



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Reynolds, Inc.**

UPPAC Database Record ID: 3444

Investigator: Howard Friend

Report Date: 11/21/2012

Damage Date: 7/17/2012

Damage Address: 6351 S Sherman Dr

City: Indianapolis

County: Marion

### The Parties

Excavator: **Reynolds, Inc.**

Contact: Jason Davis, Project Manager

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

Telephone: 812-583-1458

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: 3444

**Damage Impact**

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$114

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

Excavator request locates: Yes Indiana 811 ticket Number: 1207102935

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Sewer

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

**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:** The excavator failed to maintain two (2) feet of clearance with mechanized equipment. The excavator also failed to notify the association and the local fire department after the release of a flammable gas.

**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: 3444 \_\_\_\_\_

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*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.*

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### The Parties

#### Excavator Information:

Business Name: Reynolds, Inc. \_\_\_\_\_

Responsible Party Personal Name: Bill Morris \_\_\_\_\_

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: \_\_\_\_\_

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**Cause of Damage Information**

Type of Equipment (select one): Backhoe/Trackhoe

Type of Work Performed (select one): Sewer (Sanitary/Storm)

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

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### Utility Line Impact

#### Location of Damage:

Address (*number and street*): 6351 Sherman Drive \_\_\_\_\_

City, State and ZIP Code: Indianapolis, IN 46227 \_\_\_\_\_

Nearest Intersection: Sherman Dr. and Banta Rd. \_\_\_\_\_

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): \$ 114.4 \_\_\_\_\_

Release of Product:  Yes  No

Ignition and/or Fire:  Yes  No

Excavator Notify 811:  Yes  No

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### Locate Information

Excavator Request Locate:  Yes  No

Indiana 811 Locate Ticket Number: 1207102935 \_\_\_\_\_

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

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### Incident Impact Information

Number of Outpatient Treated: <sup>0</sup> \_\_\_\_\_

Number of Inpatient Treated: <sup>0</sup> \_\_\_\_\_

Number of Fatalities: <sup>0</sup> \_\_\_\_\_

Fire Department Response:  Yes  No

Police Department Response:  Yes  No

Ambulance Response:  Yes  No

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### Additional Information / Comments

Sewer main was being installed down the middle of the street. While striping off the top layer with a trackhoe the gas service was broken.

## NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3444

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:  Title (if any) Project Manager

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 3444**  
**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)



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Aug 2, 2012

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### Who is submitting this information?

Name of person providing this information: Tony Chan

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

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### Excavator Information, if known

Full name: REYNOLDS INC

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

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

Telephone number (*area code*): 812-583-1458

Fax number (*area code*): \_\_\_\_\_

E-mail address: \_\_\_\_\_

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### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Drainage

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## Date and Location of Damage

Date of damage (*month, day, year*): Jul 17, 2012

County: Marion

City: Indianapolis

Street address (*number and street, city, state, and ZIP code*):  
6351 S SHERMAN DR

Nearest intersection: BANTA RD

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 \$ 0

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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? 40

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## Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1207102935

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

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### **Description of Cause**

Select from the list the most accurate cause for the damage: --Failure to maintain the marks

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### **Additional Comments**