



## Pipeline Safety Division Investigation Report

### Investigation regarding: Qc Communications, Inc.

UPPAC Database Record ID: 3343

Investigator: Mike Orr

Report Date: 1/13/2013

Damage Date: 7/9/2012 6:07:41 PM

Damage Address: 1125 Foxtail Dr

City: Franklin

County: Johnson

### The Parties

Excavator: **Qc Communications, Inc.**

Contact: Chris Kemp

Address: 7925 West 100 South, Wabash, In 46992

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: Qc Communications, Inc.**

UPPAC Database Record ID: 3343

**Damage Impact**

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$466.56

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

Excavator request locates: Yes    Indiana 811 ticket Number: 1207093869

Type of Equipment: Boring

Type of work performed: Telecommunications

**Synopsis:** A natural gas line was damaged during excavation for a telecommunications line.

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 9/17/2012. The excavator had a valid locate request however, the locate contractor failed to locate the natural gas service.

**Conclusion:** The operator failed to provide accurate locate markings.

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

# STATE OF INDIANA



INITIAL DOCUMENTS -  
OPERATOR

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

August 16, 2012

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

Subject: Investigation Request for Information

Date of Event: 7/9/2012

Event Location: Foxtail Dr, Franklin

Facility Owner: Vectren

Excavator: Qc Communications

Other Party: N/A

Pipeline Division Case No. 3343

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: 08-22-2012

### 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: QC Communications

Business address (*number and street*): 7925 W County Rd 100 S

City, State, and ZIP code: Wabash, IN 46992

Telephone number (*area code*): 800-421-0582

Fax number (*area code*): 260-563-0963

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): 7-9-2012

County: Johnson

City: Franklin

Street address (number and street, city, state, and ZIP code):  
1125 Foxtail Drive, Franklin, 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? 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 \$ 466.56

**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: 1206181474

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? No

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**

1" plastic service damaged by bore. Not Marked.



2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH



\$466.56

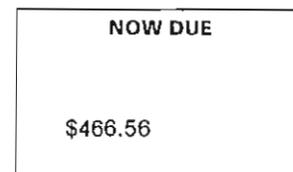
USIC INC  
9045 N RIVER ROAD, SUITE 300  
INDIANAPOLIS, IN 46240

Type: GAS  
Invoice: FDS0016528  
BillToID: 32202  
Billing Date: 7/30/2012  
Date of Loss: 7/9/2012  
5835 103.0510

Please return this portion with your remittance.



Mail Payment To:  
Vectren Utilities Holding Company  
1239 Reliable Parkway  
Chicago, IL 60686-0012  
Inquiries: 1-877-902-2934, Mon.-Fri., 8-5  
Risk Management/Claims Department



\$466.56

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

Type: GAS  
Invoice: FDS0016528  
BillToID: 32202  
Billing Date: 7/30/2012  
Date of Loss: 7/9/2012

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

Address: 1125 FOXTAIL DRIVE, FRANKLIN  
1" PLASTIC SERVICE DAMAGED BY BORE. NOT MARKED.

Material:	\$41.51
Company Labor:	\$379.89
Contract Labor:	\$0.00
Transportation/Equipment:	\$45.16
Misc:	\$0.00
Gas Loss:	\$0.00
Adjustments:	\$0.00
Payments:	\$0.00
<b>Total:</b>	<b>\$466.56</b>

5835 103.0510

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

Vectren Claim Number: \_\_\_\_\_

FDS 0014528

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

Police Report / MO #: \_\_\_\_\_

Date of Damage 7/19/12

Cost Center # 5835

Time Occurred 4:20 am/pm

Time Found 4:50 am/pm

Latitude 39.464051 Longitude: -86.073923

# FACILITIES DAMAGE REPORT GAS

Vectren Claims Camera:

VE02136  
4

**DAMAGE SITE:**

Address 1125 Foxtail DR. Lot # \_\_\_\_\_  
County Johnson City Franklin State IN Township Franklin

**FACILITY TYPE:**

- Distribution
- Service
- Transmission: (include supplemental report)
- Propane
- Storage

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	2.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Regulator Station	3.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Relief Valve	4.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Riser	5.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Service Line	6.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Valve	10.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	16.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	20.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other _____			

399

**TYPE OF MATERIAL:**  
 Cast Iron  
 Plastic (HDPE)  
 Plastic (MDPE)  
 Steel  
 Other \_\_\_\_\_

**DAMAGE TYPE:**  
 Severed  
 Not Cut  
 Severed P.  
 Size 1/4 x 1/2

**PRESSURE:**  
 25 PSIG  
 40 PSIG  
 50 PSIG  
 55 PSIG  
 60 PSIG  
 6 WC (.2163)  
 7 WC (252)  
 Other 45 PSIG

**PROTECTION IN PLACE:**  
 Building  Fence  None  
 Post  Rail  Vault  N/A  
 Other \_\_\_\_\_

**DURATION OF ESCAPING GAS:**  
 Minutes: 85

**LEAK REPORT NUMBER:** 29454

EFV Activated  Yes  No  N/S

**FEED TYPE:**  
 One-Way Feed  
 Two-Way Feed

Number of Customers Affected: 1  
 Total Hours Service: 2  
 Was Off: \_\_\_\_\_

SERVICE ORDER NUMBER: \_\_\_\_\_

**DAMAGED BY:**  
 Company Crew  
 Contractor  
 County  
 Developer  
 Farmer  
 Municipality  
 Property Owner/ Tenant  
 Railroad  
 State  
 Unknown  
 Utility  
 Vehicle Accident  
 Other \_\_\_\_\_

**TYPE OF CONSTRUCTION:**  
 Agriculture  
 Building Construction  
 Building Demolition  
 Cable TV  
 Curbs / Sidewalk  
 Drainage  
 Driveway  
 Electric  
 Engineering / Surveying  
 Fencing  
 Grading  
 Irrigation  
 Landscaping  
 Liquid Pipeline  
 Milling  
 Pole  
 Natural Gas  
 Public Transit Authority  
 Railroad Maintenance  
 Other \_\_\_\_\_

**WORKING FOR:**  
 City  County  Developer  
 State  Property Owner  
 Utility

**VISUAL OBSERVATION AT DAMAGE SITE:** 1/10  
 Visual Observation:  Above Ground  Below Ground  
 Locate Applicable:  Yes  No  N/S  
 Facilities Properly Marked:  Yes  No  N/S  
 Marking Methods:  Conventional  Flags  None  Whiskers  
 Offset  Paint  Stakes  
 Locate Marking 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 Markings  
 Incomplete Locate  
 No Locates Performed  
 Qualified Locator Could Have Accurately Located  
 Wrong Address Located  
 Marking Off By: \_\_\_\_\_ (Feet / Inches)

Were Facility Marks Visible:  Yes  No  Destroyed  
 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 (ID#): 3390

Name of Locator: \_\_\_\_\_  
**LOCATING ORGANIZATION:**  
 Contract Locator  
 Unknown / Other  
 Utility Owner

**NOTIFICATIONS AND OTHER DETAILS OF LOCATE:**  
 Locate Ticket: 1206181474  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm

**TYPE OF REQUEST:**  
 Regular Request  Emergency Request  
 Locate Company Notified  
 Contact Name: \_\_\_\_\_  
 Time Called: \_\_\_\_\_ am / pm  
 Time Locator Arrived at the Site: \_\_\_\_\_ am / pm

Company Notified of Locate Near Critical Facilities:  Yes  No  N/S  
 Copy of Mark Out Request Provided Within 2 Working Days:  Yes  No  N/S

**ONE-CALL CENTER:**  
 IUPPS  
 OUPS  
 Unknown

Vectren Claim Number: \_\_\_\_\_

**TYPE OF EQUIPMENT:**

- Auger
- Backhoe / Track hoe
- Boring
- Drilling
- Explosives
- Farm Equipment
- Grader / Scraper
- Hand Tools
- Milling Equipment
- Plow
- Probing Device
- Trencher
- Vacuum Equipment
- Vehicle
- Other \_\_\_\_\_

**ROOT DAMAGING CAUSE:**

- Abandoned 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 Required
- Improper Backfilling
- Incorrect Records / Maps
- Marking or Location Not Sufficient
- No Notification Made to One-Call
- One-Call Notification Error
- Previous Damage
- Wrong Information Provided
- 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
- Excavation Required  Yes  No
- Media at Site  Yes  No
- Was There Ignition of Gas?  Yes  No

INVOICE:  Yes  No  N/S

**DAMAGING PARTY:**  
 Name: QC Communications  
 Address: 7925 W. 100 S  
 City/ State/ Zip: Wabash, IN. 46992  
 Phone: ( ) \_\_\_\_\_  
 Prepared / Investigated By: M. Griggs Date: 7-9-12

**PARTY TO INVOICE:**  
 Name: USIC  
 Address: \_\_\_\_\_  
 City/ State/ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_  
 Reviewed by Field Supervisor: Bee Blount Date: 7/10/12

NORMAL NOTICE

Ticket : 1206181474 Date: 06/18/2012 Time: 10:25 Oper: SPEOPLES Chan:036

State: IN Cnty: JOHNSON Twp: FRANKLIN  
 Cityname: FRANKLIN Inside: Y Near: N  
 Subdivision: FRANKLIN LAKES

Address :

Street : FOXTAIL DR  
 Cross 1 : SAGITARIUS AVE Within 1/4 mile: Y  
 Location: FROM THE ABOVE INTERSECTION - LOCATE GOING WEST FOR APPROX 400 FEET ON  
 THE SOUTH SIDE OF FOXTAIL DRIVE ENDING AT 1125 FOXTAIL DRIVE  
 \*\*\*Boring Where = EASEMENTS/ROADS/SIDEWALKS/DRIVEWAYS

:  
 Grids : 3927A8603A 3928D8603A 3928C8603A 3928B8603A 3927A8604D  
 Grids : 3928D8604D 3928C8604D 3928D8604C 3928C8604C 3927A8603B  
 Grids : 3928D8603B 3928C8603B 3928B8603B

Work type : INSTALLING NEW FIBER OPTICS  
 Done for : CINERGY METRONET  
 Start date: 06/20/2012 Time: 10:45 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 : QC COMMUNICATIONS Type: CONT  
 Co addr : 7925 WEST 100 SOUTH  
 City : WABASH State: IN Zip: 46992  
 Caller : CHRIS KEMP Phone: (800)421-0582  
 Contact : CHRIS KEMP - CELL Phone:  
 BestTime:  
 Mobile : (812)345-3669  
 Fax : (260)563-0963

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

Submitted date: 06/18/2012 Time: 10:25  
 Members: ID0002 ID0270 ID2034 ID3640 ID4378 ID7131 ID7288 ID5857 ID6921 SM

Member Name	Facility Types
CENTURYLINK	TELEPHONE
COMCAST CENTRAL (GREENWOOD)	CABLE TV
DUKE ENERGY / FORMERLY CINERGY	ELECTRIC
FRANKLIN DPW, CITY OF	
IN AMERICAN WATER JOHNSON COUNTY WATER	
JOHNSON COUNTY R.E.M.C.	ELECTRIC
VECTREN - FRANKLIN	GAS

[View Map](#)

[Close Map](#)

# Service Order Status

Thursday, July 12, 2012

**Enter Service Order Number:**

5302638



**Banner Instance:**  CS03PROD  CS01PROD  CS02PROD

**Order Number:** N5302638

**Order Type:** INVE

**Order Status:** Completed

**Customer:** 600132787 - JOHNSON STEPHEN L

**Prem:** 5775017 - 1125 FOX TAIL

**Technician:** 3663 - McIntosh, Jim

**Order Dates and Times**

**Need Date:** 7/9/2012 4:56:00 PM  
**Time Created:** 7/9/2012 4:39:03 PM  
**Time Dispatched:** 7/9/2012 4:39:03 PM  
**Time In Route:** 7/9/2012 4:43:32 PM  
**Time On-Site:** 7/9/2012 4:58:12 PM  
**Tech Complete:** 7/9/2012 6:39:37 PM  
**Time Closed:** 7/9/2012 6:39:37 PM

**Events Performed/Completion Code**

IVEG - CMP

**Meter Information**

**Current ReadStatus**

**Old Meter:**

**New Meter:**

**Completion Notes**

cut line by bore crew, repaired service meter off for cust to call for relite 3663

**Request Notes**

07/09/12-HIT LINE PER DION SANDERS W/P C COMMUNICATION CE#260.906.6039 WABASHIN OFC #800-421-0782 HARDLY BLOWING CLD B4 U DIG TKT# NOT AVAILABLEXST SAGITTARIUS..HIT WHILE BORING..30 FT AWAY FROM HSE W ALL ..FIRE DEPT ONSITE

**MDSI Event Dates and Times**

Event	Date/Time	User
AsnAssignmentManualAck_evt	7/9/2012 4:39:19 PM	McIntosh, Jim
AsnAssignmentEnRoute_evt	7/9/2012 4:43:32 PM	McIntosh, Jim
AsnAssignmentOnSite_evt	7/9/2012 4:58:12 PM	McIntosh, Jim
OrdOrderComplete_evt	7/9/2012 6:39:37 PM	McIntosh, Jim

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



INDIANA UTILITY REGULATORY COMMISSION  
101 W. WASHINGTON STREET, SUITE 1500E  
INDIANAPOLIS, INDIANA 46204-3407

*Handwritten: 2012 SEP 17 11:11 AM*  
<http://www.in.gov/iurc>  
Office: (317) 232-2701  
Facsimile: (317) 232-6758

August 16, 2012

Tom Rockenbaugh  
Qc Communications  
7925 West 100 South  
Wabash, In 46992

RECEIVED

SEP 17 2012

**Re: Notice of Preliminary Determination of Violation  
Pipeline Safety Division Case No. 3343**

INDIANA UTILITY  
REGULATORY COMMISSION

**Date of Event:** 7/9/2012  
**Event Location:** Foxtail Dr, Franklin, Johnson County  
**Excavator:** Qc Communications  
**Facility Owner:** Vectren

Dear Tom Rockenbaugh,

On behalf of the Indiana Utility Regulatory Commission ("Commission"), I am writing to inform you that information has been filed with the Commission's Pipeline Safety Division regarding an alleged violation of Indiana Code chapter 8-1-26, the Indiana Damage to Underground Facilities Act ("the Act"). You are receiving this letter because you have been identified as the Respondent Excavator.

To ensure safety, the Indiana Underground Plant Protection Service (Indiana 811) and gas operators routinely provide reports to the Pipeline Safety Division when an operator's facility is damaged. The Division has received a report from one of these entities that on 7/9/2012, you or your business damaged a pipeline facility owned by **Vectren** and located at **Foxtail Dr, Franklin, Johnson County**.

Based upon the information received, the Pipeline Safety Division is commencing an investigation into the event concerning you or your business to determine whether any statutory violations were committed regarding public safety, specifically the following:

- IC 8-1-26-16(g): Failure to provide notice of excavation.
- IC 8-1-26-16(h): Failure to perform required white lining.
- IC 8-1-26-20(b): Failure to maintain two (2) feet clearance with mechanized equipment.
- IC 8-1-26-18(f): Failure to properly locate facilities (operator violation)

The Division provides both you and Vectren with an opportunity to send in documentation explaining what occurred. This may include maps, photographs, narrative statements, and any other evidence you wish to provide. You have thirty (30) days from the date this letter is received to send in information, but an extension may be given for good cause shown. Please note that the Division's

**Who is on the Advisory Committee?**

Pursuant to IC 8-1-26-23(b), the Advisory Committee was created by the Act and includes seven (7) members, representing a cross section of participants, appointed by the Governor from the following entities: two (2) representing commercial excavators; one (1) representing the 811 Association; one (1) representing investor owned gas utilities; one (1) representing operators of pipeline facilities or pipelines; one (1) representing municipal gas utilities; one (1) representing providers of facility locate marking service companies.

**Do I have to attend the Advisory Committee meeting? What happens there?**

No, you do not have to attend. The Advisory Committee's deliberations will be conducted in public and you are entitled to attend because it is a public meeting. However, at this stage of the proceedings there is not yet an opportunity for a hearing. There will be no opportunities to present witnesses, cross examine witnesses, or to present verbal evidence. If you have additional documentation, you may bring it to the meeting; we request you bring eight (8) copies for the Committee members and their attorney.

In lieu of bringing documents to the Advisory Committee meeting, you may send correspondence to the Advisory Committee regarding the Pipeline Division's findings so long as it is received seven (7) days in advance of the meeting. This deadline is necessary in order to allow administrative staff adequate time to photocopy, organize and distribute the additional documents to the Advisory Committee members.

At the meeting, the Advisory Committee meeting will accept or dismiss the Division's findings of violation. If they accept a finding, they will assess a civil penalty to recommend to the Commission.

**What penalties are possible?**

Pursuant to the Act, civil penalties may include any or all of the following:

1. A warning letter.
2. Required participation of employees in a mandatory education and training program sponsored by the IURC.
3. Required development of a plan to avoid future violations, which must be approved by the IURC.
4. A civil penalty up to a maximum of ten thousand dollars (\$10,000).

For first time violators in an instance where no one was personally injured, generally the initial civil penalty is a warning letter. Multiple violations, evidence of recklessness, personal injury, and property damage over ten thousand dollars (\$10,000) may be grounds for the Advisory Committee to institute monetary penalties.

**What if I disagree with the assessed penalties?**

Once you have been notified of the assessed penalties, you have thirty (30) days to request a public hearing to dispute the Advisory Committee's penalty recommendation. Please note that requests for public hearing must be drafted according to the Commission's rules for practice and procedure, found at 170 IAC 1-1.1: [http://www.in.gov/legislative/iac/iac\\_title?iact=170](http://www.in.gov/legislative/iac/iac_title?iact=170). Individuals may represent themselves, but companies must be represented by legal counsel. You are strongly encouraged to seek legal counsel if you plan to request a public hearing before the Commission.

**Does the Division determine criminal violations?**

No, the Pipeline Safety Division's investigation under IC 8-1-26 does not entail determining criminal liability or a civil determination of fault or damages. It determines whether any statutory violations were committed regarding public safety.

**I still have questions.**

For technical questions, you can contact the Division Director, Bill Boyd, at (317) 232-2718. Legal inquiries should be directed to DeAnna L. Poon, Advisor to the Advisory Committee and Assistant General Counsel at the IURC, at (317) 232-6735.

# 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

## Summary of Procedures and Respondent's Rights

*Please note that the following is offered for informational purposes and does not constitute legal advice. Anyone involved in this process is entitled to individual legal representation and is encouraged to retain their own counsel in order to be fully apprised of their rights.*

### **What is the purpose of Indiana's Damage to Underground Facilities Act, IC 8-1-26?**

The purpose of this Act is to promote excavation and pipeline safety and to reduce imminent danger to life, health, property, or loss of service associated with unsafe digging practices.

### **Who reports possible violations?**

Any person or entity may report a violation of the Indiana Damage to Underground Facilities Act ("Act") to the Indiana Utility Regulatory Commission ("Commission") Pipeline Safety Division ("Division"), but most reports of violations are communicated regularly to the Pipeline Division from the Indiana Plant Underground Protection Service, commonly referred to as Indiana 811 Association Office. Pursuant to 170 IAC 5-5-2(b), violations shall be reported to the Pipeline Division within thirty (30) days of their occurrence.

### **What is the process for investigating alleged violations?**

The Division shall commence an investigation of each report by contacting the excavator and gas operator involved by sending a written request for information within sixty (60) days, per 170 IAC 5-5-3(a). The initial letter you received requesting information commenced the investigation in your case. If there was a contact person from your company listed on the letter, that is the name the Division was provided with from Indiana 811 (i.e. the person who called in the locate ticket or reported the line hit).

You have thirty (30) days to respond to the investigation with information that demonstrates that you called in a proper locate ticket and hand excavated within two (2) feet of the gas pipeline. You also have the opportunity to provide the names of anyone else who may have information in your case. A similar letter was provided to the gas operator. The Division will review the excavator and operator responses and from there provide their findings to the Underground Plant Protection Advisory Committee ("Advisory Committee") regarding whether you or the gas operator violated a provision of Indiana's Damage to Underground Facilities Act, IC 8-1-26. If the Division does not find a violation was committed, you will receive a letter stating that the case will be closed and the Division will not forward findings to the Advisory Committee.

The Advisory Committee meets monthly to review the Division's findings. If your case will go before the Advisory Committee, you will receive a letter noting the date, time, and location of the meeting and a copy of the Division's Investigation Report for your case. You will have an additional opportunity to provide documentation disputing the Division's findings.

If the Advisory Committee agrees with the Division's findings, they will assess a civil penalty. You will be notified of the penalty assessed and provided the opportunity to accept the penalty or request a public hearing to dispute it. If you accept the penalty or fail to properly request a public hearing, the Commission will consider the penalty and approve or disapprove the findings.

investigation will be completed after this time period, even if you do not respond or fail to provide additional evidence for the Pipeline Safety Division to consider. The Division's findings will then be forwarded to the Advisory Committee. If the Advisory Committee confirms the violation, it will send its recommendation on the appropriate penalty to the Commission.

If you are a business entity, please provide your full personal name and business title, as well as your legal authority to represent the business in this matter. If you lack such authority or are mistakenly named as the Respondent, please notify the Pipeline Safety Division as soon as possible, providing the name of the proper representative, if known.

If you believe there are other parties or witnesses with relevant information for the Pipeline Safety Division to consider in its investigation, we request that you *immediately* provide their name, address, telephone number and email address *in writing* to the Pipeline Safety Division.

You are encouraged to fill out the required information form electronically by going to <http://www.in.gov/iurc/2335.htm> and clicking on the "Operator/Excavator Information Request Form" under the Indiana's Damage to Underground Facilities Act section. You may call Bobi Culver at (317) 233-6140 to request a hard copy to return by mail. In addition to the information form, you can forward additional documentation such as maps and drawings by mailing them to the address below or by scanning and emailing them. Please include your assigned Pipeline Safety Division Case Number on all communications and add your Case Number and denote "INITIAL DOCUMENTS - EXCAVATOR" at the top of your materials or in the subject heading of your email.

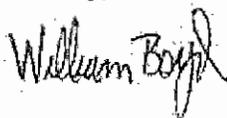
Mail: Pipeline Safety Division – Case No. 3343  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 E  
Indianapolis, IN 46204

Email: PipelineDamageCase@urc.in.gov

Included with this letter is a *Summary of Procedures and Respondent's Rights* to assist in answering your questions, including information on the procedure for determining violations and possible civil penalties that may be assessed. Please note that your case will be handled according to administrative rule 170 IAC 5-5, found at [http://www.in.gov/legislative/iac/iac\\_title?iact=170](http://www.in.gov/legislative/iac/iac_title?iact=170).

Should you have procedural or legal questions regarding the Advisory Committee or the IURC, please contact DeAnna L. Poon, Legal Advisor to the Advisory Committee and Assistant General Counsel at the IURC, at (317) 232-6735. For questions regarding the pipeline damage identified above, or our investigation, please contact me at (317) 232-2718. Thank you for your assistance.

Sincerely,



William Boyd, Director Pipeline Safety Division

Enclosures: Summary of Procedures and Respondent's Rights



**INFORMATION REQUEST**

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3343

*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: QC Communications Inc.

Responsible Party Personal Name: \_\_\_\_\_

Title (if any): \_\_\_\_\_

Address (number and street): 7925 W. 100S.

City, State and ZIP Code: Wabash Ind 46992

Preferred Telephone Number (area code): 1-800-421-0582

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: qccomm3@yahoo.com

**Facility Information:**

Business Name: Vectren

Responsible Party Personal Name: \_\_\_\_\_

Title (if any): \_\_\_\_\_

Address (number and street): 600 Industrial Dr.

City, State and ZIP Code: Franklin, OH

Preferred Telephone Number (area code): 1-800-227-1376

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Locator Service Information:**

Business Name: \_\_\_\_\_

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):**

**Type of Work Performed (select one):**

**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*): \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

Nearest Intersection: \_\_\_\_\_

Product Type (*select one*):

Facility Type (*select one*):

Size (Diameter/etc.): \_\_\_\_\_

Pressure (PSIG/Inches): \_\_\_\_\_

Interruption in Service:      Yes      No     Number of Customers Affected: \_\_\_\_\_

Evacuation:      Yes      No     If yes, How Many Evacuated? \_\_\_\_\_

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: \_\_\_\_\_

- 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:** \_\_\_\_\_

**Number of Inpatient Treated:** \_\_\_\_\_

**Number of Fatalities:** \_\_\_\_\_

- Fire Department Response:**  Yes  No  
**Police Department Response:**  Yes  No  
**Ambulance Response:**  Yes  No

**Additional Information / Comments**

I have no more information on this  
 Case No. This Employee no longer works  
 for us. We have no way to contact him  
 at this time.  
 Is there an address?  
 Just filed case # 3306 6 days prior to this Case  
 Could it be the same one??  
 Can not find pictures, hit sheet, locate sheet. just not  
 sure the location.

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 3343

Your Full Name: Tom Rockenbaugh

Full Name of Business / Entity (if applicable): QC Communications Inc.

Your Business Title (if applicable): \_\_\_\_\_

Address (number and street): 7925 W. 100S.

City: Wabash State: IN ZIP Code: 46992

Your E-mail Address: gqcomm3@yahoo.com

Today's Date (month, day, year): \_\_\_\_\_

Your Signature: \_\_\_\_\_ Title (if any) \_\_\_\_\_

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 3343  
Indiana Utility Regulatory Commission  
101 West Washington Street, 1500E  
Indianapolis, IN 46204**

Or scan the statement and Email to:

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