



Pipeline Safety Division Investigation Report

Investigation regarding: **Goodman Construction, Inc.**

UPPAC Database Record ID: 3525

Investigator: Howard Friend

Report Date: 10/25/2012

Damage Date: 7/31/2012 1:42:23 PM

Damage Address: 231 Sunset Ave

City: Clarksville

County: Clark

The Parties

Excavator: **Goodman Construction, Inc.**

Contact: Stan Goodman

Address: 614 Lilac Circle, Clarksville, In 47129

Telephone: 501-643-7826

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: Goodman Construction, Inc.

UPPAC Database Record ID: 3525

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$854

Excavator Activities/Cause of damage information:

Excavator request locates: No Indiana 811 ticket Number:

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Curb / Sidewalk

Synopsis: A natural gas service was damaged during excavation for a sidewalk.

Findings: Reported by Indiana 811; excavator did not respond to initial notice mailed 9/14/2012. The excavator did not provide notice of excavation however, the Clarksville Street Department provided notice and the operator provided accurate locate marks.

Conclusion: There was a failure to provide notice of excavation by the excavator.

Violation: IC 8-1-26-16(g): Failure to provide notice of excavation.



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

September 18, 2012

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

Subject: Investigation Request for Information

Date of Event: 7/31/2012

Event Location: Sunset Ave, Clarksville

Facility Owner: Vectren

Excavator: Goodman Construction, Inc.

Other Party: N/A

Pipeline Division Case No. 3525

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

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

Submitted to IURC-Pipeline Safety on: 9-28-2012

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: Goodman Construction Inc.

Business address (*number and street*): 614 Lilac Circle

City, State, and ZIP code: Clarksville, IN 47129

Telephone number (*area code*): 502-643-7826

Fax number (*area code*): Unknown

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Curb/Sidewalk

Date and Location of Damage

Date of damage (month, day, year): 7-31-2012

County: Clark

City: Clarksville, IN

Street address (number and street, city, state, and ZIP code):
231 Sunset, Clarksville, IN

Nearest intersection: Unknown

Right of way where damage occurred: Private - Land Owner

Was there a release of product? No

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? No

If yes, how many affected? 0

Time to restore service (in hours): 0

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 854.17

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? No

Enter Indiana 811 ticket number, if known: Unable to find any under contractor

Was the locate request completed within two working days? Unknown/Other

If locates were performed, were they done so by a contractor or pipeline employee? Data Not Collected

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

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: 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? No

Did the excavator notify Indiana 811 in the event of this damage? Yes

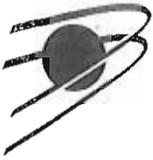
Did the excavator notify 911 in the event of a release of product? Unknown/Other

Description of Cause

Select from the list the most accurate cause for the damage: --No notification made to the one-call center

Additional Comments

1" plastic service damaged by hoe. No valid locate & not hand exposed.



2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH

NOW DUE

\$854.17

GOODMAN CONSTRUCTION INC
614 LILAC CIRCLE,
CLARKSVILLE, IN 47129

Type: GAS
Invoice: FDS0016645
BillToID: 32366
Billing Date: 9/7/2012
Date of Loss: 7/31/2012
5920 103.0510

Please return this portion with your remittance.



Mail Payment To:
Vectren Utilities Holdings Inc
1239 Reliable Parkway
Chicago, IL 60666-0012
Inquiries: 1-877-902-2934, Mon.-Fri., 6-5
Risk Management/Claims Department

NOW DUE
\$854.17

GOODMAN CONSTRUCTION INC
614 LILAC CIRCLE,
CLARKSVILLE, IN 47129

Type: GAS
Invoice: FDS0016645
BillToID: 32366
Billing Date: 9/7/2012
Date of Loss: 7/31/2012

Invoice For Costs to Repair and Reconstruct Damaged Property

Address: 231 SUNSET, CLARKSVILLE

1" PLASTIC SERVICE DAMAGED BY HOE. NO VALID LOCATE AND NOT HAND EXPOSED.

Material:	\$116.10
Company Labor:	\$188.76
Contract Labor:	\$522.75
Transportation/Equipment:	\$26.56
Misc:	\$0.00
Gas Loss:	\$0.00
Adjustments:	\$0.00
Payments:	\$0.00
Total:	\$854.17

5920 103.0510

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

FACILITIES DAMAGE REPORT GAS

Task No.: 00103

Capital / O&M (circle one)

FDS. 0016645...

FACILITY TYPE

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

TIME OCCURRED: 145 AM/PM
 TIME FOUND: 2:04 AM/PM

DATE OF DAMAGE: 7/31/12

Cost Center No.: 5420

DAMAGE SITE ADDRESS: 231 Sunset LOT # _____

COUNTY Clark CITY: Clarksville STATE: IN TOWNSHIP Jeff

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	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 1/31
- 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 _____ (FEET/INCHES)
 - 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

TYPE OF MATERIAL	DAMAGE TYPE	PRESSURE
<input type="checkbox"/> CAST IRON	<input type="checkbox"/> SEVERED	<input type="checkbox"/> 25 PSIG
<input type="checkbox"/> PLASTIC (HDPE)	<input checked="" type="checkbox"/> NOT CUT	<input type="checkbox"/> 40 PSIG
<input checked="" type="checkbox"/> PLASTIC (MDPE)	<input type="checkbox"/> PUNCTURE	<input type="checkbox"/> 50 PSIG
<input type="checkbox"/> STEEL	SIZE _____ X _____	<input type="checkbox"/> 55 PSIG
		<input checked="" type="checkbox"/> 60 PSIG
		<input type="checkbox"/> 6 WC (.2163)
		<input type="checkbox"/> 7 WC (.252)
		<input type="checkbox"/> OTHER _____

PROTECTION IN PLACE

- BUILDING FENCE NONE
- POST RAIL VAULT N/A

IF OTHER _____

DURATION OF ESCAPING GAS MINUTES: MA

LEAK REPORT NUMBER # NA EFV ACTIVATED YES NO N/S

FEED TYPE

- ONE-WAY FEED
- TWO-WAY FEED

NUMBER OF CUSTOMERS AFFECTED: _____

TOTAL HOURS SERVICE WAS OFF: _____

SERVICE ORDER # _____

DAMAGED BY	TYPE OF CONSTRUCTION
<input type="checkbox"/> COMPANY CREW	<input type="checkbox"/> AGRICULTURE
<input checked="" type="checkbox"/> CONTRACTOR	<input type="checkbox"/> BLDG. CONSTRUCTION
<input type="checkbox"/> COUNTY	<input type="checkbox"/> BLDG. DEMOLITION
<input type="checkbox"/> DEVELOPER	<input type="checkbox"/> CABLE TV
<input type="checkbox"/> FARMER	<input checked="" type="checkbox"/> CURBS/SIDEWALKS
<input type="checkbox"/> MUNICIPALITY	<input type="checkbox"/> DRAINAGE
<input type="checkbox"/> PROPERTY OWNER/TENANT	<input type="checkbox"/> DRIVEWAY
<input type="checkbox"/> RAILROAD	<input type="checkbox"/> ELECTRIC
<input type="checkbox"/> STATE	<input type="checkbox"/> ENGINEERING/SURVEYING
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> FENCING
<input type="checkbox"/> UTILITY	<input type="checkbox"/> GRADING
<input type="checkbox"/> VEHICULAR ACCIDENT	<input type="checkbox"/> IRRIGATION
<input type="checkbox"/> IF OTHER _____	<input type="checkbox"/> LANDSCAPE
	<input type="checkbox"/> LIQUID PIPELINE
	<input type="checkbox"/> MILLING
	<input type="checkbox"/> NATURAL GAS
	<input type="checkbox"/> POLE
	<input type="checkbox"/> PUBLIC TRANSIT AUTHORITY
	<input type="checkbox"/> RAILROAD MAINTENANCE
	<input type="checkbox"/> IF OTHER _____

WORKING FOR

- CITY COUNTY DEVELOPER
- PROPERTY/OWNER STATE
- UTILITY
- IF OTHER _____

COMPANY REPRESENTATIVE ON SITE YES NO

OBSERVATION BY: _____

NAME OF LOCATOR: _____

LOCATING ORGANIZATION _____

- CONTRACT LOCATOR
- UNKNOWN/ OTHER
- UTILITY OWNER

COPY OF MARKOUT REQUEST PROVIDED WITHIN 2 WORKING DAYS YES NO N/S

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

- 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.)

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

- 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

DAMAGING PARTY
 NAME: Goodman Construction
 ADDRESS: Meyers Grove
 CITY/STATE/ZIP: Clarksville, IN 47129
 PHONE NUMBER: 502-643-7826 Stan
 PREPARED BY: Kewin Vissing DATE _____

PARTY TO INVOICE
 NAME: Goodman Construction
 ADDRESS: Meyers Grove
 CITY/STATE/ZIP: Clarksville, IN 47129
 PHONE NUMBER: 502-643-7826 Stan
 REVIEWED BY FIELD SUPERVISOR _____ DATE _____

NORMAL NOTICE

Ticket : 1207201232 Date: 07/20/2012 Time: 11:47 Oper: RJOHNSON Chan:002

State: IN Cnty: CLARK Twp: JEFFERSONVILLE
 Cityname: CLARKSVILLE Inside: Y Near: N
 Subdivision:

Address :
 Street : SUNSET AVE
 Cross 1 : E STANSIFER AVE Within 1/4 mile: Y
 Location: FROM E STANSIFER AVE--LOCATE GOING NORTH ON BOTH SIDES OF SUNSET AVE
 FOR APPROXIMATELY 750 FEET ENDING AT HARRISON AVE
 :
 Grids : 3817D8545C

Work type : REPLACING SIDEWALKS
 Done for : CLARKSVILLE STREET DEPARTMENT
 Start date: 07/24/2012 Time: 12:00 Hours notice: 96/048 Priority: NORM
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
 Duration : 2 WEEKS Depth: 4 FEET

Company : CLARKSVILLE STREET DEPARTMENT Type: MEMB
 Co addr : 107 ROY COVE
 City : CLARKSVILLE State: IN Zip: 47129
 Caller : MARK LOYALL Phone: (812)283-8233
 Contact : RUSSELL ROUSCHEE---CELL Phone:
 BestTime:
 Mobile : (502)379-1828

Remarks : All tickets are taken and processed on Eastern Daylight Time
 Will you be white-lining the dig site area? YES
 :

Submitted date: 07/20/2012 Time: 11:47
 Members: ID0002 ID0340 ID4866 ID5693 ID6451 ID7714 ID8203 ID8233 ID8401 SBCIN
 SM

Member Name	Facility Types
AT&T - DISTRIBUTION	COMMUNICATIONS
CLARKSVILLE STORMWATER DEPARTMENT	
CLARKSVILLE WASTEWATER	
DUKE ENERGY / FORMERLY CINERGY	ELECTRIC
IN AMERICAN WATER SOUTHERN INDIANA	
INSIGHT COMMUNICATIONS - NEW ALBANY	CABLE TV
JEFFERSONVILLE WASTEWATER AND SEWER	
QWEST COMMUNICATIONS	FIBER OPTIC
VECTREN - CLARKSVILLE	GAS
ZAYO BANDWIDTH	FIBER OPTIC

[View Map](#)

[Close Map](#)

DAMAGE SEE REMARKS

Ticket : 1207312778 Date: 07/31/2012 Time: 13:37 Oper: CALEVI Chan:031

State: IN Cnty: CLARK Twp: JEFFERSONVILLE
 Cityname: CLARKSVILLE Inside: Y Near: N
 Subdivision:

Address :
 Street : SUNSET AVE
 Cross 1 : E STANSIFER AVE Within 1/4 mile: Y
 Location: FROM E STANSIFER AVE--LOCATE GOING NORTH ON BOTH SIDES OF SUNSET AVE
 FOR APPROXIMATELY 750 FEET ENDING AT HARRISON AVE
 :
 Grids : 3817D8545C

Work type : REPLACING SIDEWALKS
 Done for : CLARKSVILLE STREET DEPARTMENT
 Start date: 07/31/2012 Time: 13:38 Hours notice: 0/000 Priority: EMER
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
 Duration : 2 WEEKS Depth: 4 FEET

Company : CLARKSVILLE STREET DEPARTMENT Type: MEMB
 Co addr : 107 ROY COVE
 City : CLARKSVILLE State: IN Zip: 47129
 Caller : MARK LOYALL Phone: (812)283-8233
 Contact : RUSSELL ROUSCHEE---CELL Phone:
 BestTime:
 Mobile : (502)379-1828

Remarks : All tickets are taken and processed on Eastern Daylight Time
 PER STAN -HAVE EXPOSED HAVE OLD LINE -GAS LINE-IT IS NOT SPEWING -NEEDS FOR
 VECTREN TO VERIFY THE LINE ON WEST SIDE UNDER THE SIDEWALK APPROX 30 FEET NORTH
 OF STANSIFER-CREW IS ON SITE-WILL CALL VECTREN-PREVIOUS TICKET
 NUMBER--1207201232
 Will you be white-lining the dig site area? YES
 :

Submitted date: 07/31/2012 Time: 13:37
 Members: ID0002 ID0340 ID4866 ID5693 ID6451 ID7714 ID8203 ID8233 ID8401 SBCIN
 SM

Member Name	Facility Types
AT&T - DISTRIBUTION	COMMUNICATIONS
CLARKSVILLE STORMWATER DEPARTMENT	
CLARKSVILLE WASTEWATER	
DUKE ENERGY / FORMERLY CINERGY	ELECTRIC
IN AMERICAN WATER SOUTHERN INDIANA	
INSIGHT COMMUNICATIONS - NEW ALBANY	CABLE TV
JEFFERSONVILLE WASTEWATER AND SEWER	
QWEST COMMUNICATIONS	FIBER OPTIC
VECTREN - CLARKSVILLE	GAS
ZAYO BANDWIDTH	FIBER OPTIC

[View Map](#)

[Close Map](#)

Service Order Status

Friday, August 24, 2012

Enter Service Order Number:

5325198



[Close Form](#) [Refresh Data](#)

Banner Instance: CS03PROD CS01PROD CS02PROD
Order Number: N5325198
Order Type: INVE
Order Status: Completed

Customer: 600519970 - SMITH OLIN T
Prem: 5091759 - 231 SUNSET AVE

Technician: 2722 - Vissing, Kevin

Order Dates and Times

Need Date: 7/31/2012 1:59:00 PM
Time Created: 7/31/2012 1:47:53 PM
Time Dispatched: 7/31/2012 1:47:53 PM
Time In Route: 7/31/2012 3:00:03 PM
Time On-Site: 7/31/2012 3:11:48 PM
Tech Complete: 7/31/2012 4:18:47 PM
Time Closed: 7/31/2012 4:18:47 PM

Events Performed/Completion Code

IVEG - CMP

Meter Information

Current ReadStatus

Old Meter:
New Meter:

Completion Notes

mislocated pl line hit by contractor. locates off 6 feet. miller squeezed it off ok. no gas found inside nearby houses.

Request Notes

EXPOSED LINE IN FRONT YARD PER STAN GOODMAN...GOODMAN CONST..XST: STANSFOR AVE...CELL 502-643-7826..
 .LOC 1207312778NO ODOR//PER 811 CALL/LINE ON W SIDE UNDERSIDEWALK/RUSS ROUSCHEE 502 379 1828

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	7/31/2012 1:52:48 PM	Vissing, Kevin
AsnAssignmentEnRoute_evt	7/31/2012 1:55:13 PM	Vissing, Kevin
AsnAssignmentOnSite_evt	7/31/2012 2:04:53 PM	Vissing, Kevin
OrdOrderSuspend_evt	7/31/2012 2:57:44 PM	Vissing, Kevin
AsnAssignmentEnRoute_evt	7/31/2012 3:00:03 PM	Vissing, Kevin
AsnAssignmentOnSite_evt	7/31/2012 3:11:48 PM	Vissing, Kevin
OrdOrderComplete_evt	7/31/2012 4:18:47 PM	Vissing, Kevin

NOTE:The Reporting database replicates in near real-time; it has been approximately 1 minute(s) since the last transaction replicated.