOWN/ OTHER  
 UTILITY OWNER

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

MAY 31st - JUNE 18

NOTIFICATION AND OTHER DETAILS OF LOCATE

LOCATE TICKET #: 1205291684  
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM  
 REGULAR REQUEST  EMERGENCY REQUEST

CONTACT NAME: \_\_\_\_\_  
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 checked="" 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 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"/> WRONG INFORMATION PROVIDED
<input type="checkbox"/> IF OTHER _____	<input type="checkbox"/> IF OTHER _____

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

**DAMAGING PARTY**  
 NAME: Lineal Contracting  
 ADDRESS: 2922 Mitchell Rd  
 CITY/STATE/ZIP: Bedford IN 47421  
 PHONE NUMBER: 1-812-277-0477  
 PREPARED BY: D. Gaudin DATE: 6-5-12

**CONTRACTOR REPAIRS**  
 CONTRACTOR WORKING FOR VECTREN MADE REPAIRS AT OWN EXPENSE  
 YES  NO  N/S  
 CONTRACTOR REPAIRED DAMAGE  
 YES  NO  N/S

NAME OF CONTRACTOR: \_\_\_\_\_  
 # OF REGULAR HOURS \_\_\_\_\_  
 # OF OVERTIME HOURS \_\_\_\_\_  
 # OF REGULAR HOURS \_\_\_\_\_  
 CREW TYPE \_\_\_\_\_

**MATERIALS OR ROAD WORK**  
 METER WAS REPLACED \_\_\_\_\_ (STORES CODE)  
 REGULATOR WAS REPLACED \_\_\_\_\_ (STORES CODE)  
 TEMPORARY ASPHALT REPAIR \_\_\_\_\_ (SQ.FT.)  
 PERMANENT ASPHALT REPAIR \_\_\_\_\_ (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

**PARTY TO INVOICE**  
 NAME: USIC  
 ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_  
 REVIEWED BY FIELD SUPERVISOR: [Signature] DATE: 6-6-12

*Bedford*

NORMAL NOTICE JOB EXTENSION

Ticket : 1205291684 Date: 05/29/2012 Time: 11:22 Oper: LPORTER Chan:046

State: IN Cnty: HAMILTON Twp: WASHINGTON  
 Cityname: WESTFIELD Inside: Y Near: N  
 Subdivision:

Address :  
 Street : GREYHOUND CT  
 Cross 1 : E GREYHOUND PASS Within 1/4 mile: Y  
 Location: STARTING AT THE ABOVE INTERSECTION - LOCATE BOTH SIDES OF GREYHOUND  
 COURT GOING NORTH FOR 400 FEET  
 \*\*\*Boring Where = DIRECTIONAL UNDER DRIVEWAYS AND ROADS  
 :  
 Grids : 4000D8607B 4000C8607B 4000D8607A

Work type : INSTALLING A CEV VAULT  
 Done for : AT AND T  
 Start date: 05/31/2012 Time: 11:30 Hours notice: 48/048 Priority: NORM  
 Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: N  
 Duration : 4 WEEKS Depth: 20 FEET

Company : LINEAL CONTRACTING Type: CONT  
 Co addr : 2922 MITCHELL ROAD  
 City : BEDFORD State: IN Zip: 47421  
 Caller : BRIAN BUSICK Phone: (812)277-0477  
 Contact : BRIAN BUSICK - CELL Phone:  
 BestTime:  
 Mobile : (812)521-3474  
 Fax : (812)275-6706  
 Email : MLACKEYLCI@HOTMAIL.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time  
 REMARK AS NEEDED - - PREVIOUS TICKET 1205164177  
 Will you be white-lining the dig site area? NO  
 :

Submitted date: 05/29/2012 Time: 11:22  
 Members: BE ID0002 ID0103 ID0202 ID0660 ID9999 PE SBCIN SM

Member Name	Facility Types
AT&T - DISTRIBUTION	COMMUNICATIONS
BRIGHT HOUSE NETWORKS INDIANAPOLIS	CABLE TV
BUCKEYE	PIPELINE
COMCAST NORTHEAST (NOBLESVILLE)	CABLE TV
DUKE ENERGY / FORMERLY CINERGY	ELECTRIC
PANHANDLE EASTERN PIPELINE CO.	PIPELINE
VECTREN - NOBLESVILLE #1	GAS
WESTFIELD UTILITIES	SEWER & WATER

[View Map](#)

[Close Map](#)

DAMAGE SEE REMARKS

Ticket : 1206052639 Date: 06/05/2012 Time: 13:30 Oper: DHIGHBAUGH Chan:091

State: IN Cnty: HAMILTON Twp: WASHINGTON  
 Cityname: WESTFIELD Inside: Y Near: N  
 Subdivision:

Address :  
 Street : GREYHOUND CT  
 Cross 1 : E GREYHOUND PASS Within 1/4 mile: Y  
 Location: STARTING AT THE ABOVE INTERSECTION - LOCATE BOTH SIDES OF GREYHOUND  
 COURT GOING NORTH FOR 400 FEET  
 \*\*\*Boring Where = DIRECTIONAL UNDER DRIVEWAYS AND ROADS  
 :  
 Grids : 4000D8607B 4000C8607B 4000D8607A

Work type : DIRECTIONAL DRILLING  
 Done for : AT AND T  
 Start date: 06/05/2012 Time: 13:30 Hours notice: 0/000 Priority: EMER  
 Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: Y  
 Duration : 3 WEEKS Depth: 60 FEET

Company : LINEAL CONSTRUCTION Type: CONT  
 Co addr : 2922 MITCHELL ROAD  
 City : BEDFORD State: IN Zip: 47421  
 Caller : JASON HESS Phone: (812)277-0477  
 Contact : BRIAN BUSICK - CELL Phone:  
 BestTime:  
 Mobile : (812)521-3474  
 Fax : (812)275-6706  
 Email : MLACKEYLCI@HOTMAIL.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time  
 VECTREN GAS LINE HAS BEEN HIT---IT IS ON THE CORNER OF THE INTERSECTION IN FRONT  
 OF ST VINCENT PHYSICAL THERAPY CENTER---14828 MAY BE THE ADDRESS---LINE IS  
 BLOWING---911 HAS NOT BEEN CALLED---VECTREN HAS NOT BEEN CALLED  
 EITHER---ADVISED---CREW IS STILL ON SITE---LINE CANNOT BE DESCRIBED---PREVIOUS  
 TICKET 1205241684---THANK YOU  
 Will you be white-lining the dig site area? NO  
 :

Submitted date: 06/05/2012 Time: 13:30  
 Members: BE ID0002 ID0103 ID0202 ID0660 ID9999 PE SBCIN SM

Member Name	Facility Types
AT&T - DISTRIBUTION	COMMUNICATIONS
BRIGHT HOUSE NETWORKS INDIANAPOLIS	CABLE TV
BUCKEYE	PIPELINE
COMCAST NORTHEAST (NOBLESVILLE)	CABLE TV
DUKE ENERGY / FORMERLY CINERGY	ELECTRIC
PANHANDLE EASTERN PIPELINE CO.	PIPELINE
VECTREN - NOBLESVILLE #1	GAS
WESTFIELD UTILITIES	SEWER & WATER

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

# Service Order Status

Monday, July 16, 2012

**Enter Service Order Number:**

5269458



Clear Form

Refresh Data

**Banner Instance:**  CS03PROD  CS01PROD  CS02PROD  
**Order Number:** N5269458  
**Order Type:** LEAK  
**Order Status:** Completed

**Customer:** 620705563 - E Z DENTAL AND DENTURES  
**Prem:** 5509923 - 14904 GREYHOUND CT

**Technician:** 2245 - Endicott, David

**Order Dates and Times**

**Need Date:** 6/5/2012 1:48:00 PM  
**Time Created:** 6/5/2012 1:45:23 PM  
**Time Dispatched:** 6/5/2012 1:45:23 PM  
**Time In Route:** 6/5/2012 1:48:18 PM  
**Time On-Site:** 6/5/2012 1:53:22 PM  
**Tech Complete:** 6/5/2012 3:06:07 PM  
**Time Closed:** 6/5/2012 3:06:07 PM

**Events Performed/Completion Code**

LKOT - CMP

**Meter Information**

**Current Read Status**

**Old Meter:** 4485 Inactive  
**New Meter:**

**Completion Notes**

CUT LINE MADE SAFE 2:30 CREW ON SITE

**Request Notes**

06/05/12 JASON HESS REPORTS HIT LINE GAS BLOWING LINEAL CONTRACTORS812-545-1637 WILL BE AVAIL XST G REYHOUND PASS LOC # 1205291684

**MDSI Event Dates and Times**

Event	Date/Time	User
AsnAssignmentManualAck_evt	6/5/2012 1:48:10 PM	Endicott, David
AsnAssignmentEnRoute_evt	6/5/2012 1:48:18 PM	Endicott, David
AsnAssignmentOnSite_evt	6/5/2012 1:53:22 PM	Endicott, David
OrdOrderComplete_evt	6/5/2012 3:06:07 PM	Endicott, David

NOTE: The Reporting database replicates in near real-time; it has been approximately 1 minute(s) since the last transaction replicated.