



Pipeline Safety Division Investigation Report

Investigation regarding: Calumet Civil Contractors

UPPAC Database Record ID: 3413

Report Date: 7/25/2013

Investigator: William Boyd

Damage Date: 7/26/2012 8:50:42 AM

Damage Address: Michigan Rd, Indianapolis, Marion

The Parties

Excavator: **Calumet Civil Contractors**

Address: 4898 Fieldstone Drive, Whitestown, In 46075

Facility Owner: **Citizens Gas**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Unknown/Other

Type of Work Performed: Storm Drain

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 9

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1207123095

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

Synopsis: Excavator in moving a trench box damaged an underground natural gas service when asphalt fell while performing storm drain work.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 8/24/2012. The excavator damaged the service line during removal of the trench box.

Conclusion: There was a failure to provide adequate shoring to protect the line.

Violation: IC 8-1-26-20(a)(1) Failure to plan excavation to avoid damage or interference with underground facilities.



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Aug 28, 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: CALUMET CIVIL CONTRACTORS

Business address (*number and street*): 4898 FIELDSTONE DR

City, State, and ZIP code: WHITESTOWN, IN 46075

Telephone number (*area code*): 317-769-1900

Fax number (*area code*): 317-716-6816

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*): Jul 26, 2012

County: Marion

City: Indianapolis

Street address (*number and street, city, state, and ZIP code*):
6335 MICHIGAN RD

Nearest intersection: 64TH 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? Yes

If yes, how many evacuated? 2

Was there a customer service interruption? Yes

If yes, how many affected? 9

Time to restore service (*in hours*): 7

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? 36

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1207123095

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? Yes

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? Yes

Did the excavator notify 911 in the event of a release of product? Yes

Description of Cause

Select from the list the most accurate cause for the damage: --Failure to support exposed facilities

Additional Comments

This is Case 3413. Excavator reported damage to IN811 and had a valid locate. MAO 8/28/2012.



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION - PIPELINE SAFETY DIVISION

Case Number: 3413

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: Calumet Civil Contractors, Inc.

Responsible Party Personal Name: Steve Sweet

Title (if any): Safety Director

Address (number and street): 4898 Fieldstone Drive

City, State and ZIP Code: Whitestown, IN 46075

Preferred Telephone Number (area code): 317-769-1900

Cellular Telephone Number (area code): 317-538-2885

Email Address: ssweet@calumetcivil.com

Facility Information:

Business Name: Citizens Gas

Responsible Party Personal Name: Jim Clark

Title (if any): District Supervisor

Address (number and street): 2150 Dr. Martin Luther King Jr, Street

City, State and ZIP Code: Indianapolis, IN 46202

Preferred Telephone Number (area code): 317-417-7383

Cellular Telephone Number (area code): 317-417-7383

Email Address: jclark@citizensenergygroup.com

Locator Service Information:

Business Name: United States Infrastructure Corp

Responsible Party Personal Name: _____

Title (if any): _____

Address (number and street): 13085 Hamilton Crossing Blvd.

City, State and ZIP Code: Carmel, IN 46032

Preferred Telephone Number (area code): 317-575-7800

Cellular Telephone Number (area code): _____

Email Address: _____

Cause of Damage Information

Type of Equipment (select one): Backhoe/Trackhoe

Type of Work Performed (select one): Storm Drain/Culvert

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*): 6348 N Michigan Road

City, State and ZIP Code: Indianapolis, IN 46218

Nearest Intersection: 62nd Street and Michigan Road

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Distribution

Size (Diameter/etc.): ² _____

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: 1207123095

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

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3413

Your Full Name: Steve Sweet

Full Name of Business / Entity (if applicable): Calumet Civil Contractors, Inc.

Your Business Title (if applicable): Safety Director

Address (number and street): 4898 Fieldstone Drive

City: Whitestown State: IN ZIP Code: 46075

Your E-mail Address: ssweet@calumetcivil.com

Today's Date (month, day, year): 08/20/2012

Your Signature:  Title (if any) Safety Director

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3413
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov



Calumet Civil Contractors, Inc.

4898 Fieldstone Drive
Whitestown, IN 46075
317.769.1900
317.769.7424 FAX
www.calumetcivil.com

August 20, 2012

INITIAL DOCUMENTS - EXCAVATOR

Pipeline Safety Division – **Case No. 3413**
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 E
Indianapolis, IN 46204

Attn: Mr. William Boyd

Re: **Case No. 3413**

Dear Mr. Boyd,

We received a notice for the above referenced case concerning a gas pipeline hit at Michigan Road in Indianapolis. I am responding on behalf of Mr. Shane Reynolds, whom this letter was addressed.

The notice claimed that we did not call for locates before we hit this line. We did actually call for locates (**#1207123095**). This damage was caused by the surrounding ground collapsing while we were trying to dig to move our trench box. The material that was used for backfill of the new gas main would not support the asphalt shoulder of the road. The undermining of the road edge caused the asphalt to fall, hitting the service valve, snapping the line from the valve. We had to re-evaluate how we excavate in this area of the project.

We did call for a damage number (**#1207260495**) for this hit.

If you need any additional information, please feel free to call me at (317) 769-1911.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven Sweet", written over a white background.

Steven Sweet
Safety Director

Enclosures: Information Request (IURC) Case 3413
DIRT – Field Form 120726 Michigan Rd Citizens
Calumet Incident Report 120726 Michigan Rd Citizens

2 MICANS



GENERAL LIABILITY REPORT

Project Manager _____

Line Cut
Auto Loss
Prop. Loss
Record Only

Calumet File # _____
Location _____
Police Report Requested _____
Report Received _____

Incident Date 7/26/12 Incident Time 8:20 AM/PM Calumet Job# 11018

Incident Location 6348 N. MICHIGAN RD Nearest M/M 12th St.

City INDIANAPOLIS State IN State Photos Taken: NO X YES

Incident Description: IN PROCESS OF MOVING TRENCH BOX, BANK FELL. IT TOOK SMALL AMOUNT OF ASPHALT (SHOULDER) W/IT. IT SNAPPED THE SERVICE LINE @ THE VALVE ON THE MAIN.

Weather Conditions: Hot Pavement Conditions: Dry

Police Agency Called: ITPD Citations Issued: NO

Was Anyone Injured: Yes [] No [X] Employee: Yes [] No [X] Pedestrian: Yes [] No [X]

Injured's Name: N/A Phone: Employee Drug Tested: Yes [] No [X]

Drivers License #: N/A

Transported To: Clinic [] Hospital [] Other [] Taken By: _____

Line Cut
Employee(s) Involved? SHANNON CLARK, JUSTIN CAUST, PAUL CASER
Locate Co. Contacted: LOC# 207123095 DAMAGES# 207260495
Was it Marked? Yes [X] No [] Was it Buried? Yes [X] No [] How deep was it buried? 18"

Detail items taken during theft or vandalism, to include serial number, make, & model:
Item: S/N: Make/Model:
Item: S/N: Make/Model:

Property Loss: No [] Yes [] Type: Est. Value:

Printed Name: STEVE SWEST

Sign Report: [Signature]

Calumet Veh# _____ Veh. Year _____ Veh. Make _____ Veh. Model _____

Veh. Plate# _____ State: _____ Driver's License # _____

Company Driver's Name: _____ Telephone: _____

Purpose of Use: Yes No Purpose of Use: _____

Describe Veh Damage: _____

OTHER VEHICLE INFORMATION

Driver's Name: _____ Owner's Name: _____

Owner's Address: _____ Home Phone: _____

Owner's City: _____ State: _____ Zip: _____ Work Phone: _____

Driver's License #: _____ State of Issue: _____ Expiration Date: _____

Driver's Social Security #: _____

Insured: Yes No Insurance Co. Name: _____ Phone: _____

Policy #: _____ Veh Year: _____ Make/Model: _____

Describe Vehicle Damage: _____

Passenger(s) Name: _____

Witness(es)	#1	#2
	_____	_____
	_____	_____
	_____	_____

Comments? _____

PLEASE DRAW A DETAILED SKETCH OF INCIDENT SCENE AS IT HAPPENED



Did you get statements from co-workers and/or citizens: Yes No

Were pictures taken from different view points: Yes No

Sign Report: _____

Submit to Office Within 24 Hrs of Incident With Copy of Daily Report

Damage Information Reporting Tool (DIRT) - Field Form

Part A - Who is Submitting This Information

Who is providing the information? Electric Engineer/Design Equipment Manufacturer
 Excavator Insurance Liquid Pipeline Locator Natural Gas
 One-Call Center Private Water Public Works Railroad
 Road Builders State Regulator Telecommunications Unknown/Other

Name of the person providing the information: STEVE SUGER

Part B - Date and Location of Event

*Date of Event: 7/26/12 (MM/DD/YYYY)
 *Country US *State IN *County MARION City INDIANAPOLIS
 Street address 6348 N. MICHAEL RD Nearest Intersection 62ND ST.
 *Right of Way where event occurred
 Public: City Street State Highway County Road Interstate Highway Public-Other
 Private: Private Business Private Land Owner Private Easement
 Pipeline Power / Transmission Line Dedicated Public Utility Easement
 Federal Land Railroad Data not collected Unknown/Other

Part C - Affected Facility Information

*What type of facility operation was affected?
 Cable Television Electric Natural Gas Liquid Pipeline Sewer (Sanitary Sewer)
 Steam Telecommunications Water Unknown/Other

*What type of facility was affected?
 Distribution Gathering Service/Drop Transmission Unknown/Other

Was the facility part of a joint trench?
 Unknown Yes No

Was the facility owner a member of One-Call Center?
 Unknown Yes No

Part D - Excavation Information

*Type of Excavator
 Contractor County Developer Farmer Municipality Occupant
 Railroad State Utility Data not collected Unknown/Other

*Type of Excavation Equipment
 Auger Backhoe/Trackhoe Boring Drilling Directional Drilling
 Explosives Farm Equipment Grader/Scraper Hand Tools Milling Equipment
 Probing Device Trencher Vacuum Equipment Data Not Collected Unknown/Other

*Type of Work Performed
 Agriculture Cable Television Curb/Sidewalk Bldg. Construction Bldg. Demolition
 Drainage Driveway Electric Engineering/Survey Fencing
 Grading Irrigation Landscaping Liquid Pipeline Milling
 Natural Gas Pole Public Transit Auth. Railroad Maint. Road Work
 Sewer (San/Storm) Site Development Steam Storm Drain/Culvert Street Light
 Telecommunication Traffic Signal Traffic Sign Water Waterway Improvement
 Data Not Collected Unknown/Other

Part E - Notification

*Was the One-Call Center notified?
 Yes (If Yes, Part F is required) No (If No, Skip Part F)
 If Yes, which One-Call Center? IN 811
 If Yes, please provide the ticket number LOC # 1207123095 DRIVE # 1207260495

Part F - Locating and Marking

*Type of Locator
 Utility Owner Contract Locator Data Not Collected Unknown/Other

*Were facility marks visible in the area of excavation?
 Yes No Data Not Collected Unknown/Other

*Were facilities marked correctly?
 Yes No Data Not Collected Unknown/Other

Part G – Excavator Downtime

Did Excavator incur down time?
 Yes No

If yes, how much time?
 Unknown Less than 1 hour 1 hour 2 hours 3 or more hours Exact Value _____

Estimated cost of down time?
 Unknown \$0 \$1 to 500 \$501 to 1,000 \$1,001 to 2,500 \$2,501 to 5,000
 \$5,001 to 25,000 \$25,001 to 50,000 \$50,001 and over Exact Value _____

Part H – Description of Damage

***Was there damage to a facility?**
 Yes No (i.e. near miss)

***Did the damage cause an interruption in service?**
 Yes No Data Not Collected Unknown/Other

If yes, duration of interruption
 Unknown Less than 1 hour 1 to 2 hrs 2 to 4 hrs 4 to 8 hrs 8 to 12 hrs 12 to 24 hrs
 1 to 2 days 2 to 3 days 3 or more days Data Not Collected Exact Value _____

Approximately how many customers were affected?
 Unknown 0 1 2 to 10 11 to 50 51 or more Exact Value _____

Estimated cost of damage / repair/restoration
 Unknown \$0 \$1 to 500 \$501 to 1,000 \$1,001 to 2,500 \$2,501 to 5,000
 \$5,001 to 25,000 \$25,001 to 50,000 \$50,001 and over Exact Value _____

Number of people injured
 Unknown 0 1 2 to 9 10 to 19 20 to 49 50 to 99
 100 or more Exact Value _____

Number of fatalities
 Unknown 0 1 2 to 9 10 to 19 20 to 49 50 to 99
 100 or more Exact Value _____

***Part I – Description of the Root Cause** *Please choose one

<p>One-Call Notification Practices Not Sufficient</p> <input type="checkbox"/> No notification made to the One-Call Center <input type="checkbox"/> Notification to one-call center made, but not sufficient <input type="checkbox"/> Wrong information provided to One Call Center	<p>Locating Practices Not Sufficient</p> <input type="checkbox"/> Facility could not be found or located <input type="checkbox"/> Facility marking or location not sufficient <input type="checkbox"/> Facility was not located or marked <input type="checkbox"/> Incorrect facility records/maps
<p>Excavation Practices Not Sufficient</p> <input type="checkbox"/> Failure to maintain marks <input type="checkbox"/> Failure to support exposed facilities <input type="checkbox"/> Failure to use hand tools where required <input type="checkbox"/> Failure to test-hole (pot-hole) <input type="checkbox"/> Improper backfilling practices <input checked="" type="checkbox"/> Failure to maintain clearance <input type="checkbox"/> Other Insufficient excavation practices	<p>Miscellaneous Root Causes</p> <input type="checkbox"/> One-Call Center error <input type="checkbox"/> Abandoned facility <input type="checkbox"/> Deteriorated facility <input type="checkbox"/> Previous damage <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Other

Part J – Additional Comments
