



Pipeline Safety Division Investigation Report

Investigation regarding: Vectren

UPPAC Database Record ID: 3581

Report Date: 5/6/2013

Investigator: Mike Orr

Damage Date: 8/13/2012 10:39:30 AM

Damage Address: Main St, Gas City, Grant

The Parties

Excavator: **Miller Pipeline**

Address: 8850 Crawfordsville Rd, Indianapolis, In 46234

Facility Owner: **Vectren**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Transmission

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Natural Gas

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: False

Number of Customers Affected: 0

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$88

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1207300579

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

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

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 10/12/2012. The excavator had a valid locate request. The operator did not locate a service stub due to the fact they did not have a record of the facility.

Conclusion: There was a failure to provide accurate locate markings due to improper records.

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



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: 8/13/2012

Event Location: Main St, Gas City

Facility Owner: Vectren

Excavator: Miller Pipeline

Other Party: N/A

Pipeline Division Case No. 3581

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: 10-5-2012

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: Miller Pipeline

Business address (*number and street*): 8850 Crawfordsville Rd (PO Box 34141)

City, State, and ZIP code: Indianapolis, IN 46234

Telephone number (*area code*): 317-295-6417

Fax number (*area code*): 317-295-6418

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Natural Gas

Date and Location of DamageDate of damage (*month, day, year*): 8-13-2012

County: Grant

City: Gas City

Street address (*number and street, city, state, and ZIP code*):
701 E. Main, Gas City, IN

Nearest intersection: Unknown

Right of way where damage occurred: Public - State Highway

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? 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 \$^{87.8}

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: 1207300579

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: Paint and Flags

If other, please specify: Unknown

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? 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: Abandoned facility

Additional Comments

3/4" steel stub damaged by hoe.

574131001
Task No.: 406

Miller Pipeline

Capital/O&M (circle one)

FDS 2016.7.13

FACILITIES DAMAGE REPORT GAS

FACILITY TYPE

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

TIME OCCURRED: 1045 AM/PM
TIME FOUND: 1045 AM/PM

DATE OF DAMAGE: 8/13/12

Cost Center No.: Marion

DAMAGE SITE ADDRESS: 101 EAST MAIN LOT #

COUNTY GRANT CITY: GAS CITY STATE: IND. TOWNSHIP Mill

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> METER RESIDENTIAL	1.00 INCH	<input 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
- 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 type="checkbox"/> NOT CUT	<input checked="" type="checkbox"/> 40 PSIG
<input type="checkbox"/> PLASTIC (MDPE)	<input type="checkbox"/> PUNCTURE	<input type="checkbox"/> 50 PSIG
<input checked="" type="checkbox"/> STEEL	SIZE X _____	<input type="checkbox"/> 55 PSIG
		<input type="checkbox"/> 60 PSIG
		<input type="checkbox"/> 6 WC (.2163)
		<input type="checkbox"/> 7 WC (.252)
		<input checked="" type="checkbox"/> OTHER 220 #

PROTECTION IN PLACE
 BUILDING FENCE NONE
 POST RAIL VAULT N/A
IF OTHER _____

LEAK REPORT NUMBER # 05220
EFV ACTIVATED YES NO N/S

FEED TYPE
 ONE-WAY FEED
 TWO-WAY FEED

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 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 checked="" 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 - Veritas
 IF OTHER _____

COMPANY REPRESENTATIVE ON SITE YES NO
OBSERVATION BY: Keith McClain
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 #: 1207300579
DATE: 7-30-12 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 _____

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

DAMAGING PARTY

NAME: Miller Pipeline

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER _____

PREPARED BY Gerry Caudill

8-13-12
DATE

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: Miller Pipeline

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

PARTY TO INVOICE

NAME: Miller Pipeline

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER _____

REVIEWED BY FIELD SUPERVISOR R. Matye

8-15-12
DATE

VACANT stub?

Did not know it was there! Rn.

NORMAL NOTICE JOB EXTENSION

Ticket : 1207300579 Date: 07/30/2012 Time: 09:01 Oper: SARAH.HEMINGER Chan:000
 Old Tkt: 1207121459 Date: 07/12/2012 Time: 10:54 Oper: SARAH.HEMINGER Rev: 00A

State: IN Cnty: GRANT Twp: MILL
 Cityname: GAS CITY Inside: Y Near: N
 Subdivision:

Address :
 Street : MAIN ST
 Cross 1 : 7TH ST Within 1/4 mile: Y
 Location: PAINT AND FLAG ENTIRE RIGHT OF WAY ON THE NORTH SIDE OF MAIN ST FROM
 CENTERLINE 7TH ST HEADING EAST TO THE CENTERLINE OF 8TH ST 250FT
 :
 Grids : 4029D8535A 4029C8535A 4029D8536D 4029C8536D

Work type : REPLACE GAS MAIN
 Done for : VECTREN
 Start date: 08/01/2012 Time: 09:15 Hours notice: 48/48 Priority: NORM
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
 Duration : 4 WEEK Depth: 6FT

Company : MILLER PIPE LINE Type: CONT
 Co addr : 8850 CRAWFORDSVILLE RD
 City : INDIANAPOLIS State: IN Zip: 46234
 Caller : SARAH HEMINGER Phone: (317)295-6417
 Contact : RANDY Phone:
 BestTime:
 Mobile : (317)339-3509
 Fax : (317)295-6418
 Email : SARAH.HEMINGER@MILLERPIPELINE.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
 NEED ALL UTILITIES TO RETURN AND REMARK PREVIOUS TICKET 1207121459
 Will you be white-lining the dig site area? NO
 :

Submitted date: 07/30/2012 Time: 09:01
 Members: ID5461 ID6671 ID6995 SBCIN SM

Member Name	Facility Types
AT&T - DISTRIBUTION	COMMUNICATIONS
BRIGHT HOUSE NETWORKS MARION	
GAS CITY MUNICIPAL UTILITIES	
VECTREN - MARION	GAS

[View Map](#)

[Close Map](#)

Ticket Portal Production

Ticket Text Photos

Ticket Text

ID5461 01269 IUPPSa 08/13/2012 10:39:32 1208131306-00A EMER DAMG GRID
 DAMAGE JOB EXTENSION
 Ticket : 1208131306 Date: 08/13/2012 Time: 10:39 Oper: ABOND Chan:007
 State: IN Cnty: GRANT Twp: MILL
 Cityname: GAS CITY Inside: Y Near: N
 Subdivision:
 Address :
 Street : MAIN ST
 Cross 1 : 7TH ST Within 1/4 mile: Y
 Location: PAINT AND FLAG ENTIRE RIGHT OF WAY ON THE NORTH SIDE OF MAIN ST FROM
 CENTERLINE 7TH ST HEADING EAST TO THE CENTERLINE OF 8TH ST 250FT
 :
 Grids : 4029D8535A 4029C8535A 4029D8536D 4029C8536D
 Boundary: n 40.488567 s 40.487396 w -85.603516 e -85.599678
 Work type : REPLACE GAS MAIN
 Done for : VECTREN
 Start date: 08/13/2012 Time: 10:39 Hours notice: 0/0 Priority: EMER
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
 Duration : 4 WEEK Depth: 6FT
 Company : MILLER PIPE LINE Type: CONT
 Co addr : 8850 CRAWFORDSVILLE RD
 City : INDIANAPOLIS State: IN Zip: 46234
 Caller : SARAH HEMINGER Phone: (317)295-6417
 Contact : RANDY Phone:
 BestTime:
 Mobile : (317)339-3509
 Fax : (317)295-6418
 Email : SARAH.HEMINGER@MILLERPIPELINE.COM
 Remarks : All tickets are taken and processed on Eastern Daylight Time
 PER RANDY LANNING: VECTREN GAS LINE WAS APPROX 100 FEET EAST ON THE NORTH SIDE
 OF MAIN STREET - GAS LINE IS BLOWING - CAN HEAR AND SMELL THE GAS BLOWING - 3/4
 INCH STEEL GAS LINE - CREW IS ON SITE - HAS CALLED VECTREN - PREVIOUS TICKET
 1207300579 - THANKS -- THIS REPLACES TICKET 1208131301 - THANKS
 Will you be white-lining the dig site area? NO
 :
 Submitted date: 08/13/2012 Time: 10:39
 Members: ID5461 ID6671 ID6995 SBCIN SM

 Email_From: irth@iupps.org
 Email_Subject: IUPPS ID5461 2012/08/13 #01269 1208131306-00A DAMG DAMG
 Email_Recv_Date: 2012-08-13 09:39:32 CDT
 Email_Sent_Date: 2012-08-13 09:39:32 CDT
 Email_MessageID: <502911a4.059b2a0a.1330.ffffebf9SMTPIN_ADDED@mx.google.com>
 Email_host: imap.gmail.com
 Email_user: onecallin811@smptickets.com
 Email_To: onecallin811@smptickets.com
 Email_ContentType: TEXT/PLAIN



Property of United States Infrastructure Corporation
Photo taken on 8/13/2012 10:54:32 AM

Service Order Status

Monday, August 27, 2012

Enter Service Order Number:

5337182



Clear Form

Refresh Data

Banner Instance: CS03PROD CS01PROD CS02PROD

Order Number: N5337182 ***** Needs Review *****

Order Type: LEAK

Order Status: Completed

Customer: 008888888 - INACTIVE CUSTOMER

Prem: 5722491 - MAIN ST & 7TH ST

Technician: 2100 - Caudill, Jerry

Order Dates and Times

Need Date: 8/13/2012 10:58:00 AM
Time Created: 8/13/2012 10:48:51 AM
Time Dispatched: 8/13/2012 10:48:51 AM
Time In Route: 8/13/2012 10:52:38 AM
Time On-Site: 8/13/2012 11:06:43 AM
Tech Complete: 8/13/2012 12:09:02 PM
Time Closed: 8/13/2012 12:09:02 PM

Events Performed/Completion Code

LKNS - CMP

Meter Information

Current ReadStatus

Old Meter:
New Meter:

Completion Notes

miller crew installing new trans line hit old stub that was supposed to be retired at main they retired at main now all test neg now

Request Notes

PER DELISE WITH 811, HIT LINE...BLOWING...MILLER PIPELINE ONSITE....RANDYAT 317-339-3509....LOCATE # 1207300579....GRANT CTY.....DELISE'S #317-893-4415....THANKS

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	8/13/2012 10:52:38 AM	Caudill, Jerry
AsnAssignmentEnRoute_evt	8/13/2012 10:52:38 AM	Caudill, Jerry
AsnAssignmentOnSite_evt	8/13/2012 11:06:43 AM	Caudill, Jerry
OrdOrderComplete_evt	8/13/2012 12:09:02 PM	Caudill, Jerry

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



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3581

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: Miller Pipeline

Responsible Party Personal Name: Randy Lanning

Title (if any): Foreman

Address (number and street): 8850 Crawfordsville Rd.

City, State and ZIP Code: Indianapolis, IN 46234

Preferred Telephone Number (area code): 317 293-0278

Cellular Telephone Number (area code): _____

Email Address: info@millerpipeline.com

Facility Information:

Business Name: Vectren

Responsible Party Personal Name: Keith McClain

Title (if any): _____

Address (number and street): _____

City, State and ZIP Code: _____

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*): Natural Gas

Other Information (Witness, Police, Fire, Other):

Personal Contact: Jack Dodd _____

Business/Organization Name: Miller Pipeline _____

Title (*if any*): Equipment Operator _____

Address (*number and street*): 8850 Crawfordsville Rd. _____

City, State and ZIP Code: Indianapolis, IN 46234 _____

Preferred Telephone Number (area code): 317 293-0278 _____

Cellular Telephone Number (area code): _____

Email Address: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): info@millerpipeline.com

City, State and ZIP Code: Gas City; IN

Nearest Intersection: Main and 7th

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Distribution

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

Pressure (PSIG/Inches): 220 psig

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: 1207300579

- 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

As we were digging to install a 12" gas main, we struck a 3/4" stub coming off of an existing 10" main. We had no knowledge of this 3/4" stub since it was not indicated on any of the prints. We notified Vectren Inspector and 811. The damage was only a crack on the threads so 3/4" line was not blowing, it was hissing. We repaired by digging up at tap, shut off gas, and cut and capped 3/4" at main 91 feet east of west property line and 45 feet north of c/l of main street.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3581
Your Full Name: Ralph Miller
Full Name of Business / Entity (if applicable): Miller Pipeline
Your Business Title (if applicable): VP HR
Address (number and street): 8850 Crawfordsville Rd.
City: Indianapoli State: IN ZIP Code: 46234
Your E-mail Address: ralph.miller@millerpipeline.com

Today's Date (month, day, year): September 27, 2012
Your Signature: Ralph Miller Title (if any) VP HR

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3581
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov

Heminger-Frazier, Sarah

From: Heminger-Frazier, Sarah
Sent: Monday, July 30, 2012 9:06 AM
To: Lanning, Randy
Subject: Emailing: Ticket Text and Map display for Ticket # 1207300579.htm

NORMAL NOTICE JOB EXTENSION *Original ticket w/ 10 PPS.*

Ticket : 1207300579 Date: 07/30/2012 Time: 09:01 Oper: SARAH.HEMINGER Chan:000
Old Tkt: 1207121459 Date: 07/12/2012 Time: 10:54 Oper: SARAH.HEMINGER Rev: 00A

State: IN Cnty: GRANT Twp: MILL
Cityname: GAS CITY Inside: Y Near: N
Subdivision:

Address :
Street : MAIN ST
Cross 1 : 7TH ST Within 1/4 mile: Y
Location: PAINT AND FLAG ENTIRE RIGHT OF WAY ON THE NORTH SIDE OF MAIN ST FROM
CENTERLINE 7TH ST HEADING EAST TO THE CENTERLINE OF 8TH ST 250FT
:
Grids : 4029D8535A 4029C8535A 4029D8536D 4029C8536D

Work type : REPLACE GAS MAIN
Done for : VECTREN
Start date: 08/01/2012 Time: 09:15 Hours notice: 48/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 4 WEEK Depth: 6FT

Company : MILLER PIPE LINE Type: CONT
Co addr : 8850 CRAWFORDSVILLE RD
City : INDIANAPOLIS State: IN Zip: 46234
Caller : SARAH HEMINGER Phone: (317)295-6417
Contact : RANDY Phone:
BestTime:
Mobile : (317)339-3509
Fax : (317)295-6418
Email : SARAH.HEMINGER@MILLERPIPELINE.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
NEED ALL UTILITIES TO RETURN AND REMARK PREVIOUS TICKET 1207121459
Will you be white-lining the dig site area? NO
:

Submitted date: 07/30/2012 Time: 09:01
Members: ID5461 ID6671 ID6995 SBCIN SM

Member Name

Facility Types

Member Name	Facility Types
AT&T - DISTRIBUTION	COMMUNICATIONS
BRIGHT HOUSE NETWORKS MARION	
GAS CITY MUNICIPAL UTILITIES	
VECTREN - MARION	GAS

DAMAGE JOB EXTENSION *Damage ticket w/ IUPPS*

Ticket : 1208131306 Date: 08/13/2012 Time: 10:39 Oper: ABOND Chan:007

State: IN Cnty: GRANT Twp: MILL
Cityname: GAS CITY Inside: Y Near: N
Subdivision:

Address :
Street : MAIN ST
Cross 1 : 7TH ST Within 1/4 mile: Y
Location: PAINT AND FLAG ENTIRE RIGHT OF WAY ON THE NORTH SIDE OF MAIN ST FROM
CENTERLINE 7TH ST HEADING EAST TO THE CENTERLINE OF 8TH ST 250FT

Grids : 4029D8535A 4029C8535A 4029D8536D 4029C8536D

Work type : REPLACE GAS MAIN
Done for : VECTREN
Start date: 08/13/2012 Time: 10:39 Hours notice: 0/000 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 4 WEEK Depth: 6FT

Company : MILLER PIPE LINE Type: CONT
Co addr : 8850 CRAWFORDSVILLE RD
City : INDIANAPOLIS State: IN Zip: 46234
Caller : SARAH HEMINGER Phone: (317)295-6417
Contact : RANDY Phone:
BestTime:
Mobile : (317)339-3509
Fax : (317)295-6418
Email : SARAH.HEMINGER@MILLERPIPELINE.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
PER RANDY LANNING: VECTREN GAS LINE WAS APPROX 100 FEET EAST ON THE NORTH SIDE
OF MAIN STREET - GAS LINE IS BLOWING - CAN HEAR AND SMELL THE GAS BLOWING - 3/4
INCH STEEL GAS LINE - CREW IS ON SITE - HAS CALLED VECTREN - PREVIOUS TICKET
1207300579 - THANKS -- THIS REPLACES TICKET 1208131301 - THANKS
Will you be white-lining the dig site area? NO

Submitted date: 08/13/2012 Time: 10:39

Members: ID5461 ID6671 ID6995 SBCIN SM

Member Name

Facility Types

AT&T - DISTRIBUTION	COMMUNICATIONS
BRIGHT HOUSE NETWORKS MARION	
GAS CITY MUNICIPAL UTILITIES	
VECTREN - MARION	GAS

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