



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Pritchett Backhoe Service**

UPPAC Database Record ID: 3199

Investigator: Mike Orr

Report Date: 1/2/2013

Damage Date: 6/19/2012 8:12:01 AM

Damage Address: N 17th St

City: New Castle

County: Henry

### The Parties

Excavator: **Pritchett Backhoe Service**

Contact: Ryan Hernley

Address: 2548 North In Rt 3, New Castle, In 47362

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: Pritchett Backhoe Service**

UPPAC Database Record ID: 3199

**Damage Impact**

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$705

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

Excavator request locates: Yes Indiana 811 ticket Number: 1206110415

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Sewer

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

**Findings:** Reported by Indiana 811; excavator did not respond to initial notice mailed 7/13/2013. The gas operator reports the excavator having a valid locate request; however, the gas operator, after being put on notice of operator violation by a mailing on 8/1/2012, admits to providing incorrect markings.

**Conclusion:** Gas operator self reported violating 8-1-26-18(f) after being put on notice in the IURC mailing resulting in a determination of 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: 6/19/2012

Event Location: N 17th St, New Castle

Facility Owner: Vectren

Excavator: Pritchett Backhoe Service

Other Party: N/A

Pipeline Division Case No. 3199

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: Pritchett Backhoe Service

Business address (*number and street*): 2548 N IN RT 3

City, State, and ZIP code: New Castle, IN 47362

Telephone number (*area code*): 765-521-0559

Fax number (*area code*): 765-521-2322

E-mail address: Unknown

### 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*): 6-19-2012

County: Hendry

City: New Castle

Street address (*number and street, city, state, and ZIP code*):  
419 N 17th, New Castle, IN

Nearest intersection: Unknown

Right of way where damage occurred: Public - Other

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*): 3

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 704.79

## 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?

## Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1206110415

Was the locate request completed within two working days? Yes

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

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

Were facility marks visible in the area of excavation? Yes

Were facilities marked correctly? No

Type of markings used: Paint

If other, please specify: \_\_\_\_\_

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? 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? 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: --Incorrect facility records/maps

### **Additional Comments**

1/2" PLASTIC SERVICE DAMAGED BY HOE. LOCATED BY RECORDS. > 24"

*Pritchett Backhoe* *Maximoff* 794 7630

FACILITIES DAMAGE REPORT GAS

Task No.: 103.0510

Capital  (circle one)

FDS 0016806

FACILITY TYPE

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

TIME OCCURRED: 8:15 AM/PM

DATE OF DAMAGE: 6/19/12

TIME FOUND: 8:21 AM/PM

Cost Center No.: 5752

DAMAGE SITE ADDRESS: 419 N. 17<sup>TH</sup>

LOT #

COUNTY: Henry

CITY: New Castle

STATE: MD

TOWNSHIP: Henry

FACILITIES DAMAGED

FACILITIES DAMAGED	ORIFICE SIZE(S)	(1)	(2)	(3)
<input type="checkbox"/> FARM TAP	0.50 INCH	<input checked="" 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 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"/>
	5.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF OTHER _____	OTHER _____			

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
- MARKING OFF
- NO LOCATES PERFORMED
- QUALIFIED LOCATOR COULD HAVE ACCURATELY LOCATED
- WRONG ADDRESS LOCATED
- MARKINGS OFF BY 3 (FEET) (INCHES)

TYPE OF MATERIAL

- CAST IRON
- PLASTIC (HDPE)
- PLASTIC (MDPE)
- STEEL

DAMAGE TYPE

- SEVERED
- NOT CUT
- PUNCTURE

PRESSURE

- 25 PSIG
- 40 PSIG
- 50 PSIG
- 55 PSIG
- 60 PSIG
- 6 WC (.2163)
- 7 WC (.252)
- OTHER \_\_\_\_\_

IF OTHER \_\_\_\_\_

PROTECTION IN PLACE

- BUILDING  FENCE  NONE
- POST  RAIL  VAULT  N/A

DURATION OF ESCAPING GAS MINUTES: 5

- 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

LEAK REPORT NUMBER # 05092

EFV ACTIVATED  YES  NO  N/S

COMPANY REPRESENTATIVE ON SITE  YES  NO

OBSERVATION BY: Don Furderman

NAME OF LOCATOR: \_\_\_\_\_

LOCATING ORGANIZATION \_\_\_\_\_

FEED TYPE

- ONE-WAY FEED
- TWO-WAY FEED

NUMBER OF CUSTOMERS AFFECTED: 1

TOTAL HOURS SERVICE WAS OFF \_\_\_\_\_

- CONTRACT LOCATOR
- UNKNOWN/ OTHER
- UTILITY OWNER

SERVICE ORDER # \_\_\_\_\_

- 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

NOTIFICATION AND OTHER DETAILS OF LOCATE

LOCATE TICKET #: \_\_\_\_\_ 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

- WORKING FOR  CITY  COUNTY  DEVELOPER
- PROPERTY/OWNER  STATE
- UTILITY

IF OTHER Sewer line

IF OTHER \_\_\_\_\_

TYPE OF EQUIPMENT

- AUGER
- BACKHOE/TRACKHOE
- BORING
- DRILLING
- EXPLOSIVES
- FARM EQUIPMENT
- GRADER/SCRAPER
- HAND TOOLS
- MILLING EQUIPMENT
- PLOW
- PROBING DEVICE
- TRENCHER
- VACUUM EQUIPMENT
- VEHICLE

IF OTHER \_\_\_\_\_

DAMAGING CAUSE

- ABANDON FACILITY
- DETERIORATED FACILITY
- FACILITY COULD NOT BE FOUND/LOCATED
- FACILITY WAS NOT LOCATED/MARKED
- FAILURE TO MAINTAIN CLEARANCE
- FAILURE TO MAINTAIN MARKS
- FAILURE TO SUPPORT EXPOSED FACILITY
- FAILURE TO USE HAND TOOLS WHERE REQ
- IMPROPER BACKFILLING
- INCORRECT RECORDS/MAPS
- MARKING OR LOCATIONS NOT SUFFICIENT
- NO NOTIFICATION MADE TO ONE-CALL CENT
- ONE-CALL NOTIFICATION ERROR
- PREVIOUS DAMAGE
- WRONG INFORMATION PROVIDED

IF OTHER \_\_\_\_\_

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

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: Pritchett Excavating  
 ADDRESS: 2548 N. St. Rd. 3  
 CITY/STATE/ZIP: New Castle, IN 47362  
 PHONE NUMBER: 765-521-0559  
 PREPARED BY: Don Froehman DATE: 6/12/12

PARTY TO INVOICE NAME: None  
 ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_  
 REVIEWED BY FIELD SUPERVISOR: \_\_\_\_\_ DATE: 6/21/12

*UBIC reported water main service. Undermined by driveway. Service was 8" deep next to concrete. No way to spot service. Should not be changed.*

## NORMAL NOTICE

Ticket : 1206110415 Date: 06/11/2012 Time: 08:26 Oper: DHIGHBAUGH Chan:000

State: IN Cnty: HENRY Twp: HENRY  
 Cityname: NEW CASTLE Inside: Y Near: N  
 Subdivision:

Address :  
 Street : N 17TH ST  
 Cross 1 : WOODWARD AVE Within 1/4 mile: Y  
 Location: FROM THE ABOVE INTERSECTION LOCATE GOING SOUTH ON BOTH SIDES OF THE  
 ROAD AND ENDING AT THORNBURG STREET  
 :  
 Grids : 3956D8521A

Work type : REPAIR SANITARY SEWER  
 Done for : CITY OF NEW CASTLE  
 Start date: 06/13/2012 Time: 08:45 Hours notice: 48/048 Priority: NORM  
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N  
 Duration : 14 DAYS Depth: 15 FEET

Company : PRITCHETT BACKHOE SERVICE Type: CONT  
 Co addr : 2548 NORTH IN RT 3  
 City : NEW CASTLE State: IN Zip: 47362  
 Caller : SHELDON DYNES Phone: (765)521-0559  
 Contact : RYAN HERNLEY---CELL Phone:  
 BestTime:  
 Mobile : (765)545-0843  
 Fax : (765)521-2322  
 Email : KPRITCHETT3@COMCAST.NET

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

Submitted date: 06/11/2012 Time: 08:26  
 Members: ID0002 ID1010 ID3131 ID6841 ID9375 SBCIN SM

Member Name	Facility Types
AT&T - DISTRIBUTION	COMMUNICATIONS
COMCAST NORTHEAST (RICHMOND)	CABLE TV
DUKE ENERGY / FORMERLY CINERGY	ELECTRIC
NEW CASTLE WATER DEPARTMENT	
NINE STAR CONNECT / FORMERLY HANCOCK TELECOM	TELEPHONE
VECTREN - NEW CASTLE	GAS & ELECTRIC

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

DAMAGE SEE REMARKS

Ticket : 1206190293 Date: 06/19/2012 Time: 08:08 Oper: LSTEVENSON Chan:018

State: IN Cnty: HENRY Twp: HENRY  
 Cityname: NEW CASTLE Inside: Y Near: N  
 Subdivision:

Address :  
 Street : N 17TH ST  
 Cross 1 : WOODWARD AVE Within 1/4 mile: Y  
 Location: FROM THE ABOVE INTERSECTION LOCATE GOING SOUTH ON BOTH SIDES OF THE  
 ROAD AND ENDING AT THORNBURG STREET  
 :  
 Grids : 3956D8521A

Work type : REPAIR SANITARY SEWER  
 Done for : CITY OF NEW CASTLE  
 Start date: 06/19/2012 Time: 08:08 Hours notice: 0/000 Priority: EMER  
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
 Duration : 14 DAYS Depth: 15 FEET

Company : PRITCHETT BACKHOE SERVICE Type: CONT  
 Co addr : 2548 NORTH IN RT 3  
 City : NEW CASTLE State: IN Zip: 47362  
 Caller : RYAN HERNLEY Phone: (765)521-0559  
 Contact : RYAN HERNLEY---CELL Phone:  
 BestTime:  
 Mobile : (765)545-0843  
 Fax : (765)521-2322  
 Email : KPRITCHETT3@COMCAST.NET

Remarks : All tickets are taken and processed on Eastern Daylight Time  
 VECTREN GAS LINE HIT--IN FRONT 419 N 17TH ST--LINE IS 3/4" AND YELLOW---GAS NOT  
 BLOWING--LINE IS PINCHED OFF---ADVISED TO CALL 911--CREW IS ON SITE--ADVISED TO  
 CALL VECTREN TO REPORT DAMAGE--PREVIOUS TICKET NUMBER IS 1206110415  
 Will you be white-lining the dig site area? NO  
 :

Submitted date: 06/19/2012 Time: 08:08  
 Members: ID0002 ID1010 ID3131 ID6841 ID9375 SBCIN SM

Member Name	Facility Types
AT&T - DISTRIBUTION	COMMUNICATIONS
COMCAST NORTHEAST (RICHMOND)	CABLE TV
DUKE ENERGY / FORMERLY CINERGY	ELECTRIC
NEW CASTLE WATER DEPARTMENT	
NINE STAR CONNECT / FORMERLY HANCOCK TELECOM	TELEPHONE
VECTREN - NEW CASTLE	GAS & ELECTRIC

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

# Service Order Status

Thursday, June 28, 2012

**Enter Service Order Number:**

5282932



View Form

Refresh Data

**Banner Instance:**  CS03PROD  CS01PROD  CS02PROD  
**Order Number:** N5282932  
**Order Type:** LEAK  
**Order Status:** Completed

**Customer:** 621205538 - FITZPATRICK MARIA  
**Prem:** 5460946 - 419 N 17TH ST

**Technician:** 2081 - Froderman, Don

**Order Dates and Times**

**Need Date:** 6/19/2012 8:19:00 AM  
**Time Created:** 6/19/2012 8:17:40 AM  
**Time Dispatched:** 6/19/2012 8:17:41 AM  
**Time In Route:** 6/19/2012 8:20:01 AM  
**Time On-Site:** 6/19/2012 8:22:02 AM  
**Tech Complete:** 6/19/2012 9:44:28 AM  
**Time Closed:** 6/19/2012 9:44:28 AM

**Events Performed/Completion Code**

LKOT - CMP

**Meter Information**

**Current Read Status**

**Old Meter:** 443 Inactive  
**New Meter:**

**Completion Notes**

FOUND 1/2 PLASTIC LINE HIT. LINE WAS SQUEEZED OFF WHEN I ARRIVED. CREW TO REPAIR LATER TODAY AFTER CONTRACTOR IS DONE.

**Request Notes**

HIT LINE SQUEEZED OFF PER RYAN WITH RICHARDS BACKHOE SERVICE. PULLED UP WITH ASPHALT. DID HAVE LOCATES. STATED SERVICE ABOUT 4" DEEP. 765-545-0843

**MDSI Event Dates and Times**

Event	Date/Time	User
AsnAssignmentEnRoute_evt	6/19/2012 8:20:01 AM	Froderman, Don
AsnAssignmentManualAck_evt	6/19/2012 8:20:02 AM	Froderman, Don
AsnAssignmentOnSite_evt	6/19/2012 8:22:02 AM	Froderman, Don
OrdOrderComplete_evt	6/19/2012 9:44:28 AM	Froderman, Don

NOTE:The Reporting database replicates in near real-time; it has been approximately 0 minute(s) since the last transaction replicated.