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

Pipeline Safety Division Investigation Report

Investigation regarding: Reynolds, Inc.

UPPAC Database Record ID: 3443

Investigator: Howard Friend

Report Date: 11/16/2012

Damage Date: 7/5/2012

Damage Address: 2741 E Edgewood Ave

City: Indianapolis

County: Marion

The Parties

Excavator: **Reynolds, Inc.**

Contact: Jason Johnson, Project Manager

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

Telephone: 812-865-3232

Facility Owner: Citizens Gas

Contact: Tony Chan

Address: 2150 Dr. Martin Luther King Jr. Street, Indianapolis, IN 46202

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Investigation regarding: Reynolds, Inc.

UPPAC Database Record ID: 3443

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): $1989

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1206210236

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Drainage

Synopsis: A natural gas service was damaged during excavation to remove a culvert pipe.

Findings: Reported by Citizens Gas; excavator's response to initial notice was received on 10/16/2012. The excavator had a valid locate request and the operator provided accurate locate markings.

Conclusion: Excavator failed to plan excavation to avoid damage or interference to underground facilities.

Violation: IC 8-1-26-20(b): Failure to plan excavation to avoid damage or interference with underground facilities; Failure to maintain two (2) feet clearance with mechanized equipment.

INFORMATION REQUEST
State Form 54909 (2-12)
INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3443

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: Reynolds, Inc.

Responsible Party Personal Name: Jason Johnson

Title (*if any*): Operator

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

City, State and ZIP Code: Orleans, IN 47452

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

Cellular Telephone Number (area code): _____

Email Address: _____

Facility Information:

Business Name: Citizens Gas

Responsible Party Personal Name: _____

Title (*if any*): _____

Address (*number and street*): PO Box 7056

City, State and ZIP Code: Indianapolis, IN 46207

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Locator Service Information:

Business Name: USIC

Responsible Party Personal Name: _____

Title (*if any*): _____

Address (*number and street*): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Cause of Damage Information

Type of Equipment *(select one)*: 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*): 2741 Edgewood Ave.

City, State and ZIP Code: Indianapolis, IN 46227

Nearest Intersection: Edgewood Ave. & Tacoma Ave.

Product Type *(select one)*: Natural Gas

Facility Type *(select one)*: Service/Drop

Size (Diameter/etc.): 3/4" ?

Pressure (PSIG/Inches): _____

Interruption in Service: ☒ Yes ☐ No **Number of Customers Affected:** 1

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

Repair Cost (if known): $ 1,989

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: 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

We were replacing a driveway culvert. When we pulled the existing culvert out the service line which was directly below the culvert was pulled from the main.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3443

Your Full Name: Jason Aaron Davis

Full Name of Business / Entity (*if applicable*): Layne Heavy Civil, Inc. (formerly Reynolds, Inc.)

Your Business Title (*if applicable*): Project Manager

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

City: Orleans State: IN ZIP Code: 47452

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

Today's Date (*month, day, year*): 10,16,2012

Your Signature: Jason A Davis Title (*if any*) Project Manager

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3443
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov

DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Aug 1, 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: Layne Heavy Civil, Inc c/o JASON JOHNSON

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

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

Telephone number *(area code)*: 812-653-3201

Fax number *(area code)*:

E-mail address:

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Drainage

Date and Location of Damage

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

County: Marion

City: Indianapolis

Street address (*number and street, city, state, and ZIP code*):
2741 E EDGEWOOD AVE

Nearest intersection: S TACOMA AVE

Right of way where damage occurred: Public - City Street

Was there a release of product? Yes

If yes, was there an ignition of product? No

Were evacuations necessary as a result of release? No

If yes, how many evacuated? 0

Was there a customer service interruption? Yes

If yes, how many affected? 1

Time to restore service (*in hours*): 8

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? 28

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1206210236

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? No

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

Description of Cause

Select from the list the most accurate cause for the damage: --Failure to use hand tools where required

Additional Comments